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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: **January 17, 2018**
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

- November 15, 2017

2 CORRESPONDENCE

2.1 (01-04-2018) Distribution: Implementation of Comprehensive Stroke System in Los Angeles County.
2.2 (12-19-2017) Brad Dover, Fire Chief, Monrovia Fire Department: Fentanyl Program Approval.
2.3 (12-19-2017) Derrick Doehler, Fire Chief, San Gabriel Fire Department: Fentanyl Program Approval.
2.4 (12-19-2017) Marc Eckstein, MD., Medical Director, Los Angeles Fire Department: EMT Utilization of Naloxone Approval.
2.5 (12-19-2017) Marc Taylor, Chief of Police, West Covina Police Department: Public Safety Naloxone Program Approval.
2.6 (12-19-2017) David White, Fire Chief, Culver City Fire Department: Expanded Intraosseous Pilot Study Approval.
2.7 (12-18-2017) Michael Lang, Fire Chief, Arcadia Fire Department: Fentanyl Program Approval.
2.8 (12-18-2017) Christopher Donovan, Fire Chief, El Segundo Fire Department: Fentanyl Program Approval.
2.9 (12-18-2017) Robert Espinosa, Fire Chief, Manhattan Beach Fire Department: Fentanyl Program Approval.
2.10 (12-18-2017) Doug Graft, Fire Chief, La Habra Heights Fire Department: Intraosseous Program Approval.

2. CONTINUED

2.11 (12-14-2017) Robert Castro, Chief of Police, Glendale Police Department: Public Safety Naloxone Program Approval.
2.12 (12-07-2017) Vardouhi Safarian President/CEO, Ambulife Ambulance, Inc.: Corporation Director Change Approval of Ambulife Ambulance, Inc.
2.13 (12-05-2017) Edward Van Horne, President/CEO, American Medical Response: Corporation Director Change Approval of American Medical Response of Southern California.
2.14 (11-22-2017) Each Supervisor: Emergency Medical Services Commission Annual Report – FY 2016/2017.
2.15 (11-16-2017) David F. Austin, American Medical Response: Congratulations on 40 Years of Service with American Medical Response.
2.16 (11-15-2017) Distribution: Trauma Patient Destination in the San Gabriel Mountains and the Los Angeles National Forest.
2.17 (11-14-2017) Pete Bonano, Fire Chief, Hermosa Fire Department: Emergency Ambulance Transportation.
2.18 (11-2-2017) Distribution: Designation of Primary Stroke Centers.

3. COMMITTEE REPORTS

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

4. POLICIES

4.1 Policy No. 414: Specialty Care Transport (SCT) Provider
4.2 Policy No. 701: Supply and Resupply of Designated EMS Provider Units/Vehicles
4.3 Policy No. 817: Regional Mobile Response Teams
4.4 Policy No. 842: Mass Gathering and Special Events Interface with EMS
4.5 Policy No. 906: Emergency Medical Technician Training Program Approval

5. BUSINESS (Old)

5.1 Community Paramedicine *(September 2017)*

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report

5.3 Ad Hoc Committee (Wall Time/Diversion)

5.4 Nominating Committee Recommendations

5. BUSINESS – CONTINUED

New

5.5 Standing Committee Recommendations

5.6 Presentation from Physio-Control/Stryker on the ePCR for the Los Angeles County Fire Department

5.7 Treatment Protocols

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of March 14, 2018)

Lobbyist Registration: Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the noncompliance exists.

CONSENT CALENDAR
January 17, 2018

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CONSENT CALENDAR
January 17, 2018

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COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
* Ellen Alkon, M.D.	So. CA Public Health Assn.	Cathy Chidester	Director
* Lt. Brian S. Bixler	Peace Officers Assn. of LAC	Richard Tadeo	Assistant Director
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Dr. Nichole Bosson	Assistant Med. Director
* Marc Eckstein, M.D.	L.A. County Medical Assn	Amelia Chavez	Commission Secretary
☑ John Hisserich	Public Member, 3rd District	Lucy Hickey	EMS Staff
☑ Lydia Lam, M.D.	CAL/ACEP	Gary Watson	EMS Staff
* James Lott	Public Member, 2nd District	Cathlyn Jennings	EMS Staff
☑ Robert Ower	LAC Ambulance Association	David Wells	EMS Staff
☑ Margaret Peterson, PhD	HASC	Christine Clare	EMS Staff
☑ Paul S. Rodriguez	CA State Firefighters' Assn.	Michelle Williams	EMS Staff
* Nerses Sanossian, M.D.	American Heart Association	Susan Mori	EMS Staff
☑ Carole Snyder	Emergency Nurses Assn.		
☑ Colin Tudor	League of California Cities		
☑ Atilla Uner, M.D.	CAL/ACEP		
* Gary Washburn	Public Member, 5th District		
☑ Chief David White	LA Chapter-Fire Chiefs Assn.		
☑ Pajmon Zarrineghbal	Public Member, 4th District		
GUESTS			
Laurie Mejia	APCC/LBM	Joanne Dolan	Long Beach Fire Dept.
Richard Roman	Compton Fire Dept.	Caroline Jack	Torrance Fire Dept.
Greg Powell	Harbor UCLA Medical Center	Kevin Millikan	Torrance Fire Dept.
Jaime Garcia	HASC	Marc Cohen	Torrance Fire Dept.
Dr. Clayton Kazan	LA County Fire Dept.	Brittany Irshay	UCLA
Chief Nick Berkuta	LA County Fire Dept.	Nate Friedman	UCLA
Victoria Hernandez	LA County 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 1:07 PM by Chairman Erick Cheung, M.D. A quorum was present with 11 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:
Self-introductions were made starting with EMSC members and followed by EMS Agency staff and guests.

Cathy Chidester, Director, EMS Agency, announced that she attended the ribbon cutting ceremony at Ronald Reagan UCLA Medical Center (UCLA) for their Mobile Stroke Unit (MSU) program, which is a pilot project that Supervisor Hahn has been instrumental in supporting and is exploring ways to expand this program.

The Board of Supervisors approved a motion to authorize the use of Measure B funds to assist in the development of the MSU program. The current program is in a pilot study operating with Santa Monica Fire Department and UCLA is contemplating other locations in Los Angeles County (LA County) to operate on their off-days. The MSU staff are connected with the dispatch entity they are working with and the MSU is dispatched with the paramedic unit or the paramedic unit on scene may contact the MSU when a patient is having the symptoms of a stroke. At this time, the UCLA MSU can operate within a 10-mile radius only and they are still working out the details to do transmissions of the head CT for the radiologists and neurologists at the receiving hospitals to read the results prior to the arrival of the patient.

CONSENT CALENDAR:

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

***Motion by Commissioner White/Tudor to approve the Consent Calendar. Motion carried unanimously*.**

5. BUSINESS (old)

5.1 Community Paramedicine (September 2017)

Cathy Chidester stated that Los Angeles City Fire Department (LAFD) submitted two pilot projects to the State EMS Authority (EMSA); one is to transport to the Psychiatric Urgent Care Center and the second is to transport to the Sobering Center. The pilot projects have been received and reviewed by EMSA and the program is anticipated to be approved by the Office of Statewide Health Planning and Development (OSHPD).

EMS Agency staff met with LAFD to discuss the education component of the Community Paramedicine program, which consists of 120-140 hours for the base community paramedic and an additional 8-12 hours for any paramedic that will be making the decision to transport a patient to one of these care sites.

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report

Commissioner/Chairman Erick Cheung, MD., reported that about two years ago an Ad Hoc Committee was tasked with looking at the prehospital care delivery system for mental health emergencies in the LA County and the results concluded with a series of nine recommendations. One of the first recommendations was to take a deeper look at investigating the dispatch protocols and how calls may be triaged to law enforcement and/or EMS and how this can dictate the 9-1-1 responder, the response type and the dispositions thereafter. In discussion with Jackie Lacey, District Attorney and with Mental Health Advisory Board, which has several law enforcement representatives, it was agreed to engage in a survey about county-wide practices for dispatch 9-1-1 emergency mental health calls.

The drafted survey has two sections. Section one inquires about the dispatch protocols for 9-1-1 mental health calls and section two focus is on the actual law enforcement agency field response and the type of resources they have that are

mental health dedicated, if and when those are deployed. The survey is intended to ask for key questions; one with more detail on data to begin understanding what volume of calls come to the various dispatch agencies, how much variability there is, what proportion of those calls are mental health calls, how those calls are classified, what type of calls they are (dangerous to self or others, suicidal or non-dangerous mental health), and whether there are explicitly detailed or written protocols that dispatch agencies are using to guide triage on what actions occur next.

The section on law enforcement response is to better understand, countywide, what is the level of training that sworn officers may have received in each agency related to mental health specific training, if they have mental health commissions that are paired with them or agencies that work intimately with them, or if they do not, what are the limitations to that, and some open-ended responses.

The survey also solicits input from agencies on how, from their point of view, the system could work better for the public who calls with mental health emergencies.

5.3 APOT Ad Hoc Committee for (Wall Time / Diversion)

Richard Tadeo, Assistant Director, EMS Agency announced that the next steps for the workgroup is to review the policy in terms of diversion. One of the recommendations was to add a category to allow a provider agency to request a particular hospital be put on diversion. Also, to outline the process on how this will work and have the fire departments develop an approval process so that a single paramedic is not making a decision without a supervisor's oversight.

An Ambulance Patient Offload Delay – 2017 Reporting Matrix reflecting the structure that the State EMS Authority has requested was shared with the Commissioners for review. The directions consisted of the report to reflect all authorized 9-1-1 emergency ambulance receiving hospitals, the total 9-1-1 emergency ambulance transports to the hospitals and the 90th percentile patient offload time for hospital in minutes and seconds.

The report is not completely reliable as of yet since LA County Fire Department (LACoFD) has not submitted patient care records for the time period and eight other fire departments submitted logical and present values less than 75% of the time.

BUSINESS (New)

5.4 Emergency Medical Services Commission Annual Report

Cathy Chidester reported that the EMSC annual report for Fiscal Year 2016-17 was prepared following the template the Executive Office of the Board of Supervisors (Board) suggested to use. The report includes the EMSC mission statement, the roles and responsibilities, the historical background, focus in past years, significant outcomes, annual work plan, upcoming goals and objectives, prior year accomplishments and status, and ongoing log-term projects.

Motion by Commissioner Ower/Snyder to approve the EMSC Annual Report to be provided to the Board. Motion carried unanimously.

5.5 EMT Curriculum for Mental Health Report

Ms. Lucy Hickey, Chief, Certification and Programs Approval, EMS Agency, reported that the National Education Standards for EMTs does not have required hours for psychiatric behavioral issues but has more specific required content for Paramedics. Also, a survey was conducted and the response received from the approved LA County EMT programs shows there are two to six hours of behavioral emergency content in their curriculum and some of it includes scenario based experiences they present to the EMT students.

5.6 Sexual Assault Response Team (SART) Center Support Letter

The EMS Agency designates SART and with the designation, these get reviewed by the Agency as well. In the past, the EMSC had Commissioner Robert Splawn, MD., an advocate for the SART, who asked for the EMS Agency to develop standards for SART and guidelines for the teams, to ensure these were integrated, and for the patient's exams to be completed by the standards and guidelines of the law. The SART programs have now requested an increase in reimbursement. Two of the Board offices have been in discussion with the SART programs and have solicited input from the EMS Commission regarding the value of the SART programs.

Motion by Commissioner Snyder/Uner to approve for the EMSC Chairman and Executive Director to write and submit a letter of support to the Board for the increase in pay to the SART. Motion carried unanimously.

5.7 Appointment of Nominating Committee

Chairman Cheung opened an invitation among the commissioners for volunteers to form the nominating committee. Commissioners Paul Rodriguez, Robert Ower and John Hisserich volunteered to be the nominating committee and Chairman Cheung appointed them as such.

Action: To confer with the nominating committee members to nominate the Chairman and Vice Chairman for the EMSC for 2017.
Responsibility: EMS Agency

6. COMMISSIONERS COMMENTS/REQUESTS

Commissioner Hisserich opened up conversation, based on his own observation, about the 9-1-1 system going to extended care facilities and nursing homes when the need is to simply assist a patient after falling off the bed, etc. In his concern, he wonders about the best possible use of fire departments or if there is some alternatives to deal with this type of needs.

Cathy Chidester responded that there are very specific policies that identify conditions for an emergency medical call for 9-1-1. What the EMS Agency has advised the private ambulance companies is that if they get a call from a nursing facility that does not fit into the category, they can handle the call; however, if the call fits in the category, such as someone being short of breath, having chest pain or bleeding, it is to be referred to the 9-1-1 system. Each of the provider agencies handles the calls differently. If the provider agencies would like to suggest changes to the guidelines for the ambulance companies responding to the calls, it would be up to the provider agencies that are emergency 9-1-1 providers to alter their areas. Some cities charge for the services.

Commissioner Dave White added that these type of calls definitely impact the resources. It is facility by facility how they use the fire departments appropriately. Lots of facilities will call 9-1-1 regardless of what the problem is; other facilities spend more time to triage on the current need to get the right resources.

Public Comment:
Dr. Clayton Kazan, Medical Director, LACoFD, commented that this is a big problem. Unfortunately tiered dispatch does not work very well for this patients because they tend to be older and sicker and tiered into the ALS box anyway. When nursing homes call the fire department frequently for non-emergency related issues, it is very hard to ever hold them accountable because their medical staff is often not on-site, there is no one there that can educate, and there is no clear group organization we can reach out to, to offer training and education. Each nursing home is a silo unto itself and unfortunately a fire department, the size of LACoFD, deals with the fact that there are hundreds and hundreds of these calls and there is nobody to talk to.

7. LEGISLATION

Ms. Chidester announced that the legislative session is closed and it will re-open in January of 2018. She congratulated the LACoFD on the *SB 443, Pharmacy: Emergency Medical Services Automated Drug Delivery System*; a Bill that was signed by the Governor. She added that the EMS Agency had been working for approximately fifteen years on the distribution and dispensing of controlled substances within the fire departments and has been working very closely with the Board of Pharmacy as well, and that this Bill being signed is not just for LACoFD but for all EMS providers.

Cathy Chidester announced that *SB 523, Medi-Cal: Emergency Medical Transport Providers: Quality Assurance Fees,* a Bill that was sponsored by the ambulance companies, was signed into a law. The ambulance companies and fire departments that transport patients will pay a certain amount per transport. This funding will be used to do an intergovernmental transfer of funds to the federal government and the participants will then be able to get reimbursed a matched amount of funding for their Medi-Cal patient transports.

8. DIRECTOR'S REPORT

- Cathy Chidester shared an article from the Los Angeles Times with the Commission members; it contains information on how LA County's mental health team is working to end a stigma.

- Dr. Nichole Bosson, Assistant Medical Director, EMS Agency informed the commission and guests that the EMS Agency has received permission from the state for paramedics to give Hepatitis A vaccinations to their colleagues and other first responders as well. Provider agencies wishing to participate in this program must submit requests to the EMS Agency. There is some training that the Department of Public Health (DPH) is willing to provide or each department can design their own training module and submit it to the Agency to receive approval to give the vaccinations. The EMS Agency has a workgroup to develop partnership with the DPH to have paramedics assist DPH teams vaccinate the community, but the process to do community vaccination is still in progress as it has never been established before.

- Cathy Chidester shared copies of the quarterly update on trauma prevention efforts and trauma care expansion report that were submitted to the Board. The Board approved Measure B funds be provided to the Department of Public Health (DPH) to develop a trauma prevention program in conjunction with the trauma centers in Service Planning Area (SPA) 6, and areas that DPH has normally been working in. The report also contains information on the development of a Level I Trauma Center serving South Los Angeles.

- Cathy Chidester and Dr. Marianne Gausche-Hill, Medical Director, EMS Agency, will be attending the annual State EMS Awards Ceremony on December 6, in San Francisco. Some of the awards and local nominees are the following:

  COMMUNITY SERVICE AWARD
  Chief Martin Serna, Torrance Fire Department.

  LIFESAVING MEDAL AWARD
  Stephen Marshall, Los Angeles County Sheriff's Department
  Scott Sand, Los Angeles County Sheriff's Department

  MERITORIOUS SERVICE AWARD
  Erik Franco, Los Angeles County Sheriff's Department

  CLINICAL EXCELLENCE AWARD (*presented at recipients' home stations*)
  Marc Eckstein, LAC+USC Hospital Emergency Response Team (HERT)
  Steve Hall, Alhambra Fire Department
  Mitch Bray, Alhambra Fire Department
  Erik Sarafian, Alhambra Fire Department
  Elizabeth Benjamin, LAC+USC Trauma Center 9
  Walter Bugg, LAC+USC Trauma Center ED
  Stephanie Kern, LAC+USC Trauma Center ED

9. ADJOURNMENT

The Meeting was adjourned by Chairman, Erick Cheung, MD., at 2:27 PM. The next meeting will be held on January 17, 2018.

Next Meeting: **Wednesday, January 17, 2018**
EMS Agency
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA 90670

Recorded by:
Amelia Chavez
Secretary, Health Services Commission

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

January 4, 2018

FAX/E-MAIL

Cathy Chidester
Director

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Medical Director

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TO: Distribution

FROM: Cathy Chidester
Director, LA County EMS Agency

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS
Medical Director, LA County EMS Agency

SUBJECT: **IMPLEMENTATION OF COMPREHENSIVE STROKE SYSTEM IN LOS ANGELES COUNTY**

It is our great pleasure to announce the implementation of a Comprehensive Stroke System in Los Angeles County. Effective **January 8, 2018 at 0700**, 9-1-1 patients with signs of a severe stroke and has meets the modified Prehospital Stroke Scale plus assessment of the Los Angeles Motor Score (LAMS) of four (4) or greater, and a ground transport time of 30 minutes or less will be transported to the most accessible Comprehensive Stroke Center (CSC) that has been designated by the Los Angeles County Emergency Medical Services (EMS) Agency.

The following facilities have been designated as CSC's by the EMS Agency:

- **Cedars Sinai Medical Center**
- **Glendale Adventist Medical Center**
- **Good Samaritan Hospital**
- **Huntington Hospital**
- **Los Alamitos Medical Center (Orange County)**
- **Long Beach Memorial Medical Center**
- **Los Robles Hospital & Medical Center (Ventura County)**
- **Methodist Hospital of Southern California**
- **PIH Health Hospital – Whittier**
- **Providence Little Company of Mary – Torrance**
- **Providence Saint Joseph Medical Center**
- **Saint Jude Medical Center (Orange County)**

All EMS providers are to contact their assigned Base Hospital for notification, destination and medical direction for a patient with a LAMS score of 4 or greater. For further information refer to Prehospital Care Manual, Reference No. 521 (attached).

If you have any questions, please contact Chris Clare, Chief Hospital Programs, at (562) 347-1661 or cclare@dhs.lacounty.gov

Attachments
CC:cac
01-01

c: Fire Chief, Each Fire Department
Nurse Educator, Each EMS Provider Agency
Medical Director, Each EMS Provider Agency
Medical Director, Each Base Hospital
Prehospital Care Coordinator, Each Base Hospital
Stroke Medical Director, Each 9-1-1 Approved Stroke Center
Stroke Program Manager, Each 9-1-1 Approved Stroke Center
Jaime Garcia, Hospital Association of Southern California
Assistant Medical Director, EMS Agency
Emergency Medical Services Commission

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **STROKE PATIENT DESTINATION** REFERENCE NO. 521

PURPOSE: To provide guidelines for transporting suspected stroke patients to the most accessible facility appropriate to their needs.

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

DEFINITIONS:

Primary Stroke Center (PSC): A 9-1-1 receiving hospital that has met the standards of a Center for Medicaid & Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been approved as a Stroke Center by the Los Angeles (LA) County Emergency Medical Services (EMS) Agency.

Comprehensive Stroke Center (CSC): A 9-1-1 receiving hospital that has met the standards of a CMS approved accreditation body as a Comprehensive Stroke Center and has been approved as a Comprehensive Stroke Center by the LA County EMS Agency. CSCs have subspecialty neurology and neurosurgical physicians available 24 hours a day and 7 days a week who can perform clot-removing procedures.

Local Neurological Signs: Signs and symptoms that may indicate a dysfunction in the nervous system such as a stroke or mass lesion. These signs include: speech and language disturbances, altered level of consciousness, unilateral weakness, unilateral numbness, new onset seizures, dizziness, and visual disturbances.

Modified Los Angeles Prehospital Stroke Screen (mLAPSS): A screening tool utilized by prehospital care providers to assist in identifying patients who may be having a stroke.

Los Angeles Motor Score (LAMS): A scoring tool utilized by prehospital care providers to determine the severity of stroke on patients who meet mLAPSS criteria. A large vessel involvement is suspected if the total LAMS score from the three categories is 4 or greater.

PRINCIPLES:

1. Patients experiencing a stroke should be transported to the most accessible facility appropriate to their needs. This determination will be made by the base hospital physician or Mobile Intensive Care Nurse after consideration of the guidelines established in this policy. Final authority for patient destination rests with the base hospital handling the call or SFTP provider functioning under protocols.

2. Basic Life Support units shall call an Advanced Life Support unit for suspected stroke patients as outlined in Reference No. 808, Base Hospital Contact and Transport Criteria-Section I.

3. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered

APPROVED: Director, EMS Agency; Medical Director, EMS Agency

include: severity and stability of the patient's condition; anticipation of transport time; available transport resources; and request by the patient, family, guardian or physician.

4. Service area rules and/or considerations do not apply to suspected stroke patients.

POLICY:

I. Responsibility of the Provider Agency

A. Perform mLAPSS on all patients exhibiting local neurological signs. The mLAPSS is positive if all of the following criteria are met:

1. Symptom duration less than 6 hours
2. No history of seizures or epilepsy
3. Age 40 years or older
4. At baseline, patient is not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dL
6. Obvious asymmetry-unilateral weakness with any of the following motor exams:
   a. Facial Smile/Grimace
   b. Grip
   c. Arm Strength

B. If mLAPSS is positive, calculate LAMS from the mLAPSS motor items:

1. Facial droop — Total Possible Score = 1
   a. Absent = 0
   b. Present = 1

2. Arm drift — Total Possible Score = 2
   a. Absent = 0
   b. Drifts down = 1
   c. Falls rapidly = 2

3. Grip strength — Total Possible Score = 2
   a. Normal = 0
   b. Weak grip = 1
   c. No grip = 2

C. Transport the patient to the most appropriate stroke center in accordance with base hospital direction or section IV of this policy.

SFTP providers are responsible for assuring the receiving stroke center is notified of the patient's pending arrival and contacting the base hospital to provide minimal patient information, including the results of the mLAPSS, LAMS, last known well date and time, and patient destination. Base contact may be performed after the transfer of care if the receiving stroke center is not the base hospital.

D. Document the results of mLAPSS, LAMS, and last known well date and time in the designated areas on the EMS Report Form or electronic patient care record (ePCR).

E. In order to ensure that proper consent for treatment can be obtained by hospital personnel, if possible, document the name and contact information of the family member, caregiver, or witness who can help verify the patient's last known well time in the Comments area of the EMS Report Form or ePCR. When practical, transport the witness with the patient.

II. Responsibility of the Base Hospital

A. Provide medical direction and destination for all patients who meet mLAPSS criteria or have symptoms strongly suggestive of a stroke.

B. Determine patient destination based on stroke center status via the ReddiNet® system and section IV of this policy.

C. Notify the receiving stroke center if the base hospital is not the patient's destination.

D. Document the results of mLAPSS, LAMS and last known well date and time in the designated areas on the Base Hospital Form.

E. Prompt prehospital care personnel to obtain and document witness contact information on the EMS Report Form or ePCR.

III. Responsibility of the Stroke Center

A. Maintain current certification as a Primary Stroke Center or Comprehensive Stroke Center by a CMS approved accreditation body for stroke certification, and comply with EMS Agency data collection and quality improvement requirements.

B. Provide specialized stroke patient care services 24 hours a day and 7 days a week.

C. Stroke centers may request diversion of suspected stroke patients for any of the following conditions:

1. Internal Disaster
2. Computerized Tomography (CT) Scanner - hospital is unable to provide essential diagnostic procedures due to lack of a functioning CT scanner

IV. Destination of Stroke Patients

All patients who have a positive mLAPSS shall be transported to a LA County EMS Agency designated stroke center as follows:

A. Transport to the PSC:

1. Patients with a LAMS of less than 4

2. Patients with a history of previous stroke with persistent deficits

These patients shall be transported to the most accessible PSC. Diversion may occur when the most accessible PSC has requested diversion due to internal disaster, a non-functioning CT-scan or patient request **and** ground transport time to the more distant PSC is 30 minutes or less.

B. Patients with suspected acute onset stroke symptoms and a LAMS of 4 or greater, should be transported to the most accessible CSC if ground transport time is less than 30 minutes. If ground transport time to the CSC is greater than 30 minutes, the patient shall be transported to the most accessible PSC.

C. If there are no stroke centers (PSC or CSC) that are accessible by ground transport within the maximum allowable time of 30 minutes, the patient shall be transported to the most accessible receiving facility.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 1200, **Treatment Protocols**
Ref. No. 1251, **Stroke/Acute Neurological Deficits**

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

December 19, 2017

Brad Dover, Fire Chief
Monrovia Fire Department
415 S. Ivy Ave.
Monrovia, CA 91016-5107

Dear Chief Dover,

FENTANYL PROGRAM APPROVAL

This letter is to confirm Monrovia Department (MF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

Provider agencies may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The approved quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during MF's Program Review or as deemed necessary by the EMS Agency. Additionally, MF may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-19

c: Director, EMS Agency
Medical Director, MF
EMS Director, MF
Paramedic Coordinator, MF

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

December 19, 2017

Derrick Doehler, Fire Chief
San Gabriel Fire Department
1303 S. Del Mar Avenue
San Gabriel, CA 91776

Dear Chief Doehler,

FENTANYL PROGRAM APPROVAL

This letter is to confirm San Gabriel Fire Department (SG) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

Provider agencies may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The approved quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during SG's Program Review or as deemed necessary by the EMS Agency. Additionally, SG may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-18

c: Director, EMS Agency
Medical Director, SG
Paramedic Coordinator, SG
Nurse Educator, SG

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

Don Knabe
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 improve health through leadership, service and education

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

December 19, 2017

Marc Eckstein, MD, Medical Director
Los Angeles Fire Department
200 N. Main Street
Los Angeles, CA 90012

Dear Dr. Eckstein,

EMT UTILIZATION OF NALOXONE APPROVAL

This letter is to confirm that Los Angeles Fire Department (CI) has been approved by the Emergency Medical Services (EMS) Agency for the utilization naloxone by Emergency Medical Technician (EMT) personnel for suspected opiate overdose.

As part of the quality improvement process required for implementation and tracking, data on the use of naloxone by EMT personnel may be reviewed during your annual Program Review or as deemed necessary by the EMS Agency. Additionally, CI may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting.

Please contact me at 562 347-1600 or Susan Mori at 562 347-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-22

c: Director, EMS Agency
Fire Chief, CI
EMS Director, CI
Paramedic Coordinator, CI

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.

December 19, 2017

Marc Taylor, Chief of Police
West Covina Police Department
1444 W. Garvey Way
West Covina, CA 91790

Dear Chief Taylor,

PUBLIC SAFETY NALOXONE PROGRAM APPROVAL

This is a letter to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved West Covina Police Department (WCPD) for the utilization of intranasal naloxone for WCPD personnel and citizens with suspected opiate overdose.

As part of the quality improvement process required for implementation, West Covina Fire Department (WC) has agreed to collaborate and assist WCPD with the mandatory data collection, evaluation, and reporting on all applications of naloxone. WC will submit quarterly reports to the EMS Agency for purposes of system evaluation and aggregate reporting on the utilization of naloxone.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-20

c: Director, EMS Agency
Medical Director, WC
EMS Director, WC
Nurse Educator, WC

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

December 19, 2017

David White, Fire Chief
Culver City Fire Department
9770 Culver Boulevard
Culver City, CA 90232

Dear Chief White,

EXPANDED INTRAOSSEOUS PILOT STUDY APPROVAL

This letter is to confirm that Culver City Fire Department (CC) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to expand the current intraosseous (IO) infusion pilot study to include humeral placement. Additionally, CC is approved to carry and utilize preservative free lidocaine 2% (20mg/ml) without epinephrine for patients requiring pain management for IO infusion.

CC will continue with the current approved quality improvement plan developed for the expanded IO pilot study with the addition of humeral placement as a metric. Study data may be reviewed at the during your annual program review or as deemed necessary by the EMS Agency. CC may also be required to submit data to the EMS Agency on the expanded use of IO for purposes of systemwide evaluation and aggregate reporting.

Please contact me at 562 347-1600 or Susan Mori at 562 347-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-21

c: Director, EMS Agency
Medical Director, CC
EMS Director, CC
Nurse Educator, CC

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

December 18, 2017

Michael Lang, Fire Chief
Arcadia Fire Department
710 S. Santa Anita Avenue
Arcadia, CA 91006

Dear Chief Lang:

FENTANYL PROGRAM APPROVAL

This letter is to confirm Arcadia Fire Department (AF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

Provider agencies may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The approved quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during AF's Program Review or as deemed necessary by the EMS Agency. Additionally, AF may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-12

c: Director, EMS Agency
Medical Director, AF
EMS Chief, AF
Paramedic Coordinator, AF
Nurse Educator, AF

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

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

December 18, 2017

Christopher Donovan, Fire Chief
El Segundo Fire Department
314 Main Street
El Segundo, CA 90245

Dear Chief Donovan:

FENTANYL PROGRAM APPROVAL

This letter is to confirm El Segundo Fire Department (ES) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

Provider agencies may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The approved quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during ES's Program Review or as deemed necessary by the EMS Agency. Additionally, ES may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-12

c: Director, EMS Agency
Medical Director, ES
EMS Chief, ES
Paramedic Coordinator, ES
Nurse Educator, ES

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

December 18, 2017

Robert Espinosa, Fire Chief
Manhattan Beach Fire Department
400 15th Street
Manhattan Beach, CA 90266

Dear Chief Espinosa:

FENTANYL PROGRAM APPROVAL

This letter is to confirm Manhattan Beach Fire Department (MB) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

Provider agencies may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The approved quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during MB's Program Review or as deemed necessary by the EMS Agency. Additionally, MB may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-16

c: Director, EMS Agency
Medical Director, MB
EMS Chief, MB
Paramedic Coordinator, MB
Nurse Educator, MB

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

December 18, 2017

Doug Graft, Fire Chief
La Habra Heights Fire Department
1245 N. Hacienda Boulevard
La Habra Heights, CA 90631

Dear Chief Graft,

INTRAOSSEOUS PROGRAM APPROVAL

This letter is to confirm La Habra Heights Fire Department (LH) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of intraosseous (IO) infusion at the proximal tibial site for patients in cardiac arrest.

The quality improvement process required for monitoring implementation of the IO may be reviewed during LH's Program Review or as deemed necessary by the EMS Agency. Additionally, LH may be required to submit data on the utilization of IO to the EMS Agency for purposes of systemwide evaluation and aggregate reporting.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-14

c: Director, EMS Agency
EMS Director, LH
Paramedic Coordinator, LH

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

December 14, 2017

Robert Castro, Chief of Police
Glendale Police Department
131 N Isabel Street
Glendale, CA 91206

Dear Chief Castro:

PUBLIC SAFETY NALOXONE PROGRAM APPROVAL

This is a letter to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved Glendale Police Department (GPD) for the utilization of intranasal naloxone for GPD personnel and citizens with suspected opiate overdose.

As part of the quality improvement process required for implementation, Glendale Fire Department (GL) has agreed to collaborate and assist GPD with the mandatory data collection, evaluation, and reporting on all applications of naloxone. GF will submit quarterly reports to the EMS Agency for purposes of system evaluation and aggregate reporting on the utilization of naloxone.

Please contact me at 562.347.1600 or Susan Mori at 562.347.1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
12-11

c: Director, EMS Agency
Assistant Director, EMS Agency
Commander Theresa Goldman, GPD
Medical Director, GL
Nurse Educator, GL

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

December 07, 2017

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.

Vardouhi Safarian, President/CEO
Ambulife Ambulance, Inc.
6644 Van Nuys Boulevard #B
Van Nuys, CA 91405

VIA E-MAIL AND CERTIFIED

Dear Ms. Safarian:

CORPORATION DIRECTOR CHANGE APPROVAL OF AMBULIFE AMBULANCE, INC.

The Los Angeles County Emergency Medical Services (EMS) Agency has reviewed the Corporation Director Change application for Ambulife Ambulance, Inc. (AB). AB's application was determined to be complete and in compliance with the Los Angeles County Code (County Code) Sections 7.08.050 and 7.14.050. The EMS Agency Director (Director) has approved your application and determined that a Business License Commissions (Public) Hearing is not required as defined in 7.14.050.

The following instructions address the requirements to complete the licensure process:

Corporation Director Change Application Fee

Submit a check or money order in the amount of $253.00 made payable to "Los Angeles County Treasurer and Tax Collector".

Ambulance Vehicle Licensing

In addition to the Ambulance Operator's Business License, each ambulance vehicle that will be operated in Los Angeles County must be inspected and licensed by the EMS Agency. If AB plans to add additional ambulance vehicles to its existing fleet for use in Los Angeles County, they have to complete this vehicle licensing process. The initial licensing fee is $374.86, which includes $1.00 for the California Disability Access Fee. The medical inventory inspection of each vehicle to be licensed will be based on the requirements specified in Prehospital Care Policy Reference No. 710, Basic Life Support Ambulance Equipment (copy enclosed) and the enclosed "*Los Angeles County Emergency Medical Services Agency Reference No. 710 Basic Life Support Ambulance Equipment – Vehicle Inventory Form*".

Insurance

Every ambulance operator shall obtain and maintain in full force and effect the minimum insurance coverage types and limits specified in Sections 7.16.180 and 7.16.190 of the County Code. Such insurance shall be primary to and not contributing with any other commercial insurance policies or self-insurance programs maintained by the county. Such insurance shall be provided by insurer(s) satisfactory to the county with an AM Best rating not less than "A-". The general liability (GL) and automobile liability (AL) insurance policies shall name the County of Los Angeles as an additional insured. All insurance policies shall provide that the EMS Agency be given written notice at least thirty (30) days in advance of the cancellation of any policies. It is AB's responsibility to submit updated documentation of continued insurance coverage that meets or exceeds the minimums specified in the County Code on an ongoing basis.

To verify compliance with the County Code, Title 7, Chapter 7.16 and all applicable Los Angeles County prehospital care policies, the EMS Agency will be conducting an unannounced site visit of AB within six (6) months as a condition of licensure approval.

Please respond to the attached "Required Actions" within the specified timeframes. While we realize preparing these responses may be delegated to the appropriate personnel, they must carry your signature.

If you have any questions, please contact Nnabuike Nwanonenyi, Prehospital Program Coordinator at (562) 347-1684 or Phillip Santos, Ambulance Licensing Manager at (562) 347-1674.

Sincerely,

Cathy Chidester
Director

CC:nn
12-04a

c. Ambulance Licensing Hearing Board
County Counsel

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

December 5, 2017

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.

Edward Van Horne, President/CEO
American Medical Response
6363 S. Fiddler's Green Circle
Greenwood Village, CO 80111

VIA E-MAIL & CERTIFIED

Dear Mr. Van Horne:

CORPORATION DIRECTOR CHANGE APPROVAL OF AMERICAN MEDICAL RESPONSE OF SOUTHERN CALIFORNIA (AR)

The Los Angeles County Emergency Medical Services (EMS) Agency has reviewed the Corporation Director Change application for American Medical Response of Southern California (AR). AR's application was determined to be complete and in compliance with the Los Angeles County Code (County Code) Sections 7.08.050 and 7.14.050. The EMS Agency Director (Director) has approved your application and determined that a Business License Commissions (Public) Hearing is not required as defined in 7.14.050.

The following instructions address the requirements to complete the licensure process:

Corporation Director Change Application Fee

Submit a check or money order in the amount of $253.00 made payable to "Los Angeles County Treasurer and Tax Collector".

Ambulance Vehicle Licensing

In addition to the Ambulance Operator's Business License, each ambulance vehicle that will be operated in Los Angeles County must be inspected and licensed by the EMS Agency. If AR plans to add additional ambulance vehicles to its existing fleet for use in Los Angeles County, they have to complete this vehicle licensing process. The initial licensing fee is $374.86, which includes $1.00 for the California Disability Access Fee. The medical inventory inspection of each vehicle to be licensed will be based on the requirements specified in Prehospital Care Policy Reference No. 710, Basic Life Support Ambulance Equipment (copy enclosed) and the enclosed "*Los Angeles County Emergency Medical Services Agency Reference No. 710 Basic Life Support Ambulance Equipment – Vehicle Inventory Form*".

Insurance

Every ambulance operator shall obtain and maintain in full force and effect the minimum insurance coverage types and limits specified in Sections 7.16.180 and 7.16.190 of the County Code. Such insurance shall be primary to and not contributing with any other commercial insurance policies or self-insurance programs maintained by the county. Such insurance shall be provided by insurer(s) satisfactory to the county with an AM Best rating not less than "A-". The general liability (GL) and automobile liability (AL) insurance policies shall name the County of Los Angeles as an additional insured. All insurance policies shall provide that the EMS Agency be given written notice at least thirty (30) days in advance of the cancellation of any policies. It is AR's responsibility to submit updated documentation of continued insurance coverage that meets or exceeds the minimums specified in the County Code on an ongoing basis.

To verify compliance with the County Code, Title 7, Chapter 7.16 and all applicable Los Angeles County prehospital care policies, the EMS Agency will be conducting an unannounced site visit of AR within six (6) months as a condition of licensure approval.

Please respond to the attached "Required Actions" within the specified timeframes. While we realize preparing these responses may be delegated to the appropriate personnel, they must carry your signature.

If you have any questions, please contact Phillip Santos, Ambulance Licensing Manager at (562) 347-1674.

Sincerely,

Cathy Chidester
Director

CC:ps
12-03a

c. Danelle Kelling, Corporate Counsel, AMR
Ken Liebman, Regional Director, AMR
County Counsel

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/

Cathy Chidester
Executive Director
(562) 347-1604
Cchidester@dhs.lacounty.gov

Amelia Chavez
Secretary, Health Services Commission
(562) 347-1606
Achavez@dhs.lacounty.gov

November 22, 2017

TO: Each Supervisor

FROM: Cathy Chidester
Executive Director, EMSC

SUBJECT: EMERGENCY MEDICAL SERVICES COMMISSION ANNUAL REPORT – FY 2016/2017

Attached is the Emergency Medical Services Commission's (EMSC) Report to the Board of Supervisors, which is submitted annually in compliance with County Code, Chapter 3.20, Section 3.20.070.5.

The Ordinance provides for nineteen (19) EMSC members. Seventeen (17) of the positions were filled during this reporting period and the vacancies are noted in the attached report. The EMSC continually reviews its' membership structure and the EMS Agency actively recruits to fill vacancies.

The attached report includes a list of the EMSC members; the mission statement of the commission and respective roles and responsibilities; the historical background and significant outcomes; the annual work plan and upcoming goals/objectives; the prior year accomplishments and status, and the ongoing long-term projects.

If you have any questions or need additional information, please feel free to contact me at (562) 347-1604.

CC:ac

Attachment

c: Director, DHS
County Counsel
Executive Officer, Board of Supervisors
EMS Commission
Health Deputies

ANNUAL REPORT
TO THE
BOARD OF SUPERVISORS

EMERGENCY MEDICAL SERVICES COMMISSION

JULY 1, 2016 – JUNE 30, 2017

Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Telephone No. (562) 347-1500
Fax No. (562) 941-5835
Website: http://ems.dhs.lacounty.gov

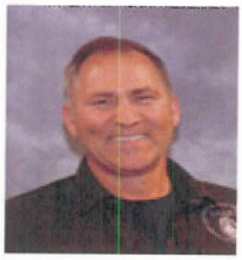
EMERGENCY MEDICAL SERVICES COMMISSIONERS

Erick H. Cheung, M.D.
Chairman
Southern California
Psychiatric Society

Fire Chief David White
Vice-Chairman
Los Angeles Area Fire Chiefs'
Association

Ellen Alkon, M.D.
The Southern California
Public Health Association

Chief Robert E. Barnes
Los Angeles County
Police Chiefs' Association



Lt. Brian S. Bixler
Peace Officers Association of
Los Angeles County

Marc Eckstein, M.D.
Los Angeles County
Medical Association

John C. Hisserich, Dr. PH.
Public Member
Third Supervisorial District

Lydia Lam, M.D.
American College of
Surgeons

James Lott, Psy.D.
Public Member
Second Supervisorial District

Mr. Robert Ower
Los Angeles County
Ambulance Association

Margaret Peterson, Ph.D.
Hospital Association of
Southern California

FF/Paramedic Paul Rodriguez
CA State Fire Fighters'
Association

Nerses Sanossian, M.D., FAHA
American Heart Association
Western States Affiliate

Carole A. Snyder, RN
Emergency Nurses
Association

Mr. Colin Tudor
League of California
Cities/L.A. County Division

Mr. Gary Washburn
Public Member
Fifth Supervisorial District

Mr. Pajmon Zarrineghbal
Public Member
Fourth Supervisorial District

Ms. Cathy Chidester
Executive Director
Director, EMS Agency

Ms. Amelia Chavez
Secretary, Health Services
Commission

VACANCIES

Public Member, First
Supervisorial District

CA Chapter-American
College of Emergency
Physicians (CAL/ACEP)

MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely compassionate and quality emergency and disaster medical services. The Emergency Medical Services Commission (EMSC) mission complements the County's mission through improving the quality of life for the people and community of Los Angeles County (LA County).

ROLES AND RESPONSIBILITIES:

The Commission performs the functions defined in Sections 1750 et seq. of the Health and California Safety (H&S) Code.

- Act in an advisory capacity to the Board of Supervisors (Board) and the Director of Health Services (DHS) regarding County policies, programs, and standards for emergency medical care services throughout the County, including paramedic services.
- Establish appropriate criteria for evaluation and conduct continuous evaluations on the basis of these criteria of the impact and quality of emergency medical care services throughout LA County.
- Conduct studies of particular elements of the emergency medical care system as requested by the Board, the Director of DHS or on its own initiative; delineate problems and deficiencies and to recommend appropriate solutions.
- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services.
- Report its findings, conclusions and recommendations to the Board at least every twelve months.
- Review and comment on plans and proposals for emergency medical care services prepared by LA County departments.
- Recommend, when the need arises, that LA County engages independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which cannot be performed by members of the classified service, and for which the LA County otherwise has the authority to contract.
- Advise the Director and the DHS on the policies, procedures, and standards to control the certification of mobile intensive care nurses and paramedics. Advise on proposals of any public or private organization to initiate or modify a program of paramedic services or training.

HISTORICAL BACKGROUND

The EMSC was established by the Board in October 1979 and on April 7, 1981 the Board approved and adopted Ordinance No. 12332, of Title 3 – Advisory Commissions and Committees, Los Angeles County Code, Chapter 3.20, Emergency Medical Services Commission, to establish the Commission in accordance with California H&S Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.

On January 29, 2008, the Board approved amending the subject ordinance to revise the selection of the licensed paramedic representative previously nominated by the California Rescue and Paramedic Association and Paramedic Association be made by the California State Firefighters Association, Emergency Medical Services Committee, as the previous entity had ceased to operate.

On November 1, 2011, the Board, at the request of the EMSC, amended the ordinance to add two Commissioners; a members nominated by the Los Angeles County Police Chief Association (LACPCA) and a member nominated by the Southern California Public Health Association (SCPHA). These additions are beneficial to the EMSC and the LA County and will allow for insightful law enforcement and public health expert input.

FOCUS IN PAST YEARS

- Community Paramedicine Pilot Project in the County (ongoing).
- Physician Services for Indigent Program (PSIP) – Proposed reimbursement rates.
- Transport of 5150 Patients: The EMSC recommended that an Ad Hoc committee be identified to develop a blueprint for addressing behavioral substance abuse emergencies in the prehospital setting.
- Monitor legislation of interest to emergency medical services.
- Long Beach Fire Department's two-year Rapid Medical Deployment (RMD) pilot project – 1+1 Paramedic staffing.
- Implementation of electronic data using electronic Patient Care Record (ePCR) systems.

SIGNIFICANT OUTCOMES

- Conducted a Public Hearing on September 17, 2014 regarding PSIP proposed reimbursement rate increase for services, FY 2014/2015.
- In January 2015, requested $2.43 million in Measure B funds to be allocated to the EMS Agency to support the expansion of the ePCR use by jurisdictional fire departments and emergency ambulance transportation service providers. The Board approved this request on June 9, 2015. Through a Request for Application process, all 15 applicants were selected and approved to receive funding.
- A Public Hearing was held in conjunction with the September 16, 2015 regular meeting of the EMSC to discuss a proposed PSIP increase of the reimbursement rate for FY 2015/2016.
- Approved the 2014/2015 EMS Annual Report at the September 16, 2015 meeting.
- Recognized key players in the Community Paramedicine pilot project at the November 18, 2015 EMSC meeting; also upon his departure from the EMSC, Commissioner David Austin, representing the Los Angeles County Ambulance Association (LACAA) was honored for his many years of service to the EMSC and the EMS community
- The EMSC approved development of an Ad Hoc Committee on November 18, 2015, to address the Prehospital Care of Mental Health and Substance Abuse emergencies (The Report).
- Approved the draft Emergency Ambulance Transportation Agreement RFP in concept.
- The EMS Agency drafted an ordinance change to appoint a member of the Southern California Chapter of the American College of Surgeons to replace a member of Los Angeles Surgical Society, which was disbanded. The ordinance change was adopted by the Board on February 11, 2016.

ANNUAL WORK PLAN

UPCOMING GOALS/OBJECTIVES

- Support Community Paramedicine pilot projects;
- Monitor legislation affecting the EMS system;
- Educate stakeholders on EMS issues;
- Provide feedback and support to the EMS Agency as they work on implementing the recommendations developed by the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies, and
- Monitor the progress of the Ad Hoc Ambulance Patient Off-Load Time (APOT) and review and provide feedback to the committee's recommendations.

PRIOR YEAR ACCOMPLISHMENTS

STATUS

- Monitored progress and results of two Community Paramedicine pilot projects. Both projects concluded in June 2017.
- The EMSC approved The Report of the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergency at the November 16, 2016 meeting. The Report is an analysis of the system and summary of recommendations to improve the system. The report was shared with stakeholders, such as the Sheriff, District Attorney, Public Health, Mental Health, Police Chiefs, Fire Chiefs and the National Alliance on Mental Illness.
- The EMSC reviewed the purpose and function of the Education Advisory Committee (EAC) to determine its relevance and the curriculum for Emergency Medical Technician (EMT) and Paramedics are based on a national standard. In the 1980's, when the committee was formed, there was not a standardized curriculum; therefore, the focus of the EAC was on program requirements and curriculum development.
- Approved the 2015-2016 Annual Report of the EMSC at the November 16, 2016 meeting.
- EMSC recommended approval of 27 Prehospital Care polices.

ONGOING LONG-TERM PROJECTS

Review and approve EMS Agency Policies.
Work on the implementation of the recommendations made by Ad Hoc Committees.
Approval of transporting 9-1-1 patients to sobering centers and two psychiatric urgent care centers (Alternate Destination).

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.

November 16, 2017

David F. Austin
American Medical Response
5727 N. Vincent Ave.
Irwindale, CA 91706

Dear Mr. Austin: Dave

On behalf of the Emergency Medical Services (EMS) Agency, congratulations on your ***40 years*** of service with American Medical Response (AMR).

It has been an honor and privilege to work with you in your capacity as an administrator for AMR and as both a State and LA County EMS Commissioner. During your time in the Los Angeles area, I always felt comfortable calling on you for advice about the ambulance industry and business practices. Our discussions certainly helped me to make informed decisions.

Our LA County EMS System is better because of your dedicated fourteen (14) years as an EMS Commissioner. Your commitment to the general public and emergency medical services is apparent in everything you do.

Again, congratulations on this landmark event.

Very truly yours,

Cathy Chidester
Director

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
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To ensure timely, compassionate and quality emergency and disaster medical services.

November 15, 2017

TO: Distribution

FROM: Cathy Chidester
Director

SUBJECT: TRAUMA PATIENT DESTINATION IN THE SAN GABRIEL MOUNTAINS AND THE ANGELES NATIONAL FOREST

This is to provide trauma patient destination guidelines for the San Gabriel Mountains and the Angeles National Forest. Effective **December 1, 2017, at 8:00 AM,** patients who meet trauma center criteria and require air ambulance transportation shall be transported accordingly:

- Patients on Highway 39 – San Gabriel Canyon Road and areas west of Highway 39 (including Highway 2 – Angeles Crest Highway) shall be transported to Huntington Hospital.
- Patient in incident locations east of Highway 39 (including Highway 2) shall be transported to Pomona Valley Hospital Medical Center.
- Patients in incident locations north of Highway 2 shall be transported to Antelope Valley Hospital.
- Pediatric patients shall be transported to either LAC+USC Medical Center or Children's Hospital of Los Angeles.
- As always, air ambulance safety factors shall be primary consideration for all patient destinations decisions and shall be approved by the pilot in command.

Enclosed for your reference is a revised map of the trauma catchment boundaries. Please ensure that all your staff are made aware of these guidelines. Contact Richard Tadeo, Assistant Director, at (562) 347-1610 if you have any questions.

Enclosure

CC:rt
10-01

c: Director, DHS
Health Deputies, Board of Supervisors
Hospital Association of Southern California
Emergency Medical Services Commission
Medical Alert Center
Trauma Hospital Advisory Committee
Hospital Programs, EMS Agency

Distribution: Air Operations, Los Angeles County Fire Department
Air Operations, Los Angeles County Sherriff's Department
Air Operations, Los Angeles Fire Department
EMS Division, Los Angeles County Fire Department
CEO, Huntington Hospital
CEO, Pomona Valley Hospital Medical Center
Trauma Director, Huntington Hospital
Trauma Program Manager, Huntington Hospital
Trauma Director, Pomona Valley Hospital Medical Director
Trauma Program Manager, Pomona Valley Hospital Medical Center
Prehospital Care Coordinator, Citrus Valley – Queen of the Valley
Prehospital Care Coordinator, Huntington Hospital
Prehospital Care Coordinator, Methodist Hospital of Southern California
Prehospital Care Coordinator, Pomona Valley Medical Center

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

November 14, 2017

Pete Bonano, Fire Chief
Hermosa Fire Department
540 Pier Avenue
Hermosa Beach, CA 90254

RE: Emergency Ambulance Transportation

Dear Chief Bonano,

In preparation for the December 20, 2017, transition of prehospital basic life support and advance life support services in the City of Hermosa Beach from the Hermosa Beach Fire Department to the County of Los Angeles Fire Department, an emergency ambulance transportation service must be in place to support the County of Los Angeles Fire Department.

In order to maintain the City of Hermosa Beach as an Exclusive Operating Area for prehospital emergency medical services (EMS), the service shall be continued at not less than the existing level. Therefore, the City of Hermosa Beach may either elect to operate its own emergency ambulance transportation services or contract with qualified licensed emergency ambulance provider through a competitive bid process.

Please provide the EMS Agency a detailed plan on how the City of Hermosa Beach will meet the emergency ambulance transportation needs in the City of Hermosa Beach by December 1, 2017.

Please do not hesitate to contact me or Richard Tadeo, Assistant Director, at (562) 347-1610.

Sincerely,

Cathy Chidester
Director

c. City Manager, City of Hermosa Beach
Fire Chief, Los Angeles County Fire Department
County Counsel

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

November 2, 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 Monday, November 6, 2017, **Centinela Hospital Medical Center** is designated as a Primary Stroke Center (PSC). This brings the total number of 9-1-1 Designated Stroke Centers in 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 PSCs 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
11-1

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
PSC Coordinator, Each Approved Stroke Center

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

December 13, 2017

MEMBERSHIP / ATTENDANCE

	REPRESENTATIVES		EMS AGENCY STAFF
☐	Mark Eckstein, M.D., Chair	EMS Commission	Marianne Gausche-Hill, M.D.
☐	Margaret Peterson, Vice Chair	EMS Commission	Richard Tadeo
☐	Carol Snyder, RN.	EMS Commission	Christine Clare
☐	Erick Cheung, Ph.D.	EMS Commission	Christy Preston
☒	Jessica Strange	Northern Region	Susan Mori
☒	Karyn Robinson	Northern Region	Lorrie Perez
☒	Annette Cornell	Northern Region, Alternate	Michelle Williams
☒	Kristina Crews	Southern Region	David Wells
☒	Samantha Verga-Gates	Southern Region	Christine Zaiser
☒	Laurie Mejia	Southern Region	Denise Whitfield
☐	Natalie Burciago	Southern Region, Alternate	
☒	Christine Farnham	Southern Region, Alternate	
☒	Paula Rosenfield	Western Region	
☒	Ryan Burgess	Western Region	
☒	Alex Perez-Sandi	Western Region, Alternate	
☐	Laurie Sepke	Eastern Region	
☒	Alina Candal	Eastern Region	**GUESTS**
☒	Jenny Van Slyke	Eastern Region, Alternate	Sam Chao, Water
☒	Lila Mier	County Hospital Region	Kevin Millikan, Torrance FD
☒	Emerson Martell	County Hospital Region	Clayton Kazan, LA CoFD
☒	Jose Garcia	County Hospital Region, Alternate	Ashley Sanell
☒	Mike Hansen	Provider Agency Advisory Committee	
☐	Michael Murrey	Provider Agency Advisory Committee, Alt.	
☐	Jazmin Gonzalez	MICN Representative	
☐	Jeff Warstler	MICN Representative, Alt.	
☐	Robin Goodman	Pediatric Advisory Committee	
☒	Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	

	PREHOSPITAL CARE COORDINATORS				
☒	Michael Natividad (AMH)	☐	Adrienne Roel (AMH)	☒	Laura Leyman (SFM)
☒	Coleen Harkins (AVH)	☐	Rosie Romero (CAL)	☒	Kelly Arroyo (SMM)
☒	Dee Josing (HMN)	☒	Rachel Caffey (NRH)	☒	Yvonne Elizarraraz
☐	Heidi Ruff (NRH)	☐	Gloria Guerra (QVH)		

1. **CALL TO ORDER:** The meeting was called to order at 1:05 P.M. by Karyn Robison, Chairperson pro tem.

2. **APPROVAL OF MINUTES**: The October 11, 2017, meeting minutes were approved as submitted.

   M/S/C (Burgess/Leyman)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**
   - Self-Introductions were made by all.

4. REPORTS & UPDATES:

4.1 Base Hospital Agreement

The Base Hospital Agreement is currently on the first year automatic extension with the option to extend an additional year. Negotiations for a new agreement may begin in early 2018 if there are substantive changes that need to be made. Continued concern was expressed with regards to the Statement of Work, page 13, item 6.2. Hospital Minutes/Attendance Rosters/Newsletters and Other Communications Related Materials. Recommendation for changes were requested from the committee; however, no recommendations were presented. The EMS Agency will continue to explore how this requirement will be monitored in the future.

4.2 Comprehensive Stroke System

Submission of the Comprehensive Stroke Center agreement to the Board of Supervisors has been postponed. Plans are to submit the agreement at the next scheduled meeting, December 19, 2017.

Start date for the rerouting of stroke patients with large vessel occlusion to a Comprehensive Stroke Center is being reconsidered. When an official start date is determined, notifications will be sent out.

5. UNFINISHED BUSINESS:

5.1 Reference No. 817, Regional Mobile Response Teams

M/S/C (Burgess/Van Slyke)

6. NEW BUSINESS:

6.1 EMS Update 2018: Revised Treatment Protocols and Medial Control Guidelines.

The Treatment Protocols pilot project is underway and will continue for a period of three months. Data will be collected to guide with education, training, and required documentation for Treatment Protocols.

A lengthy discussion ensued regarding future expectations of the Base Hospital, role of the MICN and on-line medical direction, receiving hospital notification for arrival of ALS patients, and variations in education amongst Base Hospitals. All concerns in regards to the Treatment Protocols should be directed to R. Tadeo.

6.2 Reference No. 414, Specialty Care Transport (SCT) Provider

M/S/C (Burgess/Candal)

6.3 Reference No. 842, Mass Gathering and Special Events Interface With Emergency Medical Services

M/S/C (Burgess/Leyman)

6.4 Reference No. 1242, Treatment Protocol: Allergic Reaction/Anaphylaxis

M/S/C (Burgess/Van Slyke)

7. **OPEN DISCUSSION:**

8. **NEXT MEETING:** BHAC's next meeting is scheduled for **December 14, 2018**, at the EMS Agency @ 1:00 P.M.

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

   ACCOUNTABILITITY: Lorrie Perez

9. **ADJOURNMENT:** The meeting was adjourned at 2:40 P.M.

EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE
WEDNESDAY, DECEMBER 13, 2017

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

MEMBERSHIP / ATTENDANCE		
MEMBERS	ORGANIZATION	EMS AGENCY
☒ Nerses Sanossian , Chair	EMS Commissioner (MD)	Nichole Bosson
* Paul Rodriguez, Vice Chair	EMS Commissioner (CA State Firefighters' Assoc.)	Richard Tadeo
☒ John Hisserich	EMS Commissioner (Community Member)	Christine Clare
□ Colin Tudor	EMS Commissioner (League of CA Cities)	Michelle Williams
□ Matt Armstrong	Ambulance Advisory Board (LACAA)	Sara Rasnake
□ Trevor Stonum	Ambulance Advisory Board (alternate)	Susan Mori
☒ Gloria Guerra	Base Hospital Advisory Committee (BHAC) (RN)	Marianne Gausche-Hill
□ Alina Candal	BHAC (alternate)	Denise Whitfield
☒ Ryan Burgess	Hospital Association of Southern California (HASC)	
□ Nathan McNeil	HASC (alternate)	
* Joanne Dolan	Long Beach Fire Department (LBFD) (RN)	
□ Don Gerety	LBFD (alternate)	OTHERS
□ Dan France	Los Angeles Area Fire Chiefs Association	
□ Sean Stokes	LA Area Fire Chiefs Association (alternate)	
☒ Nicole Steeneken	Los Angeles County Fire Department (LACoFD)	
□ Victoria Hernandez	LACoFD (alternate)	
□ Al Flores	Los Angeles Fire Department (LAFD)	
□ John Smith	LAFD (alternate)	
☒ Marc Cohen	Medical Council (MD)	
□ VACANT	Medical Council (alternate)	
□ Corey Rose	Provider Agency Advisory Committee (PAAC)	
□ VACANT	PAAC (alternate)	
☒ Tchaka Shepherd	Trauma Hospital Advisory Committee (THAC) (MD)	
□ David Hanpeter	THAC (MD) (alternate)	
* Marilyn Cohen	THAC (RN)	
□ Gilda Cruz-Manglapus	THAC (RN) (alternate)	
☒ Present *Excused □ Absent		

1. **CALL TO ORDER:** The meeting was called to order at 10:05 am by Commissioner Sanossian.

2. **APPROVAL OF MINUTES:** The minutes of the June 14, 2017 meeting were approved as written.

3. **INTRODUCTIONS/ANNOUNCEMENTS**

- The International Stroke Conference will be held at the Los Angeles Convention Center January 24-26, 2018.
- Dorothy Habrat is the new Paramedic Training Institute (PTI) medical director.

4. **REPORTS AND UPDATES**

4.1. TEMIS Update *(Michelle Williams)*

The EMS Agency is up-to-date with data entry. Only four providers (Torrance, Sierra Madre, Long Beach, and Montebello) are still on paper. All, except Sierra Madre, plan to go live with their ePCRs by the end of January 2018.

4.2. Service Changes *(Michelle Williams)*

Primary Stroke Centers (PSCs)

UCLA Medical Center, Santa Monica became a PSC on July 1, 2017. Centinela Hospital Medical Center became a PSC on November 6, 2017.

San Gabriel Valley Medical Center is no longer a PSC as of October 18, 2017.

Comprehensive Stroke Centers (CSCs)

The go-live date for CSC designation as a destination for stroke patients with a large-vessel occlusion is January 8, 2018. LACoFD and LAFD have voiced concerns over the start date due to the holidays and have requested that the start date be postponed until at least January 15, 2018. The EMS Agency is considering their request to delay implementation. Written agreements for the Comprehensive Stroke System are going to the Board of Supervisors for approval on December 19, 2017. It is anticipated that at least ten centers will initially be designated as a CSC, this includes hospitals approved as CSCs and Thrombectomy-capable Stroke Centers.

ST-Elevation Myocardial Infarction Receiving Centers (SRCs)

Saint Vincent Medical Center became a SRC as of August 1, 2017.

Treatment Protocol Pilot Project

Burbank Fire Department began the treatment protocol pilot project on December 4, 2017. Pasadena Fire Department will begin the pilot project on January 8, 2018.

4.3 Data Verification *(Michelle Williams)*

Resolution of the mapping issues Digital EMS is having with the 12-lead ECG fields and chief complaint=Other instead of Local Neuro is almost complete. Goal is to have corrected data re-imported and resume sending providers data verification reports in January 2018.

5. UNFINISHED BUSINESS

None

6. NEW BUSINESS

6.1. LACoFD and LAFD Data Submission *(Marianne Gausche-Hill/Richard Tadeo)*

Both LACoFD and LAFD have Stryker, formerly known as Physio-Control, as their ePCR vendor. Since Stryker implemented their Mobile Touch Software, LACoFD and LAFD have been unable to successfully submit data to the EMS Agency. Numerous meetings have been held with LAFD, LACoFD and Stryker with no resolution. The EMS Agency is seeking guidance from the committee on how to proceed. A motion was made and carried to ask high level Stryker representatives for a presentation to the EMS Commission (EMSC) regarding actions taken to resolve data submission issues and the date of expected complete resolution of all identified issues, at the next EMSC meeting scheduled for January 17, 2018.

6.2 Annual Data Report *(Richard Tadeo)*

The Annual Data Report was distributed to all committee members. The EMS Agency welcomes any suggestions for items for future annual reports.

6.3 Ambulance Patient Offload Time (APOT) Report *(Richard Tadeo)*

The APOT Report that was brought to the EMSC and submitted to the State was presented to the committee. Accuracy of the 'Fac Equip' time field is still an issue, therefore the data is not reliable. The workgroup developed to evaluate APOT continues to meet to establish the definition of certain fields, such as arrival at hospital time, etc.

7. NEXT MEETING: February 14, 2018 at 10:00 a.m. (EMS Agency Hearing Room – First Floor).

8. ADJOURNMENT: The meeting was adjourned at 10:38 a.m. by Commissioner Sanossian.

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: December 14, 2017

TO: Education Advisory Committee Members

SUBJECT: CANCELATION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for December 20, 2017 has been canceled.

INFORMATION IN LIEU OF MEETING:

1. A pilot program is underway with following treatment protocols (attached) with Pasadena and Burbank Fire Departments in conjunction with Huntington Hospital and Providence St. Joseph Medical Center Base Hospitals. EMS Update 2018 will be developed following the conclusion of the study for a system-wide implementation.

NEXT MEETING:

Date: Wednesday, February 21, 2018
Time: 10:00 am
Location: EMS Agency Headquarters
EMS Commission Hearing Room
10100 Pioneer Blvd, Room 128
Santa Fe Springs, CA 90670

County of Los Angeles
Department of Health Services

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, December 20, 2017

MEMBERSHIP / ATTENDANCE

MEMBERS	ORGANIZATION	
☑ Dave White, Chair	EMSC, Commissioner	
☑ Robert Ower, Vice-Chair	EMSC, Commissioner	
☐ *LAC Ambulance Association*	EMSC, Commissioner	
☐ *LAC Police Chiefs' Association*	EMSC, Commissioner	
☐ Jodi Nevandro	Area A	
☑ Sean Stokes	Area A Alt	*(Rep to Med Council, Alt)*
☐ Nick Berkuta	Area B	
☑ Clayton Kazan, MD	Area B, Alt.	
☑ Victoria Hernandez	Area B Alt.	*(Rep to Med Council)*
☐ Ken Leasure	Area C	
☐ Susan Hayward	Area C, Alt	
☑ Richard Roman	Area E	
☑ Mike Beeghly	Area E, Alt.	
☑ Josh Hogan	Area F	
☐ Joanne Dolan	Area F, Alt.	
☑ Mike Hansen	Area G	*(Rep to BHAC)*
☐ Michael Murrey	Area G, Alt.	*(Rep to BHAC, Alt.)*
☐ Corey Rose	Area H	*(Rep to DAC)*
☐ Ellsworth Fortman	Area H, Alt.	
☑ Luis Vazquez	Employed Paramedic Coordinator	
☐ Tisha Hamilton	Employed Paramedic Coordinator, Alt.	
☐ Jenny Van Slyke	Prehospital Care Coordinator	
☑ Alina Chandal	Prehospital Care Coordinator, Alt.	
☑ Andrew Respicio	Public Sector Paramedic	
☑ Andrew Gano	Public Sector Paramedic, Alt.	
☐ Maurice Guillen	Private Sector Paramedic	
☐ Scott Buck	Private Sector Paramedic, Alt.	
☐ Marc Eckstein, MD	Provider Agency Medical Director	
☐ Stephen Shea, MD	Provider Agency Medical Director, Alt.	
☑ Ian Wilson	Private Sector Nurse Staffed Ambulance Program	
☐ Vacant	Private Sector Nurse Staffed Ambulance Program, Alt	

EMS AGENCY STAFF PRESENT	
Richard Tadeo	Chris Clare
Mark Ferguson	Lucy Hickey
Susan Mori	Nnabuike Nwanonenyi
Christy Preston	Phillip Santos
John Telmos	David Wells
Michelle Williams	Christine Zaiser
Gary Watson	

OTHER ATTENDEES	
Adrienne Roel	UCLA Ctr Prehosp Care
Michael Barilla	Pasadena FD
Roger Braum	Culver City FD
Sam Chao	W.A.T.E.R.
Monica Bradley	Culver City FD
Paula Lafarge	LACoFD
Micah Bivens	LACo Lake Lifeguards
Nicole Steeneken	LACoFD
Caroline Jack	Torrance FD
Drew Bernard	Emergency Ambulance
Doug Zabilski	LAFD
Julian Zermeno	Santa Monica FD
Marianne Newby	UCLA Ctr Prehosp Care
Alec Miller	Torrance FD
Chad Van Meeteran	Santa Fe Springs Fire Rescue

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

CALL TO ORDER: Chair, Commissioner David White called meeting to order at 1:06 p.m.

1. **APPROVAL OF MINUTES (Kazan/Respicio)** October 18, 2017 minutes were approved as written.

2. **INTRODUCTIONS / ANNOUNCEMENTS**

3. **REPORTS & UPDATES**

3.1 Hepatitis A Outbreak
3.2 Pediatric Color Code Survey

- Deferred until next meeting

4. UNFINISHED BUSINESS

4.1 Reference No. 817, Regional Mobile Response Team *(Richard Tadeo)*

Policy reviewed and approved with the following recommendations:

Page 1, Definitions, Registered Nurse – Staffed SCT (RN-SCT): replace "CCT" with "SCT"

Page 2, Section I, A. 1.: Last sentence, retain the stricken word "or"

Page 3, Section I, f.: replace Reference No. 410.1 with Reference No. 701.1

Page 4, Section C., 1.: Add wording "or designee" to last sentence, to read: "Before requesting a HERT, the Incident Commander or designee, should take into account that it will be a minimum of 30 minutes before a team can be on scene."

M/S/C (Kazan/Wilson) Approve Reference 817, Regional Mobile Response Team, with above recommendations.

5. NEW BUSINESS

5.1 Reference No. 414, Specialty Care Transport (SCT) *(John Telmos)*

Policy reviewed and approved as presented.

M/S/C (Wilson/Hansen) Approve Reference No. 414, Specialty Care Transport (SCT).

5.2 Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles *(Gary Watson)*

Policy reviewed and approved with the following recommendation:

Page 3, Section II, B. 1: Move section titled "Redistribution" under Section II, B. 2.

M/S/C (Kazan/Respicio) Approve Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles, with above recommendation.

5.3 Reference No. 701.1, Physician Confirmation of Agreement To Purchase Drugs and Medical Supplies *(Gary Watson)*

Policy renumbered from Reference No. 410.1, which is attached to policy Reference No. 410, that is being deleted.

M/S/C (Kazan/Respicio) Approve Reference No. 701.1, Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies.

5.4 Reference No. 410, Drug Authorizing Physician For Provider Agencies *(Gary Watson)*

Policy withdrawn from Prehospital Care Manual due to being obsolete.

M/S/C (Kazan/Respicio) Approve Reference No. 410, Drug Authorizing Physician for Provider Agencies, deletion.

5.5 Reference No. 842, Mass Gathering and Special Events Interface With Emergency Medical Services *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

Page 5, Section V., C., Bullet 3: Add wording "if applicable" and to read: "If applicable, include all volunteers or non-licensed personnel or students that will be attending the event."

M/S/C (Kazan/Respicio) Approve Reference No. 842, Mass Gathering and Special Events Interface With Emergency Medical Services, with above recommendation.

5.6 Reference No. 1242, Treatment Protocol: Allergic Reaction / Anaphylaxis *(Richard Tadeo)*

Policy reviewed and approved as presented.

M/S/C (Kazan/Hansen) Approve Reference No. 1242, Treatment Protocol: Allergic Reaction / Anaphylaxis.

5.7 EMS Update 2018: Revised Treatment Protocols and Medical Control Guidelines *(Richard Tadeo)*

Protocols and Guidelines presented as information only. Providers are encourage to send comments or suggestions to Marianne Gausche-Hill, MD; Nicole Bosson, MD; and/or Richard Tadeo.

This topic will continue on future Committee meetings until completion of transition.

6. OPEN DISCUSSION:

6.1 Comprehensive Stroke Center Implementation

The Comprehensive Stroke Center (CSC) program will be implemented on January 8, 2018. Committee representative from Los Angeles County Fire Department, requested a list of CSC to be available to provider agencies at the earliest date possible, to prevent delays in departmental training. A list of the certified CSCs who are anticipated to meet the designation requirements are posted with the Board of Supervisors' agenda.

CSCs are required to have fully executed Transfer Agreements with Primary Stroke Centers. CSCs are also required to have a Transportation Agreement with a licensed ambulance company to facilitate the transport of patients from non-stroke centers/primary stroke centers to the CSC. It is NOT appropriate to use the 9-1-1 system for the interfacility transfer of stroke patients.

7. NEXT MEETING: February 21, 2018

8. ADJOURNMENT: Meeting adjourned at 2:15 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **SPECIALTY CARE TRANSPORT (SCT) PROVIDER** REFERENCE NO. 414

PURPOSE: To define the criteria to be approved as a Registered Nurse/Respiratory-Specialty Care Transport SCT Provider in Los Angeles County.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.52, 1797.178, 1798.170 and 1798.172.
Business and Professions Code, Section 3700-3706
Emergency Medical Treatment and Labor Act of 2006
Los Angeles County Code, Title 7. Chapter 7.16. Ambulances
Los Angeles County Code, Title 7. Chapter 7.08. Denial or Revocation Conditions

DEFINITIONS:

Advanced Life Support (ALS) Transport: A ground or air ambulance transport of a patient who requires or may require skills or treatment modalities that do not exceed the paramedic scope of practice. An ALS transport may be required for either a non-emergency or emergency transport.

Basic Life Support (BLS) Transport: A ground or air ambulance transport of a patient who requires skills or treatment modalities that do not exceed the Los Angeles County EMT scope of practice. A BLS transport may be sufficient to meet the needs of the patient requiring either non-emergency or emergency transport.

Registered Nurse-Staffed SCT (RN-SCT): A ground or air ambulance interfacility transport of a patient who may require skills or treatment modalities that exceed the paramedic scope of practice but do not exceed the RN scope of practice. A nurse-staffed SCT may be required for either a non-emergency or emergency interfacility transport.

Respiratory Care Practitioner Staffed SCT (RCP-SCT): A ground or air ambulance interfacility transport of a patient who requires the skills or treatment modalities that exceed the Los Angeles County EMT scope of practice but does not exceed the RCP scope of practice. A RCP-staffed SCT may be required for either a non-emergency or emergency interfacility transport.

Specialty Care Transport (SCT): An interfacility transport of a critically injured or ill patient by a ground vehicle, including the provision of the medically necessary supplies and services, at a level of service beyond the scope of practice of the paramedic.

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

POLICY:

PRINCIPLES:

1. A private ambulance provider must be licensed by the County of Los Angeles as a basic life support (BLS) provider in order to be eligible for approval as a SCT provider.

2. A BLS private ambulance provider must be approved by the EMS Agency to employ registered nurses (RNs) and/or respiratory care practitioners (RCPs) to staff and provide interfacility SCTs.

3. Staffing a SCT vehicle/unit consists of a minimum of one RN and/or RCP and two EMTs. Physicians, RNs, RCPs, perfusionists or other personnel may be added to the SCT team as needed.

4. RCPs may be utilized to perform duties commensurate with their scope of practice; however, additional transport personnel (EMTs, RNs, physicians, or paramedics) must accompany the RCP based on the level of acuity and anticipated patient care requirements.

5. This policy does not apply when RNs and/or RCPs employed by a healthcare facility are utilized by an ALS or BLS provider agency to provide interfacility patient transport (i.e., emergent situations, specialized transport teams, etc.).

6. Any violation of this policy or ordinance could result in a program request denial or the cancellation of a provider's SCT program.

I. Eligibility Requirements

A BLS ambulance provider licensed by Los Angeles County may be approved to utilize RNs and/or RCPs to provide interfacility transports if the eligibility requirements outlined in this policy are met.

A. Transport Medical Director

1. Provider shall have a medical director who is currently licensed as a physician in the State of California, qualified by training and/or experience, current practice in acute critical care medicine and board certified or in their corresponding specialty.

2. The Medical Director or designee of the EMS Agency must approve all Transport Medical Director candidates.

3. The Transport Medical Director shall:

a. Sign and approve, in advance, all medical protocols and SCT policies and procedures.

b. Oversee the ongoing training of all SCT medical personnel.

c. Be familiar with the Emergency Medical Treatment and Active Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements.

d. Attend the EMS Orientation Program within six months of employment as a Transport Medical Director.

e. Participate in the development, implementation, and ongoing evaluation of a quality improvement (QI) program.

f. Sign and submit Reference No. 410.1, Provider Agency Drug Authorizing Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies for the SCT provider.

g. Sign and submit Reference No. 702.4, Provider Agency Medical Director Notification of Controlled Substance Program Implementation for the SCT provider (if applicable).

A. Transport Coordinator

1. RN Coordinator: Providers utilizing RNs to staff SCTs (also known as CCT) shall have a Coordinator who is currently licensed in the State of California as a RN, meets all minimum requirements of a transport RN, has a minimum of one year experience in ambulance transports, and current practice in emergency medicine, critical care nursing or specialty care transports (minimum of 96 working hours annually).

2. RCP Coordinator: Providers utilizing RCPs to staff SCTs shall have a RCP Coordinator who is currently licensed in the State of California as a RCP, meets all minimum requirements of a transport RCP, has a minimum of one year experience in ambulance transports, and current practice in acute respiratory care or specialty care transports (minimum of 96 working hours annually).

   The RN Coordinator may function as the RCP Coordinator; however, the RCP Coordinator may NOT function as the RN Coordinator.

3. The Transport Coordinator shall:

   a. Sign and approve, in advance, all policies and procedures to be followed for SCTs.

   b. Maintain documentation indicating that all SCT personnel have been oriented to the RN/RCP-staffed SCT program.

   c. Maintain documentation of all applicable licensure, certification and/or accreditation requirements for all all SCT personnel.

d. Be familiar with EMTALA and HIPAA.

e. Ensure the development, implementation and ongoing evaluation of a QI program in collaboration with the Transport Medical Director.

f. Attend the EMS Agency Orientation Program within six months of employment as Transport Coordinator.

g. Perform annual skills competency evaluation of all medical personnel.

h. Submit a written and signed affirmation of adherence to all federal, state, and local rules, regulations and laws, including Los Angeles County prehospital care policies and procedures as outlined in Title 7, Chapter 7.16, Ambulances.

B. Transport Personnel

1. Two EMTs comprise the BLS interfacility transport team; additional personnel (physicians, RNs, and/or RCPs) shall be added to the BLS team based on the acuity and anticipated needs of the patient during transport.

a. Staffing exceptions must be approved by the EMS Agency prior to utilization by the ambulance provider.

2. RNs, RCPs and EMTs shall:

a. Be currently licensed or certified for unrestricted practice in California.

b. Be currently certified by AHA or equivalent in healthcare provider level cardiopulmonary resuscitation (CPR).

c. Successfully complete a RN/RCP Staffed Interfacility SCT Program Orientation sponsored by the provider agency and approved by the EMS Agency.

d. Successfully complete an annual skills competency evaluation conducted by the provider agency and approved by the EMS Agency.

e. Be familiar with EMTALA and HIPAA.

f. Submit a written and signed affirmation of adherence to all federal, state, and local rules, regulations and laws, including Los Angeles County prehospital care policies and procedures as outlined in Title 7, Chapter 7.16, Ambulances.

3. In addition to the requirements listed in Section I. C. 2. all

transport RNs shall:

a. Have a minimum of two years nursing experience in a critical care area relevant to the type of SCT transports the RN will provide (pediatric vs. adults), within the previous 18 months prior to employment as a transport nurse.

b. Be currently certified in Advanced Cardiac Life Support (ACLS) and, if participating in pediatric transports, currently certified in Pediatric Advanced Life Support (PALS).

c. For full-time transport nurses, complete a total of 30 continuing education (CE) contact hours approved by the California Board of Registered Nursing (BRN) annually that are relevant to their clinical setting and types of transports performed.

d. For part-time (working less than 32 hours per week as a transport RN), complete 96 hours of documented critical care experience per year, or complete a total of 30 CE contact hours approved by the California BRN that are relevant to their clinical setting and type of transports performed.

e. Recommendation: Certified Emergency Nurse (CEN), Critical Care Registered Nurse (CCRN), and/or Mobile Intensive Care Nurse (MICN).

4. In addition to the requirements listed in Section I. C. 2. above, all transport RCPs shall:

a. Have a minimum of two years respiratory care experience in an acute care or respiratory care hospital, relevant to the type of SCT transports the RCP will provide (pediatric vs. adults), within 18 months prior to employment as a transport RCP or have successfully passed the Adult Critical Care Specialty (ACCS) Examination, and are in good standing with the National Board for Respiratory Care (NBRC).

b. Be current in ACLS and, if participating in pediatric transports, be current in PALS.

c. For full-time transport RCPs, complete 30 CE contact hours approved by the Respiratory Care Board of California annually, that are relevant to their clinical setting and type of transports performed.

d. For part time transport RCPs (working less than 32 hours per week as a transport RCP), complete 96 hours of documented critical care experience per year or complete a total of 30 ~~60~~ CE contact hours approved by the Respiratory Care Board of California annually that are relevant to their clinical setting and type of transports performed.

C. Subcontracting SCT Services

1. If the licensed BLS provider intends to subcontract SCT services, the EMS Agency must be notified in advance for approval.

2. The subcontracting company must submit program information through the licensed BLS provider to the EMS Agency for approval prior to providing SCT services.

3. Subcontractors must meet the same standards/requirements as the ambulance provider, including insurance.

D. Insurance Requirements

1. It is the ambulance provider agency's responsibility to ensure insurance requirements are maintained as required by the Los Angeles County Code of Ordinance.

2. Minimum insurance levels must be maintained as outlined in Title 7, Chapter 7.16, Ambulances with the exception of Professional Liability. Professional Liability limits must be maintained at $2,000,000 per claim and $3,000,000 per aggregate.

E. Policies and Procedures

Provider shall have a policy and procedure manual that includes, at a minimum, the following:

1. A description of the interfacility transport orientation program and process utilized to verify skill competency for registered nurses, EMTs, RCPs and, if applicable, other medical personnel.

2. Identify the Transport Medical Director, and RN and/or RCP Transport Coordinator. The EMS Agency shall be notified in writing of any changes in these key personnel utilizing Reference No. 621.1, Notification of Personnel Changes.

3. Procedures for contacting the Transport Medical Director and SCT Coordinator if needed during a patient transport.

4. Interfacility transfer paperwork that complies with Title 22, Section 70749.

5. Record retention procedures which meets the requirements listed in Reference No., 608 Retention and Disposition of Prehospital Patient Care Records.

6. The sending physician's Statement of Responsibility for the patient during transfer in accordance with EMTALA.

7. Procedures to be followed for changes in destination due to unforeseen changes in the patient's condition or other unexpected circumstances.

8. Current patient care protocols which have been approved by the Transport Medical Director.

9. A controlled drug policy which meets the requirements of Reference No. 701, Supply and Resupply of Designated EMS Units/Vehicles and if applicable, Reference No. 702, Controlled Drugs Carried on ALS Units.

G. Quality Improvement (QI) Program

1. The Provider Agency shall have a QI Program that meets the standards outlined in Reference No. 618, EMS Quality Improvement Program Committees, and Reference No. 620, EMS Quality Improvement Program.

2. Records of QI activities shall be maintained by the provider and available for review by the EMS Agency.

H. Required Equipment

1. Each transport vehicle shall include as minimum standard inventory all items required by Reference No. 710, Basic Life Support Ambulance Equipment.

2. RN staffed SCT vehicles shall also be equipped with the standardized inventory specified in Reference No. 712, Nurse Staffed Critical Care Inventory.

3. RCP staffed SCT vehicles shall also be equipped with the standardized inventory specified in Reference No. 713, Respiratory Care Practitioner (RCP) Staffed Critical Care Inventory.

4. In addition, each transport vehicle shall have equipment and supplies commensurate with the scope of practice of any additional transport medical personnel (e.g. balloon pump technicians, neonatal intensive care unit transport teams, etc.) staffing the SCT unit. This requirement may be fulfilled through the utilization of appropriate kits (cases/packs), which must be removed if the vehicle is being utilized for BLS transport purposes.

5. Biomedical equipment used for patient care must show evidence of ongoing maintenance and safety certification (e.g., service agreements, calibration logs, etc.).

II. Application Process and Program Review

Request for approval of a SCT program must be made in writing to the Director of the Los Angeles County EMS Agency and shall include the following:

A. Specify the type of SCT services the provider will supply (RN-SCT, RCP-SCT or both).

B. Proposed identification and location of the SCT units.

C. Procedures and protocols as outlined in Section I. F.

D. Documentation of qualifications of the proposed Transport Medical Director (resumé/curriculum vitae, copy of medical license and applicable board certification).

E. Documentation of qualifications of the proposed SCT Coordinator(s) (resumé(s) or curriculum vitae, copy of current license(s) and certifications).

F. Copy of the current QI Plan (include specific indicators which will be utilized to monitor the SCT program) as outlined in Section I. G.

G. Statement acknowledging agreement to comply with all policies and procedures of the EMS Agency, including immediate notification in writing of a change in Transport Medical Director, or SCT Coordinator (Reference No. 621.1).

H. The documents needed for approval of a SCT program are due to the EMS Agency as a **complete** packet within 30 (thirty) days of receipt of letter from the EMS Agency acknowledging the request for approval. If a complete packet (application) is not received within a 30 (thirty) day period, the request will be denied. A subsequent request for approval will not be accepted for 90 (ninety) days. This will result in the providers' inability to provide SCT services until approved by the EMS Agency.

III. Program Review

A. The EMS Agency shall perform periodic on-site audits of transport records, QI processes, equipment/vehicle inspections and personnel qualifications to ensure compliance with this policy.

B. Non-compliance with this policy may lead to the EMS Agency ~~to~~ suspending or revoking approval of the SCT program.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 414.1, **Verification of Employment Letter**
Ref. No. 420, **Private Ambulance Operator Medical Director**
Ref. No. 517, **Provider Agency Transport/Response Guidelines**
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**
Ref. No. 618, **EMS Quality Improvement Program Committees**
Ref. No. 620, **EMS Quality Improvement Program**
Ref. No. 701, **Supply and Resupply of Designated EMS Units/Vehicles**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 710, **Basic Life Support Ambulance Equipment**
Ref. No. 712, **Nurse Staffed Critical Care Unit Inventory**
Ref. No. 713, **Respiratory Care Practitioner (RCP) Critical Care Unit Inventory**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**

Business and Professions Code:

California Nursing Practice Act, Section 2725
California Respiratory Care Practice Act, Sections 3700 et al
Centers for Medicare & Medicaid Services, Department of Health and Human Services
Title 22, California Code of Regulations Division 5, Section 70749

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 414, Specialty Care Transport (SCT)

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	PAAC 12/20/17	Change "CCT" to SCT under "Registered Nurse-Staffed SCT (RN-SCT)	Change made
I – Eligibility Requirements	PAAC 12/20/17	Under Transport Medical Director, item 1, keep "or" in. Sentence will read "provider shall have a medical director who is currently licensed as a physician in the state of California, qualified by training and/or experience, current practice in acute care medicine and board certified or eligible by the American board of emergency physician **or**, in their corresponding specialty F-change the reference from No. 410.1 to 701.1	Change made Change made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **SUPPLY AND RESUPPLY OF DESIGNATED EMS PROVIDER UNITS/VEHICLES** (PARAMEDIC) REFERENCE NO. 701

PURPOSE: To provide a policy for 9-1-1 provider agencies to procure, store and distribute medical supplies and pharmaceuticals identified in the ALS Unit Inventory that require specific physician authorization.

AUTHORITY: California Health and Safety Code, Division 10, Uniform Controlled Substances Act; and Division 2.5, Chapter 5, Section 1798.
California Code of Regulations, Title 22, Chapter 4, Article 6, Section 100168.
Code of Federal Regulations, Title 21, Section 801.109.

DEFINITION:

Restricted Drugs and Devices: Drugs and devices bearing the symbol statement "Rx Only"; legend statements, "Caution, federal law prohibits dispensing without prescription," or "Federal law restricts this device to sale by or on the order of a physician," or words of similar import.

POLICY:

I. Responsibilities of the Provider Agency

A. Each provider agency shall have a mechanism to procure, store and distribute its own restricted drugs and devices under the license and supervision of a physician who meets the following criteria:

1. A Provider Agency Medical Director, must meet the requirements specified in Ref. No. 411, Provider Agency Medical Director.

B. Provider agency shall furnish the EMS Agency with a completed Ref. No. 701.1, Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies indicating that the respective physician will assume responsibility for providing medical authorization for procuring restricted drugs and devices

C. Mechanisms of procurement may include the following:

1. Procurement of restricted drugs and devices from a hospital that determines it has the legal authority to resell pharmaceuticals and supplies to a provider agency.

2. Procurement of restricted drugs and devices through another legally authorized source, including but not limited to, a pharmaceutical distributor or wholesaler.

D. Each provider agency shall have policies and procedures in place for the procurement, transport, storage, distribution and disposal of restricted drugs and

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

devices. These policies shall be reviewed by the local EMS Agency and shall include, but are not limited to, the following:

1. Identification (by title) of individuals responsible for procurement and distribution

2. A determination of reasonable quantities of supplies and pharmaceuticals that must be maintained to resupply ALS units between deliveries by distributor

3. Maintenance of copies of all drug orders, invoices, and logs associated with restricted drugs and devices for a minimum of three years

4. Procedures for completing a monthly inventory, which includes:

    a. Ensuring medications are stored in original packaging

    b. Checking medications for expiration dates, rotating stock for use prior to expiration, and exchanging for current medications

    c. Properly disposing of expired medications that cannot be exchanged

    d. Accounting for restricted drugs and devices in stock and/or distributed to ALS units and other transport units

    e. Returning medications to the pharmaceutical distributor if notified of a recall

5. Storage of drugs (other than those carried on the ALS unit itself) that complies with the following:

    a. Drugs must be stored in a locked cabinet or storage area

    b. Drugs may not be stored on the floor (Storage of drugs on pallets is acceptable)

    c. Antiseptics and disinfectants must be stored separately from internal and injectable medications

    d. Flammable substances, e.g., alcohol, must be stored in accordance with local fire codes

    e. Storage area is maintained within a temperature range that will maintain the integrity, stability and effectiveness of drugs

6. A mechanism for procuring, storing, distributing and accounting for controlled drugs is consistent with the requirements outlined in Ref. No. 702, Controlled Drugs Carried on ALS Units

II. Pharmaceutical Shortages

A. Notification

1. Pharmaceutical recalls, shortages and other pharmaceutical-related concerns are identified through notifications from:

   a. The Food and Drug Administration (FDA)

   b. Public and private provider agencies

2. Once notification is received, FDA is contacted to verify report and retrieve an expected recovery date

3. If notification content is expected to impact the Los Angeles County EMS System, all ALS providers will be formally notified by the EMS Agency's Medical Director.

B. Mitigation Strategies

The following actions may be implemented to address non-controlled substance pharmaceutical shortages:

1. Inventory Reduction:

   a. The Medical Director of the EMS Agency may temporarily reduce the minimum inventory par levels.

   b. Provider agencies may request to temporarily reduce their drug inventory by contacting the EMS Agency's Medical Director.

   c. Provider agency may redistribute its current inventory amongst its own ALS units, from low volume to high volume utilizers.

   d. Provider agencies (public and private) that are low volume utilizers may redistribute a portion of its current inventory to other provider agencies that are high volume utilizers.

2. Provider agencies should attempt procurement from other pharmaceutical vendor resources.

3. The EMS Agency may elect to contact the County-operated pharmacies to seek assistance in replenishing current pharmaceutical stock.

4. The EMS Agency may deploy available pharmaceuticals from the disaster preparedness pharmaceutical cache to provider agencies in most need.

C. Recovery Phase

Once it has been identified that the current pharmaceutical shortage has resolved and provider agencies have received back-ordered medications, the

following shall take place:

1. All ALS units shall return to the minimum inventory amounts, as outlined in appropriate unit inventory lists.

2. Pharmaceuticals acquired from the EMS Agency or other provider agencies (private and public) are to be equally replenished by the acquiring agency.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 411, **Provider Agency Medical Advisor**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 703, **ALS Unit Inventory**
Ref. No. 704, **Assessment Unit Inventory**

DEPARTMENT OF HEALTH SERVICES REFERENCE NO 202.1
COUNTY OF LOS ANGELES

SUBJECT: SUMMARY OF COMMENTS RECEIVED

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

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
II. B. 1.	PAAC/12.20.17	Move "Redistribution:" section and list under II. B. 2. Include as part of B. 2.	Adjustment made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reviewed 11-28-2016

SUBJECT: **PHYSICIAN CONFIRMATION OF AGREEMENT TO PURCHASE DRUGS AND MEDICAL SUPPLIES** (PARAMEDIC) REFERENCE NO. 701.1

I have agreed to assume responsibility for _____ purchase of drugs, medical devices, and controlled drugs under my medical license and DEA registration number.

Current contact information is:

_____
(Physician's Name - Printed)

_____
(Address)

_____
(Business Telephone and Cellular Phone)

_____
(e-Mail Address)

_____
(California Physicians & Surgeons License Number)

_____
(Physician's Signature and Date)

Please return to:

Department of Health Services
Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Attn: Provider Agency Program Manager

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DRUG AUTHORIZING PHYSICIAN FOR PROVIDER AGENCIES** REFERENCE NO. 410

PURPOSE: To provide an orientation for physicians who agree to authorize the purchase of drugs, medical devices and controlled substances for a paramedic provider agency.

AUTHORITY: Health & Safety Code 1797, et seq.
Title 22, California Code of Regulations, Section 100169(a)(1), 100145(c)

DEFINITION:

Drug Authorizing Physician: A physician who utilizes their medical license and Drug Enforcement Administration (DEA) number to purchase drugs, medical devices and controlled substances for an approved EMS provider agency in Los Angeles County. This role is primarily limited to drug purchases and they are not required to meet the criteria for Provider Agency Medical Director.

Provider Agency Medical Director: A physician designated by an approved EMS Provider Agency to provide medical oversight of field care and who meets the criteria outlined in Reference No. 411. A Provider Agency Medical Director may also agree to act as a Drug Authorizing Physician.

Controlled Drugs: A controlled substance is any drug defined in the categories of the Controlled Substances Act of 1970 including opium and its derivatives, hallucinogens, depressants, and stimulants. In Los Angeles County, the provider agency controlled drugs are outlined in Reference No. 702, Controlled Drugs Carried on ALS Units.

PRINCIPLES:

1. Provider agencies may obtain controlled substances from a physician who agrees to authorize the procurement of controlled substances under their DEA registration.

2. Drug Authorizing Physicians understand shall sign Reference 410.1 to acknowledge in writing that they are responsible for purchasing, storing, and distributing controlled drugs for the provider agency in accordance with Reference No. 702, Controlled Drugs Carried on ALS Units.

3. The controlled drugs purchased by the Drug Authorizing Physician are restricted to those listed in Ref. No. 703 ALS Unit Inventory.

POLICY:

I. Procedure to Become a Drug Authorizing Physician for Provider Agencies

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

A. The provider agency shall submit a letter, on departmental letterhead, of intent to purchase drugs, medical devices, and controlled drugs under a Drug Authorizing Physician to include:

1. The name of the physician who will assume this responsibility.

2. The proposed date of the changeover from the EMS Agency Medical Director to the Drug Authorizing Physician.

3. A signed Confirmation of Agreement to Purchase Drugs and Medical Supplies (Ref. No. 410.1).

4. A narcotic policy revised to indicate how controlled drugs will be purchased and stored under the Drug Authorizing Physician in accordance with Federal and State regulations.

5. The name, address, and telephone number of the key contact for the controlled substance supplier.

B. The following must take place prior to the change from the EMS Agency Medical Director to the Drug Authorizing Physician:

1. The Drug Authorizing Physician shall meet with the EMS Agency Medical Director.

2. The provider agency shall return any drugs previously obtained at a County Hospital pharmacy to the issuing pharmacy.

3. EMS Agency staff will conduct a site visit to assess controlled drug storage and security.

II. Procedure for Returning Controlled Substances Previously Issued by a County Hospital Pharmacy:

A. The provider agency shall fax the controlled drug logs showing the current inventory levels to the Prehospital Care Section of the EMS Agency at (562) 946-6594.

B. EMS Agency staff will review the logs and contact the issuing pharmacy to arrange a mutually agreed-upon date and time for the provider agency to return the drugs.

C. Once the logs are reviewed and validated, EMS Agency staff will give the provider agency the documentation needed to return the controlled substances. This authorization will also serve as notification to the County pharmacy to delete the provider agency from the list of those approved to obtain controlled substances.

D. The provider agency will return the drugs to the issuing pharmacy along with any blue copies of the EMS Report Form needed to account for drugs not in inventory due to administration in the field.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 410.1, **Drug Authorizing Physician Confirmation of Agreement Form**
Ref. No. 411, **Provider Agency Medical Director**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 703, **ALS Unit Inventory**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **REGIONAL MOBILE RESPONSE TEAMS** REFERENCE NO. 817

PURPOSE: To establish a formal mechanism for providing rapid advanced emergency medical care at the scene in which a higher level of on-scene emergency medical expertise, physician field response, is requested by the on-scene prehospital care provider.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1798. (a)

DEFINITIONS:

9-1-1 Jurisdictional Provider: the local governmental agency that has jurisdiction over a defined geographic area for the provision of prehospital emergency medical care. In general, these are cities and fire districts that have been defined in accordance with the Health and Safety Code, Division 2.5, Section 1797.201

Exclusive Operating Area (EOA) Provider: these are prehospital emergency medical transportation agencies/companies that have the exclusive rights to provide emergency 9-1-1 medical transportation in predefined geographic areas. These include cities and ambulance companies that have exclusive emergency transportation rights as defined by the Health and Safety Code, Division 2.5, Section 1797.201 and Section 1797.224, and referenced in the Los Angeles County EMS Plan.

Fire Operational Area Coordinator (FOAC): Los Angeles County Fire Department is the FOAC for the County, which is contacted through its Dispatch Center.

Hospital Emergency Response Team (HERT): organized group of health care providers from a designated Level I Trauma Center, with Emergency Medical Services (EMS) Agency approval as a HERT provider, who are available 24 hours/day to respond and provide a higher level of on-scene surgical and medical expertise.

Incident Commander: highest-ranking official of the jurisdictional agency at the scene of the incident and responsible for the overall management of the incident.

Medical Alert Center (MAC): serves as the control point for the VMED28 and ReddiNet® systems and the point of contact when a HERT is requested. The MAC shall contact an approved HERT provider based on the incident location.

Mobile Stroke Unit (MSU): organized group of health care providers with highly specialized equipment associated with a designated Comprehensive Stroke Center, who are available to respond and provide a higher level on-scene stroke care. A MSU is approved by the EMS Agency to be deployed in the prehospital setting to provide rapid assessment of a suspected

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

stroke patient utilizing a mobile computed tomography (CT) scanner. If indicated, the MSU may also provide rapid treatment with intravenous thrombolytic therapy.

Physician Field Response: situation in which a higher level of on-scene emergency medical or surgical expertise is warranted due to the nature of the emergency and requested by the on-scene prehospital care provider.

Qualified Specialist: a physician licensed in the State of California who is Board Certified or Board Eligible in the corresponding specialty by American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA).

Standard Precautions: combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI). Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.

VMED28: the radio frequency designated as the communication system utilized by EMS providers, 9-1-1 receiving hospitals and the MAC to manage Multiple Casualty Incidents (MCI).

POLICY:

I. Hospital Emergency Response Team (HERT):

A. Composition of a HERT

1. The composition of the HERT, and the identification of a Team Leader, shall be a qualified specialist with the training in accordance with the approved HERT provider's internal policy on file with the EMS Agency.

2. The Team Leader is responsible for organizing, supervising, and accompanying members of the team to a scene where a physician field response has been requested.

3. The Team Leader shall be familiar with base hospital operations, scene hazard training, and the EMS Agency's policies, procedures, and protocols.

4. The Team Leader is responsible for retrieving the life-saving equipment and PPE and determining if augmentation is required based upon the magnitude and nature of the incident.

   PPE shall include universal precautions and the following:
   a. Safety Goggles
   b. Leather Gloves
   c. Royal blue helmet with HERT labeled on both sides (e.g., Bullard ® Advent ®;
   d. royal blue jumpsuit (e.g., Nomex®); and

e. National Fire Protection Association (NFPA) approved safety boot with minimum six inch rise, steel toe, and steel shank.

The standard life-saving equipment and PPE referenced above shall be predetermined, preassembled, readily available, clearly labeled, and stored in a predetermined location. Based upon the magnitude and nature of the incident, the standard life-saving equipment and PPE may require augmentation.

5. The Team Leader will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.

6. The Team Leader will report to, and be under the authority of, the Incident Commander or their designee. Other members of the team will be directed by the Team Leader.

B. Purpose of the HERT:

1. A HERT is utilized in a situation where additional medical or surgical expertise is needed on scene.

2. This includes, but is not limited to, the following situations:

a. A life-saving procedure, such as an amputation, is required due to the inability to extricate a patient by any other means.
b. Prolonged entrapment of a patient requiring extended scene care
c. Need for assistance with analgesia, sedation, and difficult airway management
d. A mass casualty incident with need for field triage of a large number of patients.

C. Activation of the HERT:

1. HERT members should be assembled and ready to respond within 20 minutes of a request with standard life-saving equipment and in appropriate level of personal protective equipment (PPE) in accordance with the HERT provider's internal policy on file with the EMS Agency. The anticipated duration of the incident should be considered in determining the need for a HERT. Before requesting a HERT, the Incident Commander should take into account that it will be a minimum of 30 minutes before a team can be on scene.

2. The Incident Commander or designee shall contact the MAC via the VMED28. The determination of the appropriate mode of transportation of the team (ground versus air) will be mutually agreed upon.

3. MAC shall contact an approved HERT provider regarding the request. The Team Leader will organize the team and equipment in

accordance with the HERT provider's internal policy, and the magnitude and nature of the incident.

4. The Team Leader shall inform the MAC once the team has been assembled and indicate the number of team members.

5. MAC will notify the Incident Commander of the ETA of the HERT if they are arriving by ground transportation. When air transport is utilized, MAC will indicate the time that the HERT is assembled with the standard life-saving equipment and prepared to leave the helipad.

D. Transportation of the HERT:

1. MAC will arrange transportation of the HERT through coordination with the Central Dispatch Office or the FOAC.

2. Upon the conclusion of the incident, HERT will contact the MAC and transportation of the team back to the originating facility will be arranged.

E. Responsibilities of a HERT:

1. Upon arrival of the HERT, the Team Leader will report directly to the on-scene Incident Commander or designee (i.e., Medical Group Supervisor). HERT members will, at a minimum, have visible identification that clearly identifies the individual as a health care provider (physician, nurse, etc.) and a member of the HERT.

2. Medical Control for the incident shall be in accordance with Reference No. 816, Physician at the Scene.

F. Approval Process of a HERT:

Level I Trauma Centers interested in providing a HERT must develop internal policies to comply with all requirements and submit evidence of the ability to meet all requirements of this policy to the EMS Agency for review and approval as a HERT provider.

II. Mobile Stroke Unit (MSU) Program

A. General Requirements, a MSU Program shall:

1. Be approved by the EMS Agency

2. Have, at minimum, one MSU that has been licensed by the California Department of Motor Vehicles as an emergency response vehicle.

3. Designate a MSU Medical Director who shall be responsible for the functions of the MSU. The MSU Medical Director shall be a qualified specialist, licensed in the State of California and Board Certified in Neurology, Neurosurgery or Neuroradiology.

4. Staff the MSU with a critical care transport nurse, paramedic and a CT technician. A stroke neurologist may also be included as part of the response team on the vehicle or by telemedicine.

5. Implement a quality improvement program for program monitoring and evaluation

6. Designate a MSU Program Manager who shall be responsible for ensuring timely and accurate data collection and who works with the MSU Medical Director to develop a data collection process and a quality improvement program

B. The MSU Program shall develop an activation and dispatch procedure in collaboration with the 9-1-1 jurisdictional provider.

C. A written Agreement between an Exclusive Operating Area (EOA) Provider and the MSU Program shall be in place if the MSU will be used to transport stroke patients. The written Agreement shall address, at minimum, the following:

1. Dispatch
2. Interaction between staff of the MSU and the 9-1-1 Jurisdictional Provider/EOA Provider
3. Transportation arrangements
4. Billing
5. Data Collection
6. Liability

D. The MSU Program shall develop policies and procedures that address patient care and include the following: patient assessment and identification of patients requiring MSU services; indications for CT and procedures for transmission and reporting, indications and contraindications for thrombolytic therapy, and reporting of adverse events.

E. Approval Process of a MSU

1. MSU Programs shall submit a letter of intent to the EMS Agency outlining the following:

   a. Qualifications of the composition of MSU program
   b. Proposed response area
   c. Deployment and dispatch plan for integration with the 9-1-1 jurisdictional provider
   d. Data collection and quality improvement process

2. If the MSU will be used to transport stroke patients, submit a copy of the written Agreement with the 9-1-1 Jurisdictional Provider/EOA Provider.

3. The EMS Agency will review and verify the submitted information. If the submitted information is satisfactory, the EMS Agency will approve the MSU program.

CROSS REFERENCES:

Prehospital Care Manual:
Reference No. 201, **Medical Management of Prehospital Care**
Reference No. 502, **Patient Destination**
Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Reference No. 504, **Trauma Patient Destination**
Reference No. 506, **Trauma Triage**
Reference No. 510, **Pediatric Patient Destination**
Reference No. 519, **Management of Multiple Casualty Incidents**
Reference No. 808, **Base Hospital Contact and Transport Criteria**
Reference No. 816, **Physician at the Scene**

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 817, Hospital Regional Mobile Response Teams

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	10/18/17	12/20/17	Y
	Base Hospital Advisory Committee	10/11/17	12/13/17	
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council	6/6/17	12/12/17	Y
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

***** See attached **Summary of Comments Received**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No 817, Hospital Mobile Response Teams

SECTION	COMMITTEE/ DATE	COMMENT	RESPONSE
Definition: MSU	Medical Council 6/6/17	Replace “IV tPA” with “thrombolytic therapy”	Change Made
Policy I.A.4.	Medical Council 6/6/17	Delete brand names and replace with generic names	Change Made
Policy I.C.1.	Provider Agency Advisory 12/20/17	Add “or designee” after “Incident Commander”	Change Made
Policy I.E.1.	Provider Agency Advisory 12/20/17	Add “or designee (i.e., Medical Group Supervisor” after “Incident Commander”	Change Made
Policy II.A.4.	Medical Council 12/12/17	Delete “emergency medical technician or”	Change Made
Policy II.D.	Provider Agency Advisory 12/20/17	Replace “IV tPA” with “thrombolytic therapy”	Change Made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERING AND SPECIAL EVENTS INTERFACE WITH EMERGENCY MEDICAL SERVICES**

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842

PURPOSE: To establish guidelines for the delivery of Emergency Medical Services (EMS) to protect the health and safety of the participants during mass gatherings and special events of various size and intensity so that participants have access to the appropriate level of care and to minimize the impact of these events on the local EMS system.

AUTHORITY: Health & Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798, 1798.6(a)
Health Insurance portability and Accountability Act 164.501
California Code of Regulations, Title 22, Sections 100063, 100144, 100167(a), 100169
Los Angeles County Code Title 7, Business Licenses, Chapter 7.16, Ambulances

DEFINITIONS:

After Action Review/Report (AAR): A structured review or de-briefing process for analyzing what happened, why it happened, and how it can be done better by those responsible for an event.

Build in/build out plan (also known as "set-up" and "strike out"): Refers to terminology related to special events for the "set up" of a permitted and approved floor plan on/in a stadium, field, building or other structure. "Strike out" is the process in set construction of dismantling, storing or discarding the materials used.

Event Action Plan: A plan that contains objectives that reflect the event strategy and specific control actions for the event. The Medical Action Plan is the part of the Event Action Plan that is specific to medical resources and assignments.

Event Footprint: The area(s) that is within the control of the event promoter, which may include the venue, the parking lot, and any extended area in which an event is being held.

Event Medical Facility: The main medical facility in which medical care is being provided and/or being directed during a mass gathering or special event. This may include a first aid station, medical station, or any combination thereof.

Harm Reduction: Policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences, such as alcohol and drug education pamphlets etc.

Intensity of Event: The level of intensity (low, medium, or high) as designated by jurisdictional provider agency, is based on the number of attendees, weather considerations, geography, the propensity for alcohol and/or drug use, physical exertion, duration, and history of like events.

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

Jurisdictional Provider Agency: The local fire department.

Mass Gathering: An organized assembly of 5,000 or more people.

Medical Action Plan (MAP): a plan that explains the medical resources, services, and coordination that will be provided during an event that is provided by the promoter/venue.

Medical Alert Center (MAC): Assists provider agencies and base hospitals with patient destination decisions and multiple casualty incidents. It serves as the control point for VMED28 and ReddiNet systems.

Participant: Any person attending or working at the event.

Recurring Events: A mass gathering that occurs on a daily, weekly, monthly, seasonally, or annual basis at a fixed venue and with an existing developed (proven/successful) plan to manage the health and safety of participants and type of event. Examples include professional sport event, the annual county fair, etc.

Special Event: A gathering that does not meet the definition of recurring event although it may occur at a set interval and may or may not take place in a fixed facility or venue. Examples could include a parade, one time concert, etc.

PRINCIPLE:

1. A Medical Action Plan (MAP) shall be created for every mass gathering or special event at the request/discretion of the jurisdictional provider agency.

POLICY:

I. The Medical Action Plan (MAP) shall include, but not be limited to, the following considerations:

   A. Event description, including event name and expected number of participants.
   B. Participant safety (may include an extended footprint) including harm reduction.
   C. Communications Plan that secures a mechanism for direct, two-way communication between the jurisdictional provider agency and medical staff. Consider the following:
      - Two-way radios
      - Cellular service may be overwhelmed
      - Coordination with the MAC
   D. Medical resources that are appropriate to the number of participants – to include quantities, locations, hours of operation and staffing levels (Advanced Life Support (ALS), Basic Life Support (BLS), Medical Doctor (MD), Registered Nurse (RN), Volunteers for the following:
      - Transport ambulances
      - Fixed resources –first aid stations, event medical facility
      - Mobile resources- mobile teams/carts, foot/cycle teams
      - Contingency plan if resources become overwhelmed
   E. Weather related plans

F. Evacuation plan
G. Build in/build out plan

II. Responsibility of the Promoter/Event Venue

A. Notify the jurisdictional provider agency of the event, participate in the permitting process, develop and review the event MAP with the event medical staff and the jurisdictional provider agency.

B. Submit the MAP for approval to the jurisdictional provider agency at a minimum of twenty-one (21) calendar days prior to the event.

C. Submit any final changes to the MAP to the jurisdictional provider agency at a minimum of seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.

D. Utilize Los Angeles County licensed ambulance companies that have, at minimum, approval as an Emergency Medical Technician (EMT) Automated External Defibrillator (AED) service provider in the State of California and Los Angeles County.

E. Incorporate and utilize harm reduction programs for events when applicable.

F. Participate in an AAR upon the request of the jurisdictional provider agency or the Los Angeles County EMS Agency. AARs shall be held within fourteen (14) days post-event unless otherwise approved by the jurisdictional provider agency.

III. Responsibility of the Jurisdictional Provider Agency

A. Review and respond to EAP and the MAP within fourteen (14) calendar days prior to the event. Respond to any final changes to the MAP within twenty-four (24) hours.

B. Verify EMS personnel utilized in the event are appropriately licensed, accredited and/or certified in Los Angeles County.

To verify an EMT/Paramedic:
http://www.centralregistry.ca.gov/Verification/Search.aspx

To verify a registered nurse/licensed vocational nurse/physician:
https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=A0ABEAD7FDB91561F438672AD221DF96.vo24

To verify a physician is Board Certified or Board Eligible in Emergency Medicine:
https://www.certificationmatters.org/is-your-doctor-board-certified/search-now.aspx

C. When necessary to protect health and safety, may require additional or more stringent requirements than listed in this policy (i.e., medical staffing requirements).

D. Educate the event promoter/venue regarding licensed ambulance company capabilities and hospital resources.

E. Notify the Los Angeles County EMS Agency MAC at 866-940-4401 or via email at lemsadutyofficer@dhs.lacounty.gov of the event as soon as possible, if there is an anticipated impact to the EMS system.

F. Assist with the coordination of the AAR for any event that meets the definition of Multiple Casualty Incident (MCI) as outlined in Reference No. 519, Management of Multiple Casualty Incidents.

IV. Responsibility of the Emergency Medical Services (EMS) Agency

A. The EMS Agency Medical Director, upon request
1. Will coordinate a review of the MAP and provide recommendations to the event medical provider and the jurisdictional provider agency.
2. Will respond within three (3) business days.

Reference No. 842.2, Mass Gathering and Special Events Medical Action Plan

B. Medical Alert Center (MAC), upon request

1. Notify the hospitals surrounding the event at least seven (7) calendar days prior to the event.

2. Assign personnel to staff the event command center upon request of the jurisdictional provider agency.

3. Poll area hospitals for emergency department capacity as needed.

4. Monitor the number of patient transports during the event.

5. Open an MCI on the ReddiNet when the number of patients and types of illnesses/injuries are expected to exceed the capabilities of the nearest hospitals.

   a. Provide patient destination.
   b. Authorize the use of Reference No. 806.1, Procedures Prior to Base Contact.
   c. Notify the Medical Officer on Duty (MOD) and the Administrator on Duty (AOD).
   d. Provide a summary of incident with final disposition of all patients to the jurisdictional provider agency and EMS Agency Administration within 72 hours post event.

6. In accordance with Reference No. 519, Management of Multiple Casualty Incidents, assist with an AAR as needed or requested.

V. Responsibility of the Event Medical Provider

A. Provide adequate equipment and supplies to manage care based on the level of service (BLS,ALS) and number of participants.

B. Identify the event medical facility and ambulance staging locations.

C. Submit a list of event medical personnel to the jurisdictional provider agency at least ten (10) calendar days prior to the event to include:
- Name of person
- Type of license or certification (EMT, Paramedic, Nurse, or Physician), number and expiration date
- Include all volunteers or non-licensed personnel or students that will be attending the event, if applicable.

A sample roster is included in Reference No. 842.3, Mass Gathering and Special Events Event Roster.

D. Submit any changes to previously approved event personnel to the jurisdictional provider agency at least seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.

E. Maintain a patient care log, to be submitted to the EMS Agency and the jurisdictional provider agency within seventy-two (72) hours after the conclusion of the event, which shall include at a minimum:
- Patient information or patient identifier
- Age
- Chief complaint
- Treatment
- Disposition
- Diagnosis, if a physician is on site
- Destination, if transported

A sample patient care log is included in Reference No. 842.4, Mass Gathering and Special Event Patient Care Log.

F. A patient care record (PCR) shall be generated for each patient that receives an assessment and/or treatment at a mass gathering or special event. All patient care should be documented in accordance to Ref. No. 606, Documentation of Prehosptial Care.

G. Provide patient care records (PCRs) for review by the EMS Agency or jurisdictional provider agency when requested.

H. Participate in the After Action Review/Report (AAR) as requested.

VI. Responsibility of the Prehospital Providers

A. Nurses shall be licensed by the State of California and preferably have experience in emergency medical care and triage of seriously ill or injured patients.

B. Paramedics shall be licensed by the State of California, accredited in Los Angeles County and on duty for an approved LA County ALS provider.

C. EMTs shall be certified by the State of California and adhere to the Los Angeles County Scope of Practice.

D. Assess participants and escort them to the event medical facility, as appropriate, and per the event's MAP. Following assessment, the participant shall be referred to the event physician on scene, if applicable. If medical staffing levels do not include a physician, EMS providers will follow Reference No. 808, Base Hospital Contact and Transport Criteria.

E. Participants must be medically appropriate to be transported to the event medical facility that is staffed with a physician. Medically appropriate patients may include altered level of consciousness (ALOC) without evidence of head trauma or history of recent seizure or active seizure. Any patient meeting Reference No. 506, Trauma Triage criteria shall be transported directly to a trauma center coordinated through MAC without delay, or if MAC not present, contact the designated base hospital.

F. Once the event has been declared an MCI, the paramedics shall take direction from the MAC for patient destination and treatment per Reference No. 806.1, Procedures Prior to Base Contact. If patient care needs exceed Reference No. 806.1, then refer to Reference No. 808, Base Hospital Contact and Transport Criteria and make base station contact for further medical direction.

VII. Responsibility of the Primary Contracted Physician at the Event, if applicable

A. Be Board Certified in Emergency Medicine and familiar with the Los Angeles County Paramedic and EMT scopes of practice. Additional physicians must be Board Certified or Board Eligible in Emergency Medicine.

B. Be familiar with the Los Angeles County prehospital care policies.

C. Maintain communication with the jurisdictional incident commander, event coordinator and other medical staff.

D. Take responsibility for medical oversight of all licensed or certified health care professionals providing patient care at the event.

E. Take responsibility for the care and disposition for all patients at the designated event medical facility.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 412, **EMT Automated External Defibrillator (AED) Service Provider Program Requirements**
Ref. No. 506, **Trauma Triage**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 802, **EMT Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
Ref. No. 806.1, **Procedures Prior to Base Contact Treatment Protocols**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 816, **Physician at the Scene**
Ref. No. 842.1, **Resource Guidelines for Mass Gatherings and Special Events**
Ref. No. 842.2, **Mass Gathering and Special Events Medical Action Plan (MAP)**
Ref. No. 842.3, **Mass Gathering and Special Events Event Roster**
Ref. No. 842.4, **Mass Gathering and Special Events Patient Care Log**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No 842, Mass Gathering and Special Events Interface with Emergency Medical Services

SECTION	COMMITTEE/ DATE	COMMENT	RESPONSE
Policy	Base Hospital Advisory 12/12/2017	No comment	
Policy V.C.	Provider Agency Advisory 12/20/2017	Add “if applicable” at the end of the third bullet	Change Made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM APPROVAL** REFERENCE NO. 906

PURPOSE: To define criteria for the approval of primary and refresher Emergency Medical Technician (EMT) training programs in Los Angeles County.

AUTHORITY: Health and Safety Code, Sections 1797.109, 1797.170, 1798.208, 1798.210, 1797.214, 1797.217, 1797.220, California Code of Regulations (CCR), Title 22, Division 9, Chapter 2 et seq., and Section 11500 of the Government Code.

DEFINITIONS:

California EMT Certifying Entity: A public safety agency or the Office of the State Fire Marshal, if the agency has a training program for EMT personnel that is approved pursuant to the standards developed pursuant to Section 1797.109 of the Health and Safety Code, or the medical director of a local EMS Agency.

EMT: A person who has successfully completed an EMT course that meets the requirements of Chapter 2 of Division 9 of Title 22, has passed all required tests, and has been certified by a California EMT certifying entity.

EMT Approving Authority: The local EMS Agency that has jurisdiction in the county where the training program is located or the EMS Authority for qualified statewide public safety agencies.

EMT Certifying Cognitive Exam: The National Registry of EMTs Cognitive (written) examination used to test an individual who is applying for EMT certification.

EMT Certifying Psychomotor Exam: The National Registry of EMTs Psychomotor (skills) examination used to test an individual who is applying for EMT certification.

High Fidelity Simulation: Computerized manikins operated by a person in another location to produce audible sounds, and to alter, simulate, and manage physiological changes within the manikin to include, but limited to altering the vital signs, oxygen saturation, and lung sounds.

PRINCIPLES:

1. Los Angeles County approved EMT training programs shall comply with State regulations and EMS Agency policies.

2. Only EMT training programs and locations approved by the EMS Agency may provide training in Los Angeles County. This applies to all phases of EMT training.

3. An approved EMT training program shall notify the EMS Agency in writing within thirty (30) days, of any change in curriculum, hours of instruction, program staff, or clinical experience sites.

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

4. All program materials specified in this policy shall be subject to periodic review by the EMS Agency.

5. All programs shall be subject to on-site evaluations by the EMS Agency.

POLICY:

I. Approving Authority

The Los Angeles County EMS Agency is the approving authority for EMT training programs whose headquarters or training locations are located within Los Angeles County.

II. Approved Training Programs

A. An approved EMT training program shall prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during inter-facility transfer within an organized EMS system.

B. EMT training shall only be offered by approved training programs.

C. Eligibility for program approval shall be limited to the following institutions:

1. Accredited universities and colleges, including junior and community colleges, school districts, and private post-secondary schools approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.

2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.

3. Licensed general acute care hospitals, which hold a special permit to operate a Basic or Comprehensive Emergency Medical Service, and provide continuing education (CE) to other health care professionals.

4. Agencies of government including public safety agencies.

5. Local EMS agencies.

III. Application

A. Obtain an application packet from the EMS Agency. The required content that shall be submitted to the EMS Agency is listed in the application instructions.

B. The application and required contents shall be submitted to the EMS Agency with a table of contents.

IV. Program Requirements

A. Course Prerequisites

1. All candidates shall have CPR training equivalent to the 2015 American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level.

2. All candidates shall have completed Incident Command System (ICS) 100 and 700 training.

B. Course Content

1. Program hours shall be a minimum of 170 hours:

a. A minimum of 146 hours of didactic instruction and skills laboratory.

b. A minimum of 24 hours of supervised clinical experience.

i. Primary training programs shall have written agreement(s) with one (1) or more general acute care hospital(s) and/or ambulance provider(s).

ii. Written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience.

iii. The clinical experience shall include a minimum of 10 documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.

iv. Supervision for the healthcare facility clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students shall be assigned to one (1) qualified instructor.

v. If high fidelity simulation is available, it may replace up to six (6) hours of supervised clinical experience and may replace up to three (3) documented patient contacts.

c. Program hours shall not include any written, computerized, or skill examinations.

2. Course content shall meet the objectives and requirements contained in the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009), California Code of Regulations, Title 22, Chapter 2; the California Health and Safety Code,

and Los Angeles County Emergency Medical Services Prehospital Care Policies.

3. Skills laboratory conducted in the classroom shall be structured to ensure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice sessions.

C. Testing Requirements

1. The program shall include periodic competency based written and skills exams that are administered throughout the program to determine the level of knowledge acquired and skills competency.

2. The program shall administer a final cognitive and psychomotor exam that has established passing criteria at the end of the program, which demonstrates successful course completion.

3. Successful completion of the final psychomotor exam, administered at the end of the program, is required in order for a student to be eligible to take for the National Registry of EMT (NREMT) cognitive examination.

D. Staff Requirements

Each program shall have a program director, clinical coordinator, and principal instructor(s) who meet all requirements of this Reference. Programs may utilize teaching assistants in accordance with this Reference. Nothing in this section precludes the same individual from being responsible for more than one (1) position.

1. Program Director

a. Shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

b. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:

i. Administering the training program.

ii. Approving course content.

iii. Approving all examinations, which includes the final cognitive and psychomotor examinations.

iv. Coordinating all clinical and field activities related to the course.

v. Approving the principal instructor(s) and teaching assistants.

vi. Signing all course completion records.

vii. Assuring that all aspects of the EMT training program comply with the California Code of Regulations and other related laws.

viii. Assuming the role of liaison between the EMS Agency and the EMT program.

ix. Evaluating the program on an annual basis including performance evaluations of staff.

2. Clinical Coordinator

a. Shall be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California and shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years.

b. Duties shall include, but not be limited to:

i. Responsibility for the overall quality of the medical content of the program.

ii. Approval of the principal instructor(s) and teaching assistants by ensuring they meet all qualifications specified within California Code of Regulations.

3. Principal Instructor

Shall be qualified by education and experience with a minimum of forty (40) hours of teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following additional qualifications:

a. Be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California or an advanced EMT or EMT who is currently certified in California

b. Have a minimum of two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

c. Be approved by the program director and the clinical coordinator as qualified to teach the assigned topics.

4. Teaching Assistant(s)

a. Shall be qualified by training and experience to assist with teaching course content.

b. Shall be approved by the program director and the clinical coordinator as being qualified to assist in teaching the assigned topics.

c. Shall be supervised by the program director, clinical coordinator, or a principal instructor.

E. EMT Refresher Program

1. An approved EMT refresher program consists of a minimum of twenty-four (24) hours of didactic instruction and uses the U.S. Department of Transportation's EMT-Basic Refresher National Standard Curriculum, DOT HS 808 624, September 1996.

2. The minimum acceptable content is comprised of six (6) categories, plus eight (8) hours of elective education. Each category contains the following minimum hourly requirements:

a. Preparatory – 1 hour

b. Airway – 2 hours

c. Patient Assessment – 3 hours

d. Medical/Behavioral – 4 hours

e. Trauma – 4 hours

f. Obstetrics, Infants, and Children – 2 hours

g. Elective – 8 hours

3. Testing Requirements

a. The program shall administer a final cognitive and psychomotor exam that has established passing criteria at the end of the program, which demonstrates successful course completion.

b. The psychomotor exam shall test the fourteen (14) skills listed on the Skills Competency Verification form, EMSA – SCV (01/2017).

4. The requirement for an EMT training program to offer refresher training may be waived if formally requested by the program director.

F. Challenge Program

1. A course challenge program consists of cognitive and psychomotor examinations with pre-established passing standards offered by an approved EMT primary training program for a qualified individual to receive an EMT course completion certificate.

2. Student Eligibility

   a. Licensed in the United States as a Physician, Registered Nurse, Physician Assistant, Vocational Nurse, or Practical Nurse.

   b. An individual who provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009).

   c. An individual who was active during the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States and has completed an approved twenty-four (24) hour EMT Refresher course or equivalent in EMS CE within the preceding two (2) years.

3. A course challenge examination shall consist of a competency-based cognitive and psychomotor examination to test the knowledge of the topics and skills required in a primary EMT program.

   a. An eligible person shall be permitted to take the challenge examination only one (1) time.

   b. An individual who fails to achieve a passing score on the challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

4. The challenge program shall be offered no less than once each time the EMT course is given. However, the requirement for an EMT training program to offer a challenge program may be waived if formally requested by the program director.

G. Course Completion

1. An approved EMT training program shall issue a tamper resistant course completion certificate. The document must include the following:

   a. Name of the individual.

   b. Date of course completion.

   c. Type of EMT course completed (i.e., EMT, refresher, or challenge)

   d. Statement: “The EMT approving authority is Los Angeles County EMS Agency”

   e. Number of course hours.

   f. Signature of the program director.

g. Name, address and phone number of the training program.

h. Statement in bold print: “This is not an EMT certificate”

2. The EMS Agency’s EMT Course Completion Roster shall be completed with the required elements and submitted to the EMS Agency within fifteen (15) working days of course completion.

H. Record Keeping

Each program shall maintain the following records for four (4) years:

1. All required documentation as specified in the application packet for program approval.

2. EMT Course Completion Roster.

3. Documentation of course completion certificates issued.

4. Original documentation or summaries of student performance and course evaluations.

5. Curriculum vitae for all program staff with a copy of current licenses and certifications in their field of expertise, or evidence of specialized training.

I. Quality Improvement

1. EMT training programs approved by the EMS Agency shall develop and implement a Quality Improvement Program that includes methods of evaluation that are composed of structure, process, and outcome evaluations, which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process, and recognize excellence in performance and delivery of care. Areas that require continued evaluation include personnel, curriculum being taught and clinical resources.

2. The program shall utilize the NREMT data for first time passing rates as one measure to evaluate overall program effectiveness.

V. Certifying Entity Requirements

A. California EMT certifying entities (CE) shall have an approved EMT refresher program in order to maintain their CE status.

B. EMT Refresher Program Application:

1. Obtain an application packet from the EMS Agency. The requirements are listed in the application instructions.

2. The application and required contents shall be submitted to the EMS Agency with a table of contents.

C. Refresher program requirements shall be in accordance with Sections IV. D, E. 1-3, and G – I of this reference.

VI. Responsibilities of the EMS Agency

A. Process Applications

1. Notify the program applicant in writing within ninety (90) 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 have been met.

a. Notify the program applicant within sixty (60) days of receipt of the application that the application was received and/or what information is deficient, or is missing, and the date the information is due.

b. Failure to submit requested information within specified time frame after receiving written notification shall render the application null and void.

2. Upon receipt of a complete application, the EMS Agency shall establish the effective date of program approval.

3. Initial approval and re-approval shall be for a period of four (4) years. Program approval or disapproval shall be made in writing by the EMS Agency to the program applicant.

B. Audit Programs

1. The EMS Agency shall conduct a scheduled site survey prior to initial program approval and re-approval.

2. Individual classes are open for scheduled or unscheduled visits/educational audits by the EMS Agency.

VII. EMT Training Program Disciplinary Actions

A. Failure to comply with the provisions of CCR Div. 9, Ch. 2, et seq. such as 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 the California Code of Regulations, Title 22, Chapter 2; the California Health and Safety Code, Division 2.5; or Los Angeles County Emergency Medical Services Prehospital Care Policies shall result in disciplinary action.

B. The requirements for training program noncompliance notification and actions are as follows:

1. The EMS Agency shall provide notification of noncompliance to the EMT training program. This notification shall be in writing and sent by certified mail to the EMT training program director.

2. Within fifteen (15) days from receipt of the noncompliance notification, the EMT training program shall submit in writing, by certified mail, to the EMS Agency one (1) of the following:

   a. Evidence of compliance with the provisions of this Chapter, or

   b. A plan to comply with the provisions of this Chapter within sixty (60) days from receipt of the notification of noncompliance.

3. Within fifteen (15) days from receipt of the EMT training program's response, or within thirty (30) calendar days from the mailing date of the noncompliance notification, if no response is received from the training program, the EMS Agency shall issue a decision letter by certified mail to the State of California EMS Authority and the training program. The letter shall identify the EMS Agency's decision to take one or more of the following actions:

   a. Accept the evidence of compliance provided.

   b. Accept the plan for meeting compliance.

   c. Place the training program on probation.

   d. Suspend the training program.

   e. Revoke the training program

4. The decision letter shall include, but not be limited to, the following:

   a. The date of the EMS Agency's decision.

   b. The specific provisions found to be noncompliant.

   c. The probation or suspension effective and ending date, if applicable.

   d. The terms and conditions of the probation or suspension, if applicable.

   e. The revocation effective date, if applicable.

C. If the training program does not comply with subsection VII, B, 2, of this reference, the EMS Agency may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described in subsection VII, B, 3 of this section.

D. The EMS Agency shall establish the probation, suspension, or revocation effective dates no sooner than sixty (60) days after the date of the decision letter as described in subsection VII, B, 3 of this section.

E. Causes for actions include, but are not limited to, the following:

a. Failure to correct identified deficiencies within the specified length of time after receiving written notice from the EMS Agency.

b. Misrepresentation of any fact by an EMT training program of any required information.

F. An EMT training program is ineligible to reapply for approval following a denial or revocation for a minimum of 12 months.

G. If an EMT training program is placed on probation, the terms of probation, shall be determined by the EMS Agency. During the probationary period, the EMS Agency must give prior approval for all EMT programs offered. Course documents must be submitted to the EMS Agency at least thirty (30) days prior to each course being offered. The EMS Agency shall provide written notification of program approval to the program director within fifteen (15) days of the receipt of the request. Renewal of the training program is contingent upon completion of the probationary period.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 802, EMT Scope of Practice
Ref. No. 802.1, EMT Scope of Practice – Field Reference
Ref. No. 1014, Emergency Medical Technician (EMT) Certification

Summary of Comments Received on Reference No. 906, Emergency Medical Technician Training Program Approval

ISSUE SECTION #	COMMITTEE	COMMENT	RESPONSE
Policy	Rio Hondo College	Using the First time pass rate as an indicator of success based upon NREMT rules, should be reconsidered. My staff and I feel that the third time test results are a much better indicator. Why? Because participants may fail the NREMT test the first time, yet pass the 2nd or 3rd attempt. However, they are ALL still called "EMT"s and have been successful. Thus, a true indicator of success would be the third attempt if the NREMT allows three attempts.	Change not made.

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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/

Nominating Committee Meeting

January 3, 2018

EMSC Members Present:
John Hisserich, Dr. PH
Paul S. Rodriguez
Robert Ower

Commission Secretary:
Amelia Chavez

Positions to be filled:
Chair and Vice-Chair

Nominating Committee Recommendations:
Chair – Erick H. Cheung, MD
Vice-Chair – John Hisserich, Dr. PH

January 17, 2018
*Nominations from the floor for either position

Chair –
Vice-Chair –

EMERGENCY MEDICAL SERVICES COMMISSION

STANDING COMMITTEE RECOMMENDATIONS

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

COMMITTEE	2016	2017	2018
Provider Agency Advisory (PAAC)	Chair: Dave White Vice Chair: Robert Ower Commissioners: Paul Rodriguez Robert Barnes Staff: Gary Watson	Chair: Dave White Vice Chair: Robert Ower Commissioners: Brian Bixler Robert Barnes Staff: **Gary Watson**	Chair: White Vice Chair: Ower Commissioners: Brian Bixler Paul Rodriguez Staff: **Gary Watson**
Base Hospital Advisory (BHAC)	Chair: Carol Snyder Vice Chair: Margaret Peterson Commissioners: Robert Flashman Erick Cheung, MD Staff: Carolyn Naylor	Chair: Marc Eckstein, MD Vice Chair: Margaret Peterson Commissioners: Erick Cheung, MD Staff: **Lorrie Perez**	Chair: Marc Eckstein, MD Vice Chair: Margaret Peterson Commissioners: Lydia Lam, MD John Hisserich Staff: **Lorrie Perez**
Data Advisory (DAC)	Chair: Robert Flashman Vice Chair: John Hisserich Commissioners: Collin Tudor Clayton Kazan, MD Staff: Michelle Williams	Chair: Nerses Sanossian, MD Vice Chair: Paul Rodriguez Commissioners: John Hisserich Collin Tudor Staff: **Michelle Williams**	Chair: Nerses Sanossian, MD Vice Chair: Pajmon Zarrineghbal Commissioners: Collin Tudor Jim Lott Staff: **Michelle Williams**
Education Advisory (EAC)	Chair: Frank Binch Vice Chair: Gary Washburn Commissioners: Bernard Weintraub Staff: David Wells	Chair: Carole Snyder Vice Chair: Gary Washburn Commissioners: Ellen Alkon, MD Staff: **David Wells**	Chair: Carole Snyder Vice Chair: Atilla Uner, MD Commissioners: Ellen Alkon, MD Gary Washburn Staff: **David Wells**

Briefing for the EMS Commission

EMS System Data

January 17, 2018

Background:

State Assembly Bill 1129 and Los Angeles County Prehospital Care Policy Reference No. 607 require EMS Provider Agencies to capture EMS data and submit electronic data to the EMS Agency.

Data is critical for system management and performance measurement as well as comply with the following data reporting requirements:

- National Trauma Data Bank – Trauma centers are required to report EMS data as part of their American College of Surgeon Verification requirements
- CEMSIS-Trauma – Trauma Centers are required to report EMS data to the State EMS Authority (EMSA)
- STEMI – STEMI Receiving Centers (SRCs) are required to report EMS data to maintain SRC designation and monitor of effective patient management
- Stroke – Primary and Comprehensive Stroke Centers are required to report EMS data to maintain stroke center designation and monitor effectiveness of patient management
- EMS Core Measures – EMS data is utilized to report mandated EMS Core Measures to the EMSA

Current Status of EMS Data:

EMS Provider	EMS Volume (FY 15-16)*	ePCR Go-Live date	% Submitted to EMS
LACoFD – ePCR - Stryker	286,746 (43%)	May - August 2016 (Mobile Touch)	2016: 30% 2017: 0%
LAFD – ePCR - Stryker	219,598 (33%)	June 2011 (Sansio Version) March 2017 (Mobile Touch)	2016: 100% 2017: 25%
25 Other FD – ePCR - Digital EMS or Source Code 3	108,102 (16%)	April 2012 – April 2017	2016: 100% 2017: 90%
4 Other FD – Paper EMS Report	54,613 (8%)	1st Quarter 2018 (estimated)	2016: 100% 2017: 75%

*Countywide total volume

Actions Taken to Resolve Outstanding Items:

- April 2016: EMS Agency, LAFD, LACoFD and Stryker met to discuss issues with LAFD data (Sansio Version) in order to correct these items prior to the implementation of Mobile Touch at LACoFD
- May-July 2016: EMS Agency, LACoFD and Stryker conducted weekly conference calls to resolve problems
- June 2016: EMS Agency requested submission of test files to verify data transmission and data quality
- August 2016: test files did not meet data transmission requirements
- October 2016: EMS Agency, LAFD, LACoFD and Stryker met to discuss outstanding issues and proposed corrective actions; EMS Agency notified LACoFD Fire Chief regarding continued deficiencies with data collection requirements
- January 2017: EMS Agency, LACoFD and Stryker started quarterly meetings to address continued deficiencies
- March 2017: EMS Agency requested LAFD to correct data submission deficiencies for CY 2015 and CY 2016, deficiencies were corrected in July 2017, no data submission after implementation of Mobile Touch
- May 2017: EMS Agency notified LACoFD Fire Chief regarding continued deficiencies and requested a detailed action plan outlining how LACoFD will meet the requirements by July 31, 2017
- June 2017: LACoFD's corrective action plan received by the EMS Agency
- July 2017: EMS Agency, LACoFD and Stryker met, Stryker assured data fixes are being completed
- December 2017: test files do not meet data transmission requirements, test files contained errors that were previously identified in November 2016, and April, July, and August 2017

Briefing for the EMS Commission

Revised Treatment Protocols

January 17, 2018

Background:

The current Treatment Protocols (TP) were developed to treat the presenting chief complaint and related signs/symptoms of the patient. Correspondingly, the TPs are titled and organized based on chief complaints such as Chest Pain, Altered Level of Consciousness, Abdominal Pain, etc. The TPs provide treatment guidelines of "classic" presentations and are utilized for patients with the same disease but may have differing complaints and presentation, and conversely, patients with similar signs/symptoms who may have very different diagnosis.

In recent years, the national training standards have shifted from a sign/symptom orientation to treating the prehospital care patient to the utilization of Provider Impressions (PI). In, California, all EMS providers are mandated to report and document their PI when treating a patient. Unlike chief complaint, PI is the EMS personnel's initial impression based on a complete prehospital assessment of the patient. PI is not a diagnosis.

This major change can best be demonstrated by the following example. A patient with shortness of breath is currently treated with the Respiratory Distress Protocol which allows for the treatment of bronchospasm, pneumonia or pulmonary edema. These conditions may all present with the same signs and symptoms. Formulating a PI will require the EMS provider to use their assessment skills and clinical judgement in order to provide the most appropriate treatment modality for the patient.

Rationale for Revising the Treatment Protocols:

- To better organize the TPs such that each PI will have an appropriate TP. This will streamline TP selection once the PI is established.
- To provide a clearer guidance to pediatric specific patient assessment, care and treatment.
- To enhance EMS data collection which will support system management and quality improvement activities.

Implementation Plan:

- Revised TPs were released for public comment through the EMS Commission's Subcommittees, Medical Advisory Council, Pediatric Advisory Committee, Association of Prehospital Care Coordinators and LA Area Fire Chief's Association.
- A 2-3 month pilot project was implemented with Burbank Fire Department and Providence St. Joseph Medical Center on December 4, 2017. Pasadena Fire Department and Huntington Hospital started the pilot project on January 8, 2018. The pilot project involves extensive quality monitoring and 100% patient outcome data collection.
- The TPs will be the subject matter content for the EMS Update 2018 training which is projected to commence summer 2018. Implementation countywide is projected to commence in fall/winter 2018.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

Draft: 2017-12-30

Treatment Protocol: TABLE OF CONTENTS **Ref. No. 1200**

Treatment Protocol: TABLE OF CONTENTS **Ref. No. 1200**

C A R D I O V A S C U L A R / C H E S T P A I N

C H I L D B I R T H / P R E G N A N C Y

E N V I R O N M E N T A L

Notes

1 Medical Device Malfunction for children may include but is not limited to: Ventriculoperitoneal shunts, vagal nerve stimulators, G-tubes, central lines, and LVADs
2 Cardiac Arrest Obvious Death for children includes SIDS
3 Chest pain that is concerning for cardiac cause in children is rare – and treatment provided in General Medical 1202-P
4 Protocols for labor, childbirth and pregnancy complications if the Mother is a pediatric patient (adolescent) are no different than the adult protocols but are listed here for ease of accessing the correct protocol
5 Hyperthermia for children includes child trapped in vehicle
6 Traumatic injury – Multisystem/Torso Trauma includes suspected child maltreatment