



**LOS ANGELES COUNTY  
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*American College of Surgeons*

**James Lott, PsyD., MBA**

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*LA County Ambulance Association*

**Margaret Peterson, Ph.D.**

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**Mr. Paul S. Rodriguez**

*CA. State Firefighters' Association*

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*Public Member (1<sup>st</sup> District)*

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*American Heart Association*

*Western States Affiliate*

**Carole A. Snyder, RN**

*Emergency Nurses Association*

**Atilla Uner, MD, MPH**

*California Chapter-American College of*

*Emergency Physicians (CAL-ACEP)*

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*LA County Medical Association*

**EXECUTIVE DIRECTOR**

**Cathy Chidester**

(562) 378-1604

[CChidester@dhs.lacounty.gov](mailto:CChidester@dhs.lacounty.gov)

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

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

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

(562) 378-1604 FAX (562) 941-5835

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

**DATE:** May 15, 2019

**TIME:** 1:00 – 3:00 PM

**LOCATION:** Los Angeles County Emergency Medical Services Agency  
10100 Pioneer Boulevard, EMSC Hearing Room 128, 1<sup>st</sup> 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**

**I. CALL TO ORDER** – John Hisserich, Dr.PH., Chairman

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

**III. CONSENT AGENDA** (Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.)

**1. MINUTES**

March 20, 2019

**2. CORRESPONDENCE**

- 2.1 (03-07-2019) Boris L. Krutonog, President, AmWest, Inc. dba AmWest Ambulance: Paramedic Provider Program Approval
- 2.2 (03-19-2019) Johnese Spisso, CEO, Ronald Reagan UCLA Medical Center: Request for Team Attendance: August 14, 2019 California Endowment
- 2.3 (03-19-2019) Paul Viviano, CEO, Children's Hospital Los Angeles: Request for Team Attendance: August 14, 2019 California Endowment Center
- 2.4 (03-19-2019) William Grice, CEO, Kaiser Foundation Hospital Los Angeles: Request for Team Attendance: August 14, 2019 California Endowment
- 2.5 (03-19-2019) Thomas Prisleac, CEO, Cedars Sinai Medical Center: Request for Team Attendance: August 14, 2019 California Endowment
- 2.6 (04-03-2019) Distribution: General Public Ambulance Rates July 1, 2019 through June 30, 2020 (Attachment I)

**3. COMMITTEE REPORTS**

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

**4. POLICIES**

- 4.1 Policy No. 516: Cardiac Arrest Patient Destination (Approval)
- 4.2 Policy No. 814: Determination/Pronouncement of Death in the Field (Approval)
- 4.3 Policy No.1231-P: Treatment Protocol: Seizure (Information Only)
- 4.4 Policy No. 1317.25: Medical Control Guideline: Drug Reference – Midazolam (Information Only)

**END OF CONSENT AGENDA**

**IV. BUSINESS**

**BUSINESS (OLD)**

- 5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
- 5.2 Ad Hoc Committee (Wall Time/Diversion)
- 5.3 Updates from Physio-Control/Stryker on ePCR

**BUSINESS (NEW)**

- 5.4 Recommendations from the Education Advisory Committee
- 5.5 Paramedic Pioneers Look Back on 50 Years (Video)

**V. COMMISSIONERS' COMMENTS/REQUESTS**

**VI. LEGISLATION**

**VII. EMS DIRECTOR'S REPORT**

**VIII. ADJOURNMENT**

To the meeting of July 17, 2019

**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.



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

**MINUTES  
March 20, 2019**

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Ellen Alkon, M.D.	So. CA Public Health Assn.	Cathy Chidester	Executive Director
<input type="checkbox"/> Ab-Lt. Brian S. Bixler	Peace Officers' Assn. of LAC	Denise Watson	Commission Liaison
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson	Assistant Medical Director
<input type="checkbox"/> Vacant	L.A. County Medical Assn.	Richard Tadeo	Assistant Director
<input checked="" type="checkbox"/> Chief Eugene Harris	LAC Police Chiefs' Assn.	Kay Fruhwirth	Assistant Director
<input checked="" type="checkbox"/> John Hisserich, Dr. PH	Public Member, 3 <sup>rd</sup> District	Roel Amara	Assistant Director
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Frederick Bottger	EMS Staff
<input type="checkbox"/> Ab-James Lott, MBA	Public Member, 2 <sup>nd</sup> District	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Robert Ower	LAC Ambulance Association	Gary Watson	EMS Staff
<input checked="" type="checkbox"/> Margaret Peterson, PhD	Hospital Assn. of So. CA	John Telmos	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Jacqui Rifenburg	EMS Staff
<input checked="" type="checkbox"/> Joseph Salas	Public Member, 1 <sup>st</sup> District	David Wells	EMS Staff
<input checked="" type="checkbox"/> Nerses Sanossian, M.D.	American Heart Association	Jennifer Calderon	EMS Staff
<input checked="" type="checkbox"/> Carole Snyder	Emergency Nurses Assn.	Phillip Santos	EMS Staff
<input type="checkbox"/> Vacant	League of CA Cities/LAC	Sara Rasnake	EMS Staff
<input type="checkbox"/> *-Atilla Uner, M.D.	American College of Emergency Physicians CAL-ACEP	Susan Mori	EMS Staff
<input checked="" type="checkbox"/> Gary Washburn	Public Member, 5 <sup>th</sup> District		
<input type="checkbox"/> Ab-David White	L.A. Area Fire Chiefs' Assn.		
<input type="checkbox"/> *-Pajmon Zarrineghbal	Public Member, 4 <sup>th</sup> District		
<b>GUESTS</b>			
Dr. Ronald L. Stewart	Halifax, Nova Scotia, Canada		
Samantha Verga Gates	L.A. County APCC		
Richard Roman	Compton Fire Department		
Jennifer Nulty	Torrance Fire Department		
Chris Morrow	Torrance Fire Department		

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

**I. CALL TO ORDER:**

The Emergency Medical Services Commission (EMSC) meeting was held in the EMSC Hearing Room at 10100 Pioneer Boulevard, Santa Fe Springs, CA 90670. The meeting was called to order at 1:00 p.m. by Chairman John Hisserich. A quorum was present with 12 Commissioners in attendance.

## **II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS:**

Self-introductions were made starting with EMSC members followed by Emergency Medical Services (EMS) Agency staff and guests.

Ms. Cathy Chidester, EMSC Executive Director and EMS Agency Director, announced that the EMS Agency would be having its 50<sup>th</sup> Anniversary Celebration on Thursday, March 21, 2019, and noted that this date was targeted from the first paramedic training class in 1969 which was one of the first pilot programs in the nation. Additionally, the State EMS Authority will host a 50<sup>th</sup> celebration in 2020, and she noted that they measure their date in conjunction with the Wedworth-Townsend Paramedic Act. She provided some historical background on EMS starting in 1969 under the guidance of Supervisor Kenneth Hahn, J. Michael Criley and Walter Graf.

Ms. Chidester introduced Dr. Ronald Stewart, the first medical director of the Paramedic Training Institute (PTI) in 1970-1971, who was visiting from Halifax, Nova Scotia, Canada. Dr. Stewart did his residency at LAC+USC, and has served as the Health Minister of Nova Scotia. Dr. Stewart addressed the Commission briefly, and talked about his experience with emergency medicine and emergency medical services.

Ms. Chidester announced that Commissioner Marc Eckstein, who represented the LA County Medical Association, resigned from the Commission; and Commissioner Colin Tudor, who represented the League of California Cities/LA County Division, changed positions and is therefore no longer on the Commission. She noted that we are writing both of those Associations to have these vacancies filled as soon as possible.

## **III. CONSENT AGENDA:**

Chairman John Hisserich, Dr.PH., called for approval of the Consent Agenda.

***Motion/Second by Commissioners Ower/Harris to approve the Consent Agenda was carried unanimously.***

### **1. MINUTES:**

January 16, 2019 Minutes

### **2. CORRESPONDENCE:**

2.1 Public Safety Naloxone Program Approval

2.2 System-Wide Provider Impression Quality Improvement Fallout Tracking

2.3 Ambulance Patient Offload Time Report – Held by Commissioner Ower for discussion

2.4 Electronic Patient Care Record Submission

2.5 Letter to Chief Keith Kauffman, LA County Police Chiefs' Association

2.6 Clarification with Treatment Protocol Quality Improvement Requirements

2.7 Public Safety Naloxone Program Approval

2.8 Letter to Jennifer Quan, League of California Cities

2.9 Letter to Chief Eugene Harris, LA County Police Chiefs Association

2.10 The Measure B Advisory Board (MBAB) Recommendations

**3. COMMITTEE REPORTS:**

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

**4. POLICIES:**

- 4.1 Policy No. 416: Assessment Unit
  - Attachment A: Policy Review – Summary by Committee
  - Attachment B: Policy Review – Summary of Comments

**END OF CONSENT AGENDA**

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**IV. BUSINESS:**

**BUSINESS (OLD)**

- 5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report  
Commissioner Cheung reported - Following the adoption of the report of our law enforcement dispatch and field response surveys, he attended District Attorney Jackie Lacey's Mental Health Committee meeting and presented the recommendations that resulted from the survey. Subsequently, District Attorney Lacey requested a follow-up phone call to see how she can assist in forwarding some of these items, which he and Ms. Chidester will represent the Commission in those discussions. We were also asked to represent this body of work at the LA County Police Chiefs' Executive Workshop in Palm Springs in April.

Kay Fruhwirth, EMS Agency Assistant Director, distributed the initial Ad Hoc Committee's report recommendations annotated in a table reflecting all nine of the original recommendations, reminding the commission that this project has been going on since 2015.

Commissioner Erick Cheung – There is limited bed capacity in the mental health acute care system, but specifically mental health inpatient beds, which has been recognized as a shortage by those people who work in the emergency departments and in hospitals. Recently, there is more interest by the LA County Board of Supervisors about that shortage, and subsequently the Department of Mental Health Director, Dr. Jonathan Sherin has been tasked with creating a task force to study and make recommendations on remedying the issue of acute care bed shortage, as well as sub-acute care bed shortage such as residential placements and long-term placements for people who are chronically mentally ill and/or medically ill and otherwise having trouble taking care of themselves. This may be one area that we did not specifically address in the recent report about dispatch. However, because it is so relevant and tied in, we can ask District Attorney Lacey to be mindful and supportive of efforts to increase capacity.

Chairman Hisserich had questions about the Sheriff's Department's data submissions and reporting, and commented that they are working hard to add additional mental evaluation team (MET) units.

5.2 Ad Hoc Committee (Wall Time/Diversion)

Richard Tadeo, EMS Assistant Director reported – The EMS Agency is requesting direction from the Commission regarding the continuance of Ad Hoc Committee as an agenda item. Unless the Commission has some item they want raised to be discussed by the Committee, there are no pending agenda items.

There was discussion about data submission requirements to the State EMS Authority, and providing data reports to the Commission with a caveat of what the issues are with the data accuracy at this time. The EMS Agency will continue reporting to inform the Commission of gaps in the data and improvement in accuracy.

It was suggested that the Ad Hoc Committee meet once or twice a year to review the data and the Diversion policy to make adjustments based on experience and define a pilot project to compare hospital APOT with the provider times. The next Ad Hoc Committee meeting will be scheduled.

5.3 Updates from Physio-Control/Stryker on the ePCR for Los Angeles County Fire Department

Mr. Tadeo reported - The EMS Agency is importing LA County Fire Department's data, and has validated up to August 2018 as we are continuing to import data. We have started working with LA City Fire's data back to March 21, 2017, and we have received their data but there are validation issues so we are sending it back. We anticipate that we will have the entire 2018 data from LA County Fire by the next Commission meeting.

Commissioner Ower requested clarification on Correspondence 2.4, and stated Image Trend has successfully submitted and they have a company using that, and asked if there are any problems with their transmissions?

Mr. Tadeo - There are no problems with Image Trend's transmissions. When EMS providers are looking at electronic patient care record vendors, they want verification that the vendor is able to submit data. Correspondence 2.4 verifies this ability.

5.4 Measure B Funding

Ms. Chidester reported - Correspondence 2.10 is from the MBAB recommending a total of \$16 million in projects be funded which accounts for every project submitted.

Ms. Chidester stated the unallocated Measure B funding that was left over will be used at the discretion of the Board of Supervisors, which just approved a motion for additional funding for the Mobile Stroke Unit and Public Health's Violence Prevention Program.

The application and funding proposal form has been revised, and the Department of Health Services (DHS) Finance Division will provide an estimate of available funding by April, 2019. The Commissioners were asked to disseminate the application and proposal form to the constituent groups each Commissioner represents. The project submission time will be from April 15 to July 15, 2019.

5.5 Nominations

Committee Membership Nominations were approved at the last meeting, but subsequently Dr. Atilla Uner resigned from the Chair of the Base Hospital Advisory

Committee due to commitment conflicts. Commissioner Robert Ower is the new Chair for the Base Hospital Advisory Committee.

Chairman Hisserich called for a motion, and noted without objection Commissioner Ower will be the new Chair for the Base Hospital Advisory Committee.

**BUSINESS (NEW)**

5.6 Measure B Advisory Board Committee (EMS Commission Seat)

The Measure B Advisory Committee has one vacant seat that represents the EMS Commission. This seat was previously held by Commissioner Erick Cheung. Chairman Hisserich has volunteered to represent the EMS Commission on the MBAB.

Chairman Hisserich called for a motion to approve the selection for the Measure B Advisory Board Committee EMS Commission Seat.

***Motion/Second by Commissioners Ower/Snyder to approve Chairman John Hisserich as the selection for the Measure B Advisory Board Committee EMS Commission Seat was carried unanimously.***

5.7 Community Medical Center Long Beach to Reopen

Ms. Chidester referred to the attached Press Telegram article and updated the Commission on the reopening of Community Medical Center Long Beach (CMCLB).

Upon the closure of CMCLB, Long Beach Memorial Medical Center now provides space for the Sexual Assault Response Team (SART). St. Mary Medical Center Long Beach has seen an increase in the number of emergency department visits following the closure of Community Medical Center Long Beach.

**V. COMMISSIONERS' COMMENTS/REQUESTS:**

None.

**VI. LEGISLATION:**

The Emergency Medical Services Administrators Association (EMSAAC) Legislative report was reviewed for bills of interest to the Commission by Ms. Chidester.

AB 27 – Rodriguez Bill is a requirement for training for ambulance personnel on violence prevention, anger, effective verbal de-escalation skills.

AB 351 – Payment Options for Criminal Fines.

AB 453 – EMS EMT-P Training. This requests an additional two hours for dementia-specific training for EMT-P's license and recertification.

AB 680 – Public Safety Dispatcher's Mental Health Training.

AB 774 – Reyes Bill. This Bill addresses health facilities reporting to the Office of Statewide Health Planning and Development (OSHPD) and they are increasing and adding patient-specific health data.

AB 1077 – Traffic Offenses and Financial Relief for Defendants.

AB 1211 – Assists those inmates released from jail who have firefighting experience to become firefighters by waving and/or changing the criminal background requirements.

AB 1231 – Requires response time requirements in any contract for ground transportation to be consistent with the performance standards established by the International Academies of Emergency Dispatch.

AB 1544 – Community Paramedic or Triage to Alternate Destination.

Commissioner Snyder stated the Bill was brought up at the State Emergency Nurses Association (ENA) Meeting, and ENA has been on the Commission since its' inception and they want to keep that seat. ENA is very important on that Commission because they have no special interest and will not gain anything by being on it. They are there for the education, networking, collaboration and evidence-based practices.

AB 1708 – Emergency Response Trauma Kits.

**VII. DIRECTOR'S REPORT:**

Ms. Chidester reported - Dr. Mark Ghaly, from the LA County CEO, was recently appointed by Governor Newsom to the position of Secretary of the State's Department of Health and Human Services (DHHS). The EMS Authority reports to DHHS. Dr. Ghaly is very familiar with EMS services.

LA County Public Health Department started a program called Heart Heroes. We have been working with them and have set the date for our Sidewalk CPR which will be June 6, 2019. Please sign up if your organization is interested in participating.

Martin Luther King Jr. (MLK) Community Hospital has been utilizing their surge tent outside of the emergency department as a waiting room for patients' families. MLK has put extra chairs and gurneys in their waiting room expanding their patient treatment area. Their emergency department visits have been consistently increasing and they have been significantly impacted this flu season.

Ms. Fruhwirth reported - Usually March is the time that we see a decline in flu, and the emergency departments' visits. However, the trend this year with influenza-like symptoms consistent with flu have been going up steadily every week of the flu season which began on week 35 of the calendar year. The last week reported for LA County was the week of March 14<sup>th</sup> and the number of incidents is increasing.

Commissioner Snyder raised the question on whether or not Public Health is extending care-workers wearing masks who did not get vaccinated?

Ms. Fruhwirth replied that we are hearing that there is no science that the masks help, and the Department of Public Health is considering a mandate that pre-hospital care providers as well as hospital workers be vaccinated or they cannot work. This is a continuing discussion, but that is the position of the LA County Public Health Officer. We have encouraged Public Health to get the ambulance companies, fire departments and labor representatives into the discussion.

Dr. Nichole Bosson, Assistant Medical Director reported - Starting in June, we will be taking next steps towards full regionalization of our cardiac arrest system. Currently, the majority of our cardiac arrests are routed to STEMI Receiving Centers that have ROSC for post resuscitation care. Starting July 1, we will begin routing all out-of-hospital cardiac arrests that are transported to STEMI Receiving Centers. This is important because full

regionalization of out-of-hospital cardiac arrest care is the best approach to care for these patients. In addition, this will set us up for what we see as the future of cardiac arrest care, such as contributing to national database. The Cardiac Arrest Registry to Enhance Survival (CARES) database is the national standard for benchmarking in out-of-hospital cardiac arrests. This will help us to be participants in that database given that now we will have a concentrated group of hospitals that will have the data on these patients.

We have seen extracorporeal membrane oxygenation (ECMO) continue to rise in terms of addressing some of these cardiac arrests that are not reversible initially, but ultimately can have good neurologic outcome if we keep their brain perfused. Programs out of Minnesota have really been encouraging to identify the right patient with a witnessed ventricular fibrillation arrest that is generally due to an underlying coronary artery disease to bridge them until definitive therapy through ECMO. ECMO is a machine that essentially acts as a patient's heart and lung oxygenating the blood and pumping it around while they are in cardiac arrest until the heart can be restarted. Several of our fire departments (LA County Fire, Beverly Hills Fire, Culver City Fire) have already engaged in a project with Cedars and UCLA. Los Angeles Fire Department will be starting a program and this will open to other hospitals as well.

Dr. Denise Whitfield is heading a pilot for EMS Update 2019 with three fire departments: Santa Monica, Long Beach and Burbank Fire. We are seeking an easier way to distribute our EMS training content and tracking for the fire departments. Dr. Whitfield has also changed our EmergiPress to an online format which is a monthly case-based, ECG-based, video-based training.

A new trial study was just presented to the EMS Medical Directors Association of California (EMDAAC) Scope of Practice Committee at the State level yesterday called Fast TSC. This is a study of a new neuro-protecting agent called trans sodium crocetin (TSC). This molecule is intended to be delivered early on in stroke to improve the diffusion of oxygen to the brain during the acute phase when the brain is really hypoxic and the area of the brain is not receiving enough oxygen and the goal is to improve the outcome for stroke patients. This trial will be delivered similarly to Fast MAG in that it will be a drug delivered early on in the acute phase of stroke in the field by our paramedics with other care being routine and standard per our usual protocols. Dr. Nerses Sanossian is the lead investigator here in Los Angeles, and he can give you a better idea of the study goals.

Chairman Hisserich called for a motion to adjourn the meeting.

***Motion/Second by Commissioners Alkon/Harris to adjourn the meeting was carried unanimously.***

#### **VIII. ADJOURNMENT:**

Adjournment to the meeting of May 15, 2019.

**Next Meeting:                      Wednesday, May 15, 2019  
   EMS Agency  
   10100 Pioneer Boulevard  
   1<sup>st</sup> Floor Hearing Room 128  
   Santa Fe Springs, CA 90670**

Recorded by:  
Denise Watson  
Secretary, Health Services Commission



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Director

**Marianne Gausche-Hill, MD**  
Medical Director

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Santa Fe Springs, CA 90670

Tel: (562) 378-1500  
Fax: (562) 946-6594

*To improve health  
through leadership,  
service and education*



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

March 07, 2019

**Boris L. Krutonog, President**  
AmWest, Inc. dba AmWest Ambulance  
7650 Lankershim Boulevard  
North Hollywood, CA 91605-2813

**CERTIFIED**

Dear Mr. Krutonog:

### **PARAMEDIC PROVIDER PROGRAM APPROVAL**

This is to advise you that the Emergency Medical Services (EMS) Agency's review of AmWest Ambulance's (AW) Advanced Life Support (ALS) Paramedic Provider Program is complete. AW's request to become an ALS Provider in Los Angeles County was approved as of February 19, 2019. The Paramedic Provider Agreement No. is H-707953.

On February 19, 2019, the EMS Agency performed an inventory inspection of AW's new ALS unit Rescue Ambulance (RA) #40. Subsequently, ALS RA #41 was also inventoried and passed inspection on February 26, 2019. All equipment and supplies were stocked in accordance with Reference No. 703.1, Private Provider Non-9-1-1 ALS Unit Inventory on both RA units #40 and #41.

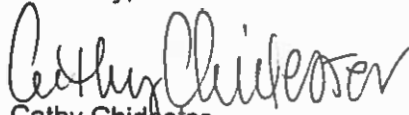
Authorization was given to AW to place RA #40 into service as of February 19, 2019, and RA #41 as of February 26, 2019.

The units should be designated on the EMS report form as **RA 40 and RA 41** with a provider code of **AW**. Antelope Valley Hospital (AVH) is the assigned base hospital for these units.

Stephen Moniz, Paramedic Coordinator is required to attend EMS orientation. The next orientation will be held April 9, 2019. Contact Cathy Jennings at (562) 378-1680 or [cjennings@dhs.lacounty.gov](mailto:cjennings@dhs.lacounty.gov) to RSVP.

The EMS Agency welcomes AW as a new paramedic provider and wishes you much success. If you or your staff have any questions, please contact Nnabuike Nwanonyi, Prehospital Programs Coordinator at (562) 378-1684.

Sincerely,

  
Cathy Chidester  
Director

CC:RT:JT:nn  
03-06

- C. Paramedic Coordinator, AmWest Ambulance  
General Manager, AmWest Ambulance  
Medical Director, AmWest Ambulance  
Certifications Section, EMS Agency  
TEMIS Section, EMS Agency  
Prehospital Care Coordinator, Antelope Valley Hospital



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

March 19, 2019

**Johnese Spisso**  
Chief Executive Officer  
Ronald Reagan UCLA Medical Center  
757 Westwood Plaza  
Los Angeles, CA 90095

Dear Ms. Spisso:

**REQUEST FOR TEAM ATTENDANCE: AUGUST 14, 2019 CALIFORNIA  
ENDOWMENT CENTER**

This is to request the presence of your emergency department medical director, risk management, and legal representative to join us on August 14, 2019 at the California Endowment Center from 8:00 a.m. to 12:00 p.m. to develop a protocol to resuscitate and pronounce death on a confirmed or suspected Ebola patient en route to a hospital.

In collaboration with healthcare partners, the Emergency Medical Services (EMS) Agency and the Department of Public Health (DPH) developed a county wide operational response plan to mitigate potentially highly infectious disease outbreaks such as the Ebola virus disease. However, there continues to be gaps in the plan and decedent management is one of the areas that remains to be very challenging. This meeting will focus on: exposure, resuscitation, confirmation and declaration of death remote from the emergency department, and ethical issues.

As an Ebola Treatment Center, Ronald Reagan UCLA Medical Center is a key component in the management of patients with emerging, highly infectious diseases within the county, state, and across the nation. We are requesting your support as CEO to ensure the appropriate members of your team are present. Early notification will allow your team to ensure the proposed date is clear.

The EMS Agency and DPH appreciate your assistance in developing an ethical and prudent solution to this complicated situation. Please contact Ami Boonjaluksa if you have any questions or concerns at (562) 378-1643 or ABoonjaluksa2@dhs.lacounty.gov.

Sincerely,

Cathy Chidester  
Director

CC:RA:ab

- c: Kurt Kainsinger, Director, Office of Emergency Preparedness, UCLA Medical Center  
Sarah Sweeney, Director, Emerging Infectious Disease Preparedness, UCLA Medical Center



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



**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) 378-1500  
Fax: (562) 941-5835

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

March 19, 2019

Paul Viviano  
Chief Executive Officer  
Children's Hospital Los Angeles  
4650 West Sunset Boulevard  
Los Angeles, CA 90027

Dear Mr. Viviano:

**REQUEST FOR TEAM ATTENDANCE: AUGUST 14, 2019 CALIFORNIA  
ENDOWMENT CENTER**

This is to request the presence of your emergency department medical director, risk management, and legal representative to join us on August 14, 2019 at the California Endowment Center from 8:00 a.m. to 12:00 p.m. to develop a protocol to resuscitate and pronounce death on a confirmed or suspected Ebola patient en route to a hospital.

In collaboration with healthcare partners, the Emergency Medical Services (EMS) Agency and Department of Public Health (DPH) developed a county wide operational response plan to mitigate potentially highly infectious disease outbreaks such as the Ebola virus disease. However, there continues to be gaps in the plan and decedent management is one of the areas that remains to be very challenging. This meeting will focus on: exposure, resuscitation, confirmation and declaration of death remote from the emergency department, and ethical issues.

As an Ebola Assessment Hospital, Children's Hospital Los Angeles is a key component in the management of patients with emerging, highly infectious diseases within the county, state, and across the nation. We are requesting your support as CEO to ensure the appropriate members of your team are present. Early notification will allow your team to ensure the proposed date is clear.

The EMS Agency and DPH appreciate your assistance in developing an ethical and prudent solution to this complicated situation. Please contact Ami Boonjaluksa if you have any questions or concerns at (562) 378-1643 or ABoonjaluksa2@dhs.lacounty.gov.

Sincerely,

Cathy Chidester  
Director

CC:RA:ab

c: Katie Meyer, Manager of Disaster Resource Center, Children's Hospital Los Angeles  
Marisa Glucoft, Director Infection Prevention and Control, Children's Hospital Los Angeles

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





**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

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

March 19, 2019

**William Grice**  
Chief Executive Officer  
Kaiser Foundation Hospital – Los Angeles  
4867 Sunset Boulevard  
Los Angeles, CA 90027

Dear Mr. Grice:

**REQUEST FOR TEAM ATTENDANCE: AUGUST 14, 2019 CALIFORNIA  
ENDOWMENT CENTER**

This is to request the presence of your emergency department medical director, risk management, and legal representative to join us on August 14, 2019 at the California Endowment Center from 8:00 a.m. to 12:00 p.m. to develop a protocol to resuscitate and pronounce death on a confirmed or suspected Ebola patient en route to a hospital.

In collaboration with healthcare partners, the Emergency Medical Services (EMS) Agency and Department of Public Health (DPH) developed a county wide operational response plan to mitigate potentially highly infectious disease outbreaks such as the Ebola virus disease. However, there continues to be gaps in the plan and decedent management is one of the areas that remains to be very challenging. This meeting will focus on: exposure, resuscitation, confirmation and declaration of death remote from the emergency department, and ethical issues.

As an Ebola Treatment Center, Kaiser Permanente Los Angeles Medical Center is a key component in the management of patients with emerging, highly infectious diseases within the county, state, and across the nation. We are requesting your support as CEO to ensure the appropriate members of your team are present. Early notification will allow your team to ensure the proposed date is clear.

The EMS Agency and DPH appreciate your assistance in developing an ethical and prudent solution to this complicated situation. Please contact Ami Boonjaluksa if you have any questions or concerns at (562) 378-1643 or [ABoonjaluksa2@dhs.lacounty.gov](mailto:ABoonjaluksa2@dhs.lacounty.gov).

Sincerely,

*Cathy Chidester*  
Cathy Chidester  
Director

CC:RA:ab

c: Adam Richards, Operations Manager, Emergency Management and  
Telecommunications, Kaiser Permanente Los Angeles Medical Center





**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

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First District

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



March 19, 2019

Thomas Priselac  
Chief Executive Officer  
Cedars Sinai Medical Center  
8700 Beverly Boulevard  
Los Angeles, CA 90048

Dear Mr. Priselac:

**REQUEST FOR TEAM ATTENDANCE: AUGUST 14, 2019 CALIFORNIA  
ENDOWMENT CENTER**

This is to request the presence of your emergency department medical director, risk management, and legal representative to join us on August 14, 2019 at the California Endowment Center from 8:00 a.m. to 12:00 p.m. to develop a protocol to resuscitate and pronounce death on a confirmed or suspected Ebola patient en route to a hospital.

In collaboration with healthcare partners, the Emergency Medical Services (EMS) Agency and Department of Public Health (DPH) developed a county wide operational response plan to mitigate potentially highly infectious disease outbreaks such as the Ebola virus disease. However, there continues to be gaps in the plan and decedent management is one of the areas that remains to be very challenging. This meeting will focus on: exposure, resuscitation, confirmation and declaration of death remote from the emergency department, and ethical issues.

As an Ebola Treatment Center, Cedars Sinai Medical Center is a key component in the management of patients with emerging, highly infectious diseases within the county, state, and across the nation. We are requesting your support as CEO to ensure the appropriate members of your team are present. Early notification will allow your team to ensure the proposed date is clear.

The EMS Agency and DPH appreciate your assistance in developing an ethical and prudent solution to this complicated situation. Please contact Ami Boonjaluksa if you have any questions or concerns at (562) 378-1643 or [ABoonjaluksa2@dhs.lacounty.gov](mailto:ABoonjaluksa2@dhs.lacounty.gov).

Sincerely,

  
Cathy Chidester  
Director

CC:RA:ab

c: Ryan Tuchmayer, Associate Director Disaster Preparedness and Response,  
Environmental Health and Safety, Cedars Sinai Medical Center



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

2.6 CORRESPONDENCE

April 3, 2019

**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

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Santa Fe Springs, CA 90670

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

**FROM:** Cathy Chidester   
Director

**SUBJECT: GENERAL PUBLIC AMBULANCE RATES  
JULY 1, 2019 THROUGH June 30, 2020**

Attached are the maximum allowable rates chargeable to the general public for ambulance transportation as of July 1, 2019, as per Section 7.16.340, Modification of Rates, of the County Ordinance (Attachment I).

Transportation services provided on or after July 1, 2019 may not be billed above the allowable maximum rates according to the attached Rate Schedule.

If you have any questions, please call John Telmos, Chief Prehospital Operations at (562) 378-1677.

CC:jt  
03-18a

Attachment

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



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

**COUNTY OF LOS ANGELES  
GENERAL PUBLIC AMBULANCE RATES  
EFFECTIVE JULY 1, 2019**

**Section 7.16.280 Rate Schedule For Ambulances**

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

**Rates Effective July 1, 2019**

- |   |                   |
|---|-------------------|
| 1. Response to a non-emergency call with equipment and personnel at an advanced life support (ALS) level  | <b>\$2,268.00</b> |
| 2. Response to an emergency 9-1-1 call with equipment and personnel at an advanced life support (ALS) level   | <b>\$2,428.00</b> |
| 3. Response to a nonemergency call with equipment and personnel at a basic life support (BLS) level   | <b>\$1,511.00</b> |
| 4. Response to an emergency 9-1-1 call with equipment and personnel at a basic life support (BLS) level   | <b>\$1,620.00</b> |
| 5. Mileage rate. Each mile or fraction thereof  | <b>\$19.00</b>    |
| 6. Waiting time. For each 30-minute period or fraction thereof after the first 30 minutes of waiting time at the request of the person hiring the ambulance                   | <b>\$128.00</b>   |
| 7. Standby time. The base rate for the prescribed level of service and, in addition, for each 30-minute period or fraction thereof after the first 30 minutes of standby time | <b>\$122.00</b>   |

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

**Section 7.16.310 Special Charges**

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

- |   |                  |
|---|------------------|
| 1. Request for services after 7 PM and before 7 AM of the next day will be subject to an additional maximum charge of   | <b>\$26.00</b>   |
| 2. Persons requiring oxygen, shall be subject to an additional maximum charge per tank or fraction thereof, and oxygen delivery equipment to include nasal cannula and/or oxygen mask, of | <b>\$97.00</b>   |
| 3. Neonatal transport   | <b>\$243.00</b>  |
| 4. Registered nurse or respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time   | <b>\$2731.00</b> |
| 5. Registered nurse and respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time  | <b>\$3086.00</b> |
| 6. Registered Nurse and/or Respiratory Therapist per hour after the first 3 hours   | <b>\$154.00</b>  |
| 7. Volume ventilator  | <b>\$187.00</b>  |
| 8. Disposable medical supplies  | <b>\$28.00</b>   |

- B. Where other special services are requested or needed by any patient or authorized representative thereof, a reasonable charge commensurate with the cost of furnishing such special service may be made, provided that the ambulance operator shall file with the Director of the Department of Health Services a schedule of each special service proposed and the charge therefore, which charge shall be effective unless modified, restricted, or denied by the Director of the Department of Health Services. Special services are defined as services provided to a patient that are unique and individual to a specific patient's needs, and are performed on a limited basis.
- C. Charges for special services provided to patients that are new services, but will become an industry standard, must be reviewed and a rate commensurate with the service developed prior to ambulance operators charging such rate to the general public. Such rates shall not be charged to patients until approved by the Board of Supervisors.
- D. This section does not apply to a contract between an ambulance operator and the County where different rates or payment mechanisms are specified.

#### **Section 7.16.340 Modification of Rates.**

The maximum rates chargeable to the general public as set forth in Sections 7.16.280 and 7.16.310 of this chapter shall be adjusted effective July 1, 1992, and on July 1st of each year thereafter, to reflect changes in the value of the dollar. For each of the one year periods respectively beginning July 1, 1992 and July 1, 1993 such adjustments shall be made by multiplying the base amounts by the percentage change in the transportation portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 1994, and on each July 1 thereafter, such adjustments shall be determined by multiplying the base amounts by the average of the percentage changes of the transportation portion and of the medical portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2017, and on every July 1 thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100 .040 - Minimum Wage and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February, except for the following changes: Registered Nurse/Respiratory Therapist per hour after the first three (3) hours adjustment shall be determined by multiplying the current charge by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100 .040 - Minimum Wage: mileage adjustment shall be determined by multiplying the current charge for the percentage change of the transportation line item of the Consumer Price Index for All Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February: and Oxygen, Disposable Medical Supplies, and a Ventilator adjustment shall be determined by multiplying the current charges by the percentage change of the Medical Care line item of the Consumer Price Index for all of the Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12 month period ending with the last day of the prior month of February. The result so determined shall be rounded to the nearest whole number and added or subtracted, as appropriate, to the rate. The result so determined shall be rounded to the nearest whole number and added or subtracted, as appropriate, to the rate. The Director of the Department of Health Services, or authorized designee, shall initiate implementation of these rate changes by notifying in writing each licensed private ambulance operator in Los Angeles County thereof, and any other individual or agency requesting such notification from the Director. Such notice shall be sent by first class mail no later than June 15 of the prior period.



3.1 COMMITTEE REPORTS  
County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency



# BASE HOSPITAL ADVISORY COMMITTEE MINUTES

April 10, 2019

## MEMBERSHIP / ATTENDANCE

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Robert Ower, RN., Chair	EMS Commission	Dr. Marianne Gausche-Hill
<input type="checkbox"/> Erick Cheung, M.D., Vice Chair	EMS Commission	Dr. Nichole Bosson
<input type="checkbox"/> Atila Uner, M.D.	EMS Commission	Richard Tadeo
<input type="checkbox"/> Margaret Peterson, Ph.D.	EMS Commission	Jaqueline Rifenburg
<input checked="" type="checkbox"/> Rachel Caffey	Northern Region	Christy Preston
<input checked="" type="checkbox"/> Melissa Carter	Northern Region	Paula Rashi
<input checked="" type="checkbox"/> Charlene Tamparang	Northern Region, Alternate	Susan Mori
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	Gary Watson
<input checked="" type="checkbox"/> Laurie Mejia	Southern Region	Cathy Jennings
<input checked="" type="checkbox"/> Shelly Trites	Southern Region	Dr. Denise Whitfield
<input checked="" type="checkbox"/> Christine Farnham	Southern Region, Alternate	Jennifer Calderon
<input checked="" type="checkbox"/> Paula Rosenfield	Western Region	Michelle Williams
<input type="checkbox"/> Ryan Burgess	Western Region	Fritz Bottgen
<input checked="" type="checkbox"/> Alex Perez-Sandi	Western Region, Alternate	
<input checked="" type="checkbox"/> Erin Munde	Western Region, Alternate	
<input type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input checked="" type="checkbox"/> Jenny Van Slyke	Eastern Region, Alternate	
<input checked="" type="checkbox"/> Lila Mier	County Hospital Region	
<input type="checkbox"/> Emerson Martell	County Hospital Region	
<input checked="" type="checkbox"/> Jose Garcia	County Hospital Region	
<input checked="" type="checkbox"/> Yvonne Elizarraz	County Hospital Region	
<input type="checkbox"/> Alec Miller	Provider Agency Advisory Committee	
<input type="checkbox"/> Michael Murrey	Provider Agency Advisory Committee, Alt.	
<input type="checkbox"/> Laarni Abdenoja	MICN Representative	
<input type="checkbox"/> Adrienne Roel	MICN Representative, Alt.	
<input checked="" type="checkbox"/> Robin Goodman	Pediatric Advisory Committee	
<input type="checkbox"/> Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	
PREHOSPITAL CARE COORDINATORS		
<input checked="" type="checkbox"/> Karyn Robinson (GWT) APCC Pres.	<input checked="" type="checkbox"/> Heidi Ruff (NRH)	<input checked="" type="checkbox"/> Laura Leyman (SFM)
<input checked="" type="checkbox"/> Gloria Guerra (QVH) APCC Pres. Elect	<input type="checkbox"/> Jessica Strange (SJS)	<input checked="" type="checkbox"/> Kelly Arroyo (SMM)
<input checked="" type="checkbox"/> Coleen Harkins (AVH)	<input checked="" type="checkbox"/> Michael Natividad (AMH)	

### GUESTS

Shira Schlesinger, M.D. (HGH)  
Mark Eckstein, M.D., LAFD  
Victoria Hernandez, LACOFD  
Shane Cook, LACOFD  
Issac Yang, Redondo Beach F.D.  
Doug Zabalski, LAFD  
Matt Conroy, LAFD

- 1. CALL TO ORDER:** The meeting was called to order at 1:04 P.M. by Robert Ower, Chairperson.
- 2. APPROVAL OF MINUTES:** The meeting minutes for December 12, 2018, were approved as submitted.

**M/S/C (Candal/Van Slyke)**

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

- Sidewalk CPR is June 6, 2019. Los Angeles County EMS Agency will be providing CPR education at Harbor-UCLA.

We would like to keep track of the Sidewalk CPR events happening across Los Angeles County, please visit our website at <http://dhs.lacounty.gov/wps/portal/dhs/ems/> to register your event.

#### **4. REPORTS & UPDATES:**

##### **4.1 Annual EMS Data Report**

The 7<sup>th</sup> issue of the Los Angeles County EMS System Report has been published. We have received positive feedback from the Board of Supervisors and participating agencies. Please forward all comments and suggestions to Richard Tadeo, [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov).

##### **4.2 Base Hospital Agreement**

Contracts and Grants would like to streamline the contract process by implementing one standardized contract (boilerplate language) for all hospitals, and an individualized service agreement for the hospitals with contracted program.

Once presented to County Council, a new draft copy will be provided for review, before submission to the Board of Supervisors on June 4, 2019.

#### **5. UNFINISHED BUSINESS:**

None

#### **6. NEW BUSINESS:**

##### **6.1 EMS Update 2020**

EMS Update 2020 is anticipated for Spring 2020, we are exploring the use of Target Solutions for the delivery of EMS Update.

The process of choosing the topics is the same process used in the past, refer to the EMS Update Program Algorithm. For suggested topics email Richard Tadeo.

Reminder: *Emergipress* is a valued resource with monthly postings of Cases from the Field, EKG of the Month, and CE opportunities. *Emergipress* can be accessed at <http://dhs.lacounty.gov/wps/portal/dhs/ems/> or self-subscription is available for monthly notifications.

For comments or suggested *Emergipress* topics, please contact Dr. Denise Whitfield at [dwhitfield@dhs.lacounty.gov](mailto:dwhitfield@dhs.lacounty.gov).

##### **6.2 Reference No. 516, Cardiac Arrest (Non-traumatic) Patient Destination**

Revisions of Reference No. 516, Cardiac Arrest (Non-traumatic) Patient Destination, with the following recommendations.

- Page 3, Principles: IV. and V. request for verbiage changes to reflect transportation of cardiac arrest patients to closest open SRC.

Requested reference changes will be made and revised reference will be forwarded to the Pre-hospital Care Coordinators for review.

**M/S/C (All in favor) Approved with recommended changes**

6.3 Reference No. 814, Determination/Pronouncement of Death in the Field

Lengthy discussion ensued regarding family choice to terminate resuscitation once resuscitation is in progress and the need to contact base hospital for physician consultation.

**M/S/C (All in favor)**

6.4 Reference No. 1231-P, Seizure

Presented as information only, changes include the change/addition of Intranasal (IN) Midazolam dosing for pediatric seizure patients.

6.5 Reference No. 1317.25, Drug Reference – Midazolam

Presented as information only, changes include the change/addition of IN Midazolam dosing for pediatric seizure patients.

6.6 Base Hospital Data Workgroup

We would like to reconvene the Base Hospital Data Workgroup in May or June and are requesting voluntary membership. In the meetings, we will be evaluating specific data elements that will be required as they pertain to provider impression (PI).

**7. OPEN DISCUSSION:**

- Revised Base Hospital Form is available for review. Please provide feedback by April 19, 2019.
- Regarding notification only for patients that are transported non-911, will not have a sequence number, and should not be entered into TEMIS. All 911 transported patients, including notification only, will have a sequence number and must be entered into TEMIS, i.e., BLS, ALS, IFT, and Trauma Re-Triage.
- Dr. Mark Eckstein presented the Base Hospital Feedback/Outcome Data process, for Los Angeles Fire Department. This process will help streamline communication regarding appropriateness of PI, prehospital treatment, and transport destination.

**8. NEXT MEETING:** BHAC's next meeting is scheduled for **June 12, 2019**, location is the EMS Agency, Hearing Room @ 1:00 P.M.

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

**ACCOUNTABILITY:** Lorrie Perez

**9. ADJOURNMENT:** The meeting was adjourned at 2:53 P.M.

**EMERGENCY MEDICAL SERVICES COMMISSION  
DATA ADVISORY COMMITTEE**

**MEETING NOTICE**

Date & Time: Wednesday, April 10, 2019 10:00 A.M.  
Location: EMS Agency, First Floor Hearing Room  
10100 Pioneer Boulevard  
Santa Fe Springs, 90670-3736

**DATA ADVISORY COMMITTEE  
DARK FOR APRIL 2019**



**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
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**Kathryn Barger**  
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**Health Services  
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County of Los Angeles  
Department of Health Services

3.3 COMMITTEE REPORTS



**EMERGENCY MEDICAL SERVICES COMMISSION  
EDUCATION ADVISORY COMMITTEE MINUTES**

Wednesday, April 17, 2019

Attendance

**Members**

- ★ Carole Snyder, RN, Chair
- ★ Mark Eckstein, MD, Vice-Chair
- ☒ Ellen Alkon, MD, Commissioner
- ☒ Alina Candal, RN
- ☒ Shelly Trites, RN
- ☐ VACANT
- ☒ Joanne Dolan, RN
- ★ Susan Hayward, RN
- ☒ Sean Stokes, RN
- ☐ Luis Vazquez, PM
- ☐ Jim Karras, EMT
- ☐ Tish Hamilton, RN
- ☒ Mark Ferguson, RN
- ☐ Charmaine Kane, RN
- ☒ Danny Lopez, PM
- ☐ Jamie Hirsch, PM
- ☐ Heather Davis, PM
- ☐ Stanley Bakey, PM
- ☐ Aaron Aumann, PM
- ☐ William Barrett, PM
- ☒ Adrienne Roel, RN
- ☐ Jazmine Gonzalez, RN
- ☐ Charles Drehsen, MD
- ☒ Marc Cohen, MD
- ☒ Ken Leasure, PM
- ☐ James Altman, PM
- ☐ Scott Buck, PM
- ☐ William Gonzales, PM
- ☐ Anthony Mendoza, PM
- ☐ VACANT
- ☒ Michael Kaduce, PM
- ☒ Scott Jaeggi, PM
- ☐ Ryan Carey, EMT

**Organization**

- EMSC/Cal ENA
- EMSC/Cal ACEP
- EMSC/SC PH Association
- APCC
- APCC
- APCC - alternate
- LAAFCA
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA
- LACAA - alternate
- PTI Paramedic Education
- PTI Paramedic Education- alternate
- Mt SAC Paramedic Education
- Mt SAC Paramedic Education - alternate
- UCLA Paramedic Education
- UCLA Paramedic Education - alternate
- UAV Paramedic Education
- UAV Paramedic Education - alternate
- MICN
- MICN - alternate
- Med Council
- Med Council - alternate
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA - alternate
- EMS Educator – Non PD
- EMS Educator – Non PD - alternate
- EMT Program Director
- EMT Program Director
- EMT Program Director - alternate

**EMS Agency Staff Present**

- Jacqueline Rifenburg, RN
- David Wells, RN
- Nichole Bosson, MD
- Jennifer Calderon, RN
- Richard Tadeo, RN

**Position**

- Chief, Cert/Prog Approvals
- Program Approvals
- Assistant Medical Director
- Program Approvals
- Assistant Director

**Others Present**

- Paula LaFarge
- Patti Haley

**Agency/Representing**

- LACoFD
- CoC

★ - Excused

**1. CALL TO ORDER** - Dr. Alkon called the meeting to order at 10:29 a.m.

**2. APPROVAL OF MINUTES** - April 18, 2018 minutes approved by committee

**3. INTRODUCTIONS AND ANNOUNCEMENTS**

**3.1 Sidewalk CPR (Wells)**

A request was sent to all providers to participate during the week of June 1<sup>st</sup>-7<sup>th</sup>. The EMS Agency is requesting all providers who will be providing hands-only CPR training to register online via the EMS Agency home page. Contact Susan Mori for further information.

**4. REPORTS & UPDATES**

**4.1 California Prehospital Program Directors (CPPD) (Ferguson)**

No regular meetings held. Appendix G workshop was hosted at PTI on April 5<sup>th</sup>.

**4.2 California Council of EMS Educators (C<sup>2</sup>E<sup>2</sup>) (Haley)**

Committee dissolved.

**4.3 Association of Prehospital Care Coordinators (APCC) (Candal)**

Clarification request of TP1203 for a blood sugar between 200-400 and base contact requirements. Dr. Bosson discussed the rationale for the range provided and base contact.

**4.4 California Association of Nurses and EMS Professionals (CALNEP) (Dolan)**

Next meeting April 18<sup>th</sup>

**4.5 Disaster Training Unit**

No report

4.6 EMS Quality Improvement Report (Tadeo)

Meetings scheduled in June. Data to be presented include by provider: ambulance patient offload time (APOT), bystander CPR, ROSC, last known well time (LKWT), stroke patient destination. All ALS provider agencies are utilizing an electronic health record.

4.7 EmergiPress Education (Dr. Bosson)

The EmergiPress has been reinvigorated with ALS education. Each month a clinical case, 12 lead EKG, and a focused learning point video is posted. An individual may subscribe to notifications when a new educational offering is posted. EMS CE is available through the individual's EMS CE provider. The EMS Agency is piloting an online LMS. The goal is to change EMS Update from one annual offering to several smaller updates throughout the year and offer additional optional online education.

4.8 EMS Update (Tadeo)

No EMS Update training in 2019. EMS Update 2020 development is in the early stages with training to occur in the spring. Currently, the primary topic is pain management with the implementation of ketorolac and ketamine.

4.9 Paramedic Regulations (Rifenburg)

A 45-day public comment period of proposed changes to the Paramedic Regulations is now open. The proposed changes, rationale and form to provide public comment is available on the EMS Authority website at [www.emsa.ca.gov](http://www.emsa.ca.gov). Some of the proposed changes include: college level anatomy and physiology with lab, introduction to psychology, licensing fee increase over 3 years, and authorization for paramedics to transport to an alternate destination for psychiatric emergencies and sobering centers.

## **5.UNFINISHED BUSINESS**

## **6.NEW BUSINESS**

## **7.OPEN DISCUSSION**

7.1 Education Advisory Committee status (Alkon)

Dr. Alkon queried the members to address the ongoing discussion regarding the continuance of the Education Advisory committee. Discussion by members and guests regarding training program representatives being added to another EMS Commission subcommittee in an effort to continue to address educational needs from a training program perspective as they arise.

Motion (K. Leasure): Recommend to add EMT and Paramedic Training Programs to the membership of Provider Agency Advisory Committee (PAAC). Second (Dr. Cohen). Motion carried by unanimous vote of eligible members.

Motion (K. Leasure): Dissolve the Education Advisory subcommittee if EMT and Paramedic training programs are added to PAAC membership. Second (S. Jaeggi). Motion carried by unanimous vote of eligible members.

7.2 Innovation and Technological Advancement (ITA) Workgroup (Bosson)

Dr. Bosson discussed the ITA workgroup being developed to the members. She requested representative from an EMT and a Paramedic program to participate in the workgroup. Members will evaluate new/old equipment and medications for the potential use in the EMS system. Members will receive assignments to perform research and identify issues such as medical safety, operations, costs, and training. M. Kaduce volunteered to represent EMT training programs and D. Lopez volunteered to represent paramedic training programs.

## **8.ADJOURNMENT** - The meeting adjourned at 11:29 a.m. Next meeting: TBD

County of Los Angeles  
Department of Health Services

## EMERGENCY MEDICAL SERVICES COMMISSION

## PROVIDER AGENCY ADVISORY COMMITTEE

## MINUTES

Wednesday, April 17, 2019

## MEMBERSHIP / ATTENDANCE

**MEMBERS**

- ☒ Paul Rodriguez, Chair
- ☒ David White, Vice-Chair
- ☐ Eugene Harris
- ☐ Brian Bixler
- ☐ Jodi Nevandro
- ☒ Sean Stokes
- ☒ Dustin Robertson
- ☒ Clayton Kazan, MD
- ☒ Victoria Hernandez
- ☒ Ken Leasure
- ☐ Susan Hayward
- ☒ Ivan Orloff
- ☐ Mike Beeghly
- ☒ James Flint
- ☒ Joanne Dolan
- ☒ Alec Miller
- ☐ Christopher Morrow
- ☒ Doug Zabitski
- ☐ Anthony Hardaway
- ☒ Matthew Conroy
- ☒ Luis Vazquez
- ☐ Tisha Hamilton
- ☐ Rachel Caffey
- ☒ Jenny Van Slyke
- ☒ Andrew Respicio
- ☐ Vacant
- ☒ Maurice Guillen
- ☐ Scott Buck
- ☒ Ashley Sanello, MD
- ☐ Vacant
- ☐ Vacant
- ☐ Vacant

**ORGANIZATION**

EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
Area A  
Area A, Alt. (*Rep to Med Council, Alt*)  
Area B  
Area B, Alt.  
Area B, Alt. (*Rep to Med Council*)  
Area C  
Area C, Alt.  
Area E  
Area E, Alt.  
Area F  
Area F, Alt.  
Area G (*Rep to BHAC*)  
Area G, Alt. (*Rep to BHAC, Alt.*)  
Area H  
Area H, Alt.  
Area H, Alt. (*Rep to DAC*)  
Employed Paramedic Coordinator  
Employed Paramedic Coordinator, Alt.  
Prehospital Care Coordinator  
Prehospital Care Coordinator, Alt.  
Public Sector Paramedic  
Public Sector Paramedic, Alt.  
Private Sector Paramedic  
Private Sector Paramedic, Alt.  
Provider Agency Medical Director  
Provider Agency Medical Director, Alt.  
Private Sector Nurse Staffed Ambulance Program  
Private Sector Nurse Staffed Ambulance Program, Alt.

**EMS AGENCY STAFF PRESENT**

Marianne Gausche-Hill, MD Nichole Bosson, MD  
Denise Whitfield, MD Richard Tadeo  
Puneet Gupta, MD Roel Amara  
Terry Crammer Mark Ferguson  
Elaine Forsyth Cathlyn Jennings  
Susan Mori Christy Preston  
Jacqueline Rifenburg John Telmos  
Gary Watson David Wells  
Michelle Williams Christine Zaiser  
Fritz Bottger

**OTHER ATTENDIES**

John Prigel W.A.T.E.R.  
Bryan Wells LACoFD  
Richard Roman Compton FD  
Nicole Steeneken LACoFD  
Andrew Lara CalMed Ambulance  
Jeffrey Tsay San Marino FD  
Paula LaFarge LACoFD  
Stella Fogleman Dept of Public Health  
Robert Ower EMS Commission  
Daniel Dobbs Culver City FD  
Adrienne Roel Culver City FD  
Caroline Jack Beverly Hills FD  
Yun Son Kim LACoFD  
Justin Crosson Santa Monica FD  
Chris Backley San Gabriel FD  
Lisa Carrillo Care Ambulance  
Jack Feria Co. Calif Ambulance Co.

1. **CALL TO ORDER:** Committee Chair, Commissioner Paul Rodriguez, called meeting to order at 1:05 p.m.

2. **INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

- 2.1 Hands Only CPR – June 6, 2019 (*Susan Mori*)

- CPR Week is from June 1-7, 2019. The EMS Agency is partnering with Department of Public Health in sponsoring this “Hands Only CPR” event.
- On June 6, 2019, the EMS Agency will be on-site at LAC Harbor-UCLA Medical Center to provide community training.

- Those interested in conducting Hands Only CPR training may register online at the EMS Agency's webpage: <http://dhs.lacounty.gov/wps/portal/dhs/ems/emergipress/CE12>
- Stella Fogleman, Department of Public Health, presented information regarding this event. Public Health's goal is to train 100,000 community members in Hands Only CPR within this fiscal year. Currently, 58,000 members of the community have received this training.

### 3. **APPROVAL OF MINUTES (White/Hernandez)** February 20, 2019 minutes were approved as written.

## 4. **REPORTS & UPDATES**

### 4.1 Disaster Service Update (*Terry Crammer and Elaine Forsyth*)

- 5<sup>th</sup> Annual MCI Training - planned for May 29, 2019. Registration will be open soon. This is a free, all day event. Guest speaker this year is from the Ventura County Fire Department, speaking on the Borderline Bar and Grill shooting event. Questions and registration can be directed to Elaine Forsyth at [eforsyth@dhs.lacounty.gov](mailto:eforsyth@dhs.lacounty.gov)
- Regional Decontamination Training – Hospitals are now regionalizing into groups of 10 hospitals per region. Each region will be conducting decontamination training during the months of May and June 2019. Fire Departments who are interested in participating with the hospital decontamination training may contact Terry Crammer at [tcrammer@dhs.lacounty.gov](mailto:tcrammer@dhs.lacounty.gov)

### 4.2 Health Officer Annual Flu Vaccine Order (*Roel Amara*)

Dr. Dawn Terashita, Los Angeles County Department of Public Health, was introduced and presented the following:

It is believed that it's our duty, as a healthcare provider, to protect our patients by receiving the yearly influenza vaccine. The goal is to have all healthcare providers, including EMS providers, vaccinated on an annual basis. In efforts to reach this goal, the Department of Public Health has agreed to phase-in this directive from the Health Officer over the next three years with the following objectives:

- 2019-2020 Influenza Season (November 1, 2019 through April 30, 2020): In August 2019, the Health Officer of Los Angeles County Public Health Department will be issuing a "Health Order" stating that all hospitals and EMS providers who have patient contact, receive the yearly influenza vaccine. Those who do not receive the vaccine, should wear a mask during patient care.
- 2020-2021 Influenza Season: Public Health will be removing the option of wearing a mask in lieu of receiving the influenza vaccine. If vaccine is declined, the healthcare provider may not be allowed to provide patient care.
- 2021-2022 Influenza Season: Public Health will require all healthcare personnel be vaccinated.

\*Those who have medical reasons for not receiving the vaccine (i.e., allergies), may opt out by providing a doctor's note.

Questions can be directed to Roel Amara at [ramara@dhs.lacounty.gov](mailto:ramara@dhs.lacounty.gov)

### 4.3 Ketamine / Ketorolac Update (*Nichole Bosson, MD*)

- The EMS Agency continues to seek approval from the EMS Authority to add to the paramedic optional scope of practice, with the plan to implement during EMS Update 2020.
- After approval and training, providers will be allowed to carry Ketamine, Ketorolac, Midazolam and Fentanyl (*or Morphine*) on their paramedic units.

#### 4.4 EMS Update and Treatment Protocol Changes (Richard Tadeo)

- Train-the-Trainer classes are planned for February 2020; paramedic/MICN training in June 2020; and an implementation date of July 1, 2020.

#### 4.5 Color Code Phone Application (Richard Tadeo)

- Phone application still in process. Working with Apple, Inc. on legal documents/agreements.
- Once implemented, the plan is to expand the use of this application by including the Treatment Protocols and Prehospital Care policies.

### **5. UNFINISHED BUSINESS**

There was no unfinished business.

### **6. NEW BUSINESS**

#### 6.1 Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination (Richard Tadeo)

Policy reviewed and approved as presented.

**M/S/C (Van Slyke/White) Approve Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination**

#### 6.2 Reference No. 814, Determination/Pronouncement of Death in the Field (Richard Tadeo)

Policy reviewed and approved with the following recommendations:

- Page 1, Definitions: Immediate Family – Add “parent” and “family member who is intimately involved in the care of the patient” (*or similar wording*)
- Page 4, I. C. 3. b. – Add the word “immediate” to read “immediate family”
- Page 4, II. D. – Add the word “immediate” to read “immediate family”

**M/S/C (White/Van Slyke) Approve Reference No. 814, Determination/Pronouncement of Death in the Field, with above recommendations.**

#### 6.3 Reference No. 1231-P, Treatment Protocol: Seizure (Pediatric) (Richard Tadeo)

Treatment Protocol presented as Information Only.

#### 6.4 Reference No. 1317.25, Medical Control Guideline: Drug Reference – Midazolam (Richard Tadeo)

Medical Control Guideline presented as Information Only.

### **7. OPEN DISCUSSION:**

#### 7.1 PEEP Valves – Use in Prehospital Setting (Nichole Bosson, MD)

Dr. Bosson presented information on utilizing PEEP valves in the prehospital setting (BLS and ALS). Possible implementation during EMS Update 2020.

#### 7.2 Impedance Threshold Device (ITD) (Marianne Gausche-Hill, MD)

#### 7.3 Mechanical CPR Devices (Marianne Gausche-Hill, MD)

- Innovation Technology Advancement Committee (ITA): The EMS Agency is forming a multidisciplinary committee to review/discuss the use of new and upcoming medical devices for possible approval for utilization in Los Angeles County.

- This Committee would conduct research review of new products; and if a new product is approved for use within Los Angeles County EMS system, this Committee would provide implementation strategies.
- Denise Whitfield, MD, Director of Education and Innovation, will Chair the Committee and plan to include members from EMT Training Programs, Paramedic Training Programs, and UCLA Center for Prehospital Care. This ITA Committee is seeking one or two members from PAAC to participate on this research panel.
- The committee requested that a formal written description of the proposed committee be drafted to provide clear objectives and membership.

8. **NEXT MEETING:** June 19, 2019

9. **ADJOURNMENT:** Meeting adjourned at 2:30 p.m.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **CARDIAC ARREST (NON-TRAUMATIC)**  
**PATIENT DESTINATION**(PARAMEDIC, MICN)  
REFERENCE NO. 516

**PURPOSE:** To ensure that 9-1-1 patients in cardiopulmonary arrest (non-traumatic) are transported to the most appropriate facility that is staffed, equipped and prepared to perform resuscitative measures.

This policy does not apply to traumatic arrest or to decompression emergencies. For decompression emergencies, refer to Ref. No. 518, Decompression Emergencies/Patient Destination.

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

**DEFINITIONS:**

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

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

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

**STEMI Receiving Center (SRC):** An acute care facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the California Department of Public Health and designated by the Los Angeles County EMS Agency as a SRC.

**PRINCIPLE:**

1. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.
2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.
3. Resuscitation efforts for patients greater than 14 years of age who are in non-traumatic cardiopulmonary arrest should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged with the exception of patients who qualify for ECMO transported on a mechanical compression device by an approved provider agency.

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EFFECTIVE: 2-01-12  
REVISED: 07-01-19  
SUPERCEDES: 03-01-17

PAGE 1 OF 2

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

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

POLICY:

- I. Establish base hospital contact for medical direction for all cardiac arrest patients who do not meet criteria for determination of death per Ref. No. 814.
- II. For patients with STEMI and ROSC, direct contact with the receiving SRC shall be established for patient notification and/or to discuss cath lab activation criteria.
- III. Patients with non-traumatic cardiac arrest shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries including:
  - A. Patients with sustained ROSC
  - B. Patients with ROSC who re-arrest en route
  - C. Patients with persistent cardiac arrest for whom the Base Physician determines transport is required, because futility is not met despite lack of ROSC with on scene resuscitation
  - D. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.
- IV. Cardiac arrest patients who meet SRC transportation criteria should be transported to the most accessible SRC regardless of **ED Diversion** status.
- V. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.
- VI. If the closest SRC has requested **SRC Diversion** (as per Ref. No. 503), cardiac arrest patients who meet SRC transportation criteria should be transported to the **next** most accessible **open** SRC if ground transport time is less than 30 minutes.

CROSS REFERENCE:

Prehospital Care Manual:

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

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

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

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

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

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

Ref. No. 1210, **Treatment Protocol: Cardiac Arrest**

Ref. No. 1303, **Medical Control Guideline: Algorithm for Cath Lab Activation**

Ref. No. 1308, **Medical Control Guideline: Cardiac Monitoring/12-Lead ECG**

## Reference No. 516, Cardiac Arrest Patient Destination

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	04/17/19	04/17/19	N
		Base Hospital Advisory Committee	04/10/19	04/10/19	Y
		Data Advisory Committee			
		Education Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council			
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other: Pediatric Advisory Committee	9/18/18		

\* See **Summary of Comments** (Attachment B)

## Reference No.516, Cardiac Arrest Patient Destination

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Section VII	Base Hospital Advisory Committee	Section is confusing, recommend simplifying language	Section VII (Diversion language) will be moved to Ref. 503, Diversion of ALS Units.  New replacement language: “If the closest SRC has requested <b>SRC Diversion</b> (as per Ref. No. 503), cardiac arrest patients who meet SRC transportation criteria should be transported to the <b>next</b> most accessible <b>open</b> SRC if ground transport time is less than 30 minutes.”

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(EMT/ PARAMEDIC/MICN)  
REFERENCE NO. 814

SUBJECT: **DETERMINATION / PRONOUNCEMENT  
OF DEATH IN THE FIELD**

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**PURPOSE:** This policy is intended to provide EMS personnel with parameters to determine whether or not to withhold resuscitative efforts in accordance with the patient's wishes, and to provide guidelines for base hospital physicians to discontinue resuscitative efforts and pronounce death.

**AUTHORITY:** California Health and Safety Code, Division 2.5  
California Probate Code, Division 4.7  
California Family Code, Section 297-297.5  
California Health and Safety Code, Division 1, Part 1.8, Section 443 et seq.

**DEFINITIONS:**

**Advance Health Care Directive (AHCD):** A written document that allows patients who are unable to speak for themselves to provide health care instructions and/or appoint a Power-of-Attorney for Health Care. There is no one standard format for an AHCD. Examples of AHCDs include:

- Durable power of attorney for Healthcare (DPAHC)
- Healthcare proxies
- Living wills (valid in California if dated prior to 7-1-2000; advisory but not legally binding after that date)

**Agent:** An individual, eighteen years of age or older, designated in a durable power of attorney for health care to make health care decisions for the patient, also known as "attorney-in-fact".

**Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to terminal illness. The prescribed drug may take effect within minutes to several days after self-administration.

**Conservator:** Court-appointed authority to make health care decisions for a patient.

**Determination of Death:** To conclude that a patient has died by conducting an assessment to confirm the absence of respiratory, cardiac, and neurologic function.

**End of Life Option Act:** This California state law authorizes an adult, eighteen years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending his or her life in a humane and dignified manner.

**Immediate Family:** The spouse, domestic partner, parent, adult children, adult sibling(s) or family member intimately involved in the care of the patient.

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EFFECTIVE: 10-10-80  
REVISED: 07-01-19  
SUPERSEDES: 12-01-18

PAGE 1 OF 7

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

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**Organized ECG Activity:** A narrow complex supraventricular rhythm.

**Pronouncement of Death:** A formal declaration by a base hospital physician that life has ceased.

**Standardized Patient-Designated Directives:** Forms or medallions that recognize and accommodate a patient's wish to limit prehospital treatment at home, in long term care facilities, or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form (Ref. No. 815.1)
- Physician Orders for Life-Sustaining Treatment (POLST, Ref. No. 815.2)
- State EMS Authority-approved DNR Medallion

**PRINCIPLES:**

1. Resuscitative efforts are of no benefit to patients whose physical condition precludes any possibility of successful resuscitation.
2. EMTs and paramedics may **determine** death based on specific criteria set forth in this policy.
3. Base hospital physicians may **pronounce** death based on information provided by the paramedics in the field and guidelines set forth in this policy.
4. If there is any objection or disagreement by family members or EMS personnel regarding terminating or withholding resuscitation, basic life support (BLS) resuscitation, including defibrillation, may continue or begin immediately and paramedics should contact the base hospital for further directions.
5. Aggressive resuscitation in the field to obtain the return of spontaneous circulation (ROSC) is encouraged. Transporting patients without ROSC is discouraged.
6. EMS personnel should honor valid do-not-resuscitate (DNR) orders and other patient designated end-of-life directives in the field and act in accordance with the patient's wishes when death appears imminent.

**POLICY:**

- I. EMS personnel may determine death in the following circumstances:
  - A. In addition to the absence of respiration, cardiac activity, and neurologic reflexes, one or more of the following physical or circumstantial conditions exist:
    1. Decapitation
    2. Massive crush injury
    3. Penetrating or blunt injury with evisceration of the heart, lung or brain

- 
4. Decomposition
  5. Incineration
  6. Pulseless, non-breathing victims with extrication time greater than fifteen minutes, where no resuscitative measures can be performed prior to extrication.
  7. Penetrating trauma patients who, based on the paramedic's thorough assessment, are found apneic, pulseless, asystolic, and without pupillary reflexes upon the arrival of EMS personnel at the scene.
  8. Blunt trauma patients who, based on a paramedic's thorough patient assessment, are found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) due to traumatic mechanism upon the arrival of EMS personnel at the scene.
  9. Pulseless, non-breathing victims of a multiple victim incident where insufficient medical resources preclude initiating resuscitative measures.
  10. Drowning victims, when it is reasonably determined that submersion has been greater than one hour.
  11. Rigor mortis (requires assessment as described in Section I, B.)
  12. Post-mortem lividity (requires assessment as described in Section I, B.)
- B. If the initial assessment reveals rigor mortis and/or post-mortem lividity only, EMTs and/or paramedics shall perform the following assessments (may be performed concurrently) to confirm the absence of respiratory, cardiac, and neurologic function for determination of death in the field:
1. Assessment of respiratory status:
    - a. Assure that the patient has an open airway.
    - b. Look, listen and feel for respirations. Auscultate the lungs for a minimum of 30 seconds to confirm apnea.
  2. Assessment of cardiac status:
    - a. Auscultate the apical pulse for a minimum of 60 seconds to confirm the absence of heart sounds.
    - b. Adults and children: Palpate the carotid pulse for a minimum of 60 seconds to confirm the absence of a pulse.
    - c. Infants: Palpate the brachial pulse for a minimum of 60 seconds to confirm the absence of a pulse.
  3. Assessment of neurological reflexes:
-

- 
- a. Check for pupillary response with a penlight or flashlight to determine if pupils are fixed and dilated.
      - b. Check and confirm unresponsive to pain stimuli.
    - C. Patients in atraumatic cardiopulmonary arrest who do not meet the conditions described in Section I. A. require immediate BLS measures to be initiated. If one or more of the following conditions is met, resuscitation may be discontinued and the patient is determined to be dead:
      - 1. A valid standardized patient-designated directive indicating DNR.
      - 2. A valid AHCD with written DNR instructions or the agent identified in the AHCD requesting no resuscitation.
      - 3. Immediate family member present at scene:
        - a. With a patient-designated directive on scene requesting no resuscitation
        - b. Without said documents at scene, with full agreement of immediate family requesting no resuscitation, and EMS providers concur
      - 4. Parent or legal guardian is required and must be present at scene to withhold or terminate resuscitation for patients less than 18 years of age.
  - II. Patients in atraumatic cardiopulmonary arrest who do not meet the conditions described in Section I require immediate cardiopulmonary resuscitation in accordance with Ref. No. 1210, Treatment Protocol: Cardiac Arrest. Base contact for medical direction shall be established when indicated by Ref. No. 1210.
    - A. EMS Personnel may determine death if a patient is in **asystole** after 20 minutes of quality cardiopulmonary resuscitation on scene and meets ALL of the following criteria:
      - 1. Patient 18 years or greater
      - 2. Arrest not witnessed by EMS personnel
      - 3. No shockable rhythm identified at any time during the resuscitation
      - 4. No ROSC at any time during the resuscitation
      - 5. No hypothermia
    - B. Base Physician consultation for pronouncement is not required if Section A is met.
    - C. Base Physician contact shall be established for all patients in cardiopulmonary
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arrest who do not meet the conditions described in Section I or IIA of this policy.

- D. In the event that immediate family members on scene request termination of resuscitation after resuscitation is in progress, and the patient does not meet criteria in section IIA, base physician consultation shall be made for termination and pronouncement. This does not apply to brief initiation of CPR while establishing patient/family wishes as per I.C.3.

III. Physician guidelines for transport versus termination

- A. Resuscitation should be continued on-scene until one of the following:
1. ROSC is confirmed with a corresponding rise in EtCO<sub>2</sub>
  2. Base physician determines further resuscitative efforts are futile
  3. Base physician determines transport is indicated based on absence of futility in patient without ROSC after 40 minutes of on-scene resuscitation
  4. The patient meets criteria for early transport utilizing a mechanical compression device for initiation of extracorporeal membrane oxygenation (ECMO)
- B. Patients who have not achieved ROSC after 40 minutes of on-scene resuscitation **should** be considered for transport if:
1. Arrest witnessed by EMS personnel
  2. Persistent VF/VT rhythm after three (3) shocks delivered
- C. Additional considerations for transport of pulseless non-breathing patients **may** include:
1. Suspected reversible non-cardiac etiologies, including hypothermia
  2. Paramedic judgment (i.e., unsafe environment, public location)
  3. Shock delivered at any time during the resuscitation

IV. Crime Scene Responsibility, Including Presumed Accidental Deaths and Suspected Suicides

- A. Responsibility for medical management rests with the most medically qualified person on scene.
- B. Authority for crime scene management shall be vested in law enforcement. To access the patient it may be necessary to ask law enforcement officers for assistance to create a "safe path" that minimizes scene contamination.
- C. If law enforcement is not on scene, EMS personnel should attempt to create a "safe path" and secure the scene until law enforcement arrives.

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V. Procedures Following Pronouncement of Death

- A. The deceased should not be moved without the coroner's authorization. Any invasive equipment (i.e., intravenous line, endotracheal tube) used on the patient should be left in place.

**NOTE: If it is necessary to move the deceased because the scene is unsafe, the body is creating a hazard, or the body is at risk of loss through fire or flood, the EMS personnel may relocate the deceased to a safer location or transport to the most accessible receiving facility.**

- B. If law enforcement or the coroner confirms that the deceased will not be a coroner's case and the personal physician is going to sign the death certificate, any invasive equipment used during the resuscitation may be removed.
- C. EMS personnel should remain on scene until law enforcement arrives. During this time, when appropriate, the provider should provide grief support to family members.

VI. Required Documentation for Patients Determined Dead/Pronounced in the Field

- A. The time and criteria utilized to determine death; the condition, location and position of the body, and any care provided.
- B. The location and the rationale if the deceased was moved. If the coroner authorized movement of the deceased, document the coroner's case number (if available) and the coroner's representative who authorized the movement.
- C. Time of pronouncement and name of the pronouncing physician if base hospital contact was initiated
- D. The name of the agent identified in the AHCD or patient-designated directive or the name of the immediate family member who made the decision to withhold or withdraw resuscitative measures. Obtain their signature on the EMS Report Form.
- E. If the deceased is **not** a coroner's case and their personal physician is going to sign the death certificate:
1. Document the name of the coroner's representative who authorized release of the patient, and
  2. The name of the patient's personal physician signing the death certificate, and
  3. Any invasive equipment removed

VII. End of Life Option Act

- 
- A. Resuscitation shall be withheld on patients in cardiopulmonary arrest who have self-administered an aid-in-dying drug (see Ref. No. 815.4, End of Life Option Field Quick Reference Guide).
  - B. Document the presence of a Final Attestation and attach a copy if available.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 516, **Cardiac Arrest (Non-Traumatic) Patient Destination**  
Ref. No. 518, **Decompression Emergencies/Patient Destination**  
Ref. No. 519, **Management of Multiple Casualty Incidents**  
Ref. No. 606, **Documentation of Prehospital Care**  
Ref. No. 815, **Honoring Prehospital Do Not Resuscitate Orders**  
Ref. No. 815.1, **EMSA/CMA Prehospital Do Not Resuscitate (DNR) Form**  
Ref. No. 815.2, **Physician Orders for Life-Sustaining Treatment (POLST) Form**  
Ref. No. 815.3, **Sample - Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner**  
Ref. No. 815.4, **End of Life Option Field Quick Reference Guide**  
Ref. No. 819, **Organ Donor Identification**

## Reference No. 814, Determination and Pronouncement of Death in the Field

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	04/17/19	04/17/19	Y
		Base Hospital Advisory Committee	04/10/19	04/10/19	N
		Data Advisory Committee			
		Education Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council			
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other: Pediatric Advisory Committee	9/18/18		

\* See **Summary of Comments** (Attachment B)

**Reference No. 814, Determination/Pronouncement of Death in the Field**

<b>SECTION</b>	<b>COMMITTEE/DATE</b>	<b>COMMENT</b>	<b>RESPONSE</b>
Definition: Immediate Family	Provider Agency Advisory Committee	Add the following to the definition: parent and family member intimately involved with the care of the patient	Change made
Section I.C.3.b.	Provider Agency Advisory Committee	Add “immediate” before “family”	Change made
Section II.D.	Provider Agency Advisory Committee	Add “immediate” before “family”	Change made

**Treatment Protocol: SEIZURE**

Ref. No. 1231-P

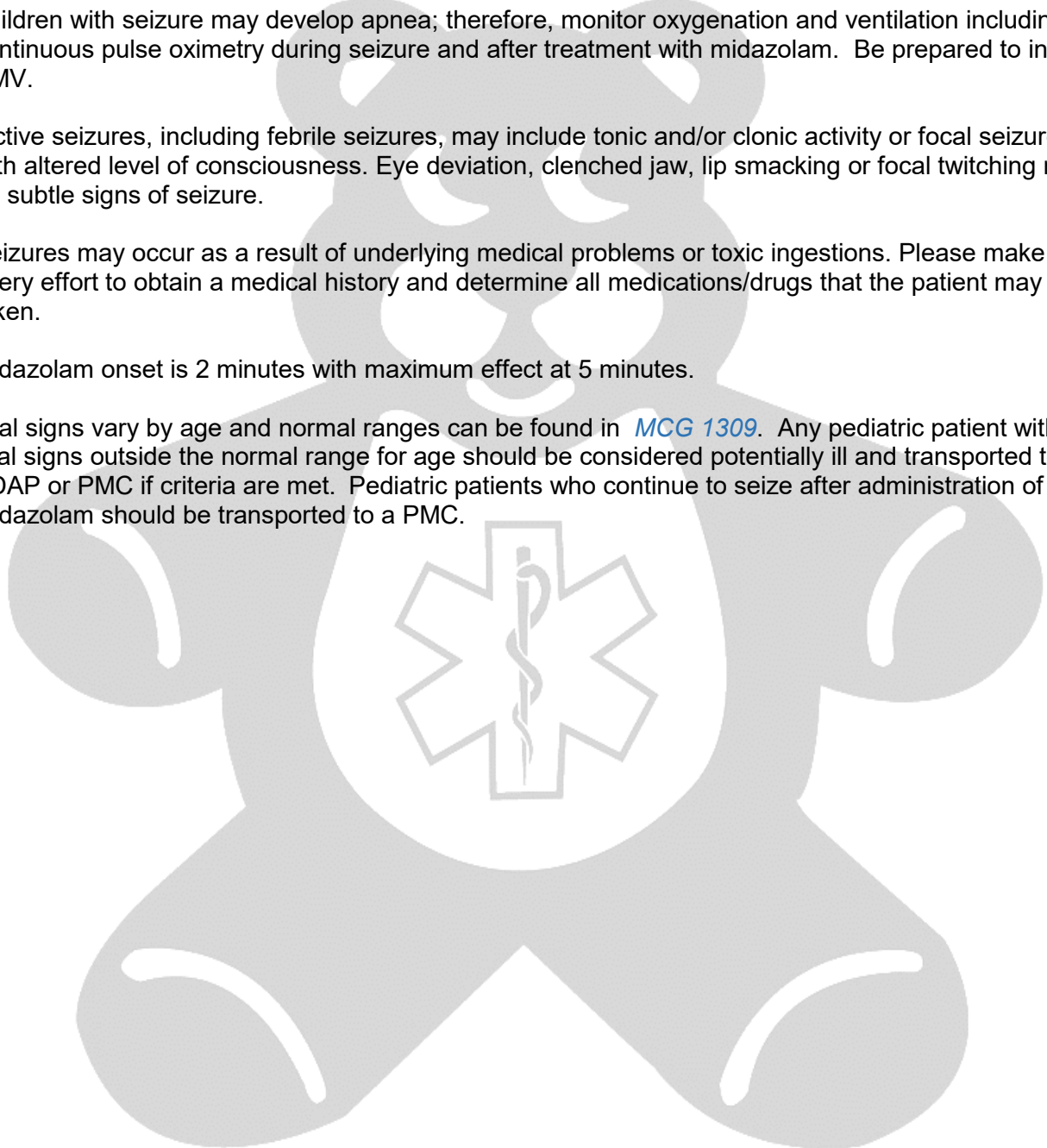
**Base Hospital Contact: Required for status epilepticus or pregnant patients**

1. Assess airway and initiate basic and/or airway maneuvers prn ([MCG 1302](#)) ①
  2. Administer **Oxygen** prn ([MCG 1302](#))
  3. Assess for signs of trauma  
If traumatic injury suspected, treat in conjunction with [TP 1244-P, Traumatic Injury](#)
  4. Initiate cardiac monitoring prn ([MCG 1308](#))
  5. Establish vascular access prn ([MCG 1375](#))
  6. If seizure stops spontaneously prior to EMS arrival and no seizure witnessed by EMS:  
Document Provider Impression – *Seizure - Post*
  7. For active seizure witnessed by EMS:  
**Midazolam (5mg/mL) 0.1mg/kg IM/IV**, dose per [MCG 1309](#) or  
**Midazolam (5mg/mL) 0.2mg/kg IN**, dose per [MCG 1309](#)  
Repeat x1 in 2 min prn, maximum two doses prior to Base contact ④  
Document Provider Impression – *Seizure – Active*, even if seizure spontaneously resolves ②③
- CONTACT BASE** for persistent seizure and for additional medication orders: ⑤  
May repeat **Midazolam** as above, maximum four total doses
8. For persistent seizure or persistent ALOC:  
Check blood glucose  
If < 60mg/dL or > 250mg/dL, treat in conjunction with [TP 1203-P, Diabetic Emergencies](#)



**SPECIAL CONSIDERATIONS**

- ❶ Children with seizure may develop apnea; therefore, monitor oxygenation and ventilation including continuous pulse oximetry during seizure and after treatment with midazolam. Be prepared to initiate BMV.
- ❷ Active seizures, including febrile seizures, may include tonic and/or clonic activity or focal seizure with altered level of consciousness. Eye deviation, clenched jaw, lip smacking or focal twitching may be subtle signs of seizure.
- ❸ Seizures may occur as a result of underlying medical problems or toxic ingestions. Please make every effort to obtain a medical history and determine all medications/drugs that the patient may have taken.
- ❹ Midazolam onset is 2 minutes with maximum effect at 5 minutes.
- ❺ Vital signs vary by age and normal ranges can be found in [MCG 1309](#). Any pediatric patient with vital signs outside the normal range for age should be considered potentially ill and transported to an EDAP or PMC if criteria are met. Pediatric patients who continue to seize after administration of midazolam should be transported to a PMC.



**Medical Control Guideline: DRUG REFERENCE – MIDAZOLAM****Ref. No. 1317.25****Classification**

Sedative, benzodiazepine

**Prehospital Indications**

Agitated Delirium: patients requiring restraints for patient and provider safety

Behavioral / Psychiatric Crisis: patients requiring restraints for patient and provider safety

Cardiac Dysrhythmia: sedation prior to and/or during synchronized cardioversion or transcutaneous pacing

Seizure - Active

**Other Common Indications**

Sedation and amnestic agent in patients undergoing mechanical ventilation or painful procedures

**Adult Dose**

Agitated Delirium / Behavioral / Psychiatric Crisis

**5mg (1mL) IM/IN/IV**, repeat x1 in 5 min prn, maximum total dose prior to Base contact 10mg for Agitated Delirium (Psychiatric Crisis requires Base order for any)

Cardiac Dysrhythmia - sedation prior to synchronized cardioversion / transcutaneous pacing

**2mg (0.4mL) slow IV/IO push/IM/IN**, may repeat ever 5 min, maximum total dose prior to Base contact 6mg

Seizure - Active

**5mg (1mL) IM/IN/IV**, repeat x1 in 2 min prn, maximum total dose prior to Base contact 10mg**Pediatric Dose**

Agitated Delirium / Behavioral / Psychiatric Crisis

**0.1mg/kg (5mg/mL) IM/IV**, dose per [MCG 1309](#), repeat dosing every 5 min prn per Base order

Cardiac Dysrhythmia - sedation prior to synchronized cardioversion / transcutaneous pacing

**0.1mg/kg (5mg/mL) IM/IV/IO**, dose per [MCG 1309](#), repeat x1 in 2 min prn, maximum 2 doses prior to Base contact, maximum single dose 5mg

Seizure - Active

**0.1mg/kg (5mg/mL) IM/IV/IO**, dose per [MCG 1309](#), repeat x1 in 2 min prn, maximum 2 doses, max single dose 5mg OR**0.2mg/kg (5mg/mL) IN**, dose per [MCG 1309](#), may repeat x1 in 2 min prn, maximum 2 doses prior to Base contact, maximum single dose 5mg**Mechanism of Action**

Binds to receptors at several sites within the CNS, potentiates GABA receptor system which produces anxiolytic, anticonvulsant, muscle relaxant, and amnesic effects.

**Pharmacokinetics**

Onset 3-5 min IV, 15-20 min IM, 6-14 min IN

Duration 1-6 hours IV/IM

**Contraindications**

Acute alcohol intoxication with altered mental status

Respiratory depression

Shock / Poor perfusion

**Interactions**

Risk of respiratory or central nervous system depression, increases when used with diphenhydramine, fentanyl, morphine, or other opiate or sedative medications

**Adverse Effects**

Hypotension

Respiratory depression / arrest

**Prehospital Considerations**

- Closely monitor respiratory and cardiac function after administration
- For patients with agitated delirium and violent behavior, IM/IN administration is recommended over IV for the initial dose for the safety of EMS personnel.
- If available, waveform EtCO<sub>2</sub> monitoring should be instituted after administration.