

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **INNOVATION, TECHNOLOGY AND ADVANCEMENT
COMMITTEE (ITAC) RECOMMENDATIONS**

REFERENCE NO. 205.1

PURPOSE: To provide a summary of the recommendations of the Innovation, Technology and Advancement Committee.

DEFINITIONS:

Implementation: recommendations for use are based on committee findings supported by peer reviewed evidence, cost advantages, and operational benefit. Suitable for systemwide implementation as directed by the EMS Agency Medical Director.

Optional Use: recommendation for use are based on committee findings that there are minimal safety issues or potential for harm. Provider agencies maintain responsibility for education, training, and oversight of product/innovation use.

Pilot: recommendation for use require that an EMS provider agency complete a pilot project and submit pilot findings with data to the EMS Agency for approval prior to product/innovation use.

Insufficient Data: recommendation is based on available data that is insufficient in the ITAC's judgement to support use of the product/innovation at the time of its review. This recommendation may change with introduction of new/additional evidence.

Date: this refers to the date the recommendations of the ITAC was adopted by the EMS Agency.

COMMITTEE RECOMMENDATIONS:

Note: All vendors cited were those available to the ITAC committee at the time of committee review and in no way represent an endorsement of any one product.

PRODUCT / INNOVATION	Recommendation	Date
Certadose Anaphylaxis Convenient Kit (ALS)	Optional Use	09-30-19
Certadose Anaphylaxis Convenient Kit (BLS)	Pilot	09-30-19
Certadose PALS Syringe Holder Kit (ALS)	Optional Use	09-30-19
Electronic tracking systems for controlled substances PS Trax Comp X Target Solutions Tracking Modules Future products can be approved if compliant with Ref. No. 702	Optional Use	09-30-19
Prehospital Data Integration Software Twiage Pulsara eBridge	Pilot	09-30-19
S.T.A.T. Tourniquet	Insufficient Data	09-30-19
WoundClot Hemostatic Dressing	Insufficient Data	09-30-19
LUCAS Mechanical CPR Device	Optional Use	01-31-20
Autopulse Mechanical CPR Device	Pilot	01-31-20

EFFECTIVE DATE: 09-30-19
REVISED: 09-01-21
SUPERSEDES: 09-01-20

PRODUCT / INNOVATION	Recommendation	Date
Impedence Threshold Devices and Active Compression Devices	Optional Use	01-31-20
Heads Up CPR/Device Assisted Controlled Sequential Elevation (e.g. Elegard)	Pilot	01-31-20
Auragain LMA	Pilot	03-31-20
Turkel and SPEAR Needle Decompression Devices	Optional Use	03-31-20
Translation Software e.g. Language Line Solutions, In Demand Interpreting	Implementation (type at provider agency discretion)	03-31-20
Lancet/ESO Health Data Exchange	Commentary Provided	09-30-20
EpiRite Syringe for EMTs	Pilot	09-30-20
Thermometers for EMS Use	Implementation	09-30-20
Optimum Traction Splint	Insufficient Data	12-31-20
FDA approved Traction Splints	Optional Use	12-31-20
Child Restraint Devices Neo-mate Pedi-mate Ambulance Restraint Device (ACR) Rescu-Air Other: https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances_v2.2.pdf	Optional Use (pediatric patients should be appropriately restrained for their size/weight -- type of restraint used is optional)	03-31-21
CPR Training Feedback Laerdal Team Reporter	Optional Use	03-31-21
Prehospital Data Integration Software Capture EMS	Pilot	03-31-21
Reeves Heavy Duty Flexible Stretcher (as backboard device)	Optional Use	08-30-21
Talon 90c Quad (as backboard device)	Insufficient Data	08-30-21
Dechoker Suction Airway Clearance Device	Insufficient Data	08-30-21
BD-IO Intraosseous Needle Device	Optional Use	08-30-21