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: **November 18, 2020**
TIME: **1:00 – 3:00 PM**
LOCATION: **Zoom Video Conference Meeting**
Join Zoom Meeting:
https://zoom.us/j/97565380793?pwd=L1dhaUVybnMyK2tiZE95Q29jK3RDdz09
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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 INPUT YOUR NAME if you would like to address the Commission.

AGENDA

I. CALL TO ORDER – John Hisserich, Dr.PH, Chairman
Instructions for Zoom:
1) Please use your computer to join the Zoom meeting to see documents.
2) Join Zoom meeting by computer (preferable) or phone.
3) Input your name when you first join so we know who you are.
4) You can join Zoom by one tap mobile dialing.
5) Join meeting by landline using any of the "dial by location" numbers and manually entering the Meeting ID and following # prompts.
6) Mute and unmute yourself by clicking on the microphone icon at the bottom of computer screen, or *6 by phone.
7) Volume is adjusted by using the little arrow next to the microphone icon.

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
September 16, 2020

2. CORRESPONDENCE
2.1 (09-14-20) Lisa Galindo: EMS System Plan Update (FY 2018-19)
2.2 (09-16-20) From Medical Directors: APOT Letter of Support
2.3 (0917-20) Distribution: 9-1-1 Trauma Re-Triage
2.4 (10-13-20) David Frankle, M.D.: Letter of Thanks PRAC Service
2.5 (10-21-20) Phil Davis, Chief Executive Officer: King LTS(D) Airway Program Approval for Specialty Care Transport
2.6 (10-21-20) David Eisner, MD: Paramedic Vaccination Program Approval

2.7 (10-22-20) Distribution: Withdrawal from Perinatal Destination and Closure of Neonatal Intensive Care Unit (NICU)
2.8 (10-28-20) Marc Cohen, MD, Medical Director, El Segundo Fire: Paramedic Vaccination Program Approval
2.9 (10-28-20) Marc Cohen, MD, Medical Director, Torrance Fire: Paramedic Vaccination Program Approval
2.10 (10-28-20) Marc Cohen, MD, Medical Director, Manhattan Beach Fire: Paramedic Vaccination Program Approval
2.11 (11-03-20) Ruben Balayan: King LTS(D) Airway Program Approval for Specialty Care Transport

3. COMMITTEE REPORTS
3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee – Cancelled for October 14, 2020
3.3 Provider Agency Advisory Committee

4. POLICIES
4.1 Reference No. 1013: EMS Continuing Education (CE) Provider Approval and Program Requirements

END OF CONSENT AGENDA

IV. BUSINESS

BUSINESS (OLD)

5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies (Attachment 5.1)
5.1.1 Ad Hoc Workgroup on the Pre-Hospital Care of Mental Health and Substance Abuse Emergencies – Recommendation Eight
5.2 Ambulance Patient Offload Time (APOT)
5.3 Criteria for 9-1-1 Receiving Center Designation (Tabled)
5.4 Patient Refusal of Treatment/Transport (Reference No. 834 – Sub Committee Report)
5.5 EMS Personnel Administering Vaccinations
5.6 LA County COVID-19 Modeling – EMS Agency Data

BUSINESS (NEW)

5.7 EMS Commission Annual Report FY 2019-20 – Vote Required to Approve and Move onto the Board of Supervisors
5.8 Nominating Committee – Vote Required

V. COMMISSIONERS' COMMENTS / REQUESTS

VI. LEGISLATION

VII. EMS DIRECTOR'S REPORT

VIII. ADJOURNMENT

To the meeting of January 16, 2021

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/

MINUTES
SEPTEMBER 16, 2020
Zoom Meeting

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

I. CALL TO ORDER

☒ Lt. Brian S. Bixler	Peace Officers' Assn. of LAC	Cathy Chidester	Executive Director
☐ Vacant	L.A. County Medical Assn.	Denise Watson	Commission Liaison
☒ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Marianne Gausche-Hill	EMS Medical Director
☒ Chief Eugene Harris	LAC Police Chiefs' Assn.	Nichole Bosson	Asst. Medical Director
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Roel Amara	Assistant Director
☒ Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Richard Tadeo	Assistant Director
☒ James Lott, PsyD, MBA	Public Member, 2nd District	Kay Fruhwirth	Nursing Director
☒ Carol Meyer, RN	Public Member, 4th District	John Telmos	EMS Staff
☒ Gloria Molleda	League of CA Cities/LA County	Michelle Williams	EMS Staff
☒ Robert Ower	LAC Ambulance Association	Sara Rasnake	EMS Staff
☐ *Margaret Peterson, PhD	Hospital Assn. of So. CA	Denise Whitfield	EMS Staff
☐ Vacant	LA Area Fire Chiefs' Assn.	Christine Clare	EMS Staff
☒ Paul S. Rodriguez	CA State Firefighters' Assn.	Natalie Greco	EMS Staff
☒ Jeffrey Rollman	So. CA Public Health Assn.	Susan Mori	EMS Staff
☒ Joseph Salas	Public Member, 1st District	Terry Crammer	EMS Staff
☒ Nerses Sanossian, M.D.	American Heart Association	Christine Zaiser	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Gary Watson	EMS Staff
☒ Atilla Uner, M.D., MPH	American College of Emergency Physicians	Lorrie Perez	EMS Staff
	CAL-ACEP	Jennifer Calderon	EMS Staff
☒ Gary Washburn	Public Member, 5th District	Christy Preston	EMS Staff
		David Wels	EMS Staff
		Jacqueline Rifenburg	EMS Staff
		Adrian Romero	EMS Staff

GUESTS

Clayton Kazan, MD	LA County Fire Department	Jennifer Nulty	Torrance Fire Dept.
Jaime Garcia	Hospital Assn. Southern Cal.	Diego Caivano, MD	LA County Med.Assn.
Kenneth Powell	LA Area Fire Chiefs' Assn.	Alicia Macklin	Attorney
Puneet Gupta, MD	Harbor-UCLA MC	B. Baker	
Samantha Verga-Gates	Long Beach Memorial	Unidentified (1)	

The Emergency Medical Services Commission (EMSC) meeting was held via Zoom Video Communications Conference Call due to the California Statewide Safer at Home Order related to the Coronavirus (COVID-19) pandemic. The meeting was called to order at 1:04 p.m. by Chairman John Hisserich. A quorum was present with 16 Commissioners on the call.

II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Executive Director Cathy Chidester did roll-call of the Commissioners, acknowledged members of the public and EMS Agency staff, and welcomed new and pending EMS Commissioners present on the call. General Instructions to mute/unmute and to make public comments using Zoom were provided to participants.

Ms. Chidester acknowledged the recent shooting of two sheriff deputies, and noted that working together with law enforcement and their swift attention to get the deputies to the nearest trauma center demonstrates the importance and value of the trauma system and how well it works when partnering with law enforcement and they know the locations of the nearest trauma center.

III. CONSENT AGENDA

Chairman Hisserich called for approval of the Consent Agenda and opened the floor for discussion.

Motion/Second by Commissioners Rodriguez/Bixler to approve the Consent Agenda was carried unanimously after further discussion and clarification on policies.

1. MINUTES

July 15, 2020 Minutes were approved.

2. CORRESPONDENCE

2.1 (07-13-20) Norman Bergman: Gifts and Donations Fourth Quarter of Fiscal Year 2019-2020
2.2 (07-16-20) Robert Metzger, Fire Chief: Approval AutoPulse™ Pilot Study
2.3 (07-16-20) Mr. Ronald Marks: King LTS(D) Airway Program Approval for Specialty Care Transport
2.4 (07-20-20) Selam Alem: Response to 07-15-20 Public Comment
2.5 (07-21-20) Distribution: Delays in Emergency Department Bed Availability for Patients Arriving via Ambulance
2.6 (07-22-20) Brent Bartlett, Fire Chief: Approval: LUCAS® Chest Compression System, Los Angeles County EMS Optional Scope of Practice
2.7 (08-11-20) Funding for the Mobile Stroke Unit (Item No.2d-4 Agenda June 26, 2017)
2.8 (08-18-20) Xavier Espino, Fire Chief: Newly Appointed Medical Director – Tiffany Abramson, MD

3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee
3.3 Provider Agency Advisory Committee

4. POLICIES

4.1 Reference No. 316: Emergency Department Approved for Pediatric (EDAP) Standards
4.2 Reference No. 326: Psychiatric Urgent Care Center (PUCC) Standards
4.3 Reference No. 328: Sobering Center (SC) Standards
4.4 Reference No. 510: Pediatric Patient Destination
4.5 Reference No. 511: Perinatal Patient Destination
4.6 Reference No. 516: Cardiac Arrest (Non-Traumatic) Patient Destination
4.7 Reference No. 526: Behavioral / Psychiatric Crisis Patient Destination
4.8 Reference No. 526.1: Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (PUCC)
4.9 Reference No. 528: Intoxicated (Alcohol) Patient Destination
4.10 Reference No. 528.1: Medical Clearance Criteria Screening Tool for Sobering

Center (SC)
4.11 Reference No. 618: EMS Quality Improvement Committees
4.12 Reference No. 1102: Disaster Resource Center (DRC) Designation and Mobilization
4.13 Reference No. 1102.2: DRC Equipment Checklist List Items Deployed to Other Facilities
4.14 Reference No. 1104: Disaster Pharmaceutical Caches Carried by Authorized ALS Providers
4.15 Reference No. 1106: Mobilization of Local Pharmaceutical Caches (LPCs)
4.16 Reference No. 1106.1: LPC Inventory and Checklist for Items Deployed
4.17 Reference No. 1106.2: LPC Photograph
4.18 Reference No. 1107.1: M/SS Cache Inventory and Checklist for Items Deployed
4.19 Reference No. 1108.1: CHEMPACK Inventory List
4.20 Reference No. 1108.2: CHEMPACK Photograph
4.21 Reference No. 1122: Bed Availability Reporting
4.22 Reference No. 1122.1: Bed Availability Report
4.23 Reference No. 1128: Decontamination Trailer Deployment for Mass Casualty Event
4.24 Reference No. 1132: Amateur Radio Communications
4.25 Reference No. 1138.1: Burn Resource Center Required Equipment/Supplies/ Pharmaceuticals
4.26 Reference No. 1138.2: Local Burn Lead Specialist Call Panel
4.27 Reference No. 1138.3: Remote Burn Lead Specialists
4.28 Reference No. 1140: Mobile Medical System Deployment
4.29 Reference No. 1140.1: Mobile Medical System Deployment Summary

Policies, Reference No. 4.12 through 4.29 are disaster policies that are under the three-year review period and mainly clean-up issues. These policies have all been reviewed by the Disaster Coalition Advisory Committee.

Reference No. 326, 328, 526, 526.1, 528, 528.1 are the new designation and destination program policies. The EMS Agency and Commission have discussed and planned for allowing paramedics to transport to psychiatric urgent care and sobering centers for many years now. These new policies were developed based on the requirements for the alternate destination pilot projects that were approved by California's Office of Statewide Health Planning and Development (OSHPD). Los Angeles City Fire is currently participating in a State pilot project taking patients to the sobering center and to psychiatric urgent care centers.

State legislation just passed a bill (AB 1544 – Gipson): *Community Paramedicine and Triage to Alternate Destination*, that is on the governor's desk for signature, which includes the alternate destination piece. AB 1544 includes language that if a County has a current pilot program, the project would be grandfathered in.

If the governor signs AB 1544, it will go into effect January 2021. To be operationalized, the language has to go through the process and be put into the regulation, which could take another one to two years. To get us started, it is important to approve and implement our policies now and not delay our plans to address the care of these patients. If the Gipson bill is not signed by the governor, our policies will still be applicable and we can proceed with our program.

Commissioner Cheung commented that the criteria in Reference No. 526.1 generally looks good and appropriate but inquired if general delirium, not specifically agitated delirium, is

called out, and asked if it is subsumed under any emergent medical condition or under the heading of agitated delirium. Delirium and altered mental status is a very important differential that should not go to a PUCC. Dr. Gausche-Hill noted that we do have a definition for agitated delirium and the EMS Agency has a treatment protocol relative to that and defines it, and that it generally includes tachycardia, diaphoresis, and confusion.

Commissioner Cheung asked for clarification if delirium was called out somewhere in the education and training protocol. Dr. Gausche-Hill provided further information regarding the education requirements.

END OF CONSENT AGENDA

IV. BUSINESS

BUSINESS (OLD)

5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies

Since there are several new EMS Commissioners, Ms. Chidester provided background information about the EMS Commission Ad Hoc Committee, created about five years ago, to map out a plan for the care of mental health and substance abuse patient emergencies in the field. A final report, dated September 2016, identified nine recommendations. One recommendation was to survey law enforcement dispatch centers to determine how they dispatch mental health cases in the field. We found out there was no consistency or standardized protocol amongst police departments as each agency has their own policies and procedures and operates independently and not as a system.

Recently, Board Supervisors approved a motion requesting that the LA County Department of Mental Health (DMH) organize teams and create a system within the field setting to address the need for consistent protocols across the various agencies in managing the care of mental health emergencies.

Jonathan Sherin, M.D., Ph.D., Director of LA County Department of Mental Health, has chaired meetings to address the issues and requests from the Board. Ms. Chidester has participated on these calls, along with District Attorney Jackie Lacey, Los Angeles Police Chief Michael Moore, EMS Commissioner – Los Angeles Police Department (LAPD) Captain Brian Bixler, John Gannon from the Sheriff's Department and others. The purpose being to find a systematic approach to address behavioral health and substance abuse calls from the field and create a system of care. They looked at other systems in other countries and states and our EMS Commission report to form their plan. Dr. Sherin submitted his report on August 17, 2020 (see New Business Item 5.7) to address the Board motion.

Dr. Sherin's report outlines a greater response and responsibility by DMH staff. The report talks about having mental health professionals embedded with fire departments, along with the use of DMH vans to transport these patients to appropriate facilities.

Commissioner Cheung reported that it would be ideal if we move toward a system that can triage where the calls are going and deploy the appropriate response to it. The general idea is to reduce the use of law enforcement officers as medical or behavioral health personnel in the field, which is problematic and inconvenient to law enforcement

officers and underserving to the patients.

Commissioner Cheung stated that during the July 2020 commission meeting we did have a discussion about recommendation eight (8), which was to review EMS Agency policies and procedures regarding the management of behavioral emergencies, specifically addressing agitation not agitated delirium, and to make any recommendations for change or improvement that aid with reduction and use of force or restraints and that enhance patient and provider safety. Dr. Cheung submitted the following motion.

Motion/Second by Commissioners Cheung/Rodriguez to create a workgroup, or reconvene the workgroup, to review EMS policies and procedures regarding the management of agitation, and make any recommendations for change or improvement to aid with reduction in use of force or restraints that enhance patient and provider safety was approved and carried unanimously.

Commissioners Cheung, Bixler, Harris, Hisserich, Ower, Rodriguez, Uner and Caivano volunteered for the workgroup. EMS Agency staff Dr. Gausche-Hill and Dr. Denise Whitfield also volunteered. Kay Fruhwirth, EMS Nursing Director, will take the lead for staffing the committee.

5.2 Ambulance Patient Offload Time (APOT)

Richard Tadeo, EMS Assistant Director, reported on the August 20, 2020 APOT workgroup meeting. Several points discussed at the meeting included hospital concern with the EMS Agency recommendation to establish a billing process, constraints from COVID-19, and the need to address the bigger systemic problems in regards to mental health placement and the delays in getting Psychiatric Mobile Response Teams (PMRTs) and mental health patient placements.

Hospital representatives also expressed concerns that the APOT data is flawed, and that it is not complete. Although they said they were going to send us some data, none of the hospitals have provided their data to verify or validate or contrast the data we presented to them.

Provider agencies representatives voiced concern that delays in emergency department (ED) bed availability is an ongoing problem heightened by COVID-19. This is a chronic issue. Providers have instituted pilot projects to include Advance Practitioner Response Units, telemedicine, taking patients directly to psychiatric urgent care centers and sobering centers instead of the ED to improve the service they provide in the field.

Providers also expressed that although hospitals are experiencing financial burden, so are the providers. It is not just a matter of adding more EMTs or hiring more EMTs, it means buying more equipment and buying more ambulances, which is costlier as opposed to just hiring the personnel. They are not asking to bill on every single delay, but they are asking to identify a system where they can recoup their costs at hospitals where there are extensive delays in offloading patients.

The EMS Agency identified four follow up items:

1) Review Nevada State legislation specific to APOT: This legislation does not address billing. It talks about collaboration and coming up with specific parameters on how to measure and come up with metrics to measure APOT, but there is nothing in that APOT legislation or law that talks about billing.
2) Look at what authority the EMS Agency has related to implementing a billing process like this and consult with County Counsel.
3) Research County Code 507, which was mentioned in the meeting and allows the providers to already bill hospitals for long offload times.
4) Gain understanding of the billing practices of ambulance companies, as well as hospitals, and what that bill is in terms of an emergency patient.

Regional meetings were recommended and have already been implemented in Antelope Valley and East County, but paused because of COVID-19. The Agency, is exploring reinstituting these meetings.

The next APOT meeting is scheduled for October 15, 2020, from 1:00 p.m. to 3:00 p.m. as a Zoom meeting, and a report will be provided to the Commission at the November meeting. The Commission will need to address the membership of the committee as there are vacancies due to Commissioner changes. One vacancy is the Los Angeles Area Firefighters' Association (LAAFA) that was held by Chief White, and the other is the representative for the Los Angeles County Medical Association (LACMA). Mr. Tadeo requested the EMS Commission to endorse replacing the LAAFA vacancy with Chief Kenneth Powell from Culver City, and Dr. Diego Caivano for LACMA.

Motion/Second by Commissioners Ower/Cheung to add Chief Kenneth Powell and Dr. Diego Caivano to participate in the Ambulance Patient Offload Time Committee was approved and carried unanimously.

Mr. Tadeo provided APOT data of various regions with long APOT times to the Commissioners. This data includes both ALS and BLS, and the concern was shared that the BLS component skews the numbers to be a little higher.

Commissioner Rodriguez asked if there would be value in separating those ALS and BLS numbers, as well as Commissioner Lott inquired about the separation of the ALS and BLS.

Mr. Tadeo reported the complexity with separating ALS and BLS is that, for example, Fire Departments have a configuration that they do not transport. So, paramedics are relieved and then the EMTs or the BLS unit that transported the patient are left waiting. We opted back in 2017 not to separate ALS versus BLS because it provides a false sense that the numbers are good. At that time, we looked at County Fire's APOT time and it was less than10 minutes in the Antelope Valley and that really did not reflect what was going on because the paramedics were relieved. That is why we have opted to use the BLS transport units like Care, AMR, and McCormick to look at their APOT time because that is really where it clearly demonstrates the offload time and not the paramedics being relieved.

Commissioner Snyder stated there is a difference between the 9-1-1 EMT that is dropped on the wall and the transfer from the nursing home if there is a BLS origination or original transport or is a downgrade to BLS. Since the data cannot be split out to BLS/ALS, the question is on these outliers what was their diversion status at the time? And then we go back to is it an ALS or BLS? Diversion status needs to be looked at too because a lot of times, downgraded BLS which run with the County rigs end up in the emergency department with a downgraded patient or they keep coming.

There was further discussion among the commissioners regarding delayed APOT and the overall causes.

5.3 Criteria for 9-1-1 Receiving Center Designation (Tabled)
Ms. Chidester reported the EMS Agency has criteria that is a policy for becoming a 9-1-1 receiving center for a hospital to take patients, and this is kept on the agenda but remains tabled.

5.4 Patient Refusal of Treatment/Transport (Reference No. 834 – Sub Committee Report)
Dr. Gausche-Hill reported there is a policy task force that is looking at Reference 834. They have had at least three calls and have another one coming up. There is also a non-transport study that has been initiated in collaboration with LA County Fire, and thanks to Dr. Kazan and Nicole Steeneken, as well as Jake Toy and our researchers including herself and Dr. Nichole Bosson, for initiating the study that will inform changes needed to Ref. No. 834. The plan is to try to get a draft of the policy to the Provider and Base Hospital Advisory committees by December 2020.

5.5 EMS Personnel Administering Vaccinations.
Dr. Gausche-Hill reported that she applied to the State, under optional scope of practice, to allow paramedics during this pandemic to be able to give intramuscular injections of vaccine within their EMS provider agency in collaboration with their nurse educators, as well as in collaboration with Public Health to do public mass vaccination programs should they be needed. She has been verbally informed by the Director of Emergency Medical Services Authority (EMSA) that this request is approved, but has not received an official letter of approval.

In addition, LA County Public Health Medical Director, Muntu Davis initiated a health order on September 4, 2020, mandating that all health care workers, including EMS providers, get influenza vaccine. To track flu vaccination compliance, the EMS Agency plans to send out a survey after April 30, 2021, to receive the required information, which includes how many providers at your agency, how many were vaccinated, how many declinations and why flu vaccination was declined. Anybody who declines vaccination must wear a mask, which they should be masking for every patient because we are in the COVID-19 pandemic and still seeing active cases and seeing EMS personnel getting infected.

5.6 LA County COVID-19 Modeling – EMS Agency Data
Dr. Gausche-Hill reported on the latest COVID-19 modeling report. The modeling team uses the data that hospitals report to the EMS Agency daily.

Currently, LA County's COVID-19 burden is very low. For hospitals, it is about 7% overall in med-surge beds and for ICUs it is less than 20%, typically around 14% to 17%. So, really the number of ICU beds needed has really gone down.

What we found early on was that many of these patients required ICU care, and because of early intubation early in the pandemic, many were ventilated so they were very resource intensive, plus they needed turning, along with extensive respiratory and nursing care and infection control precautions.

The number of admitted cases has gone down. We have capacity in our system, and even just in the average number of cases we currently have, even with uncertainty, we have plenty of hospital beds available to address a surge. Mortality rates are also going down. There are more treatments and I am very thankful to Health and Human Services and their work with Gilead and getting us Remdesivir and then also approving dexamethasone as a treatment that reduces mortality in the sickest of our patients and the use of Hi-flow oxygen. All of this has really changed the outcomes for patients.

Even though the number of cases has recently spiked, the number of admissions did not spike to the degree we saw early on. Many of the patients getting infected now do not require admission because we have a younger cohort and they have less co-morbidities. Many people in Los Angeles between 20 and 55 years old are testing positive for COVID-19, but do not require hospitalization.

BUSINESS (NEW)

5.7 Report: Jonathan Sherin, MD, Ph.D., Director, LA County Department of Mental Health
Discussed under Old Business (Item 5.1).

V. COMMISSIONERS' COMMENTS / REQUESTS

Commissioner Uner recognized the entire EMS Agency and Dr. Gausche-Hill for the COVID-19 response and the weekly updates, and stated they did an exemplary job in keeping everyone informed and up to speed.

He also commended Dr. Gausche-Hill for chairing the Reference No. 834 Task Force.

VI. LEGISLATION

Ms. Chidester reported that AB 1544: *Community Paramedic and Alternate Destination* is on the governor's desk for approval.

Another bill the governor signed allows for people incarcerated in the prison system who worked the fire lines and completed the required fire education upon release from prison could request expungement of their criminal record as a pathway to potentially qualify for employment with the Fire Service. We are waiting for direction on how these expungements will impact the EMT certification process.

There was another bill signed that changed who had to report as a sexual offender and addressed expungement of their records which could affect some of the EMT's certification process.

VII. EMS DIRECTOR'S REPORT

The Los Angeles Area Fire Chief's Association put together a second "stand down" video to help with some of the issues the fire service is experiencing related to COVID-19 transmission. The video was very well done.

Dr. Gausche-Hill and Dr. Denise Whitfield were recognized for their participation in the video, and Cathy Chidester complimented LAAFCA on the quality of the video. Dr. Gausche-Hill will forward the link to the commissioners should they wish to view it.

VIII. ADJOURNMENT:

Adjournment by Chairman Hisserich at 3:00 pm to the meeting of November 18, 2020.

Next Meeting: Wednesday, November 18, 2020, 1:00-3:00pm
Join by Zoom Videoconferencing

Join Zoom Meeting
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Recorded by:
Denise Watson
Secretary, Health Services Commission

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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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.

September 14, 2020

Lisa Galindo
Emergency Medical Services Agency
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Ms. Galindo:

EMS SYSTEM PLAN UPDATE (FISCAL YEAR 2018-2019)

As required by California Code of Regulations, Title 22, Division 9, Chapter 7.1, Article 2, §100270.122; Chapter 7.2, Article 2, §100270.221; and Chapter 14, Article 2, §100450.217, the Los Angeles (LA) County Emergency Medical Services (EMS) Agency is submitting the required Annual EMS System Plan Updates for LA County for fiscal year 2018-2019:

- STEMI Critical Care System – Exhibit 1
- Stroke Critical Care System – Exhibit 2
- Emergency Medical Services for Children – Exhibit 3

Please contact me at (562) 378-1604 or Christine Clare, Chief Hospital Programs at (562) 378-1661 for any questions.

Sincerely,

Cathy Chidester
Director

CC:cac
09-04

c: Medical Director, EMS Agency

September 16, 2020

Cathy Chidester, RN
Director
Los Angeles County EMS Agency
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester,

We, the signatories of this letter, are EMS provider agency medical directors from across Los Angeles County, and we are writing in support of the EMS Agency's efforts to improve Ambulance Patient Offload Times (APOT) and to express our general concern on this critical issue.

As emergency physicians, many of us have served our Emergency Departments (ED) on various departmental and hospital committees, and we are well versed in the scope and complexity of ED and hospital throughput. We see both sides of the unfortunate practice of holding ambulances on the wall that has become engrained in ED culture in Los Angeles County as a method of managing ED flow during times of surge. While we understand and are sympathetic to the hospitals' challenges, such delays in patient care flow can no longer be permitted to spill into the EMS system, limit the availability of time sensitive emergency resources, and negatively impact the safety of other patients in the field.

The APOT data provided by the EMS Agency supports the experience of the provider agencies: a trend that very clearly demonstrates unacceptable APOTs widely distributed across the County. While these data have been refuted as incongruent with anecdotal hospital data, allowing EMS providers and patients to continue to languish while we seek to improve the data accuracy or while we await systemic healthcare solutions is not an acceptable path forward.

The provider agencies recognize the following principles:

- Per EMTALA, the responsibility for patient care transitions from the EMS providers to the ED as soon as the ambulance arrives at the hospital. Continuing to monitor a patient, once inside the hospital, is done as a service to our ED partners and patients but is not a responsibility of EMS.
- EMS units are a community resource and utilizing that community resource to monitor hospital patients inappropriately deprives the community of a vital safety net resource.
- If an EMS-employed EMT can safely monitor a patient on an ambulance wall, then so can a hospital-employed EMT.

The current system of ED diversion is inadequate to reduce ED overcrowding and

APOT. We recommend an expanded role for patient routing using real time APOT data available from a number of vendors.

We deeply appreciate the opportunity to work with the EMS Agency and all of our partners from across the healthcare spectrum in order to improve APOT and better serve our patients.

Sincerely,

Clayton Kazan, MD, MS, FACEP, FAEMS
Medical Director, Los Angeles County Fire Department

Marc Eckstein, MD, MPH
Commander – Emergency Medical Services Bureau
Medical Director – Los Angeles Fire Department

Angelica Loza-Gomez, MD
Medical Director, Montebello and Glendale Fire Department

Steven Rottman, MD
Medical Director, Burbank Fire Department

Joe Nakagawa, MD
Medical Director, McCormick Ambulance Company

Ashley Sanello, MD
Medical Director, Compton Fire Department

Marc Cohen, MD
Medical Director, Torrance, El Segundo, and Manhattan Beach Fire Departments

David Eisner, MD, FACEP
Medical Director, Culver City Fire Department

Freddy Sotelo, MD
Medical Director, Care Ambulance

Tiffany Abramson, MD
Medical Director, Long Beach Fire Department

c: Marianne Gausche-Hill, MD

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

)100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

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

September 17, 2020

TO: Emergency Department Director
Emergency Department Medical Director
Each Non-Trauma 9-1-1 Receiving Facility

FROM: Cathy Chidester
Director

SUBJECT: **9-1-1 TRAUMA RE-TRIAGE**

Los Angeles County's designated trauma centers provide an essential public service that saves lives by providing immediate and highly specialized care to seriously injured patients. However, it has come to our attention that critical trauma patients arriving at non-trauma centers in Los Angeles County are not being transferred in a timely manner, and in some cases transferred to trauma centers outside of our County. This is unacceptable in a mature trauma system of our size and capability.

Health and Safely Code, Title 22, Section 100266, Interfacility Transfer of Trauma Patients, requires 9-1-1 receiving facilities to establish written transfer agreements with a trauma center. Not only is this type of preplanning essential to providing optimal care to our trauma patients, but it is required by law.

The 9-1-1 Re-Triage process has been developed to minimize delays, and expedite transfer to the designated trauma center for definitive care. **The 9-1-1 Trauma Re-Triage process should be reserved for patients with life-threatening traumatic injuries requiring emergent surgical intervention at the designated trauma center.** These criteria are stipulated in Reference No. 506, Trauma Triage, Section VI (Attachment I) and Reference No. 506.2, 9-1-1 Trauma Re-Triage (Attachment II).

Like all transfers, 9-1-1 Trauma Re-Triage of patients to a higher level of care requires an initial medical screening examination and stabilization to the extent possible by the transferring facility, physician-to-physician communication and an accepting physician, written certification by the transferring physician stating that the medical benefits of receiving care at a trauma center outweigh the risks of transfer, and adherence to all other EMTALA regulations. However, due to the critical nature of trauma all delays should be minimized including diagnostic procedures or laboratory tests that have no impact on resuscitation or transfer.

Attached for your reference is the Trauma Center Umbrella Facilities Directory (Attachment III) that indicates the assignment of each Non-Trauma 9-1-1 Receiving Facility to a designated trauma center.

Appropriate utilization of the 9-1-1 Trauma Re-Triage process will continue to be monitored by the EMS Agency.

Thank you in advance for your continued support of our system. If you have any questions or need additional information or assistance, please contact Christy Preston, Trauma System Program Manager, at (562) 378-1660.

CC:cp

Attachments

c: LA Area Fire Chiefs Association
Trauma Medical Director, Each Trauma Center
Trauma Program Manager, Each Trauma Center
Trauma Hospital Advisory Committee

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **TRAUMA TRIAGE** REFERENCE NO. 506

PURPOSE: To establish criteria and standards which ensure that patients requiring the care of a trauma center are appropriately triaged and transported.

AUTHORITY: California Code of Regulations, Title 13, Section 1105(c) California Code of Regulations, Title 22, Section 100236 et seq. Health and Safety Code, Div. 2.5, Section 1797 et seq., and 1317.

PRINCIPLES:

1. Trauma patients should be secured and transported from the scene as quickly as possible, consistent with optimal trauma care.

2. Paramedics shall make base hospital contact and/or notification to the receiving trauma center on all injured patients who meet trauma triage criteria and/or guidelines, or if in the paramedic's judgment it is in the patient's best interest to be transported to a trauma center. Contact shall be accomplished in such a way as not to delay transport.

3. Do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal motion restriction.

4. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the Most Accessible Receiving (MAR), when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.

5. When pediatric and adult trauma patients are transported together in one aircraft, the receiving trauma center shall be both a trauma center and a pediatric trauma center.

POLICY:

I. Trauma Criteria – Requires immediate transportation to a designated trauma center

Patients who fall into one or more of the following categories are to be transported directly to the designated trauma center, if transport time does not exceed 30 minutes.

A. Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year

B. Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilatory support

APPROVED: Cathy Chidester
Director, EMS Agency

Marianne Gausche-Hill, MD
Medical Director, EMS Agency

C. Cardiopulmonary arrest with penetrating torso trauma unless based upon the paramedic's thorough assessment is found apneic, pulseless, asystolic, and without pupillary reflexes upon arrival of EMS personnel at the scene

D. All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee

E. Blunt head injury associated with a suspected skull fracture, altered level of consciousness (Glasgow Coma Score less than or equal to 14), seizures, unequal pupils, or focal neurological deficit

F. Injury to the spinal column associated with acute sensory or motor deficit

G. Blunt injury to chest with unstable chest wall (flail chest)

H. Diffuse abdominal tenderness

I. Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)

J. Extremity with:

1. Neurological/vascular compromise and/or crushed, degloved, or mangled extremity
2. Amputation proximal to the wrist or ankle
3. Fractures of two or more proximal (humerus/femur) long-bones
4. Bleeding not controlled by direct pressure requiring the usage of a hemorrhage control tourniquet or hemostatic agent (approved provider agencies only)

K. Falls:

1. Adult patients from heights greater than 15 feet
2. Pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child

L. Passenger space intrusion of greater than 12 inches into an occupied passenger space

M. Ejected from vehicles (partial or complete)

N. Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact

O. Unenclosed transport crash with significant (greater than 20 mph) impact

P. Major / Critical Burn (excluding those in which the MAR is a recognized Burn Center, e.g., LAC+USC Medical Center, Torrance Memorial Medical Center, West Hills Hospital):

1. Patients 15 years of age or older with 2nd (partial thickness) and 3rd (full thickness) degree burns involving equal to or greater than 20% Total Body Surface Area (TBSA)

2. Patients ≤ 14 years of age with 2nd (partial thickness) and 3rd (full thickness) degree burns involving equal to or greater than 10% TBSA

II. Trauma Guidelines – Mechanism of injury and patient history are the most effective methods of selecting critically injured patients before unstable vital signs develop. Paramedics and base hospital personnel should consider mechanism of injury and patient history when determining patient destination. At the discretion of the base hospital, transportation to a trauma center is advisable for:

A. Passenger space intrusion of greater than 18 inches into any unoccupied passenger space

B. Automobile versus pedestrian/bicyclist/motorcyclist (impact equal to or less than 20 mph)

C. Injured victims of vehicular crashes in which a fatality occurred in the same vehicle

D. Patients requiring extrication

E. Vehicle telemetry data consistent with high risk of injury

F. Injured patients (excluding isolated minor extremity injuries):

1. on anticoagulation therapy, other than aspirin-only

2. with bleeding disorders

III. Special Considerations – Consider transporting injured patients with the following to a trauma center:

A. Patients in blunt traumatic full arrest who, based on a paramedic's thorough patient assessment, was not found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) upon the arrival of EMS personnel at the scene

B. Adults age greater than 55 years

C. Systolic blood pressure less than 110 mmHg may represent shock after age 65 years

D. Pregnancy greater than 20 weeks gestation

E. Prehospital judgment

IV. Extremis Patients - Requires immediate transportation to the MAR:

A. Patients with an obstructed airway or those with concern for imminent airway obstruction due to inhalation injury

B. Patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any destination but the MAR

V. When, for whatever reason, base hospital contact cannot be made, the destination decision for injured patients will be made by paramedics using the principles set forth above.

VI. 9-1-1 Trauma Re-Triage – This section applies to injured patients in emergency departments of non-trauma centers whose injuries were initially estimated by EMS to be less serious (under triaged) or patients who self-transported (walk-in) to a non-trauma center, and subsequently assessed by the non-trauma center physician to require immediate trauma center care. The referring facility shall utilize the procedure outlined below to expedite transfer arrangements and rapid transport to the trauma center. This process should be reserved for patients with life-threatening traumatic injuries requiring emergent surgical intervention.

A. Determine if the injured patient meets any of the following 9-1-1 Trauma Re-Triage criteria:

1. Persistent signs of poor perfusion

2. Need for immediate blood replacement therapy

3. Intubation required

4. Glasgow Coma Score less than 9

5. Glasgow Coma Score deteriorating by 2 or more points during observation

6. Penetrating injuries to head, neck and torso

7. Extremity injury with neurovascular compromise or loss of pulses

8. Patients, who in the judgement of the evaluating emergency physician, have high likelihood of requiring emergent life- or limb-saving intervention within two (2) hours.

B. Contact the designated receiving trauma center or pediatric trauma center if the patient is less than or equal to 14 years of age and transport does not exceed 30 min. Do not delay transfer by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

C. Contact 9-1-1 for transportation. The paramedic scope of practice (Ref. No. 803) does not include paralyzing agents and blood products.

D. Prepare patient and available medical records for immediate transport. Do not delay transport for medical records which could be sent at a later time.

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. 504, **Trauma Patient Destination**
Ref. No. 506.1 **Trauma Triage Decision Scheme**
Ref. No. 506.2 **9-1-1 Trauma Re-Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

ATTACHMENT II

(HOSPITAL, PARAMEDIC, MICN)
REFERENCE NO. 506.2

SUBJECT: **9-1-1 TRAUMA RE-TRIAGE**

STEP 1

Determine if patient meets 9-1-1 Trauma Re-triage Criteria:

Perfusion:
- Persistent signs of poor perfusion
- Need for immediate blood replacement therapy

Respiratory Criteria:
- Intubation required

GCS / Neurologic Criteria:
- GCS <9
- GCS deteriorating by 2 or more during observation

Anatomic Criteria:
- Penetrating injuries to head, neck, chest, or abdomen
- Extremity injury with neurovascular compromise or loss of pulses

Provider Judgment:
- Patients, who in the judgment of the evaluating emergency physician, have a high likelihood of requiring emergent life- or limb-saving intervention within 2 hours

STEP 2

Contact the designated Trauma Center for a *"9-1-1 Trauma Re-triage"*

Do NOT delay transport by initiating any diagnostic procedure that do not have direct impact on immediate resuscitative measures

Designated Trauma Center:
XXXXXXXXXXXXXXXX
Contact Number:
999.999.9999

Notify:
Transfer Center / Trauma Surgeon / Emergency Physician

STEP 3

Contact 9-1-1 for transportation

Standard Paramedic Scope does **NOT** include paralyzing agents, blood products.

STEP 4

Prepare patient, diagnostic imaging, and paperwork (to include initial EMS Report Form if applicable) for immediate transport

9-1-1 Trauma Re-triage: The movement of patients meeting specific high-acuity criteria from a non-trauma center to a trauma center for trauma care.

Trauma Transfer: The movement of other trauma patients to a trauma center that do not meet 9-1-1 Emergency Trauma Re-triage criteria.

ATTACHMENT III

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

TRAUMA CENTER UMBRELLA FACILITIES DIRECTORY

Antelope Valley Hospital
- Palmdale Regional Medical Center

Cedars-Sinai Medical Center
- Kaiser Foundation Hospital – West Los Angeles
- Olympia Medical Center

Children's Hospital Los Angeles

Dignity Health - California Hospital Medical Center
- *Good Samaritan Hospital*

Dignity Health - Northridge Hospital Medical Center
- Encino Hospital Medical Center
- Kaiser Foundation Hospital – Woodland Hills
- Providence Cedars-Sinai Tarzana Medical Center
- West Hills Hospital and Medical Center

Dignity Health - St. Mary Medical Center

Henry Mayo Newhall Hospital

Huntington Hospital
- Alhambra Hospital Medical Center
- Methodist Hospital of Southern California
- San Gabriel Valley Medical Center
- USC Verdugo Hills Hospital

LAC Harbor - UCLA Medical Center
- Catalina Island Medical Center
- Kaiser Foundation Hospital – South Bay
- Memorial Hospital of Gardena
- Providence Little Company of Mary – San Pedro
- Providence Little Company of Mary – Torrance
- Torrance Memorial Medical Center

LAC+USC Medical Center
- Adventist Health White Memorial
- Adventist Health Glendale
- Beverly Hospital
- Community Hospital of Huntington Park
- Dignity Health - Glendale Memorial Hospital
- East Los Angeles Doctors Hospital
- Garfield Medical Center
- Greater El Monte Community Hospital

LAC+USC Medical Center (continued)
- Hollywood Presbyterian Medical Center
- Kaiser Foundation Hospital – Baldwin Park
- Kaiser Foundation Hospital – Sunset (Los Angeles)
- Monterey Park Hospital
- PIH Health Hospital - Whittier
- Whittier Hospital Medical Center

MemorialCare Long Beach Medical Center
- Lakewood Regional Medical Center
- College Medical Center

Pomona Valley Hospital Medical Center
- Emanate Health Foothill Presbyterian Hospital
- Emanate Health Inter-Community Hospital
- Emanate Health Queen of the Valley Hospital
- San Dimas Community Hospital

Providence Holy Cross Medical Center
- Kaiser Foundation Hospital – Panorama City
- LAC Olive View - UCLA Medical Center
- Mission Community Hospital
- Pacifica Hospital of the Valley
- *Providence Saint Joseph Medical Center*
- Valley Presbyterian Hospital

Ronald Reagan UCLA Medical Center
- Southern California Hospital at Culver City
- Centinela Hospital Medical Center
- Cedars-Sinai Marina Del Rey Hospital
- Sherman Oaks Hospital
- Providence Saint John's Health Center
- Santa Monica – UCLA Medical Center

St. Francis Medical Center
- Coast Plaza Hospital
- Martin Luther King Jr. Community Hospital
- PIH Health Hospital - Downey
- Kaiser Foundation Hospital – Downey
- Los Angeles Community Hospital at Norwalk

Facilities noted in italics have been assigned to an alternate Trauma Center other than the trauma catchment area they fall within.

Revised 08/19/2020

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

To advance the health of our communities by ensuring quality emergency and disaster medical services.

October 13, 2020

David Frankle, M.D.
30223 Pacific Coast Highway
Malibu, CA 90265

Dear Dr. Frankle:

On behalf of the Emergency Medical Services (EMS) Agency, I want to acknowledge and thank you for your over 25 years of service on the Physicians' Reimbursement Advisory Committee (PRAC).

Over this span of time, you have been involved in many changes impacting the reimbursement to physicians for the care of indigent patients. Your advocacy for this program, ensuring indigent patients receive the necessary emergency care and the treating physicians receive some level of compensation, has been exemplary. Your medical colleagues have been well-represented by you and your service.

The EMS Agency staff wish you the very best in your retirement, and thank you again for your years of service.

Sincerely,

Cathy Chidester
Director

CC:KF:dw

c: Physicians' Reimbursement Advisory Committee

EMERGENCY MEDICAL SERVICES AGENCY
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To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 21, 2020

Mr. Phil Davis, CEO
Emergency Ambulance Service
3200 East Birch Street Suite A
Brea, California 92821

Dear Mr. Davis:

KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved Emergency Ambulance Service (EA) for the utilization of the King LTS-D airway for Specialty Care Transport to include Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during the annual program review and upon request from the EMS Agency. EA may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:SM:gk
10-11

c: ✓Director, EMS Agency
Dr Eric Quimbo, Medical Director, Emergency Ambulance
Laura Finn, QI Coordinator, Emergency Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Program

EMERGENCY MEDICAL SERVICES AGENCY
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To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 21, 2020

David Eisner, MD, Medical Director
Culver City Fire Department
9770 Culver Boulevard
Culver City, CA 90232

Dear Dr. Eisner,

PARAMEDIC VACCINATION PROGRAM APPROVAL

This letter is to confirm that Culver City Fire Department (CC) is approved by the Emergency Medical Services (EMS) Agency for implementation of the Paramedic Vaccination Program for the administration of **seasonal influenza vaccine only**. Once COVID-19 (SARS-CoV2) vaccine becomes available, the EMS Agency will update the Paramedic Vaccination Program approval process.

As part of the quality improvement plan required for program approval, CC is required to track and report the following:

Influenza vaccination and declination for all healthcare personnel utilizing the Healthcare Personnel Influenza Vaccination Tracking Tool

Influenza vaccination program activities, to include:
- Number of paramedics trained to administer vaccines
- Total number of employees vaccinated by your agency
- Number of employees vaccinated by an outside agency.
- Number of vaccines administered to the public
- Number of adverse events reported to Vaccination Adverse Event Reporting System (VAERS) https://vaers.hhs.gov
- Register vaccinations in the California Immunization Registry (CAIR) http://cairweb.org, optional unless using Department of Public Health (DPH) vaccine

The influenza vaccination data reports are due at the end of the flu season, no later than May 31, 2021 to Susan Mori at sumori@dhs.lacounty.gov.

Provider agencies interested in collaborating with the DPH to administer influenza vaccine to the public utilizing DPH allocated vaccine can contact Susan Mori to receive the DPH 2020-21 Influenza Vaccination Administration Planning Partner Guide.

Provider agencies utilizing influenza vaccine purchased by their department or municipality and under the direction of the provider agency medical director may vaccinate the public independent of the DPH.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill

Marianne Gausche-Hill, MD
Medical Director

MGH:RT:JT:sm
10-16

c: ✓Director, EMS Agency
Fire Chief, Culver City Fire Department
Nurse Educator, Culver City Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 22, 2020

TO: Distribution **VIA E-MAIL**

FROM: Cathy Chidester
Director

SUBJECT: **WITHDRAWAL FROM PERINATAL DESTINATION AND CLOSURE OF NEONATAL INTENSIVE CARE UNIT (NICU)**

This is to advise you that West Hills Hospital and Medical Center (HWH) is withdrawing as a Perinatal Center effective October 28, 2020.

Effective Wednesday, **October 28, 2020 at 0700**, patients who are at least 20 weeks pregnant and have a complaint related to their pregnancy shall no longer be transported via the 9-1-1 system to HWH. These patients shall be transported to surrounding perinatal centers in the area in accordance with Reference No. 511, Perinatal Patient Destination.

If you or your staff have any questions or require further information, please contact Chris Clare, Chief Hospital Programs, at cclare@dhs.lacounty.gov or (562) 378-1661.

CC:cac
10-16

c. Medical Director, EMS Agency
Medical Alert Center, EMS Agency
CEO, West Hills Hospital and Medical Center
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, Los Angeles Fire Department
Paramedic Coordinator, Los Angeles Fire Department
Director of Operations, American Medical Response
Prehospital Care Coordinator, Ronald Reagan UCLA Medical Center
Prehospital Care Coordinator, Dignity Health-Northridge Hospital Medical Center
ReddiNet®

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 28, 2020

Marc Cohen, MD, Medical Director
El Segundo Fire Department
314 Main Street
El Segundo, CA 90245

Dear Dr. Cohen,

PARAMEDIC VACCINATION PROGRAM APPROVAL

This letter is to confirm that El Segundo Fire Department (ES) is approved by the Emergency Medical Services (EMS) Agency for implementation of the Paramedic Vaccination Program for the administration of **seasonal influenza vaccine only**. Once COVID-19 (SARS-CoV2) vaccine becomes available, the EMS Agency will update the Paramedic Vaccination Program approval process.

As part of the quality improvement plan required for program approval, ES is required to track and report the following:

Influenza vaccination and declination for all healthcare personnel utilizing the Healthcare Personnel Influenza Vaccination Tracking Tool

Influenza vaccination program activities, to include:
- Number of paramedics trained to administer vaccines
- Total number of employees vaccinated by your agency
- Number of employees vaccinated by an outside agency
- Number of vaccines administered to the public
- Number of adverse events reported to Vaccination Adverse Event Reporting System (VAERS) https://vaers.hhs.gov
- Register vaccinations in the California Immunization Registry (CAIR) http://cairweb.org, optional unless using Department of Public Health (DPH) vaccine

The influenza vaccination data reports are due at the end of the flu season, no later than May 31, 2021 to Susan Mori at sumori@dhs.lacounty.gov.

Provider agencies interested in collaborating with the DPH to administer influenza vaccine to the public utilizing DPH allocated vaccine can contact Susan Mori to receive the DPH 2020-21 Influenza Vaccination Administration Planning Partner Guide.

Provider agencies utilizing influenza vaccine purchased by their department or municipality and under the direction of the provider agency medical director may vaccinate the public independent of the DPH.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:RT:JT:sm
10-22

c: Director, EMS Agency
Fire Chief, El Segundo Fire Department
Nurse Educator, El Segundo Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Fax: (562) 941-5835

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 28, 2020

Marc Cohen, MD, Medical Director
Torrance Fire Department
1701 Crenshaw Boulevard
Torrance, CA 90501

Dear Dr. Cohen,

PARAMEDIC VACCINATION PROGRAM APPROVAL

This letter is to confirm that Torrance Fire Department (TF) is approved by the Emergency Medical Services (EMS) Agency for implementation of the Paramedic Vaccination Program for the administration of **seasonal influenza vaccine only**. Once COVID-19 (SARS-CoV2) vaccine becomes available, the EMS Agency will update the Paramedic Vaccination Program approval process.

As part of the quality improvement plan required for program approval, TF is required to track and report the following:

Influenza vaccination and declination for all healthcare personnel utilizing the Healthcare Personnel Influenza Vaccination Tracking Tool

Influenza vaccination program activities, to include:
- Number of paramedics trained to administer vaccines
- Total number of employees vaccinated by your agency
- Number of employees vaccinated by an outside agency
- Number of vaccines administered to the public
- Number of adverse events reported to Vaccination Adverse Event Reporting System (VAERS) https://vaers.hhs.gov
- Register vaccinations in the California Immunization Registry (CAIR) http://cairweb.org, optional unless using Department of Public Health (DPH) vaccine

The influenza vaccination data reports are due at the end of the flu season, no later than May 31, 2021 to Susan Mori at sumori@dhs.lacounty.gov.

Provider agencies interested in collaborating with the DPH to administer influenza vaccine to the public utilizing DPH allocated vaccine can contact Susan Mori to receive the DPH 2020-21 Influenza Vaccination Administration Planning Partner Guide.

Provider agencies utilizing influenza vaccine purchased by their department or municipality and under the direction of the provider agency medical director may vaccinate the public independent of the DPH.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:RT:JT:sm
10-21

c: Director, EMS Agency
Fire Chief, Torrance Fire Department
Nurse Educator, Torrance Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

October 28, 2020

Marc Cohen, MD, Medical Director
Manhattan Beach Fire Department
400 15th Street
Manhattan Beach, CA 90266

Dear Dr. Cohen,

PARAMEDIC VACCINATION PROGRAM APPROVAL

This letter is to confirm that Manhattan Beach Fire Department (MB) is approved by the Emergency Medical Services (EMS) Agency for implementation of the Paramedic Vaccination Program for the administration of **seasonal influenza vaccine only**. Once COVID-19 (SARS-CoV2) vaccine becomes available, the EMS Agency will update the Paramedic Vaccination Program approval process.

As part of the quality improvement plan required for program approval, MB is required to track and report the following:

Influenza vaccination and declination for all healthcare personnel utilizing the Healthcare Personnel Influenza Vaccination Tracking Tool

Influenza vaccination program activities, to include:
- Number of paramedics trained to administer vaccines
- Total number of employees vaccinated by your agency
- Number of employees vaccinated by an outside agency
- Number of vaccines administered to the public
- Number of adverse events reported to Vaccination Adverse Event Reporting System (VAERS) https://vaers.hhs.gov
- Register vaccinations in the California Immunization Registry (CAIR) http://cairweb.org, optional unless using Department of Public Health (DPH) vaccine

The influenza vaccination data reports are due at the end of the flu season, no later than May 31, 2021 to Susan Mori at sumori@dhs.lacounty.gov.

Provider agencies interested in collaborating with the DPH to administer influenza vaccine to the public utilizing DPH allocated vaccine can contact Susan Mori to receive the DPH 2020-21 Influenza Vaccination Administration Planning Partner Guide.

Provider agencies utilizing influenza vaccine purchased by their department or municipality and under the direction of the provider agency medical director may vaccinate the public independent of the DPH.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:RT:JT:sm
10-23

c: Director, EMS Agency
Fire Chief, Manhattan Beach Fire Department
Nurse Educator, Manhattan Beach Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

November 3, 2020

Mr. Ruben Balayan, President
West Coast Ambulance Service
647 West Avenue L-14
Lancaster, California 93534

Dear Mr. Balayan:

KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved West Coast Ambulance Service (WE) for the utilization of the King LTS-D airway for Specialty Care Transport to include Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during the annual program review and upon request from the EMS Agency. WE may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:SM:gk
10-27

c: ✓Director, EMS Agency
Dr Isaac Bash, Medical Director, West Coast Ambulance
Damon Peters, QI Coordinator, West Coast Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Program

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

October 14, 2020

MEMBERSHIP / ATTENDANCE
VIA ZOOM

	REPRESENTATIVES		EMS AGENCY STAFF
☒	Robert Ower, RN., Chair	EMS Commission	Dr. Marianne Gausche-Hill
☒	Carole Snyder, RN., Vice Chair	EMS Commission	Dr. Nichole Bosson
☐	Joe Salas	EMS Commission	Richard Tadeo
☒	Rachel Caffey	Northern Region	Christine Clare
☒	Melissa Carter	Northern Region	Jackie Rifenburg
☐	Charlene Tamparong	Northern Region, Alternate	Michelle Williams
☐	Samantha Verga-Gates	Southern Region	Paula Rashi
☒	Laurie Donegan	Southern Region	Cathy Jennings
☒	Shelly Trites	Southern Region	Susan Mori
☒	Christine Farnham, APCC Pres. Elect.	Southern Region, Alternate	David Wells
☒	Paula Rosenfield	Western Region	Christy Preston
☒	Ryan Burgess	Western Region	Christine Zaiser
☐	Susana Sanchez	Western Region, Alternate	Gary Watson
☐	Erin Munde	Western Region, Alternate	John Telmos
☒	Laurie Sepke	Eastern Region	Sara Rasnake
☒	Alina Candal	Eastern Region	Natalie Greco
☒	Jenny Van Slyke	Eastern Region, Alternate	Jennifer Calderon
☐	Lila Mier	County Hospital Region	Dr. Pranav Shetty
☐	Emerson Martell	County Hospital Region	
☒	Yvonne Elizarraz	County Hospital Region, Alternate	
☒	Antoinette Salas	County Hospital Region, Alternate	**GUESTS**
☒	Alec Miller	Provider Agency Advisory Committee	Dr. Shira Schlesinger, HGH
☐	Jennifer Nulty	Provider Agency Advisory Committee, Alt.	Dr. Ashley Sanello, Compton Fire
☐	Laarni Abdenoja	MICN Representative	
☒	Jennifer Breeher	MICN Representative, Alt.	
☒	Heidi Ruff	Pediatric Advisory Committee	

	PREHOSPITAL CARE COORDINATORS				
☒	Gloria Guerra (QVH), APCC Pres.	☒	Heidi Ruff (HMN)	☒	Lorna Mendoza (SFM)
☒	Karyn Robinson (GWT)	☒	Jessica Strange (SJS)	☒	Chad Sibbett (SMM)
☒	Coleen Harkins (AVH)	☒	Michael Natividad (AMH)		

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 August 12, 2020, were approved as submitted.

   M/S/C (Burgess/Farnham)

3. INTRODUCTIONS/ANNOUNCEMENTS:

- Dr. Dipesh Patel, new Medical Director, Paramedic Training Institute.
- Lorna Mendoza, new Prehospital Care Coordinator, St. Francis Medical Center.

4. REPORTS & UPDATES:

4.1 EMS Update 2020

EMS Update 2020 training has been completed. Compliance rate was noted to be high with very few decertifications for this year's update.

EMS Update 2021: Preparation and presentation of EMS Update 2021 will be a similar format to EMS Update 2020. We have representation from the Base Hospital Advisory Committee and the Provider Agency Advisory Committee, to help develop the materials that will be presented in next year's EMS update. Train the Trainer will be scheduled for early spring and the implementation of changes will follow. Updates will be provided.

4.2 EmergiPress

EmergiPress will continued be offered monthly, please continue to submit feedback and suggestions for future topics to Denise Whitfield at, dwhitfield@dhs.lacounty.gov.

4.3 PHAST-TSC

The Pre-Hospital Administration of Stroke Therapy – Trans Sodium Crocetinate (PHAST-TSC) study has been suspended, effective late August. In response to COVID, the manufactures of TSC have shifted efforts and resources.

4.4 ECMO Pilot

The ECMO Pilot, treatment and transport of patients in refractory ventricular fibrillation (VF) for out of hospital cardiac arrest, resumed in July. Participating providers include Culver City Fire, Beverly Hills Fire, and specific Los Angeles County Fire Stations. Qualifying patients will be transported to an ECMO receiving center, Cedars Sinai or UCLA Medical Center, if they are the Most Accessible STEMI Center (SRC). There is no change in patient routing, the SRC should not be bypassed to transport to a participating hospital.

4.5 Data Collaboratives

STEMI/SRC: Current projects: Targeted temperature management across the system. Hypoglycemia in out of hospital cardiac arrest. Impact of COVID on STEMI, cardiac arrest, stroke, trauma, and EMS responses to time critical emergencies.

Stroke Data Collaborative: Several projects have been identified; we will keep you posted.

Pediatrics: Exploring a data collection and quality improvement project utilizing the EDAPs, to track pediatric cardiac arrests.

For current publications and publications relevant to the EMS system please visit the EMS Agency website, https://dhs.lacounty.gov/more-dhs/departments/ems/resources/ems-system-publications1/

5. OLD BUSINESS:

5.1 Ref. No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements

There was a lengthy discussion and clarification provided for this reference. Reference was approved with the following recommended change:

- XII. L. - remove the word: education.

M/S/C (Burgess & Donegan)

6. NEW BUSINESS:

6.1 Ref. No. 815, Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-In-Dying Drug)

Approved with following changes to:

- I. E. 3. – read as: Transport back to discharging hospital, unless otherwise specified through discharge instructions or request from family to continue transport to home in the event the patient expires.
- II. C. 1. – include verbiage: advanced practice provider.

M/S/C (Van Slyke & Burgess)

6.2 Ref. No. 830, EMS Pilot and Scientific Studies

Approved as presented.

M/S/C (Sepke/Van Slyke)

6.3 Ref. No. 1138, Burn Resource Center (BRC) Designation and Activation

Approved as presented.

M/S/C (Burgess/Sepke)

6.4 Ref. No. 1241, Overdose/Poisoning/Ingestion

Approved as presented.

M/S/C (Burgess/Carter)

6.5 Ref. No. 1337, Naloxone Distribution by EMS Providers

Approved as presented

M/S/C (Farnham/Donegan)

7. **OPEN DISCUSSION:**

   Richard Tadeo provided a detailed introduction of the Health Data Exchange (HDE) proposal. The implementation of the HDE would allow the exchange of information, preselected data fields, between EMS providers and hospitals.

   The HDE project will be funded through the Provider Relief Fund from the Department of Health and Human Services. The grant will fund the on-time installation fee and the first-year annual subscription. Additional information will be provided as it becomes available.

8. **NEXT MEETING:** BHAC's next meeting is scheduled for **December 9, 2020**, location is to be determined

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

   ACCOUNTABILITY: Lorrie Perez

9. **ADJOURNMENT:** The meeting was adjourned at 3:06 P.M.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

"To advance the health of our communities by ensuring quality emergency and disaster medical services."

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

EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, October 14, 2020 10:00 A.M.
Location: Zoom Meeting

DATA ADVISORY COMMITTEE
DARK FOR OCTOBER 2020

County of Los Angeles
Department of Health Services

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, October 21, 2020

Due to the ongoing COVID-19 pandemic and to comply with regulations on Social Distancing, this meeting was conducted via ZOOM conference call-in. General public and Committee Members' attendance was verified by presence of name on the participant list. Quorum was reached and meeting continued.

MEMBERSHIP / ATTENDANCE

MEMBERS	ORGANIZATION
☑ Paul Rodriquez, Chair	EMSC, Commissioner
☐ VACANT, Vice-Chair	EMSC, Commissioner
☐ Eugene Harris	EMSC, Commissioner
☐ Brian Bixler	EMSC, Commissioner
☑ Sean Stokes	Area A
☐ Justin Crosson	Area A, Alt. *(Rep to Med Council, Alt)*
☑ Dustin Robertson	Area B
☑ Clayton Kazan, MD	Area B, Alt.
☐ Victoria Hernandez	Area B, Alt. *(Rep to Med Council)*
☐ Ken Leasure	Area C
☑ Lyn Riley	Area C, Alt.
☑ Ivan Orloff	Area E
☑ Kurt Buckwalter	Area E, Alt.
☑ Wade Haller	Area F
☐ Brenda Bridwell	Area F, Alt.
☑ Alec Miller	Area G *(Rep to BHAC)*
☑ Jennifer Nulty	Area G, Alt. *(Rep to BHAC, Alt.)*
☑ Doug Zabilski	Area H
☐ Anthony Hardaway	Area H, Alt.
☑ Matthew Potter	Area H, Alt. *(Rep to DAC)*
☑ Julian Hernandez	Employed Paramedic Coordinator
☐ Tisha Hamilton	Employed Paramedic Coordinator, Alt.
☑ Rachel Caffey	Prehospital Care Coordinator
☐ Jenny Van Slyke	Prehospital Care Coordinator, Alt.
☐ Andrew Respicio	Public Sector Paramedic
☑ Daniel Dobbs	Public Sector Paramedic, Alt.
☐ Maurice Guillen	Private Sector Paramedic
☐ Scott Buck	Private Sector Paramedic, Alt.
☑ Ashley Sanello, MD	Provider Agency Medical Director
☐ Vacant	Provider Agency Medical Director, Alt.
☑ Andrew Lara	Private Sector Nurse Staffed Ambulance Program
☐ Gary Cevello	Private Sector Nurse Staffed Ambulance Program, Alt.
☑ Michael Kaduce	EMT Training Program
☑ Scott Jaeggi	EMT Training Program, Alt.
☑ David Mah	Paramedic Training Program
☐ David Fillip	Paramedic Training Program, Alt.

EMS AGENCY STAFF (Virtual)

Marianne Gausche-Hill, MD	Denise Whitfield, MD
Richard Tadeo	Chris Clare
Terry Cramer	Elaine Forsyth
Natalie Greco	Cathlyn Jennings
Susan Mori	Christy Preston
Paula Rashi	Jacqueline Rifenburg
John Telmos	Gary Watson
David Wells	Michelle Williams
Christine Zaiser	

Public Attendees (Virtual)

Adrienne Roel	Culver City FD
Anathea Gordon	LAFD
Andy Reno	Long Beach FD
Benjamin Esparza	LAFD
Britney Alton	Burbank FD
Caroline Jack	Beverly Hills FD
Chris Backley	San Gabriel FD
Christine Eclarino	LA County Public Health
Dave Smith	Redondo Beach FD
Drew Bernard	Emergency Ambulance
Jack Ewell	LA County Sheriff's Office
Ken Powell	Culver City FD
Nanci Medina	LA County FD
Roger Braum	Culver City FD
Tina Ziolkowski	LAFD
Bryan Wells	LA County FD
Puneet Gupta, MD	LA County FD
Sheryl Gradney	LA County FD

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

1. **CALL TO ORDER:** 1:00 p.m.: Chair, Paul Rodriguez, called meeting to order.

2. **INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

2.1 Committee's New Membership
Chairman Paul Rodriquez introduced the following new members to our Committee:

- Kurt Buckwalter, Captain, Santa Fe Springs Fire Rescue: Alternate Representative for Area E
- Matthew Potter, Captain, Los Angeles Fire Department: Alternate Representative for Area H
- David Mah, Paramedic Program Director, Mount San Antonio College, Representative for Paramedic Training Programs.
- David Fillip, Paramedic Program Director, UCLA Center for Prehospital Care, Alternate Representative for Paramedic Training Programs.

2.2 PTI Medical Director *(Marianne Gausche-Hill, MD)*
Dr. Gausche-Hill introduced Dipesh Patel, MD, as the new Medical Director for the EMS Agency's Paramedic Training Institute.

2.3 EpiRite™ Syringe *(John Telmos)*

- Epi-Rite™ Syringe has easy to read markings which allows the EMT a fast and easy dosing of the medication epinephrine, during the treatment of allergic reactions.
- Survey monkeys have been sent out to all providers to determine the number of providers who would be interested in implementing this product.
- Survey monkey link and YouTube video on this product was posted on the ZOOM Chat during this meeting.
- Those interested in more information may contact John Telmos at jtelmos@dhs.lacounty.gov

2.4 Fireline Paramedic – Documentation *(John Telmos)*

- Reminder to all providers, when a fireline medic has a patient contact during deployment, a copy of the patient care record (PCR) is to be sent into the EMS Agency; either mailed or hand delivered to the EMS Agency's Director or Medical Director. This is in addition to your normal PCR submission process.
- More information on this process can be found in Reference No. 804, Fireline Emergency Medical Technician – Paramedic (FEMP).

3. **APPROVAL OF MINUTES (Kazan/Jaeggi)** August 19, 2020 minutes were approved as written.

4. **REPORTS & UPDATES**

4.1 COVID-19 Update *(Marianne Gausche-Hill, MD)*

- Provider Impressions related to COVID-19 (Cold/Flu and Shortness of Breath) continue to decrease.
- The EMS Agency continues with the weekly Monday morning COVID-19 Updates (via ZOOM conference call). Participants include provider agencies, Medical Directors and hospitals.
- Recently, the EMS Agency has received approval from the EMS Authority for a local Optional Scope of Practice for paramedics to administer influenza vaccine.
- If providers are interested in participating in this influenza vaccination program, please contact Susan Mori at sumori@dhs.lacounty.gov

- The EMS Agency and the Los Angeles County Public Health, COVID-19 are collaborating to develop a distribution plan when the vaccine becomes available. It is unknown when a vaccine will be available. Updates will be provided during the Monday morning COVID-19 Update meetings.

4.2 Disaster Services Update

- Health Office order: Annual Influenza Immunization Program *(Marianne Gausche-Hill, MD)*
  - On September 18, 2020, the Los Angeles County Health Office, Dr. Mantu Davis, released the Health Office Order requiring all EMS providers to receive this year's influenza vaccine. Dr. Gausche-Hill emphasized the importance of this, especially during the COVID-19 pandemic.
  - Providers were reminded that all healthcare personnel should continue utilizing masks, gowns and gloves while providing care to [all] patients; and the utilization of N95 masks during any aerosolized procedures.

4.3 EMS Update 2020 & 2021 *(Denise Whitfield, MD and Jacqueline Rifenburg)*

- Completion deadline for EMS Update 2020 was September 1, 2020. More than 6000 EMS personnel have completed this year's Update. County-wide only 60 paramedics have not completed; mainly because of being off work due to injury or leave of absences.
- Due to high amount of positive feedback, EMS Update 2021 will remain on the same electronic format as EMS Update 2020.
- The EMS Update 2021 Workgroup met for the first time on Monday, October 19, 2020. The current plan is to have Train-the-Trainer classes beginning in March 2021. Topics for the EMS Update 2021 include: management of Out of Hospital Cardiac Arrests (OHCA); Treat and Refer procedures; best practices for infection control; and identifying anaphylaxis and sepsis.

4.4 EmergiPress Update *(Denise Whitfield, MD)*

- EmergiPress is now available on an additional e-learning software platform called "SCORM" (Shareable Content Object Reference Model).
- An email from Dr. Whitfield will go out soon, which will provide access to a drop box folder with all course material and will include the "SCORM" folder, if desired.
- EmergiPress training material continue to be available on the EMS Agency's webpage.
- Questions regarding EmergiPress can be directed to Dr. Whitfield at dwhitfield@dhs.lacounty.gov

4.5 PHAST-TSC Trial *(Marianne Gausche-Hill, MM)*

- Trial involved a medication that helped bring oxygen to the body tissues and was implemented in Los Angeles County, with four patients being enrolled.
- Due to the COVID-19 pandemic, the pharmaceutical company stopped the trial to shift their resources to address the pandemic.
- Trial has ceased and will be revisited once the COVID crisis has passed.

4.6 ECMO Pilot *(Marianne Gausche-Hill, MD)*

- This Pilot/Trial is continuing, with 1-2 patient enrollments thus far.
- Hospitals that are involved include Cedars-Sinai Medical Center and Ronald Reagan UCLA Medical Center. (LAC+USC Medical Center's IRB approval is pending).
- As a reminder to all providers and hospitals participating in this pilot, transportation for enrolled patients does not change. Providers are not to bypass the most accessible STEMI-Receiving Center (SRC).

4.7 CPR Techniques in the Prehospital Setting *(Denise Whitfield, MD)*

- Committee members were asked which CPR technique (Continuous CPR vs. the 30 compressions/2 ventilations ratio) was being utilized in the prehospital setting.
- Responses were received through this meeting's chat box or can be sent to Dr. Whitfield via email at dwhitfield@dhs.lacounty.gov

4.8 Out of Hospital Cardiac Arrest (OHCA) Task Force *(Marianne Gausche-Hill, MD)*

- Task force has been meeting regularly to answer questions on OHCA use of epinephrine, airway management, chest compressions vs. ventilation ratios, vascular access and others.
- Goal is to complete this review by December 2020, make changes to Treatment Protocols by early January 2021; and then provide education on these changes during EMS Update 2021.

4.9 Reference No. 834 Task Force *(Marianne Gausche-Hill, MD)*

- Taskforce has been meeting regularly and will be completing a draft of the revised policy.
- The plan is to have provider track the utilization of this policy and develop quality improvement.

4.10 12-Lead Transmissions and Hospital Notifications *(Marianne Gausche-Hills, MD)*

- Providers are reminded that it is imperative to provide immediate SRC notification and to transmit all 12-Lead ECG showing STEMI immediately to the receiving SRC. Providers should not wait to provide an attached ECG with their electronic patient care record prior to transmitting the STEMI ECG.
- Dr. Gausche-Hill also reminded providers to notify the receiving facility if there are changes in patient status during transport.

4.11 Side Walk CPR *(Susan Mori)*

- This year's Side Walk CPR will transition from a Community-based Training program to an on-line/virtual training program.
- The EMS Agency is working on a hands-only CPR training video and will be presented to this Committee when complete.

5. UNFINISHED BUSINESS

There was no unfinished business.

6. NEW BUSINESS

6.1 Reference No. 515, Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End Of Life Option (Aid-In Dying Drug) *(Richard Tadeo)*

Policy reviewed and approved as written.

M/S/C (Miller/Kazan) Approved Reference No. 515, Honoring Prehospital Do Not Resuscitate Orders, Physician Orders For Life Sustaining Treatment And End Of Life Option (Aid-In Dying Drug).

6.2 Reference No. 830, EMS Pilot and Scientific Studies *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

- Page 1, Definition, Pilot or Scientific Study: add the following language to second sentence: "using system-wide data".

M/S/C (Dobbs/Mah) Approved Reference No. 830, EMS Pilot and Scientific Studies, with above recommendation.

6.3 Reference No. 1108, Chempack Deployment for Nerve Agent Release *(Terry Cramer)*

Policy reviewed and approved as written.

M/S/C (Kazan/Miller) Approved Reference No. 1108, Chempack Deployment for Nerve Agent Release.

6.4 Reference No. 1138, Burn Resource Center (BRC) Designation and Activation (*Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

- Page 1, Definitions, Burn Injury: add words "Adult" and "Pediatric" to the following sentences:
  "Adult patients (equal to or greater than 15 years of age) …"
  "Pediatric patients (less than or equal to 14 years of age) …"

M/S/C (Kazan/Zabilski) Approved Reference No. 1138, Burn Resource Center (BRC) Destination and Activation, with above recommendation.

6.5 Reference No. 1337, Medical Control Guideline: Naloxone Distribution by EMS Providers (Leave Behind Naloxone) *(Denise Whitfield, MD)*

Policy reviewed and approved as written.

M/S/C (Kaduce/Kazan) Approved Reference No. 1337, Medical Control Guideline: Naloxone Distribution by EMS Providers (Leave Behind Naloxone).

6.5 Reference No. 1241, Treatment Protocol: Overdose/Poisoning/Ingestion *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

- Number 5: Beginning of sentence, add wording similar to: "For providers who participate in the Leave Behind Naloxone program"…

M/S/C (Kazan/Kaduce) Approved Reference No. 1337, Medical Control Guideline: Naloxone Distribution by EMS Providers (Leave Behind Naloxone), with above recommendation.

7. OPEN DISCUSSION:

7.1 Health Data Exchange *(Richard Tadeo)*

- Information was provided regarding a Health Data Exchange program, which would allow those who participate to have access to a bi-directional exchange of preselected information between provider agencies and hospitals.
- Further discussion with Fire Chiefs and Hospital CEOs is being planned.
- This Committee will be presented with more information in the future.

7.2 MCI Terminology *(John Telmos)*

Committee member recommended that the EMS Agency make changes to ensure Incident Command System (ICS) positions/names are consistent within the training at the Paramedic Training Institute, Los Angeles County Prehospital Care Manual, and Firescope's Field Operations Guide (FOG) Manual.

7.3 Reuse of Metered Dose Inhaler (MDI) with Spacers *(John Telmos)*

- Committee member asked if MDIs can be reused on multiple patients if the spacers are replaced between each patient; rather than disposing of the MDI after each use or giving to patient in the emergency department.
- It was reported that some spacers have a one-way valve that would prevent cross contamination of the MDI.
- Dr. Gausche-Hill stated she will research this topic and respond back to the Committee.

7.4 Influenza Survey Monkey *(John Telmos)*

Announcement was given at previous Committee meeting and reminded today that a survey monkey will be sent out to all providers at the end of this influenza season.

7.5 COVID-19 Vaccination Program *(Elaine Forsyth)*

- The EMS Agency is working with the Los Angeles County Public Health Department on a distribution plan for a COVID-19 vaccine.
- An email will be sent out next week to providers, with information on a survey monkey to determine the amount of vaccine needed for distribution.

8.0 NEXT MEETING: December 16, 2020

9.0 ADJOURNMENT: Meeting adjourned at 2:47 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS CONTINUING EDUCATION (CE) PROVIDER APPROVAL AND PROGRAM REQUIREMENTS** REFERENCE NO. 1013

PURPOSE: To establish procedures for approval of EMS continuing education (CE) providers and requirements to maintain program approval.

AUTHORITY: California Code of Regulations, Title 22, Chapter 11
Health and Safety Code, Div. 2.5, Section 1797, et seq.

DEFINITIONS:

Approved CE Provider: An individual or organization that has a valid California EMS Continuing Education Provider (CEP) number, an EMS CEP approved by another State, or a Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) provider number.

EMS CE: Course, class, activity, or experience designed to be educational, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training, as well as knowledge to enhance individual and system proficiency in the practice of EMS medical care.

Instructor Based CE: An instructor is readily available to the student during the educational time to answers questions, provide feedback, clarification and address concerns. The EMS Agency shall determine if a CE activity is instructor based.

Non-instructor Based CE: Learning situations where an instructor does not facilitate the instruction process. This includes such activities as magazine articles, internet and precepting.

Internet Based CE Program: Distance learning programs designed to provide continuing education courses utilizing the World Wide Web.

Intranet Based CE Program: Distance learning programs designed to provide continuing education programs utilizing a privately maintained network within an organization that can be accessed only by authorized persons within that organization.

Tamper Resistant: A procedure or technique to prevent alteration, fraud or forgery of a CE document designed by the CE provider.

PRINCIPLES:

1. EMS CE may be achieved by a variety of structured learning experiences that are relevant to the medical scope of practice for EMS personnel.

2. EMS CE must be current and designed to enhance the scientific knowledge of direct patient care, develop and maintain technical skills, and keep abreast of changes in medical practice and technology.

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

3. The information presented and skills performed must be related to the medical practice of emergency care to meet the requirements for renewal of an EMS healthcare professional's certificate or license.

4. Clinical Director(s) and Instructors must have adequate training, credentials and/or experience in educational content and methodology in order to ensure courses adequately address the educational needs of EMS personnel.

POLICY:

I. CE PROVIDER APPROVAL

The EMS Agency has the primary responsibility for approving and monitoring the performance of EMS CE providers in Los Angeles County to ensure compliance with local policies, state regulations and guidelines.

A. CE Provider Approval Process:

1. The EMS Agency shall be the approving agency for CE providers whose headquarters are located within Los Angeles County.

2. If a CE provider from another county relocates its headquarters to Los Angeles County, the Los Angeles County EMS Agency shall assume jurisdictional authority and the CE provider shall be required to relinquish prior approval and apply for Los Angeles County CE provider approval.

3. If a CE provider relocates its headquarters to another jurisdiction, the local EMS Agency of that county shall assume jurisdictional authority and may require the CE provider to apply for local CE provider approval.

4. The California EMS Authority shall be the approving agency for CE providers whose headquarters are out of state and for statewide public safety agencies.

5. Program approval shall be granted for four (4) years from the last day of the month in which the application is approved. This approval is not transferable from person to person or organization to organization.

B. CE Provider Application Process:

1. Interested organizations or individuals shall obtain a CE program application packet from the EMS Agency website.

2. Any individual or organization, public or private, interested in providing approved CE for EMS personnel shall submit a complete CE application packet. CE courses shall not be advertised or offered until approval has been granted.

3. The CE Provider application packet shall contain:

a. A complete and signed EMS CE Provider application.

b. A memo on program letterhead, signed by the program director, requesting approval or re-approval of the EMS CE program.

c. Curriculum vitae and copies of applicable licenses and certifications and signed program staff forms for the program director and clinical director.

d. A complete self-developed course including a lesson plan to include: title of course, description, goal, instructional objectives (min 2 per course), lesson, ce hours awarded, references, resources (materials/equipment), handouts, method of performance evaluation with passing criteria, answer key and instructor/course evaluation.

e. The program's quality improvement (QI) evaluation methodology and educational needs assessment to include supporting documents as applicable.

f. A copy of the EMS CE advertisement/schedule.

g. A copy of the EMS CE attendance record or description of on-line registration.

h. A copy of the EMS CE Course Completion Certificate.

i. A memo on program letterhead, signed by the program director identifying the CE program procedure for the tamper resistant method(s) used, duplicate certificate issuance and electronic tracking mechanism (if utilized) with certificate issuance when employment is terminated.

4. The EMS Agency shall notify the applicant within fourteen (14) days that the application was received and specify missing information, if any. Failure to submit missing information within thirty (30) calendar days shall require the applicant to resubmit an original application packet for CE provider approval.

5. The EMS Agency shall notify the applicant in writing within sixty (60) days from the receipt of a complete application of the decision to approve or deny. The application is only considered for approval if it is complete and all requirements are met.

6. The EMS Agency may deny an application for cause as specified in subsection I.C.2.

7. The EMS Agency shall issue a "California EMS CE Provider Number" to approved applicants.

8. Approved CE providers shall offer a minimum of twelve (12) course hours of CE annually.

C. Denial/Revocation/Probation of CE Provider Status

1. The EMS Agency may, for cause:

a. Deny any CE provider application.

b. Revoke CE provider approval.

c. Place CE provider on probation.

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

a. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of the terms of the California Code of Regulations, Title 22, Chapter 11; the California Health and Safety Code, Division 2.5; or Los Angeles County Emergency Medical Services Prehospital Care Policies.

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

c. Misrepresentation of any fact by a CE provider or applicant of any required information.

3. The EMS Agency may take disciplinary action(s) on an EMS CE program if the EMS Agency has determined that probation, denial, or revocation is warranted. If this occurs, the proceedings shall adhere to the California Administrative Procedure Act, Chapter 5, commencing with Government Code section 11500.

4. If CE provider approval is denied or revoked, CE credit issued after the date of action shall be invalid.

5. A provider is ineligible to reapply for approval following a denial or revocation for a minimum of 12 months.

6. If a CE provider is placed on probation, the terms of probation shall be determined by the EMS Agency. During the probationary period, prior approval of all courses offered must be obtained. Course documents must be submitted to the EMS Agency at least thirty (30) days prior to each course being offered. Written notification of course approval shall be sent to the CE provider within fifteen (15) days of the receipt of the request. Renewal of CE program approval is contingent upon completion of the probationary period.

D. Relinquish Program Requirements

A program electing to relinquish their EMS CE Program shall be subject to site audit to evaluate compliance with the requirements of this policy. A program which does not allow a site audit to be performed and/or meet the requirements shall be revoked. Program staff and program entity shall not be eligible to reapply for an EMS CE program for a minimum of 12 months following closure date.

E. Notification

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

II. CE PROVIDER RENEWAL

A. CE Programs shall be renewed if the provider applies for renewal and demonstrates compliance with the requirements of this policy.

B. The EMS Agency will send a notice of expiration six months prior to.

C. The CE provider must submit a complete application packet for renewal at least sixty (60) calendar days prior to the expiration date in order to maintain continuous provider approval.

III. CE PROVIDER REQUIREMENTS

A. Approved CE providers shall ensure that:

1. The content of all CE is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills required for the practice of EMS.

2. All records are maintained as required.

3. The EMS Agency is notified within thirty (30) calendar days of any request for change in the CE provider name, address, telephone number, program director or clinical director by submitting the required documents for approval.

4. All records are available to the EMS Agency upon request.

5. The program is in compliance with all policies and procedures regarding EMS CE.

B. A CE provider may be subject to scheduled site visits by the EMS Agency for program audits.

C. Individual classes/courses are open for scheduled or unscheduled visits/educational audits by the EMS Agency and/or the local EMS Agency in whose jurisdiction the course is conducted.

D. Internet/Intranet CE:

1. CE providers that offer internet based CE must provide the EMS Agency with appropriate passwords or other techniques to freely access the web site and CE material for auditing purposes.

2. CE providers that utilize an intranet based CE program shall provide the EMS Agency access to course materials during a site audit or hard copies when requested.

IV. CE PROGRAM STAFF REQUIREMENTS

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

A. Program Director

Each CE provider shall have an approved program director who is an employee of the organization who shall provide administrative direction and is qualified by education and experience in program development, methods, materials and evaluation of instruction.

1. Program director's qualifications by education and experience shall be documented by 40 hours of training in teaching methodology such as:

   a. Four (4) semester units of upper division credit in educational materials, methods and curriculum development or equivalent, OR

   b. California State Fire Marshal's (CSFM) "Instructor I and II", OR

   c. National Fire Academy's (NFA) "Fire Service Instructional Methodology Course" or equivalent, OR

   d. National Association of EMS Educators' (NAEMSE) "Level 1 Instructor Course"

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

2. The duties of the program director shall include, but are not limited to:

   a. Administering the CE program and ensuring adherence to state regulations, guidelines and established EMS Agency policies.

   b. Submitting and receiving all correspondence to and from the EMS Agency regarding the EMS CE Program.

   c. Approving course content and instructional objectives.

   d. Assigning course hours and professional categories.

   e. Approving all methods of evaluation.

   f. Ensuring all records identified in Section XII of this policy are maintained.

   g. Coordinating or delegating coordination to the clinical director for clinical and field activities approved for CE credit.

   h. Approving instructor(s) in conjunction with the clinical director.

   i. Signing all rosters and course completion certificates ~~records~~ and maintaining those records in a manner consistent with this policy. Signing course completion certificates may be delegated to the clinical director or a designated instructor by submitting a formal notification identifying the individuals to the EMS Agency.

j. Attending the mandatory EMS Agency Orientation Program within six (6) months of approval as the program director.

k. Attending all mandatory CE program updates.

B. Clinical Director

Each CE provider shall have an approved clinical director who is an employee of or who is contracted with the organization to monitor the overall quality of the EMS content of the program.

1. Clinical director qualifications shall be based on the following:

a. Currently licensed and in good standing in the State of California as a physician, registered nurse, physician assistant, or paramedic.

b. Minimum of two (2) years academic, administrative or clinical experience in emergency medicine or prehospital care within the last five (5) years.

2. The duties of the clinical director shall include, but are not limited to:

a. Monitoring all clinical and field activities approved for CE credit.

b. Approving the instructor(s) in conjunction with the program director.

c. Monitoring the overall EMS content of the program.

d. Attending all mandatory CE program updates.

C. Instructor

Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned.

1. Instructor qualifications shall be based on one of the following:

a. Currently licensed or certified in their area of expertise, OR

b. Have evidence of specialized training which may include, but is not limited to, a certificate of training or advanced education in a given subject area, OR

c. Have at least one (1) year of experience, within the last two (2) years, in the specialized area in which they are teaching, OR

d. Be knowledgeable, skilled and current in the subject matter of the course or activity

V. CE HOURS

The CE program director shall assign the CE hours for each course on the following basis:

A. One (1) CE hour is awarded for every fifty (50) minutes of approved content. In cases of media or internet-based CE, it is the responsibility of the CE provider to document the methodology that was used to relate the awarded CE hours to the material presented. This methodology shall be available for audit by the EMS Agency.

B. Courses or activities less than one (1) CE hour shall not be approved.

C. Courses greater than one (1) CE hour may be granted credit in no less than half hour increments.

D. Each hour of structured clinical experience shall be accepted as one (1) CE hour.

E. College credit applied towards meeting EMS CE requirements must be pertinent to emergency medical care and approved by the CE Program Director and Clinical Director. Credit shall be given on the following basis:

1. One academic quarter unit shall equal ten (10) CE hours.

2. One academic semester unit shall equal fifteen (15) CE hours.

VI. APPROVED COURSES

A. All EMS CE must be relevant to and enhance the practice of emergency medical care. Courses directly related to patient care must be structured with learning objectives and incorporate a post-test and course evaluation that indicates that learning has occurred.

B. The presentation must be delivered at a level appropriate for the target audience. Consideration should be given to the specific educational needs and scope of practice of prehospital care personnel.

C. Individual courses or seminars will shall not be approved by the EMS Agency, but may be co-sponsored by an approved EMS CE provider (Section VII).

D. The CE provider shall issue certificates of completion to all attendees who fulfill the credit requirements. It is up to the CE recipient to determine if each CE hour awarded is appropriate for their particular renewal.

E. All CE activity is not of equal value for purposes of recertification. Refer to the Los Angeles County CE manual and policies related to MICN and EMT recertification for specific limitations.

VII. CO-SPONSORING A COURSE

When two or more CE providers co-sponsor a course, only one approved provider number shall be used for that course, and that CE provider assumes the responsibility for all requirements.

VIII. SPONSORSHIP OF A ONE TIME COURSE OR ACTIVITY

A. An approved CE provider may sponsor an organization or individual that wants to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course or activity complies with the minimum requirements.

B. Whenever continuing education hours are awarded the program director shall be responsible for retaining all required records.

IX. ADVERTISEMENTS AND TRAINING SCHEDULES

A. Copies of all instructor-based advertisements or training schedules shall be sent to the Los Angeles County EMS Agency and the local EMS Agency in whose jurisdiction the course is presented a minimum of fourteen (14) days prior to the beginning of the course.

1. Changes or cancellations shall be submitted as soon as possible for courses open to the public.

2. Unplanned/last minute education is acceptable as long as it does not occur regularly. The EMS Agency shall be notified as soon as possible, but not to exceed fourteen (14) days following the training.

B. In cases of internet based CE, the provider shall notify the EMS Agency within 14 working days prior to making a new lesson available or discontinuing a lesson from the CE site. Dates for lessons available for CE must be noted on the CE Annual Summary record.

C. Advertisements and departmental schedules announcing Continuing Education courses must contain all the elements set forth in the Los Angeles County EMS Continuing Education Program Approvals section of the EMS Agency web page.

X. EMS CE ATTENDANCE RECORD AND ANNUAL SUMMARY RECORD

A. An EMS CE Attendance record must be completed for all CE provided. Each student must sign the attendance record or register online with all required data fields completed in order to receive CE credit.

B. The information on the EMS CE Attendance Record must contain all the elements set forth in the Los Angeles County EMS CE Program Approvals section of the EMS Agency web page.

C. EMS CE attendees shall sign in or register only for themselves. Signing for another individual is strictly prohibited and subject to certification or licensure action.

D. The original EMS CE Attendance Record shall be maintained by the CE provider. A legible copy (unless the original is requested) of the attendance records shall be submitted to the Office of Certification/Program Approvals upon request by the EMS Agency for the following:

1. Any County mandated program.

2. Any EMS CE Attendance Record requested by the EMS Agency.

E. All CE providers shall provide an annual CE summary of all courses which EMS CE was issued no later than January 31st of the following year.

XI. COURSE COMPLETION CERTIFICATES AND DOCUMENTS

A. Providers shall issue a tamper resistant document (method determined by the CE provider) as proof of successful completion of a course within thirty (30) calendar days.

1. A CE provider may track completion of a CE course for employees electronically and shall document EMS CE was issued on the course roster. However, when requested or upon termination of employment, the provider must be able to produce ~~a~~ course completion certificates to ~~for~~ the employee for their current certification cycle not to exceed four (4) years.

2. Any individual who attends a CE event who is not an employee of the CE provider must be issued a certificate or document as proof of completion within thirty (30) days.

B. Any form, certificate or documentation of successful completion must contain all the elements set forth in the Los Angeles County EMS CE Program CE Program Approvals section of the EMS Agency web page.

XII. RECORD KEEPING

Each CE provider shall maintain the following records on file:

A. Complete lesson plans with outline and lesson for each course awarded CE hours as identified on the program review tool on the EMS Agency Program Approvals section of the web page to include:

1. Course title.

2. Description of course/goal.

3. Instructional objectives.

4. Educational focus for course and field care audits. This may be incorporated in the course objectives or course description.

5. Hours of instructor-based or non-instructor based continuing education.

6. Handouts, References, Resources (materials/equipment) when utilized.

B. Method of student performance evaluation (e.g. post-test with answer key, skills assessment, or other measurement tool).

C. Advertisement and/or course schedule.

D. Agenda if more than one (1) topic and/or more than a four (4) hour course.

E. EMS CE Attendance Record.

F. A curriculum vitae or resume from an instructor providing the CE course, class or activity, and verification that the instructor is qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.

G. Original or summary of performance evaluations administered.

H. Original or summary of course evaluations.

I. Documentation of course completion certificates issued or e-tracking documented.

J. All records shall be maintained for four (4) years.

K. All records must be available when audits are conducted.

L. Results of the quality improvement plan and the needs assessment.

XIII. FEES

Pay the established CE provider fee at the time of application for approval or re-approval.

CROSS REFERENCES:
Prehospital Care Manual:
Ref. No. 621, **Notification of Personnel Change**
Ref. No. 621.1, **Notification of Personnel Change Form**
Ref. No. 1006, **Paramedic Accreditation**
Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification**
Ref. No. 1014, **Emergency Medical Technician (EMT) Certification**

Los Angeles County EMS Agency EMS CE Program Application

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements

	Committee/Group	Assigned	Approval Date	Comments*
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	Yes	8/19/20	Yes
	Base Hospital Advisory Committee	Yes	10/14/20	Yes
	Data Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO. 202.1

Summary of Comments Received on Reference No. 1013, EMS CONTINUING EDUCATION (CE) PROVIDER APPROVAL AND PROGRAM REQUIREMENTS

ISSUE SECTION #	COMMITTEE	COMMENT	RESPONSE
Policy I.A.	Base Hospital	Add the EMS Agency will send a notification of expiration 6 months prior to.	Change made. Relocated to Section II.B.
Policy I.B.3.d.	Base Hospital	Remove handouts, resources, references and equipment.	Change not made. The elements recommended for removal are not necessarily required to be utilized but must be addressed within the lesson plan. The components were added into policy for consistency of requirements and assist new program directors in applying/renewing a program.
Policy I.B.3.e.	Base Hospital	Remove “to include supporting documents”	Change not made. Added “as applicable” to statement.
Policy IV.A.2.f.	Base Hospital	Revise statement to identify maintaining required records as identified in Section XII of this policy.	Change made
Policy IX.A.2.	Base Hospital	Revise for clarity.	Change made
Policy X.A.	Base Hospital	Add “required” to data fields	Change made
Policy XI.A.1.	Base Hospital	Revise for clarity	Change made
Policy XII.A.6-8	Base Hospital	Remove or add as applicable	Change made by combining all three items into one and added when utilized.

Policy IX.A.	EMS	Inserted instructor-based to first sentence	Change made
Policy IX.A.1.	Provider	Add to the end of the sentence “for courses open to the public”	Change made
Policy XI.A.1.	Provider	Add to statement regarding issuing of certificates: for the current certification cycle not to exceed 4 years.	Change made
Policy XII.L.	Base Hospital	Remove “education”	Change made

Emergency Medical Services Commission
Ad Hoc Committee on
The Prehospital Care of Mental Health / Substance Abuse Emergencies
Recommendations Action Plan
Updated September 21, 2020

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
1. Modify and standardize the MH/SA emergency 9-1-1 triage criteria to match the field response (LE vs. EMS) to the type of emergency situation. Specifically: triage LE to patients who may be combative, violent, or exhibiting potential criminal behaviors, and triage EMS to all other MH/SA emergencies, including "agitated delirium".			**X**	Watch and wait This item is dependent on upstream items including regulatory changes which are cited in the recommendations below. **8/16/17 – EMS Agency Director and Assistant Director met with Los Angeles Police Chief Association (LAPCA) representatives (Chiefs Barnes, Smith, McClure and Incontro) to explore doing a review of the dispatch criteria used by the police in deciding of how mental health calls are routed to police vs. EMS. In doing this review, the thought was to look at establishing a pilot project that would test recommended dispatch practices. During the discussion, it was apparent that significant changes have occurred in the past 12-18 months with many police departments now having mental health clinicians imbedded with police officers and available to respond to these mental health calls. Based on this it was recommend that a survey be developed to go out to all law enforcement agencies to determine their dispatch practices and the prevalence of mental health clinician assigned to police departments.**	**8/16/17 – EMS Agency will draft survey and work with LAPCA representatives to review survey prior to its distribution.** **1/26/18 – Two surveys were finalized one about Dispatch and the other about Field Response. The surveys were sent to the president of the Los Angeles County Police Chiefs Association (LACPCA) to be sent out to the 46 police departments with a return date of 2/28/18.** **3/1/18 - response to surveys less than expected. To date have 16 dispatch and 21 field response surveys returned. We will**

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
					extend the timeframe to accept surveys. **7/18/18 – A summary report of the dispatch and field response surveys was provided to the EMS Commission. The Commissioners suggested doing outreach to the police departments that didn't respond and encourage them to submit the surveys.** **8/28/18 – All police departments that hadn't responded to the survey were contacted and the surveys were resent. Additional departments submitted one or both surveys for an over 60% return rate.** **1-16-19 LE Dispatch and Field Response Survey results shared with EMSC by Dr. Erick Cheung. Report with six recommendations adopted by the EMSC. Next steps include sharing the report with LACPCA, the members of the original Ad Hoc Committee, DMH and the District Attorney's Permanent Steering**

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
					Committee on Mental Health. **4-17-19 Attended LAPCA meeting and Dr. Cheung presented survey recommendations to this group.**
2. Investigate the potential of greater integration of co-deployed MH/SA and LE teams into the 9-1-1 first response systems. Consider a tiered approach to the dispatch of patrol units to MH/SA emergencies, such that MH/SA trained officers may preferentially respond to the scene.	**X**			Set up meeting (or attend existing meeting?) to discuss with Law Enforcement oversight groups to further investigate current process in deployment of units. Monitor further development/growth of MHSA specialty teams. **8/16/17 – EMS Agency Director and Assistant Director met with Los Angeles County Police Chief Association representatives (Chiefs Barnes, Smith, McClure and Incontro) to explore doing a review of the dispatch criteria used by the police in deciding of how mental health calls are routed to police vs. EMS. In doing this review, the thought was to look at establishing a pilot project that would test recommended dispatch practices. During the discussion it was apparent that significant changes have occurred in the past 12-18 months with many police departments now having mental health clinicians imbedded with police officers and available to respond to these mental health calls. Based on this it was recommend that a survey be developed to go out to all law enforcement agencies to determine their dispatch practices and the**	EMS Agency, LAPCA, DMH **8/28/18 – see No. 1 related to dispatch and field response survey.**

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
				prevalence of mental health clinician assigned to police departments. **Another suggestion was to explore having dispatch centers having access to Crisis Counselors and maybe this could be accomplished by being able to transfer appropriate callers to a Mental Health call center such as Department of Mental Health Access and have the caller get connected with community resources.**	**8/16/17 – EMS Agency to discuss with Department of Mental Health the possibility of this and if possible what would be the criteria.**
3. Develop basic resource materials for persons with MH/SA emergencies who are not transported / left in the field, to increase access to mental health services when appropriate.	**X**			Engage DMH in the identification of appropriate MH/SA services and resource materials for non-transported persons. Identify or Create appropriate web-based information that can be printed/provided to non-transported persons. Develop education plan for EMS/LE	DMH, EMS Agency
4. Standardize training/protocol across the County for all LE agencies regarding what constitutes a need for a medical evaluation by EMS providers.		**X**		Review any existing protocols / criteria (such as Exodus criteria) Engage ED physicians / EMS medical director in drafting basic triage criteria Develop training / education materials **8/16/17 - EMS Agency Director and Assistant Director met with Los Angeles Police Chief Association representatives (Chiefs Barnes, Smith, McClure and Incontro) during this meeting the POST approved Mental Health Awareness Crisis Intervention for First Responders course was discussed. The**	EMS Agency, LAPC and DMH **8/16/17- Based on this discussion a representative from the EMS Agency will attend the class as an observer to determine the applicability to EMS providers.**

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
				feedback about this class has been very positive and a discussion on whether this would be helpful for Fire/EMS provider ensued.	**9/13-14/17 – Kay Fruhwirth, EMS Assistant Director attended the. *Mental Health Awareness: Crisis Intervention Tactics for First Responders* conducted by the Los Angeles County District Attorney's Criminal Justice Institute.**
5. Investigate the pros/cons of establishing MH/SA emergency specialized care centers, akin to the system for STEMI, trauma, stroke, etc., to improve the care for MH/SA emergencies.		**X**		Set up meeting with HASC and/or stakeholders to discuss	EMS Agency and Hospital Association of Southern California
6. Determine the feasibility (including regulatory and financial/economic or practical barriers) of alternate destinations to directly transport EMS patients to specialty EDs that demonstrate the capacity and expertise to care for MH/SA patients, to MHUCCs, or to other destinations that can provide the appropriate evaluation and treatment. Investigate and pursue the integration for substance abuse detoxification and rehabilitation services as destination options for EMS, LE and EDs.			**X**	Watch and Wait Pending – requires legislative changes. Work with State representatives to sponsor a Bill that supports the transport of 9-1-1 emergency patients to alternate destinations in specific circumstances	Health Services Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson **1/9/18 – AB 1795 (Gipson) Emergency medical services: behavioral health facilities and sobering centers - introduced that would authorize local EMS agencies to include in their EMS plan, a plan to transport specified patients to Sobering Centers or Psychiatric Urgent Care Centers.**

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
					5/16/18 – AB 1795 placed in appropriations suspense file and never made it out of committee **5/8/19 Bill reintroduced in this session as AB 1544 (Gibson) as Community Paramedicine or Triage to Alternate Destination Act.** **9/10/19 AB 1544 (Gibson) ordered to inactive file** **08/25/20 AB 1544 (Gibson) moved from inactive file** **09/08/20 AB 1544 (Gibson) enrolled and presented to the Governor for signature**
7. Support regulatory changes to ensure parity for all populations, including the following key issues. Medi-Cal currently does not reimburse free standing mental health facilities for care to adult recipients. Further, the Drug Medi-Cal Organized Delivery System benefit program being implemented by DPH focuses on outpatient SA treatment and does not provide reimbursement for inpatient services.			**X**	Pending changes in Medi-Cal program to cover addiction treatment Discuss with DMH / State Medi-Cal	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson. Department of Public Health Substance Abuse Division

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
8. Develop additional treatment protocols (non-pharmacologic and pharmacologic) to address combative, agitated or potentially violent behavior in MH/SA adult and pediatric patients. Refer to the EMS Agency Medical Council to determine whether the EMS Agency should pursue the use of alternate agents for behavioral agitation as the result of acute psychosis, substance intoxication or withdrawal, delirium, and undetermined etiologies.	**X**			Research and determine how other EMS systems address the care of combative, agitated and potentially violent patients	EMS Agency Medical Director
	X			Conduct literature review on subject	EMS Agency Medical Director
		X		Draft Treatment Protocol as it relates to Provider Impressions to include Agitated Delirium and Psychiatric/Behavioral Crisis and review at Medical Council for input and adoption	EMS Agency Medical Director
		X		Develop training program on new Treatment Protocol and roll out the training for entire County	EMS Agency Medical Director
9. Explore the option of Sobering Centers as a patient destination for inebriates as these resources become more available in the community.			**X**	Watch and wait Pending legislative/regulatory changes	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson. Department of Mental Health Substance Abuse Division **1/9/18 – AB 1795 (Gipson) Emergency medical services: behavioral health facilities and sobering centers - introduced that would authorize local EMS agencies to include in their EMS plan, a plan to transport specified patients to Sobering Centers or Psychiatric Urgent Care Centers.**

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			X	Sobering Centers need to be available across the County for access to all patients who would meet criteria for transport to a Sobering Center.	

5.7 BUSINESS (NEW)

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

November 18, 2020

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Cathy Chidester
Executive Director

SUBJECT: **EMERGENCY MEDICAL SERVICES COMMISSION ANNUAL REPORT – FISCAL YEAR 2019-2020**

Attached is the Annual Report of the Emergency Medical Services (EMS) Commission for Fiscal Year 2019-2020. This report is being submitted to the Board of Supervisors in compliance with Los Angeles County Code Title 3, Chapter 3.20 Section 3.20.070.5. The attached report includes the EMS Commission's Mission, Historical Background, Annual Workplan, Prior Year Accomplishments, and Ongoing Long-Term Projects during the period of July 1, 2019, through June 30, 2020.

The EMS Commission is composed of 19 members who represent 13 emergency medical services associations and medical professional affiliates, five public members representing each Supervisor's District, and one member representing the cities in Los Angeles County.

The EMS Commission meets on the third Wednesday of every odd month from 1:00 p.m. to 3:00 p.m. at the EMS Agency. Due to the Coronavirus pandemic, the EMS Commission has conducted its meetings via Zoom Video Conferencing since May 20, 2020.

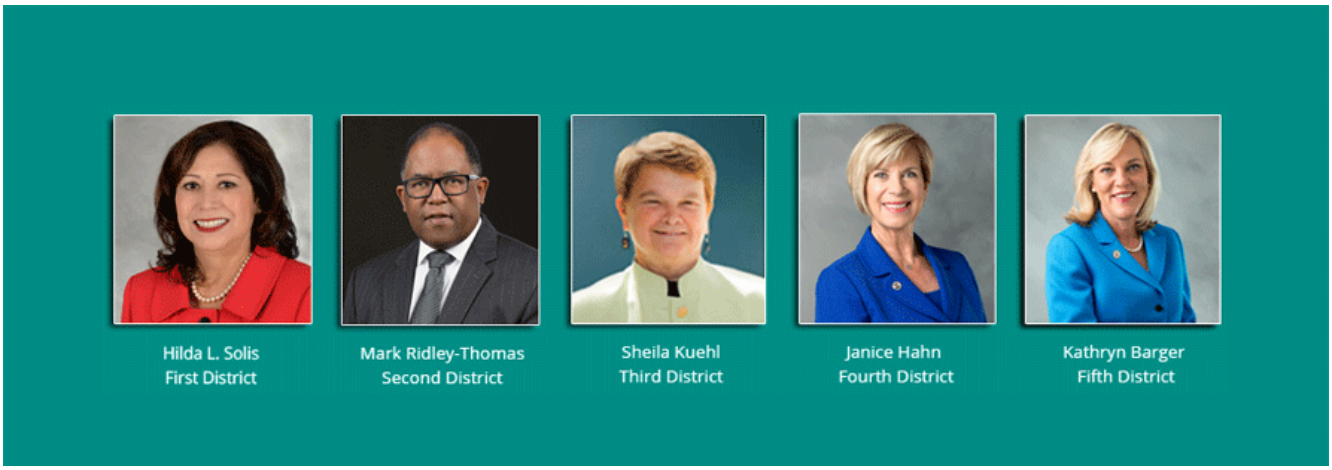
If you have any questions, please feel free to contact me at (562) 378-1604 or cchidester@dhs.lacounty.gov. You may also contact Denise Watson, Secretary, Health Services Commission, at (562) 378-1606 or dwatson@dhs.lacounty.gov.

CC:DW

Attachment

c: Christina R. Ghaly, M.D., Director of Health Services
Hal F. Yee, Jr., M.D., Ph.D., Chief Deputy Director, Clinical Affairs, DHS
Ed Morrissey, County Counsel
Celia Zavala, Executive Officer, Board of Supervisors
Health Deputies, Board of Supervisors
EMS Commissioners

LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES COMMISSION
ANNUAL REPORT TO THE BOARD OF SUPERVISORS
FISCAL YEAR JULY 1, 2019 – JUNE 30, 2020



Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670
Phone: (562) 378-1500 / Fax: (562) 941-5835
Website: http://ems.dhs.lacounty.gov

Ellen Alkon, MD
Southern California
Public Health Association

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

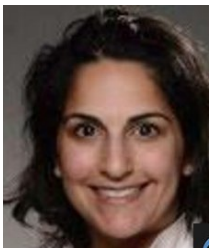
Erick H. Cheung, MD
Chairman 2017-1/2019
Southern California
Psychiatric Society

Chief Eugene Harris
Los Angeles County Police
Chiefs' Association

John C. Hisserich, DrPH
Chairman 1/2019-2020
Public Member
Third Supervisorial District

Lydia Lam, MD
American College of Surgeons

James Lott, PsyD
Public Member
Second
Supervisorial District



Dr. Roxana Yoonessi-Martin
Los Angeles County Medical
Association

Mr. Robert Ower
Los Angeles County
Ambulance Association

Margaret Peterson, PhD
Hospital Association of
Southern California

Paul Rodriguez FF/Paramedic
Vice-Chair 2020
California State Firefighters'
Association

Mr. Joseph Salas
Vice-Chair 2019
Public Member
First Supervisorial District

Nerses Sanossian, MD
American Heart
Association
Western States Affiliate

Carole A. Snyder, RN
Emergency Nurses
Association

Ms. Diana Tang League of
California Cities/L.A.
County Division

Atilla Uner, MD, MPH
California Chapter American
College of Emergency
Physicians

Mr. Gary Washburn
Public Member
Fifth
Supervisorial District

Fire Chief David White
Los Angeles Area Fire
Chiefs' Association

Mr. Pajmon Zarrineghbal
Public Member Fourth
Supervisorial District

Ms. Cathy Chidester
Executive Director
Director, EMS Agency

Ms. Denise Watson
Commission Liaison
EMS Agency Secretary

MISSION STATEMENT

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

HISTORICAL BACKGROUND

The EMSC was established by the Board of Supervisors (Board) in October 1979, and on April 7, 1981, the Board approved and adopted Ordinance No. 12332 of Title 3 – Advisory Commissions and Committees, Los Angeles County Code Chapter 3.20, Emergency Medical Services Commission, to establish the Commission in accordance with California Health and Safety Code Division 2.5 Sections:

1797.270 – Emergency Medical Care Committee Formation
1797.272 – Emergency Medical Care Committee Membership
1797.274 – Emergency Medical Care Committee Duties
1797.276 – Emergency Medical Care Committee Annual Report

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

On November 1, 2011, the EMSC, in consultation with the Department of Health Services, amended the ordinance to add two Commission seats for the members nominated by the Los Angeles County Police Chiefs' Association (LACPCA) and Southern California Public Health Association (SCPHA) that would be beneficial to the EMSC and the County, and would allow for law enforcement and public health expert input. With this amendment, the addition of two Commission seats increased the number of commissioners from 17 to 19.

MEMBERSHIP

The EMSC is currently comprised of 19 commissioners who are non-County employees who act in an advisory capacity to the Board and the Director of Health Services. They advise on matters relative to emergency medical care and practices, EMS policies, programs and standards, including paramedic services throughout the County of Los Angeles. There is an Executive Director and a Commission Liaison who are County employees, and who serve as staff of the Commission.

FUNCTIONS AND DUTIES

The EMS Commission performs the functions of the Emergency Medical Care Committee as defined in Sections 1750 et seq. of the Health and Safety Code, and includes the following duties:

- Act in an advisory capacity to the Board of Supervisors and the Director of Health Services regarding County policies, programs, and standards for emergency medical care services throughout the County, including paramedic services.
- Establish appropriate criteria for evaluation and conduct continuous evaluations on the basis of these criteria of the impact and quality of emergency medical care services throughout LA County.
- Conduct studies of particular elements of the emergency medical care system as requested by the Board, the Director of DHS or on its own initiative; delineate problems and deficiencies and recommend appropriate solutions.

- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services.
- Report its findings, conclusions and recommendations to the Board at least every twelve months.
- Review and comment on plans and proposals for emergency medical care services prepared by LA County departments.
- Recommend, when the need arises, that LA County engages independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which cannot be performed by members of the classified service, and for which the LA County otherwise has the authority to contract.
- Advise the Director and the DHS on the policies, procedures, and standards to control the certification/accreditation of mobile intensive care nurses and paramedics.
- Advise the Director on proposals of any public or private organization to initiate or modify a program of paramedic services or training.
- To arbitrate differences in the field of paramedic services and training between all sectors of the community, including, but not limited to, county agencies, municipalities, public safety agencies, community colleges, hospitals, private companies, and physicians.

ANNUAL WORKPLAN

The EMS Commission's goals and objectives for the upcoming year support the County's mission, vision and strategic priorities through collaborative partnerships with County and City front-line workers, provider agencies, labor unions and the people of the communities we serve in the County of Los Angeles. Through our commitment to building quality health care systems to improve the lives of those we serve, we will provide better care and greater access to exceptional health care services for the residents of Los Angeles County. With systems in place that enrich people's lives through effective and caring services that they can access quickly in times of medical emergencies and disasters, we can create a healthier community.

Goals and Objectives:

- Review and recommend policies for adoption by the EMS Agency
- Advise on the impact of emergency medical care practices related to paramedic and EMT services and training
- Advise on EMS policies
- Monitor legislation affecting the EMS system
- Through Committee process, advise and recommend topics for education
- Conduct required public hearings.
- Evaluate and understand the interaction between law and fire in response to patients with behavioral health emergencies.
- Make recommendations to the EMS Agency on any changes that would improve the delivery of emergency response and care to behavioral health emergencies and substance abuse
- Continue to engage with law enforcement to support similar or overlapping response protocols, i.e., tactical EMS, use of restraint and midazolam in field, and dispatch and triage of 9-1-1 calls
- Continue to monitor APOT data and work with ambulance and hospital providers to reduce ambulance patient offload times (APOT) and recommend the best practices to address offload delays.
- Support the EMS Agency's efforts to ensure timely and accurate data submission from all EMS providers and Specialty Care Centers.
- Ensure constituent groups are aware of the Measure B process and allocations and participate on Measure B Advisory Board
- Maintain awareness of the EMS Agency's COVID-19 activities related to the coordination of response and data collection/analysis

ONGOING LONG-TERM PROJECTS

- Prehospital Care of Mental Health and Substance Abuse Emergencies: Continue to address the recommendation made by the Ad Hoc Committee and implement as addressed.
- Monitor legislation of interest to emergency medical services
- Support education efforts for Bystander, Hands-Only CPR training (Sidewalk CPR)
- Support the EMS Agency in efforts to ensure that individuals seen and assessed within the 9-1-1 system are transported to the appropriate destination that is best suited to meet their needs, i.e., sobering centers, emergency departments and psychiatric urgent care centers
- Monitor and support to ensure 9-1-1 ambulance transport readiness through supporting the Ad hoc Committee's ultimate recommendations to decrease ambulance patient offload times
- Monitor and support EMS pilot and trial studies to improve the delivery of emergency medical care and transportation.

ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR (FY) 2019-2020

- Approved the FY 2018-19 EMSC Annual Report at the November 20, 2019 meeting
- Presented the Police Chiefs' response to the Mental Health and Substance Abuse Emergencies Report at the Los Angeles Area Police Chiefs' Conference
- Conducted the required public hearing on the Closure of Glendora Community Hospital's General Acute Care Services
- Approved the Impact Report and recommended submission to the Board of Supervisors for the Closure of Glendora Community Hospital's General Acute Care Services
- Approved EMS Commission Bylaws and Specific Committees
- Through the new Bylaws, discontinued the Education Advisory Committee and added two positions to the Provider Agency Advisory Committee to represent an EMT and Paramedic
- Approved nominating committee and standing committee selections
- Provided written support of Los Angeles Police Department's pilot project on Suicidal Calls to 9-1-1 Diversion Project
- Recommended approval of Prehospital Care Policies to include Policy Reference Numbers:
  - 207: EMS Commission Advisory Committees
  - 304: Paramedic Base Hospital Standards
  - 316: Emergency Department Approved for Pediatric (EDAP) Standards
  - 318: Pediatric Medical Center (PMC) Standards
  - 320: ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) Standards
  - 320.3: SRC Performance Measures
  - 324: Sexual Assault Response Team (SART) Center Standards
  - 406: Authorization for Paramedic Provide Status
  - 412: AED Requirements
  - 412.1: AED Application
  - 412.2: AED Annual Report
  - 418: Authorization and Classification of EMS Aircraft
  - 451.1: Ambulance Licensing Administrative Fines
  - 451.1a: Private Ambulance Medical and Protective Equipment
  - 506: Trauma Triage
  - 506.2: 9-1-1 Trauma Re-Triage
  - 510: Pediatric Patient Destination
  - 608: Retention of Records
  - 612: Release of EMS Records

- 622: Release of EMS Data
- 701: Supply and Resupply of EMS Units
- 702: Controlled Drugs Carried on ALS Units
- 703: ALS Unit Inventory
- 710: Basic Life Support Ambulance Equipment
- 712: Nurse Staffed Specialty Care Transport Unit Inventory
- 713: RCP Staffed SCT Inventory
- 832: Treatment/Transport of Minors
- 901: Paramedic Training Program Approval
- 1350: Medical Control Guideline: Pediatric Patients