



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2019-2020)



Table 1 – STANDARDS – Changes Made on a Standard

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2019-2020**

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	<p>Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p> <p>RECOMMENDED GUIDELINES: Public safety answering point PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p>		X		<p>Approximately 95% of the Fire Departments providing Emergency Medical Services are dispatched by Fire Dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.</p> <p>The LEMSA has policies in place for dispatching of Emergency Medical Services. The EMS Agency developed a "Template" pre-arrival instructions covering many of the medical, trauma, and environmental chief complaints. These templates were developed through a collaborative effort with representation from the twelve (12) 9-1-1 dispatch centers in Los Angeles County. These templates were cross referenced with each dispatch centers individual protocols to ensure that the most up-to-date pre-arrival instructions are being provided.</p>	<p>Transition the one Fire Department utilizing police dispatch to either approved pre-arrival instructions or transition to a fire based dispatch center with existing pre-arrival instructions.</p> <p>The LEMSA plans on routinely (semi-annually at a minimum) meeting with the 9-1-1 dispatching centers.</p>

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						The LEMSA plans to implement annual site surveys within its jurisdiction for 9-1-1 dispatch to monitor compliance with mandated policies and standards
3.01 Communications Plan	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>RECOMMENDED GUIDELINES: The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.</p>	X			<p>CURRENT STATUS: 21 Base Stations and 52 paramedic provider agencies, which account for nearly 600 paramedic units, have access to 9 medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a backup frequency.</p> <p>LEMSA communication standards require 90% coverage, 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base stations on Catalina Island.</p>	To develop and implement written agreements with all paramedic receiving hospitals

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					<p>V-MED 28 radio frequencies replaced our previously used Hospital Emergency Administrative Radio (HEAR). This frequency is installed in nearly 100% of all ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter.</p> <p>100% of the healthcare facilities (hospitals) have V-MED28.</p> <p>The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. The terminal is also installed at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units. Los Angeles County has upgraded ReddiNet from a microwave format to an internet-based system which has greatly improved system access.</p> <p>The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers.</p>	

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					<p>Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.</p> <p>Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health services professionals (1st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.</p> <p>COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.</p>	