COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 378-1610 FAX (562) 941-5835
http://ems.dhs.lacounty.gov

DATE: November 15, 2023
TIME: 1:00 – 3:00 PM
LOCATION: 10100 Pioneer Boulevard
First Floor Hearing Room
Santa Fe Springs, CA 90670

The Commission meetings are open to the public. You may address the Commission on any agenda item before or during consideration of that item, and on other items of interest which are not on the agenda, but which are within the subject matter jurisdiction of the Commission. Public comment is limited to three (3) minutes and may be extended by the Commission Chair as time permits.

NOTE: Please *sign in* if you would like to address the Commission.

AGENDA

1. CALL TO ORDER – Commissioner Lydia Lam, Chair

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS
2.1 Trauma Center System 40th Anniversary Luncheon November 29, 2023
2.2 New Commissioners

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

3.1 **Minutes**
3.1.1 July 19, 2023
3.1.2 September 13, 2023 – Meeting held with no quorum/no votes

3.2 **Committee Reports**
3.2.1 Base Hospital Advisory Committee – August 9, 2023
3.2.2 Provider Agency Advisory Committee – August 16, 2023
3.2.3 Base Hospital Advisory Committee – October 11, 2023
3.2.4 Provider Agency Advisory Committee – October 18, 2023

3.3 **Policies – September 13 & November 15, 2023:**
3.3.1 Reference No. 418: Authorization and Classification of EMS Aircraft
3.3.2 Reference No. 503.1: Diversion Request Requirements for Emergency Department Saturation
3.3.3 Reference No. 516: Cardiac Arrest (Non-Traumatic) Patient Destination
3.3.4 Reference No.519: Management of Multiple Casualty Incidents
3.3.5 Reference No. 607: Electronic Submission of Prehospital Data
3.3.6 Reference No. 1102: Disaster Resource Center (DRC) Designation, Activation and Mobilization of Equipment
3.3.7 Reference No. 1114: Hospital EMS Surge Assistance Plan
3.3.8 Reference No. 1128: Decontamination Trailer Deployment for Mass Casualty Event

3.3.9 Reference No. 1138: Burn Resource Center (BRC) Designation and Activation
3.3.10 Reference No. 1140: Mobile Medical System Deployment
3.3.11 Reference No. 1140.1: Mobile Medical System Deployment Summary-Deleted
3.3.12 Reference No. 1143: Medical Oversight During an Infectious Disease Surge

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Ambulance Patient Offload Time (APOT)
4.2 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers
4.3 IFT Transports

Business (New)

4.4 Annual Report
4.5 Nominating Committee – Chair and Vice Chair for 2024
4.6 EMS Agency Meeting Schedule for 2024 – May 8, 2024 – 2nd Wednesday

5. LEGISLATION

6. DIRECTORS' REPORT

6.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director

Correspondence

6.1.1 (7/25/23) Designation of ST-Elevation Myocardial Infarction (STEMI) Receiving Center – Centinela Hospital Medical Center
6.1.2 (7/31/23) Appointment of EMS Agency Medical Director
6.1.3 (8/14/23) Appointment of Stephen Sanko, MD, to Los Angeles Fire Commission
6.1.4 (8/15/23) Approval for Use of EpiPen – EMS Program CalFire
6.1.5 (8/17/23) King LTS-D Airway Program Approval for Specialty Care Transport – MedTrans
6.1.6 (8/28/23) Appointment of EMS Agency Assistant Medical Director
6.1.7 (8/31/23) Emergency Department Status of Beverly Hospital
6.1.8 (9/13/23) Withdrawal from Pediatric Medical Center Destination – Providence Cedars-Sinai Tarzana Medical Center
6.1.9 (9/26/23) FirstWatch/ReddiNet Integration Go-Live
6.1.10 (10/5/23) Beverly Hospital Resumption of Emergency Department Services
6.1.11 (10/19/23) Palmdale Regional Medical Center Maternal Services Closure
6.1.12 (10/30/23) Name Change for Beverly Hospital
6.1.13 (10/30/23) Palmdale Regional Medical Center Maternal Services Closure 10/30/2023

6.2 Nichole Bosson, MD, EMS Agency Medical Director
6.2.1 Office of Traffic Safety (OTS) Grants

7. COMMISSIONERS' COMMENTS / REQUESTS

8. ADJOURNMENT

To the meeting of January 17, 2024

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.

June 12, 2023

SPONSORSHIP OF TRAUMA CENTER SYSTEM 40TH ANNIVERSARY

In recognition of the 40th anniversary (1983-2023) of the Trauma Center System in Los Angeles County, the EMS Agency has partnered with OneLegacy to host a 40th Anniversary Celebration on November 29, 2023. Los Angeles County was the site of one of the first Trauma Center Systems in the United States and to date is one of the largest nationwide. This event will highlight the important men and women who worked tirelessly to develop the foundation of the innovative Trauma Center System that we have today.

As an integral part of the Trauma Center System, we would like to give your organization the opportunity to sponsor a portion of this important event in the history of EMS. We feel that it is important to mark the 40 years of this vital public service that has saved countless lives and which became the model of EMS service delivery in the nation.

Gold, Silver, Bronze, and Friends of Trauma donation opportunities are outlined in the attached document. If you have any questions prior to selecting your sponsor level, please contact Lorrie Perez at llperez@dhs.lacounty.gov or (562) 378-1655.

For individual ticket purchases, be sure to check the event website at https://www.eventbrite.com/e/los-angeles-county-trauma-system-40th-anniversary-celebration-tickets-646222156867. For sponsorship, please fill out the Mail in Sponsorship form and return it with your check made out to the **Department of Health Services – Emergency Medical Services Agency** (please write **Trauma Center System 40th** on the check).

In order for your sponsorship ad to be included in the event brochure and your logo to be included on the event website, please submit the artwork by October 15, 2023, to Richard Tadeo at rtadeo@dhs.lacounty.gov. Full-size artwork at 300dpi is required.

We look forward to recognizing your organization's sponsorship of this celebration honoring 40 years of service excellence in trauma care.

Thank you for your support on behalf of the 40 Years Trauma Center organizing committee!

Sincerely,

Richard Tadeo
Director, EMS Agency

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

TRAUMA CENTER SYSTEM
40TH ANNIVERSARY CELEBRATION
NOVEMBER 29, 2023
SPONSOR OPPORTUNITIES

GOLD SPONSOR
$5,000

- Full-page color ad in event brochure
- Company web link and logo prominently displayed on the event website
- Company recognition at the event
- Eight (8) passes for lunch
- Deadline for artwork submission is October 15, 2023

SILVER SPONSOR
$3,000

- Half-page color ad in event brochure
- Company web link and logo are prevalently displayed on the event website
- Company recognition at the event
- Four (4) passes for lunch
- Deadline for artwork submission is October 15, 2023

BRONZE SPONSOR
$1,000 - $2,999

- Quarter page color ad in event brochure
- Company web link and logo on the event website (Higher Bronze level – better logo location and size)
- Company recognition at the event
- Two (2) passes for lunch
- Deadline for artwork submission is October 15, 2023

FRIENDS OF TRAUMA
$150 - $900

- Sponsorship recognized in event brochure
- One (1) pass for lunch

EVENT BROCHURE ONLY

- Full Page Color Ad $1,500
- Half Page Color Ad $1,000
- Quarter Page Color Ad $500
- Business Card Color Ad $250
- Deadline for artwork submission is October 15, 2023

INDIVIDUAL TICKET SALES: $100.00 + $8.55 service fee, can be made at Eventbrite, Los Angeles County EMS Agency, https://www.eventbrite.com/o/los-angeles-county-ems-agency-57780823183

Contact: Lorrie Perez at, (562) 378-1655 or LLPerez@dhs.lacounty.gov
Make checks payable to: **Department of Health Services – Emergency Medical Services Agency**
(Please write **Trauma Center System 40th** on the check)

Mail to: Trauma Center System 40th Celebration
C/O Emergency Medical Services Agency
Attn: Lorrie Perez
10100 Pioneer Blvd., Suite 220
Santa Fe Springs, CA 90670

For sponsorship, as indicated above, we are able to accept payment in the form of a check or money order only. For individual ticket purchases, we are able to accept a check or money order, or we are able to accept credit card payments via Eventbrite
Tax information will be provided upon request.

Mail in Sponsorship Form

For sponsorship, please fill out the attached form and return it with your check made out to the **Department of Health Services – Emergency Medical Services Agency** (please write **Trauma Center System 40th** on the check) to:

Trauma Center System 40th Celebration
In Care of: Emergency Medical Services Agency
Attn: Lorrie Perez
10100 Pioneer Blvd., Suite 220
Santa Fe Springs, CA 90670

FIRST NAME:	LAST NAME:	
COMPANY:		
ADDRESS:		
CITY:	STATE:	
ZIP:		
PHONE:	EMAIL:	
COMPANY WEBSITE:	SPONSORSHIP LEVEL:	$ AMOUNT

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
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MINUTES
July 19, 2023

☒ Brian S. Bixler	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
☐ *Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	EMSC Liaison
☐ *Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Jacqui Rifenburg	EMS Staff
☒ Carol Kim	Public Member, 1st District	Kelsey Wilhelm, MD	EMS Staff
☒ Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Christine Clare	EMS Staff
		Laura Leyman	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Vanessa Gonzalez	EMS Staff
☒ Carol Meyer, RN	Public Member, 4th District	Mark Ferguson	EMS Staff
☐ *Garry Olney, DNP	Hospital Assn. of So. CA	Priscilla Romero	EMS Staff
☒ Robert Ower, RN	LAC Ambulance Association	Aldrin Fontela	EMS Staff
☒ Paul Espinosa	LA County Police Chiefs' Assn.	Lily Choi	EMS Staff
		David Wells	EMS Staff
☒ Kenneth Powell	LA Area Fire Chiefs' Assn.	Hanna Kang	EMS Staff
☒ Paul S. Rodriguez	CA State Firefighters' Assn.	Gerard Waworundeng	EMS Staff
☒ Brian Saeki	League of CA Cities/LA County	Lorrie Perez	EMS Staff
		Adrian Romero	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Christine Zaiser	EMS Staff
☐ *Jason Tarpley, M.D.	American Heart Association	Ami Boonjaluksa	EMS Staff
☐*Saran Tucker	So. Cal Public Health Assn.		
☒ Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP		
☐ *Gary Washburn	Public Member, 5th District		

GUESTS

Jennifer Nulty/Torrance Fire	Laurie Donegan//Memorial	Jack Yandell/NAGE	Sara Kasnatal
John McKinley/Guardian Amb	Catherine Borman/SMFD	Chad Druten/LACAA	
Jimmy Webb	Deanna Josing/LACoFD	Gerald Waworundeng	
Bill Weston/Premiere Amb	Matt Armstrong/Guardian Amb		
Dave Molyneux	Samantha Verga-Gates/Memo		

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

1. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, CA 90670.

Prior to the Call to Order, Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS, LA County EMS Agency Medical Director, addressed the EMSC and announced her retirement from Los Angeles County service as of August 30, 2023. EMS Agency Director, Richard Tadeo, congratulated Dr. Gausche-Hill, thanked her for her service and expressed that the EMS system was well-served by her tenure as the EMS Agency Medical Director.

Chair Lydia Lam called the meeting to order at 1:11 p.m. and roll was taken by Commission Liaison Denise Watson. A quorum of 12 Commissioners were present for the meeting.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Chair Lam announced that the 40th Anniversary Celebration of the Trauma Center System will be held on November 29, 2023 at OneLegacy in Azusa, California. For questions and sponsorship information email Lorrie Perez at llperez@dhs.lacounty.gov.

Commissioner Brian Bixler is retiring from the EMSC as of July 20, 2023. Director Tadeo expressed appreciation for his critical role in moving EMSC goals forward, particularly in the implementation of behavioral health projects in the prehospital care arena.

3. CONSENT AGENDA – *All matters are approved by one motion unless held.*

Chair Lam called for approval of the Consent Agenda and opened the floor for discussion.

3.1 Minutes

3.1.1 May 17, 2023 Minutes were approved

3.2 Committee Reports

3.2.1 Base Hospital Advisory Committee (BHAC)
3.2.2 Provider Agency Advisory Committee (PAAC)

3.3 Policies

3.3.1 Reference No. 517: Provider Agency Transport/Response Guidelines
3.3.2 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

Motion/Second by Commissioners Ower/Uner to approve the Consent Agenda was held for discussion on 3.3 Policies.

Discussion: 3.3.1 Reference No. 517: Provider Agency Transport/Response Guidelines

Page 1 of 6 – Definitions: Commissioner Robert Ower requested pulling this policy and reverting the definition of Interfacility Transport (IFT) to the old definition of IFT and not separating general acute care hospitals from the other healthcare facilities.

Director Tadeo expressed that the IFT definition change was made in order to differentiate when it is permissible for acute care hospitals to call 9-1-1. The over utilization of 9-1-1 for IFT patients in the ER who do not require 9-1-1 transport has negatively impacted the 9-1-1 system and contributed to APOT delays.

Commissioner Meyer recommended amending the proposed IFT definition to include, "For the purpose of this policy, the IFT refers to interfacility…".

Commissioner Ower requested to pull the policy as the recommended changes are directed to acute care hospitals rather than private EMS providers.

Director Tadeo agreed to defer approval of Reference No. 517 for further review and seek additional feedback.

Discussion: 3.3.2 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

Page 4 – Principles (6): Commissioner Atilla Uner requested removal of the word "should" from the statement, "…provider agencies ~~should/~~shall have quality review programs…"

Director Tadeo agreed to remove the word "should" for policy consistency.

Motion/Second by Commissioners Ower/Snyder to approve the Consent Agenda after pulling Reference No. 517 and removing the word "should" from Reference No. 834 was approved and carried unanimously.

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
(Suicide Risk Screening Tool Pilot)
Catherine Borman, EMS Educator for Santa Monica Fire Department (SMFD), provided a PowerPoint update on the Suicide Risk Screening Tool pilot project conducted from July 1, 2022, to October 31, 2022. She reported that "buy-in" was a challenge as staff and patients felt there were too many questions for a behavioral health emergency. It was recommended that an abbreviated version of the screening tool with fewer questions be developed. The screening tool was only utilized in three cases during the 4-month pilot study period.

Director Tadeo reported the Suicide Risk Screening Tool was planned for EMS Update 2022, but the EMSC committees recommended it be pulled from the EMS Update training because of its complexity. As this is the last task from the September 2016 Ad Hoc Committee's Final Report on The Prehospital Care of Mental Health and Substance Abuse Emergencies, this item will be removed from future EMSC agenda.

4.2 Ambulance Patient Offload Time (APOT)
Director Tadeo reported that one hospital with egregious APOT has mitigated their problem tremendously resulting in almost zero diversion hours. The EMS Agency will continue to provide the EMSC status updates on results of actions taken to mitigate APOT.

4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County
EMS Agency Assistant Director Jacqueline Rifenburg reported she reached out again to the representative at the Alameda EMS Corps per the EMSC's request and has not received a response. This item will be removed from future EMSC agenda.

4.4 EMS Commission Ordinance – Update
Director Tadeo reported the EMSC Ordinance was pulled from the Board of Supervisors' Tuesday, July 11, 2023, Board agenda due to the wrong version of changes submitted for approval. The EMS Agency was recently assigned a new Deputy County Counsel and will work with the new Deputy County Counsel to resubmit the revised Ordinance for Board approval.

Business (New)

4.5 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers
Director Tadeo reported that the June 27, 2023 Board Motion for General Public Ambulance Rates for July 1, 2023, through June 30, 2024 (see Correspondence Item 6.1.9) was approved by the Board of Supervisors. The Board also passed a motion directing the EMS Agency in collaboration with the EMSC, the Chief Executive Office, labor, and impacted industry, to report back in 120-days the feasibility of further amending the Ambulance Ordinance, Title VII, specifically to add language that would assign a portion of the annual ambulance rate increases to EMT and paramedic wages for recruitment and retention.

Public Comments:
Chad Druten, President of the Los Angeles County Ambulance Association (LACAA) provided an overview of the membership and mission of the organization. LACAA represents most ambulance companies operating in Los Angeles County. Mr. Druten stated that while LACAA is very grateful for the increase in ambulance reimbursement rates as it is severely needed, further in-depth analysis is necessary to assess the impact of the Board Motion.

Bill Weston, Emergency Ambulance, gave a PowerPoint presentation on healthcare and ambulance reimbursement rates. He explained the difference between federal, State and County regulations on emergency and non-emergency ambulance rates (general public ambulance rates), as well as the rules set by the Center for Medicare Services (CMS) for Medicare and Medicaid (aka Medi-Cal in California).

He provided data on regulated ambulance billing, commenting that the lowest level of reimbursement is Medi-Cal or LA Care, which pays an average of $126 per transport. The remainder of the bill which may be between $1,500 - $2,500 is written off. The ambulance operators are prohibited by law from billing the patient for any of the copay or balance. At the Medicare level, the amount paid is approximately $379 per transport and the remainder of the bill is also written off. Commercial billing is typically where ambulance companies get paid closer to the actual amount billed.

He reported on percentages of transported patients who have Medicare, Medi-Cal and private insurance (CY 2022 data from one of the exclusive operating area emergency ambulance transport providers). Thirty-six percent (36%) of these patients have Medicare, 32% have Medi-Cal, and only 9% have commercial insurance. Almost 25% have no ability to pay for services. The County ambulance rate increase only affects a very small portion of the ambulance transport business. The Medi-Cal and Medicare rates that were established in 1999 have not been increased. Sixty percent (60%) of IFTs were Medicare patients; 38% were Medi-Cal, and only 1% were commercial insurance.

Mr. Weston also reported that the local hospital association estimates that 47% of residents in Los Angeles County have some type of Medi-Cal product which translates to the ambulance industry being reimbursed for only $126 per transport for 47% of transported patients.

Mr. Druten concluded by requesting the EMSC, the EMS Agency and the Board of Supervisors to support efforts to increase Medi-Cal reimbursement rates. LACAA's concern with this Board Motion is that tying the ambulance rate increases to EMT/paramedic wages is unfair especially for a company that is not contracted to provide 9-1-1 services because these companies receive no practical benefit from any ground emergency ambulance rate increases.

Matt Armstrong, LACAA member, spoke on behalf of MedReach Ambulance and Guardian Ambulance and reiterated that these companies will see zero to minimal benefit in revenue from the ambulance rate increase. The proposed payroll increase through the Ordinance would be unsustainable.

Jimmy Webb, International Association of EMTs and Paramedics, addressed the disparity in wages for EMT and Paramedic first responders who work for minimum wage which is not equivalent to a living wage.

The EMSC requested a copy of Title VII of the Los Angeles County Code of Ordinances and asked if an extension may be requested from the Board for more analysis and perhaps develop a task force to review and make recommendations.

4.6 Interfacility Transports (IFT)

Director Tadeo recommended convening a task force to address IFTs related to critical care transports that need immediate transfer between acute care hospitals. He noted that the utilization of 9-1-1 is negatively impacting the 9-1-1 delivery system. The EMS Agency will canvass provider and hospital representatives for interest in participating on the task force. Commissioners who are interested in participating: Robert Ower, Atilla Uner, Kenneth Powell, Carole Snyder, and Carol Meyer.

4.7 Medical Control Guideline (MCG) Ref. No. 1307.4: EMS and Law Enforcement Co-Response

Nichole Bosson, MD, EMS Agency Assistant Medical Director, reported that in January 2023, the EMS Agency convened a task force comprised of law, fire, and EMS representatives. The goal is to develop a collaborative guidance around the management of the agitated patient. It is also the intent to develop a process for co-response-training to improve the collaborative response of law and EMS responders. Reference No. 1307.4 is a draft Medical Control Guideline (MCG) that is meant to encapsulate some of the best practices and provides a construct to consider for these patients to resolve conflict when EMS believes the patient needs further health evaluation and needs law enforcement assistance, whereas EMS is focused on its duty to the patient and law enforcement has a duty to the public. This difference in perspective is sometimes what drives the conflict.

Commissioner Paul Espinosa will reach out to the LA County Police Chiefs to review MCG 1307.4 and provide feedback and recommendations. The EMS Agency will send the complete MCG Reference No. 1307.4 to Commissioner Espinosa.

5. LEGISLATION

Director Tadeo reported on the following legislation:

AB 1168: This bill is to abrogate the court decision on the City of Oxnard vs. the County of Ventura regarding the City of Oxnard's grandfather rights to operate emergency ambulances. The Courts have ruled that the City of Oxnard does not have grandfather rights. Many revisions have been made to the bill and it is anticipated that it will continue to move forward through the legislative process.

AB 40: APOT reporting. Hospitals continue to oppose this bill. The bill was amended removing the language to developed surge plans as this was redundant with already existing requirements.

AB 379: Addresses APOT response times on standardization requiring EMS agencies to report response times. 9-1-1 response time is also included in this bill but has been relaxed with amendment and would require the local EMS agencies (LEMSA) to report 9-1-1 responses and exclusions if applicable.

EMS Authority (EMSA) Trailer Bill: This bill changes the requirements of the EMS Authority Director from being a licensed physician to an Administrator. The bill also adds a Chief Medical Officer (CMO) position. In concept, this would parallel the organizational structure of most LEMSAs in the State. However, unlike the statutes and regulations for LEMSAs which provide specific medical oversight authority to the LEMSA Medical Director, the current State statutes

and regulations do not provide medical oversight authority for the newly created EMSA CMO. It is still written that the medical oversight lies with the Director who may or may not be a physician, which is a concern expressed by EMSAAC, EMDAC, and the hospitals. Proposed amended language to address medical oversight issue was submitted but unlikely to be adopted.

AB 1180: This bill is in line with the EMS Authority Trailer Bill but has been moved to a two-year bill. If the Trailer Bill is approved and moved forward, AB 1180 will likely be withdrawn.

AB 716: This is tied to AB 1168. These two bills have to be passed together. All counties would be required to publish their ambulance reimbursement rates. This would preclude balance billing which would impact reimbursement. If a non-contracted ambulance company transports a patient, they will be mandated to charge the same rate as a contracted ambulance company. This bill would preclude them from billing or sending to collections a higher rate.
Correction: AB 716 was incorrectly recorded as AB 761 in the May 17, 2023 EMSC Minutes.

6. DIRECTOR'S REPORT

6.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

The EMS Agency formed a workgroup consisting of 9-1-1 providers to explore the feasibility of implementing pilot projects on alternative EMS resource deployment. This is to implement best practices to allow EMS providers optimized tiered dispatching so that the appropriate level of response unit is dispatched commensurate to the condition of the patient.

6.1.1 (5/22/23) EMS Week 2023 "Where Emergency Care Begins"
6.1.2 (5/23/23) Participation in the National Pediatric Readiness Quality Collaborative
6.1.3 (5/25/23) Withdrawal from Perinatal Services – Beverly Hospital
6.1.4 (5/30/23) Newly Appointed Medical Director – Kevin Andruss, MD
6.1.5 (6/07/23) Approval for LUCAS Chest Compression System
6.1.6 (6/13/23) NEMSIS V3.5 Implementation Extension
6.1.7 (6/14/23) Update on Inventory for Bag-Mask-Ventilation Devices and Masks
6.1.8 (6/20/23) Public Safety Naloxone Program Approval – California Highway Patrol
6.1.9 (6/27/23) General Public Ambulance Rates July 1, 2023 Through June 30, 2024
6.1.10 (6/27/23) Name Change for LAC+USC Medical Center
6.1.11 (6/27/23) Temporary Suspension of Primary Stroke Center Designation at San Dimas Community Hospital

Dr. Bosson introduced EMS Fellows, Dr. Jake Toy, who is starting his second year of fellowship, and Dr. Michael Kim, starting his first year. Both are involved in many of the EMS Agency projects. Dr. Bosson provided status updates on the following EMS Agency initiatives:

- PediDOSE: Pediatric study of seizure dosing optimization is ongoing.
- Pedi-PART: The EMS Agency is awaiting funding approval from the National Institute of Health. This study compares supraglottic airway devices (igel in LA County) to bag-mask-ventilation (BMV) for pediatric patients aged one (1) day up to their 18th birthday.
- Cal-ROC SOS: This trial is about post-Return of Spontaneous Circulation (ROSC) bundle of care to prevent rearrest. This will involve multiple EMS agencies across California to launch a collaborative effort to reduce rearrest rates which are currently at about 40%. Rearrests contributes to worse outcomes in patients with cardiac arrest.
- ECMO and ECPR: Enrollment continues for the extracorporeal membrane oxygenation (ECMO) pilot study. Extracorporeal cardiopulmonary resuscitation (ECPR) is another way to address cardiac arrest outcomes, particularly around patients with refractory ventricular fibrillation who are not responsive to conventional

therapy. The EMS Agency will meet with STEMI Receiving Centers in October to further discuss the feasibility and interest in developing additional ECPR centers to bring this therapy option across the County.

- Needle Thoracostomy Safety: Two-fold study, utilization of a ThoraSite device to better identify landmarks for needle thoracostomy placement and partnering with investigators at LA General Medical Center to study outcomes of patients who receive Needle Thoracostomy in LA County.
- Protocol Mobile Application: The EMS Agency has been approved for funding to develop a mobile application for treatment protocols and medical control guidelines. The project is funded through the California Office of Traffic Safety (OTS). The plan is to incorporate the Drug Doses mobile application and develop on-demand online education. Denise Whitfield, MD, EMS Director of Education and Innovation, will be the lead on this project.

7. COMMISSIONERS' COMMENTS / REQUESTS

None.

8. ADJOURNMENT:

Adjournment by Chair Lam at 3:11 PM to the meeting of Wednesday, September 13, 2023. This meeting is being held on the second Wednesday due to multiple calendar conflicts.

Next Meeting: Wednesday, September 13, 2023, 1:00-3:00pm
Emergency Medical Services Agency
10100 Pioneer Boulevard, First Floor Hearing Room
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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(562) 378-1604 FAX (562) 941-5835
http://ems.dhs.lacounty.gov/

MINUTES
September 13, 2023

☐ Vacant	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
☒ Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	EMSC Liaison
☐ *Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Jacqui Rifenburg	EMS Staff
☐ *Carol Kim	Public Member, 1st District	Michael Kim, MD	EMS Staff
☒ Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Christine Clare	EMS Staff
		Laura Leyman	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Vanessa Gonzalez	EMS Staff
☐ Carol Meyer, RN	Public Member, 4th District	Mark Ferguson	EMS Staff
☐ *Garry Olney, DNP	Hospital Assn. of So. CA	Priscilla Romero	EMS Staff
☒ Robert Ower, RN	LAC Ambulance Association	Aldrin Fontela	EMS Staff
☒ Paul Espinosa	LA County Police Chiefs' Assn.	Lily Choi	EMS Staff
		David Wells	EMS Staff
☒ Kenneth Powell	LA Area Fire Chiefs' Assn.	Jake Toy, MD	EMS Staff
☒ Paul S. Rodriguez	CA State Firefighters' Assn.	Roel Amara	EMS Staff
☐ *Brian Saeki	League of CA Cities/LA County	Sara Rasnake	EMS Staff
		Hannah Kang	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Adrian Romero	EMS Staff
☐ *Jason Tarpley, M.D.	American Heart Association	Christine Zaiser	EMS Staff
☒Saran Tucker	So. Cal Public Health Assn.	Ami Boonjaluksa	EMS Staff
☐ *Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP		
☐ *Gary Washburn	Public Member, 5th District		

GUESTS

Jennifer Nulty/Torrance Fire	Rafael DeLaRosa/HASC	Shelly Hudelson
Chad Druten	Kashani Saman/LAFD	James Webb
Bill Weston/Emergency Amb		

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

1. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, CA 90670. Chair Lydia Lam called the meeting to order at 1:11 p.m. Roll was taken by Commission Liaison Denise Watson. Nine (9) commissioners were present. The meeting was held with no quorum. No motions or votes were taken.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Richard Tadeo, EMS Agency Director/EMSC Executive Director, announced that Nichole Bosson, MD, was appointed as the EMS Agency's Medical Director replacing Dr. Marianne Gausche-Hill, and Denise Whitfield, MD, was appointed as the Assistant Medical Director replacing Dr. Bosson.

LOS ANGELES COUNTY BOARD OF SUPERVISORS
Hilda L. Solis
First District
Holly J. Mitchell
Second District
Lindsey P. Horvath
Third District
Janice K. Hahn
Fourth District
Kathryn Barger
Fifth District

COMMISSIONERS
Diego Caivano, MD, Vice Chair
LA County Medical Association
Erick H. Cheung, M.D.
Southern CA Psychiatric Society
Chief Paul Espinosa
Los Angeles County Police Chiefs' Assn.
John Hisserich, Dr.PH.
Public Member (3rd District)
Ms. Carol Kim
Public Member (1st District)
Lydia Lam, MD, Chair
American College of Surgeons
James Lott, PsyD., MBA
Public Member (2nd District)
Carol Meyer, RN
Public Member (4th District)
Garry Olney, DNP
Hospital Association of Southern CA
Robert Ower, RN
LA County Ambulance Association
Chief Kenneth Powell
Los Angeles Area Fire Chiefs Association
Mr. Paul S. Rodriguez
CA State Firefighters' Association
Mr. Brian Saeki
League of Calif. Cities/LA County Division
Carole A. Snyder, RN
Emergency Nurses Association
Jason Tarpley, MD, Ph.D., FAHA
American Heart Association
Western States Affiliate
Saran Tucker, PhD
Southern California Public Health Assn.
Atilla Uner, MD, MPH
California Chapter-American College of Emergency Physicians (CAL-ACEP)
Mr. Gary Washburn
Public Member (5th District)
VACANT
Peace Officers Association of LA County

EXECUTIVE DIRECTOR
Richard Tadeo
(562) 378-1610
RTadeo@dhs.lacounty.gov

COMMISSION LIAISON
Denise Watson
(562) 378-1606
DWatson@dhs.lacounty.gov

Director Tadeo introduced Saran Tucker, Ph.D., who was appointed to represent the Southern California Public Health Association on the EMSC.

3. CONSENT AGENDA – *All matters are approved by one motion unless held.*
The Consent Agenda was held until the November 15th meeting due to the lack of a quorum.

3.1 Minutes
3.1.1 July 19, 2023 Minutes

3.2 Committee Reports
3.2.1 Base Hospital Advisory Committee (BHAC)
3.2.2 Provider Agency Advisory Committee (PAAC)

3.3 Policies
3.3.1 Reference No. 516: Cardiac Arrest (Non-Traumatic)
3.3.2 Reference No. 519: Management of Multiple Casualty Incidents (MCI)
3.3.3 Reference No. 1102: Disaster Resource Center (Dr. Cheung) Designation, Activation and Mobilization of Equipment
3.3.4 Reference No. 1114: Hospital EMS Surge Assistance Plan
3.3.5 Reference No. 1138: Burn Resource Center (BRC) Designation and Activation
3.3.6 Reference No. 1143: Medical Oversight During an Infectious Disease Surge

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Ambulance Patient Offload Time (APOT)

4.1.1 APOT Q2 2023

Christine Clare, EMS Agency Nursing Director, reported second quarter APOT by receiving hospitals had a significant decrease. The EMS Agency is continuing to work with hospitals to mitigate diversion and wall time.

Commissioner Carole Snyder inquired if the EMS Agency would receive data from Los Angeles City Fire Department's (LAFD) pilot program that places light duty paramedics and/or EMTs in the emergency departments to replace EMS personnel waiting to offload and transfer care.

Since LAFD has 201 rights with jurisdiction over administering their prehospital care program the EMS Agency will not receive their data.

4.1.2 Provider Impression APOT Q2 2023

Ms. Clare reported second quarter APOT by provider impression reflects a 44% to 48% validity rate. Letters were sent to private providers along with sample files from the TEMIS system requesting that providers develop workplans to improve these numbers, as missing or inaccurate documentation of sequence numbers causes information not to be linked. The EMS Agency is moving to NEMSIS 3.5 standards and hopes these percentages will improve with the upgrades.

Director Tadeo reported the integration of FirstWatch and ReddiNet is in progress with a target go-live date of October 3, 2023.

4.2 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers

Director Tadeo is working with County Counsel as well as the Chief Executive Office to look at legal responsibilities for the County related to fair compensation for EMS workers and is drafting a response to Supervisor Solis's Board Motion.

Public Comment:

James Webb spoke on behalf of union members of LA County with International Association of EMTs and Paramedics (IAPP) and requested the EMSC's support to ask the Board of Supervisors (Board) to take a targeted approach to the Board Motion passed in June 2023 and focus only on the 9-1-1 exclusive operating area (EOA) providers in LA County in order to avoid negatively impacting the interfacility transport (IFT) providers who are smaller companies.

IAPP is asking the Board to approve and fund a study on the impact of the increase in rates to include a look at the revenue increases and impact of the EMS wage trends in LA County to evaluate what the impact would be with the reimbursement increase going towards wages and retention. This would also require LA County Code Ordinance changes.

4.2.1 Letter (8/23/2023) from Los Angeles County Ambulance Association (LACAA)

Public Comment:

Bill Weston, Chief Administrative Officer at Emergency Ambulance Service, spoke about economic issues of supply and demand with two corporate ambulance companies (AMR/McCormick – aka Global Medical Response and Faulk) dominating and controlling all 9-1-1 transports in LA County, and that this has shifted the demand curve, artificially impacted supply and demand by being the only providers of 9-1-1 transports and the impact of exclusivity that causes this domination to have stifling effects on EMT wages.

The EMSC has expressed a need for more information to make a solid recommendation. Director Tadeo is drafting a letter in response to the Board's motion:

1. Title VII, Ambulance Ordinance, includes ambulance rates and how they are calculated. The impact would be far reaching and may include the independent city fire departments that have adopted Title VII as part of their reimbursement. Although the city fire departments have 201 rights and can establish those rates in general; for the most part, many of the fire departments have adopted those rates for commercial carriers;
2. Recommending that LA County support reimbursement rate increases for Medicare and Medi-Cal; and
3. Exploring the feasibility of incorporating something in the wages with the EOA contracts because that would provide an avenue for the EMS Agency to monitor. Without the contracts there is very limited authority for the EMS Agency to require or even have a methodology to look at all the ambulance companies as to whether they are complying with any amendments to Title VII that will incorporate an allocation of wages.

4.3 Interfacility Transports

Director Tadeo reported that an IFT workgroup is being formed and will provide a report at the next meeting.

Business (New)

4.4 Alternate Destination Volume Report

Ms. Clare provided a report on Alternate Destination volumes for patients transported to Psychiatric Urgent Care Centers (PUCC) and Sobering Centers (SC) that met screening criteria for a pilot that started in 2020 and will sunset on October 31, 2023. The EMS Agency has submitted a formal application to the State EMS Authority for approval for countywide implementation of a Triage to Alternate Destination Program.

Ms. Clare reported a significant decrease in the SC transports for the first six months of 2023, the result of LAFD being the only unit that transports to the SC located nearest to skid row and LAFD has not been staffing their unit as much as they were. Additionally, the SC is looking to change their focus to a harm-reduction health hub starting in 2024; decreasing the number of beds available for alcohol sobering and looking more towards treatment of fentanyl overdoses occurring in skid row. This SC is in the process of changing their service delivery to a harm-reduction health hub. Since current EMS Agency protocols focus on alcohol sobering, there would be no protocols to transport overdose patients directly to this center. There is at least one other SC within the County that may meet the SC Standards. Once the State EMS Authority approves the EMS Agency's Triage to Alternate Destination Plan, the EMS Agency will contact this SC.

4.5 Annual Report

Director Tadeo reported this will be held until November due to the lack of a quorum.

4.6 EMS Agency Meeting Schedule for 2024

Director Tadeo noted the May 2024 EMSC meeting has calendar conflicts and is requesting to hold it on May 8, 2024, which is the second Wednesday instead of the usual third Wednesday. Due to lack of a quorum, this will be held until the November 15, 2023 meeting for a vote.

5. LEGISLATION

Director Tadeo reported on the following legislation:

AB 70: Trauma kits – has passed the floor and is going to the governor for signature.

AB 40: (Rodriguez) APOT – this bill was passed and will be signed by Governor Gavin Newsom.

AB 1168: LA County opposed. City of Oxnard and the County of Ventura reversing that decision basically awarding the City of Oxnard grandfather rights so that they can pull out of their EOA. This was put into suspense as of 10/16/2023 and was notated inactive by the author.

AB 716: All counties would be required to publish their ambulance reimbursement rates. This would preclude balance billing which would impact reimbursement. If a non-contracted ambulance company transports a patient, they will be mandated to charge the same rate as a contracted ambulance company. This bill would preclude them from billing or sending to collections at a higher rate. Passed the senate but needs to go back to the assembly committee to approve the amendments that were made by the senate. The passage of this bill is necessary for AB 1168 to be implemented (if AB 1168 were to continue).

6. DIRECTOR'S REPORT

6.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

Correspondence

6.1.1 (7/25/23) Designation of ST-Elevation Myocardial Infarction (STEMI) Receiving Center, Centinela Hospital Medical Center

6.1.2 (7/31/23) Appointment of EMS Agency Medical Director, Nichole Bosson, MD

6.1.3 (8/14/23) Appointment of Stephen Sanko, MD, to Los Angeles Fire Commission - Unconfirmed

6.1.4 (8/15/23) Approval for Use of EpiPen – EMS Program CalFire

6.1.5 (8/17/23) King LTS-D Airway Program Approval for Specialty Care Transport – Med Trans

6.1.6 (8/28/23) Appointment of EMS Agency Assistant Medical Director, Denise Whitfield, MD

6.1.7 (8/31/23) Emergency Department Status of Beverly Hospital

6.2 Alternate EMS Resource Deployment

Director Tadeo met with the Los Angeles Area Fire Chiefs Association and the various fire unions to explain the process for implementing a pilot project. This will entail a detailed evaluation of dispatch and engagement of the medical directors of the different providers. A pilot project is necessary prior to full implementation due to the variability in workflow, operations and system resources. The EMS system is evolving and we need to respond with the same level of care for our patients. The EMS call volume is continuing to increase, and all our EMS providers are challenged with resources so will have to be more innovative and efficient in deploying our resources.

6.3 Office of Traffic Safety (OTS) Grants

Dr. Bosson reported the EMS Agency in partnership with Harbor-UCLA Medical Center and the Lundquist Institute has received two one-year grants from the Office of Traffic Safety for two initiatives:

1. Development of a protocol mobile application for all of the EMS Agency's field treatment protocols, medical control guidelines and related policies. This project will also incorporate the current mobile application on the Color Code Drug Doses.
2. Utilization of our EMS and trauma system data to develop trauma dashboards. This initiative will utilize our data for the potential development of injury prevention strategies and enhancement of post, crash care management.

6.4 Nichole Bosson, M.D., EMS Agency Medical Director

Dr. Bosson introduced EMS Fellows, Dr. Jake Toy, who is starting his second year of EMS fellowship, and Dr. Michael Kim, starting his first year. Both are involved in many of the EMS Agency projects. Dr. Bosson provided status updates on the following EMS Agency initiatives:

- PediDOSE: Pediatric study of seizure dosing optimization – ongoing.
- Pedi-PART: The prehospital airway resuscitation trial for pediatric patients has been funded by the National Institute of Health. This study compares supraglottic airway devices (i-gel in LA County) to bag-mask-ventilation (BMV) for pediatric patients aged one (1) day up to their 18th birthday. A workgroup has been convened to address implementation. Dr. Whitfield will be taking the lead to develop a training program.
- ELCoR Task Force: The Los Angeles County EMS and Law Enforcement Co-Response Task Force is finalizing Medical Control Guideline 1307.4 and a corresponding training module. This will be provided to the Commission once completed.

Director Tadeo reported that the Measure B Advisory Board (MBAB) will meet Wednesday, September 20, 2023.

To date, the County and City of Los Angeles have received 13 buses of asylum seekers. The EMS Agency continues to support response activities through the Medical Alert Center by arranging transportation of individuals requiring medical care from the shelters to DHS medical facilities.

The EMS Agency will do a hotwash of the White Memorial Hospital evacuation that occurred as the result of a backup generator failure during Tropical Storm Hilary. The EMS Agency is engaging Los Angeles Fire as well as the hospital to look at what can be done better and what lessons were learned and will provide an update to the Commission.

Beverly Hospital has been in bankruptcy for some time and the courts approved the sale to Adventist Health. Concerns regarding the capability of the emergency department and the hospital were raised and the hospital was placed on internal disaster intermittently. The hospital is a primary medical resource in the community and received between 20-25 9-1-1 transports per day, both from Montebello and LA County Fire Departments. Should that Emergency Department close, the EMSC may be required to hold a public hearing.

7. COMMISSIONERS' COMMENTS / REQUESTS

None.

8. ADJOURNMENT:

Adjournment by Chair Lam at 2:10 PM to the meeting of Wednesday, November 15, 2023. This meeting is being held on the second Wednesday due to multiple calendar conflicts.

Next Meeting: Wednesday, November 15, 2023, 1:00-3:00pm
Emergency Medical Services Agency
10100 Pioneer Boulevard, First Floor Hearing Room
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

August 9, 2023

	REPRESENTATIVES		EMS AGENCY STAFF
☑	Erick Cheung, MD, Chair	EMS Commission	Nichole Bosson, MD
☐	Garry Olney, DNP Vice Chair	EMS Commission	Marianne Gausche-Hill, MD
☐	Atilla Under, MD, MPH	EMS Commission	Richard Tadeo
☐	Lydia Lam, MD	EMS Commission	Laura Leyman
☐	Diego Caivano, MD	EMS Commission	Lily Choi
☑	Carol Meyer, RN	EMS Commission	Denise Whitfield, MD
☑	Carole Snyder, RN	EMS Commission	Natalie Greco
☐	Brian Saeki	EMS Commission	Lorrie Perez
☐	Nabila Alam	EMS Commission	Sara Rasnake
☑	Robert Ower, RN	EMS Commission	Denise Watson
☑	Rachel Caffey	Northern Region	Sandy Montero
☑	Jessica Strange	Northern Region	Nnabuike Nwanonenyi
☑	Karyn Robinson	Northern Region, Alternate	Christine Zaiser
☐	Samantha Verga-Gates	Southern Region	Roel Amara
☑	Laurie Donegan	Southern Region	Gerard Waworundeng
☑	Shelly Trites	Southern Region	Hanna Kang
☑	Christine Farnham	Southern Region, Alternate	Ami Boonjaluksa
☐	Ryan Burgess	Western Region	Jennifer Calderon
☑	Travis Fisher	Western Region	Jacqueline Rifenburg
☑	Lauren Spina	Western Region	Roel Amara
☐	Susana Sanchez	Western Region, Alternate	Chris Clare
☑	Erin Munde	Western Region, Alternate	Jake Toy, MD
☑	Laurie Sepke	Eastern Region	Priscilla Romero
☑	Alina Candal	Eastern Region	Andrea Solorio
☑	Jenny Van Slyke	Eastern Region, Alternate	David Wells
☑	Lila Mier	County Region	**Guests**
☑	Emerson Martell	County Region	Gloria Guerra, LACoFD
☑	Yvonne Elizarraraz	County Region	Danielle Ogaz, LACoFD
☐	Antoinette Salas	County Region	Dr. Clayton Kazan, LaCoFD
☑	Shira Schlesinger, MD	Base Hospital Medical Director	Nicole Reid, LACoFD
☐	Robert Yang, MD	Base Hospital Medical Director, Alternate	
☐	Adam Brown	Provider Agency Advisory Committee	
☑	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
☐	Heidi Ruff	Pediatric Advisory Committee Representative	
☐	Vacant	Ped AC Representative, Alternate	
☑	John Foster	MICN Representative	
☐	Vacant	MICN Representative, Alternate	

	PREHOSPITAL CARE COORDINATORS				
☑	Melissia Turpin (SMM)	☑	Allison Bozigian (HMN)	☑	Annette Mason (AVH)
☑	Leslie Alberti (QVH)	☑	Melissa Carter (HCH)	☑	Brandon Koulabouth (AMH)
☑	Lorna Mendoza (SFM)				

1. **CALL TO ORDER:** The meeting was called to order at 1:01 by Dr. Erick Cheung, EMS Commissioner.

2. **APPROVAL OF MINUTES**: The meeting minutes for April 12, 2023 and June 7, 2023 were approved as presented

   M/S/C (Trites/Spina)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

   - Around the room introductions by all BHAC members.

   3.1 Trauma System 40th Anniversary Celebration luncheon hosted by the EMS Agency in partnership with One Legacy will be on November 29, 2023 from 11-2 p.m. Tickets for this event can be purchased on Eventbrite.

   3.2 Collaboration with Stroke Coordinator -The EMS Agency is requesting base hospitals to work with their stroke coordinators and assist in reconciling discrepancies of data that is entered in Get With their Guidelines (GWTG) from the data entered in Base. Stroke volume reports are sent out to the stroke centers monthly.

   3.3 Policy Change Logs- can be accessed on the EMS website. Dates for new policies indicated in red text will hyperlink to the change log and will give a brief description of the change. A memo will be sent out every quarter notifying all personnel with the list of policy changes.

   3.4 PediDose Poster-The EMS Agency is requesting that all base hospitals post the PediDose Poster in prominent areas of the hospital as reminders for EMS to complete the PediDose self-report for all pediatric seizures.

   3.5 Richard Tadeo announced the upcoming retirement of Dr. Marianne Gausche-Hill. The EMS Agency will be hosting a celebration on August 29, 2023, at 2 p.m. and everyone is welcome to join. Dr Bosson has been appointed as her successor.

4. **REPORTS & UPDATES:**

   4.1 EMS Update 2023

   Train the Trainer will occur on August 21 and 23, with morning and afternoon sessions Topics will include professionalism, death notification, administration of tranexamic acid (TXA), blood transfusion monitoring, vector changes for ventricular fibrillation cardiac arrest, and the associated policies.

   4.2 EmergiPress

   Online CE education can be accessed through the APS Portal or EMS Agency website. The next edition will be released in September.

   4.3 ECMO Pilot

   There are four participating hospitals and six provider agencies. There are

currently 120 patients in the database with 30% meeting the inclusion criteria for cannulation. There have been great outcomes with these patients and will continue to track through the end of the year. The EMCO Pilot Program will be shared at the next SRC Advisory meeting for SRCs who want to implement ECMO and looking at options to expand to other SRCs who may not be a 24-hour EPCR Center.

4.4 Data Collaboratives

The collaborative groups meet quarterly to discuss and explore research opportunities, data collection, and opportunities for system improvement. The goal is for meaningful data that will drive change in how we provide or improve EMS care and a greater understanding on a regional level.

STEM – The projects focusing on the impact of COVID-19 have been completed and the final paper submitted. Looking at the rate of emergent CABG after a PCI with STEMI and the need for the surgical specialty at the SRCSs.

Stroke – Looking at the two-tier system and how centers are meeting their volume requirements and the times for thrombectomy. Exploring how single-tier routing will impact CSC due to increased volume, and if it improves triage accuracy for stroke patients.

Pediatric – A recent abstract was submitted by Dr. Wilhelm looking at pediatric out-of-hospital cardiac arrest. Actively looking at low risk Brief Resolved Unexplained Event (BRUE), patient outcomes, and whether routing should be to EDAP hospitals instead of PMCs.

Trauma – Dr. Whitfield has submitted an abstract for Needle Thoracostomy and will be reaching out to the providers to pilot the needle ThoraSite Device.

Behavioral Health Initiative**-** ad hoc group working on a manuscript outlining the multidisciplinary approach and process maps of what was done in the past and what can be done in the future to address mental health crises.

- Santa Monica Fire Department piloted a Suicide Screening tool and the abstract from the pilot has been submitted. Feedback on the tool was that it was too complex for filed use.

4.5 PediDOSE Study (**Pedi**atric **D**ose **O**ptimization for **S**eizure in **E**MS)

PediDOSE is a National Institute of Health-funded study evaluating age-based dosing of midazolam for children with seizures six months – to thirteen years of age. Currently in phase one, the Usual Care Phase. Transition to the Intervention Phase is expected in early 2024.

5. Old Business: None

6. New Business

For Approval

6.1 Ref. No. 516, Cardiac Arrest (Non – Traumatic) Destination

Approved with the recommended changes: Principle 6, add “field” before the word “management”,

M/S/C (Caffey/Sepke)

6.2 Ref. No. 519, Management of Multiple Casualty Incidents (MCI)

Approved with recommendations: Remove II., B.

M/S/C (Sepke/Snyder)

6.3 Ref. No. 817 Regional Mobile Response Teams

Approved as presented

M/S/C (Meyer/Farnham)

6.4 Ref. No. 1114, Hospital EMS Surge Assistance

Approved with recommendations: 1., A Add the:” who” to the sentence “patients who are being managed outside of ED

Clarification: 1., B. and C. are not referring to our APOT policy Ref No. 505.

Recommendations to review the policy Purpose statement

Recommend removing “Hospital” but adding “Regional” to the title of policy from “Hospital EMS Surge Assistance Plan: COVID-19 Response” to “Regional EMS Surge Assistance Plan”

M/S/C (Donegan/Candal)

6.5 Ref. No. 1143, Medical Oversight During an Infectious Disease Surge

Approved as presented

M/S/C(Sepke/Donegan)

<u>For Discussion</u>

6.6 S<u>RC Inclusion Criteria</u>
In reviewing the SRC Inclusion criteria and the challenges of documentation it was discovered that there is a discordance in the provider impression with base and provider agencies. Strategizing together on how to move forward by moving backwards which means the base and the providers should discuss and agree on the provider's impression to ensure appropriate treatment and management of the patient. The discussion and feedback from this group will be brought to PAAC.

6.7 <u>Pedi-PART</u> (Pragmatic Airway Resuscitation Trial) is a randomized study of supraglottic airway (i-gel) versus bag valve ventilation (BVM) for pediatric patients. The study has been funded and will launch in 2024. All pediatric patients up to their eighteenth birthday will be enrolled and randomized even and odd days as to

whether the patient receives bag valve mask ventilation or supraglottic airway. The EMS Agency is one of ten agencies across the nation that will participate in this study. A Pedi-PART workgroup is being developed to assist with obtaining the outcomes for every patient which includes survival, days in the hospital (ICU), and neurological outcomes. The EMS Agency is requesting at least two representatives from the BHAC group to participate.

Informational

6.8 Ref. No. 1201, Assessment
6.9 Ref. No. 1208, Agitated Delirium
6.10 Ref. No. 1208-P Agitated Delirium
6.11 Ref. No. 1210, Cardiac Arrest
6.12 Ref. No. 1210-P, Cardiac Arrest
6.13 Ref. No. 1213-P, Cardiac Dysrhythmia – Tachycardia
Recommendation: Change base contact is required for all cardiac dysrhythmias excluding sinus tachycardia.
6.14 Ref. No. 1217, Pregnancy Complications (Added)
6.15 Ref. No. 1217-P, Pregnancy Complications (Added)
6.16 Ref. No. 1231, Seizure
6.17 Ref. No. 1221-P, Seizure
6.18 Ref. No. 1243 Traumatic Arrest (Added)
6.19 Ref. No. 1234-P, Traumatic Arrest (Added)
6.20 Ref. No.1302, Airway Management and Monitoring
6.21 Ref. No. 1317.9, Drug Reference – Atropine
6.22 Ref. No. 1317.25, Drug Referenced – Midazolam
6.23 Ref. No. 1345, Pain Management
6.24 Ref. No 1350, Pediatric Patients
6.25 Ref. No 1357, Protection Against Potential Communicable Diseases
6.26 Ref. No. 1373, Treatment Protocol Quality Improvement Fallout Data Dictionary
6.27 Ref. No. 644, Base Hospital Documentation Manual 2023
- Summary of Changes

7. Open Discussion

Pediatric Color Code Drug Dose Application: Request that the application be able to calculate a repeat dose e.g., Adenosine, to prevent calculation errors. Currently, the app only calculates the first dose.

Request to remove the additional items from the picklist for I-gel/ suction catheters for the pediatric colors and only add items that are associated with the pediatric color to the picklist for easier reference. The EMS Agency was aware but unable to make the change due to cost but hopes to clean it up when the protocol application come out.

8. NEXT MEETING: October 11, 2023

9. ADJOURNMENT: The meeting was adjourned at 14:52

ACTION: Meeting notification, agenda, and minutes will be distributed electronically before the meeting.

ACCOUNTABILITY: Laura Leyman

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES
Wednesday, August 16, 2023

MEMBERSHIP / ATTENDANCE

	MEMBERS IN ATTENDANCE	ORGANIZATION
X	Kenneth Powell, Chair	EMSC, Commissioner
	Paul Rodriquez, Vice-Chair	EMSC, Commissioner
	Paul Espinosa	EMSC, Commissioner
	James Lott, PsyD, MBA	EMSC, Commissioner
X	Robert Ower	EMSC, Commissioner
	Gary Washburn	EMSC, Commissioner
	Brian Bixler	EMSC, Commissioner
	John Hisserich	EMSC, Commissioner
	Jason Tarpley, MD	EMSC, Commissioner
X	Sean Stokes	Area A *(Rep to Medical Council)*
	Justin Crosson	Area A, Alternate
X	Keith Harter	Area B
	Clayton Kazan, MD	Area B, Alternate
X	Todd Tucker	Area C
	Jeffrey Tsay	Area C, Alternate
	Kurt Buckwalter	Area E
	Ryan Jorgenson	Area E, Alternate
X	Mick Hannan	Area F
	Andrew Reno	Area F, Alternate
	Adam Brown	Area G *(Rep to BHAC)*
X	Jennifer Nulty	Area G, Alternate
X	Doug Zabilski	Area H
	Tyler Dixon	Area H, Alternate
X	David Hahn	Area H, Alternate
	Julian Hernandez	Employed Paramedic Coordinator
	Tisha Hamilton	Employed Paramedic Coordinator, Alt
X	Rachel Caffey	Prehospital Care Coordinator
	Jenny Van Slyke	Prehospital Care Coordinator, Alternate
	Pending	Public Sector Paramedic Coordinator
X	Paul Voorhees	Public Sector Paramedic Coordinator, Alt
	Maurice Guillen	Private Sector Paramedic
	Scott Buck	Private Sector Paramedic, Alternate
	Tabitha Cheng, MD	Provider Agency Medical Director
X	Tiffany Abramson, MD	Provider Agency Medical Director, Alt
	Andrew Lara	Private Sector Nurse Staffed Amb Program
X	Jonathan Lopez	Private Sector Nurse Staffed Amb Program,
X	Michael Kaduce	EMT Training Program
	Scott Jaeggi	EMT Training Program, Alternate
	Scott Atkinson	Paramedic Training Program
	David Filipp	Paramedic Training Program, Alternate
X	Adrienne Roel	EMS Educator
	Caroline Jack	EMS Educator, Alternate

EMS AGENCY STAFF	EMS AGENCY STAFF
Richard Tadeo	Marianne Gausche-Hill, MD
Nichole Bosson, MD	Denise Whitfield, MD
Christine Clare	Roel Amara
Jacqueline Rifenburg	Ami Boonjaluksa
Lily Choi	Mark Ferguson
Aldrin Fontela	Natalie Greco
HanNa Kang	Laurie Lee-Brown
Sandra Montero	Nnabuike Nwanonenyi
Lorrie Perez	John Quiroz
Priscilla Romero	Olester Santos
Andrea Solorio	Jake Toy, MD
Gerard Waworundeng	David Wells
Christine Zaiser	Kelsey Wilhelm, MD
Gary Watson	

GUESTS	ORGANIZATION
Marc Cohen, MD	Multi-Agency Medical Director
Dillon Brock	Life-Line Ambulance
Ryan Tulay	Long Beach FD
Kristina Crews	LACoFD
Alfredo Estrada	Montebello FD
Freddy Jimenez	Montebello FD
Paula LaFarge	LACoFD
Erich Ekstedt	Downey FD
Ky Kalousek	LAFD
Dave Molynoux	AM West Ambulance
Sam Dominick, Jr.	La Verne FD
Victor Lemus	Compton FD
Ilse Wogau	LACoFD
Jennifer Breeher	Alhambra FD
Josh Parker	PRN Ambulance
Jessie Castillo	PRN Ambulance
Catherine Borman	Santa Monica FD
Roger Braum	Culver City FD
Jordan Brafman	Center for Prehospital Care
Anthony Hildebrand	Downey FD
Tucker Giandomenico	LACo Sheriff's Department

1. CALL TO ORDER - Chair Kenneth Powell called meeting to order at 1:05 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 EMS Agency's Medical Director *(Richard Tadeo)*

Mr. Tadeo announced the appointment of Dr. Nichole Bosson as the EMS Agency's Medical Director, replacing Marianne Gausche-Hill, MD, upon her retirement at the end of August 2023.

2.2 Committee Membership Change *(Committee Chair)*

Chair welcomed Jonathon Lopez (Premier Ambulance) as the new alternate, representing "Private Sector Nurse Staffed Ambulance Programs"; replacing Gary Cevello.

2.3 Phone Application for Treatment Protocols *(Marianne Gausche-Hill, MD)*

The EMS Agency will be developing an electronic [cellular phone] application that would allow paramedic access to the treatment protocols via their electronic devices. The EMS Agency is seeking four provider agencies to participate in a 1-year trial project. Those interested may contact Gary Watson at gwatson@dhs.lacounty.gov

2.4 Policy Change Log *(Ami Boonjaluksa)*

Demonstration was provided on a new process within the EMS Agency's webpage that allows access to view recent changes to policies within the Prehospital Care Manual.

2.5 TEMIS Data Submission – Version 3.5 *(Richard Tadeo)*

The transition to NEMSIS (Version 3.5) has been postponed to October 1, 2023. As this date approaches, the EMS Agency will be providing more information to the provider agencies.

3. APPROVAL OF MINUTES (Zabilski / Harter) June 21, 2023 minutes were approved as written.

4. REPORTS & UPDATES

4.1 PediDose Trial *(Marianne Gausche-Hill, MD & Nichole Bosson, MD)*

- This large National Institute of Health (NIH) trial looks at optimizing the dose of midazolam for children with seizures.
- Los Angeles County is currently in the "Usual Care" phase of this trial, which involves paramedic self-reporting only. Issues involving these self-reports were reviewed by Dr. Bosson.
- It is expected that sometime, possibly in early 2024, the EMS Agency will be transitioning to the "Intervention" phase; which is age-based dosing of midazolam for pediatric seizures. Policies will be updated prior to implementation.
- Most likely, education will be rolled out during EMS Update 2024.

4.2 PediPART Trial *(Marianne Gausche-Hill, MD & Nichole Bosson, MD)*

- This NIH-funded and sponsored, randomized trial involves Los Angeles County and nine other EMS Agencies. This trial will look at various emergency medical conditions in which children require an advanced airway; and which airway method is preferred, based on research (Bag-Mask Ventilation [BMV] vs. supraglottic airways). It is expected that this trial may begin in Los Angeles County sometime in late May 2024.
- As Dr. Gausche-Hill retires from the County, she will remain as one of the investigators with this Trial.
- Dr. Bosson requested volunteers to support the operation team during the development and implementation of the PediDOSE and PediPART trials. Those interested may contact Dr. Bosson at nbosson@dhs.lacounty.gov. An email will be sent out to all providers requesting volunteers.

4.3 Data Collaboratives *(Nichole Bosson, MD, Denise Whitfield, MD and Kelsey Wilhelm, MD)*

- No updates from any of the data collaboratives, at this time.
- Ongoing research initiates include:
    - ThoraSite study – involved Culver City FD, Compton FD and Torrance FD personnel and due to favorable results, will soon be moving towards a field pilot.
    - CARES Study results were reviewed (i.e., epinephrine administration times during cardiac arrests); will continue to be monitored and is planned to be part of future education.
    - Data results from the above studies will be presented at the National Association of Emergency Physicians annual conference.

4.4 ECMO Pilot *(Nichole Bosson, MD)*

- There have been 120 patients entered into the pilot's database; with 96 patients meeting the inclusion criteria. Currently, research is showing a 30% survival rate and 100% of these, are showing an improved neurological outcome.
- Patients continue to be enrolled into this pilot.
- Providers interested in participating in the pilot, may contact Dr. Bosson at nbosson@dhs.lacounty.gov

4.5 EMS Update 2023 *(Denise Whitfield, MD)*

Dates to remember:

- Train-the-Trainer sessions are scheduled for: August 21 & 23, 2023
  (Four, half-day sessions: 0900-1200 and 1300-1600 hours on each of the two days)
- Training begins: September 1, 2023
- Completion date: November 30, 2023
- Protocols and policies go into effect: December 1, 2023 or whenever EMS Update is completed (whichever takes place first)
- Content includes: introduction of TXA, monitoring blood products, death notification, policy updates, and professionalism.

4.6 ITAC Update *(Denise Whitfield, MD)*

- Committee met on August 6, 2023 and reviewed two devices:
  - PAWPER length-based resuscitation tape – Committee found that there was insufficient favorable data to recommend use in the prehospital setting.
  - Abdominal Aortic and Junctional Tourniquet-Stabilized (AAJT-S) – Committee continues to research this product.

4.7 EmergiPress *(Denise Whitfield, MD)*

- Next EmergiPress planned to be available in September 2023.

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 519, Management of Multiple Casualty Incidents *(Roel Amara)*

Policy reviewed and approved as written.

M/S/C (Zabilski / Stokes) Approve: Reference No. 519, Management of Multiple Casualty Incidents.

6.2 Reference No. 1114, Hospital EMS Surge Assistance Plan *(Nnabuike Nwanonenyi)*

Policy reviewed and approved as written.

M/S/C (Harter / Tucker) Approve: Reference No. 1114, Hospital EMS Surge Assistance Plan.

6.3 Reference No. 1143, Medical Oversight During an Infectious Disease Surge *(Nnabuike Nwanonenyi)*

Policy reviewed and approved with the following recommendation:

- Page 2, Policy II: add the following at the end of paragraph "for authorization from MOD."

M/S/C (Tucker / Harter) Approve: Reference No. 1143, Medical Oversight During an Infectious Disease Surge, with the above recommendation.

Topics/Policies for Discussion; No Action Required:

6.4 ALS Skills Verification *(Denise Whitfield, MD)*

- The EMS Agency is looking to integrate paramedic skills into provider's educational sessions. A list of these skills was provided to Committee through the agenda packet.
- Verification of skill completion would be incorporated into future annual paramedic program reviews.
- The EMS Agency requested provider assistance in the development of a workgroup to address the development of these skill sheets and competency validation. An email will be sent to all providers, requesting feedback and participation.

The following policies were reviewed and presented as information only:
(Drs. Marianne Gausche-Hill, Nichole Bosson, and Denise Whitfield)

6.5 Reference No. 1201, Treatment Protocol: Assessment
6.6 Reference No. 1208, TP: Agitated Delirium
6.7 Reference No. 1208-P, TP: Agitated Delirium (Pediatric)
6.8 Reference No. 1210, TP: Cardiac Arrest
6.9 Reference No. 1210-P, TP: Cardiac Arrest (Pediatric)
6.10 Reference No. 1213-P, TP: Cardiac Dysrhythmia – Tachycardia (Pediatric)
6.11 Reference No. 1217, TP: Pregnancy Complication
6.12 Reference No. 1217-P, TP: Pregnancy Complication
6.13 Reference No. 1231, TP: Seizure
6.14 Reference No. 1231-P, TP: Seizure (Pediatric)
6.15 Reference No. 1243, TP: Traumatic Arrest
6.16 Reference No. 1243, TP: Traumatic Arrest (Pediatric)
6.17 Reference No. 1302, Medical Control Guideline: Airway Management and Monitoring
6.18 Reference No. 1317.9, MCG: Drug Reference – Atropine
6.19 Reference No. 1317.25, MCG: Drug Reference – Midazolam
6.20 Reference No. 1345, MCG: Pain Management
6.21 Reference No. 1350, MCG: Pediatric Patients
6.22 Reference No. 1357, MCG: Protection Against Potential Communicable Diseases

7. OPEN DISCUSSION

7.1 ReddiNet Screen Update, Veteran Affairs (VA) *(John Quiroz & Olester Santos, Medical Alert Center)*

- A demonstration of the ReddiNet system was provided to identify the diversion status of non-911 receiving hospitals (example: Veteran Affairs facilities). In particular, the hospital's ED diversion status was identified.
- Providers (public and private) are reminded to view the hospital's diversion status on ReddiNet prior to transport, to ensure the hospital is not on diversion. Those providers without ReddiNet access, may contact the Medical Alert Center for assistance in this identification.

7.2 Provider Impression Discordance *(Nichole Bosson, MD)*

Lengthy discussion on the need to reduce discordance between paramedic Provider Impressions (PI) and base hospital PI; the goal is to ensure that paramedic and base hospital PIs are equivalent.

7.3 Transmitting Electro-Cardiograms to the STEMI-Receiving Centers *(Ami Boonjaluksa)*

Providers were reminded that when transporting a STEMI patient to an SRC, the 12-Lead ECG must be transmitted to the receiving SRC and not the base hospital.

7.4 Well Wishes to Marianne Gausche-Hill, MD During Retirement *(Doug Zabilski)*

At the conclusion of this meeting, Dr. Gausche-Hill received a *standing ovation* from the Committee and attendees, in appreciation for her leadership, dedication and service to the Committee, EMS providers, and the Nationwide EMS community .

- *Definition: "Standing ovation is a form of applause where members of a seated audience stand up while applauding after extraordinary performances of particularly high acclaim."* Wikipedia

Dr. Gausche-Hill responded graciously by stating that it has been an "honor to serve and work with everyone".

8. NEXT MEETING - October 18, 2023

9. ADJOURNMENT - Meeting adjourned at 2:57 p.m.

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

October 11, 2023

	REPRESENTATIVES		EMS AGENCY STAFF
☑	Erick Cheung, MD, Chair	EMS Commission	Denise Whitfield, MD
☐	Garry Olney, DNP Vice Chair	EMS Commission	Richard Tadeo
☐	Atilla Under, MD, MPH	EMS Commission	Jacquelin Rifenburg
☑	Lydia Lam, MD	EMS Commission	Laura Leyman
☐	Diego Caivano, MD	EMS Commission	Lily Choi
☑	Carol Meyer, RN	EMS Commission	Lorrie Perez
☐	Carole Snyder, RN	EMS Commission	Ami Boonjaluksa
☐	Brian Saeki	EMS Commission	David Wells
☐	Nabila Alam	EMS Commission	Sara Rasnake
☑	Robert Ower, RN	EMS Commission	Denise Watson
☑	Rachel Caffey	Northern Region	Sandy Montero
☐	Jessica Strange	Northern Region	Jennifer Calderon
☐	Karyn Robinson	Northern Region, Alternate	Christine Zaiser
☑	Samantha Verga-Gates	Southern Region	Mark Ferguson
☑	Laurie Donegan	Southern Region	Gerard Waworundeng
☐	Shelly Trites	Southern Region	Jake Toy, MD
☑	Christine Farnham	Southern Region, Alternate	Kelsey Wilhelm, MD
☑	Ryan Burgess	Western Region	Andrea Solorio
☑	Travis Fisher	Western Region	Aldrin Fontela
☑	Lauren Spina	Western Region	Miguel Ortiz-Reyes
☑	Susana Sanchez	Western Region, Alternate	
☑	Erin Munde	Western Region, Alternate	
☑	Laurie Sepke	Eastern Region	
☑	Alina Candal	Eastern Region	
☑	Jenny Van Slyke	Eastern Region, Alternate	
☑	Lila Mier	County Region	Guests
☑	Emerson Martell	County Region	Gloria Guerra, LACoFD
☑	Yvonne Elizarraraz	County Region	Danielle Ogaz, LACoFD
☑	Antoinette Salas	County Region	
☐	Shira Schlesinger, MD	Base Hospital Medical Director	
☐	Robert Yang, MD	Base Hospital Medical Director, Alternate	
☐	Adam Brown	Provider Agency Advisory Committee	
☑	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
☐	Heidi Ruff	Pediatric Advisory Committee Representative	
☐	Vacant	Ped AC Representative, Alternate	
☐	John Foster	MICN Representative	
☐	Vacant	MICN Representative, Alternate	

	PREHOSPITAL CARE COORDINATORS				
☑	Melissia Turpin (SMM)	☑	Allison Bozigian (HMN)	☑	Annette Mason (AVH)
☑	Leslie Alberti (QVH)	☑	Melissa Carter (HCH)	☑	Brandon Koulabouth (AMH)
☑	Thomas Ryan (SFM)				

1. **CALL TO ORDER:** The meeting was called to order at 1:00 by Dr. Erick Cheung, EMS Commissioner.

2. **APPROVAL OF MINUTES**: The meeting minutes for August 9, 2023 were approved as presented.

   M/S/C (Caffey/Sepke)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

   3.1 EMS Agency Staff Changes

   Richard Tadeo announced the appointment of Dr. Denise Whitfield as the new Assistant Medical Director.

4. **REPORTS & UPDATES:**

   4.1 EMS Update 2023

   EMS Update 2023 is online through the APS portal. An unlock link has been set up in the shared drive for base physicians and other personnel who wish to review the EMS Update material. The completion date for EMS Update is November 30, 2023. Provider agencies' go-live dates for Tranexamic Acid (TXA) were announced. The plan is to move the EMS Update back to the July schedule.

   4.2 EmergiPress

   The new edition will be released on October 16, 2023, with a case on *Status Epilepticus* in pediatrics and PMC destination; wide complex tachycardia; importance of high flow oxygen for traumatic brain injury; and MCG 1333, Monitoring Transfusion of Blood Products.

   4.3 Research initiatives and pilot studies

   - ECMO pilot is ongoing, 130 patients have been enrolled, 103 patients have met inclusion, and 27 cannulated. The patient survival rate is greater than 30%.
   - The pediatric data collaborative will meet in November to discuss ways to utilize pediatric data sets to improve care and for research.
   - Thorasite pilot is a device used for lateral placement of needle thoracostomy; participating providers are Torrance, Compton, and Culver City Fire Departments.

   4.4 PediDOSE Study

   Continue to encourage paramedics to complete the paramedic self-report for pediatric seizures. The provider agencies have been provided feedback on their percentages of completed reports.

   4.5 Pedi-PART

   Pedi-PART is a National Institute of Health (NIH) Airway Study. The first part of the study will look at BVM vs. SGA for pediatric airway management. The pedi-trial workgroup will meet on October 25, 2023 to discuss pediatric studies. The go-live date will be in 2024

and EMS Update 2024 will include training for Pedi-PART.

5. Old Business: None

6. New Business

For Approval

6.1 Ref. No. 304, Paramedic Base Hospital Standards

- Clarification: 2.g., “delegate a designee” The base hospital medical director can decide on the designee, but the agency recommends that the designee be someone familiar with base operations.
- Clarification: V. D. 1., “Fourteen (14) days CE advertisement requirement” is required for CE that is planned. Education that is not planned will be included in the CE Annual Summary.

M/S/C (Caffey/Candal)

6.2 Ref. No. 503, Diversion Request Requirements for Emergency Department Saturation

- Suggestion: ED BLS Diversion, strikeout “meeting guidelines for transportation” and add “transported”

M/S/C (Caffey/Candal)

6.3 Ref. No. 1128, Decontamination Trailer Deployment for Mass Casualty Event

Approved as presented

M/S/C (Caffey/Donegan**)**

6.4 Ref. No. 1140, Mobile Medical System Deployment

Approved as presented

M/S/C (Caffey/Donegan)

For Discussion

6.5 ELCoR Task Force

A collaboration between EMS and Law Enforcement looking at the management of agitated patients to create policies to optimize care. Training for the new MCG policy will be part of EMS Update 2024 and will include two scenario videos.

6.4 Protocol Application

A treatment protocol application that is interactive, user-friendly, and includes guidance on specific topics and videos for infrequently performed procedures. The working version of the application should be completed by September 2024.

Informational

6.7 AB40 (Rodriquez) California 2023-2024/Emergency Medical Services

AB40 (APOT), the LEMSA's will no longer submit EMS APOT data to the state; EMS data will be collected directly from NEMSIS 3.5. The State will meet with hospitals to ensure that all hospitals have mitigation strategies for APOT.

6.8 OTS HDE Grant

A health data exchange that will link EMS and trauma outcomes to create trauma dashboards to understand injury patterns in the County and inform efforts in injury prevention. Currently working on the input from trauma hospitals as to what items should be included on the dashboard.

6.9 EDAP Diversion

It was presented that EDAP is considered a specialty, and when a hospital goes on ED diversion, the diversion does not apply to their EDAP. However, the group verbalized their concerns as that was not current practice, and most hospitals do not have a designated area for pediatric patients. Ref. No. 503.1, Diversion Request Requirements for Emergency Department Saturation, will be taken back and discussed internally.

6.10 Stroke Patient Family Contact Information

Reiterated the importance of obtaining family contact information during the radio call. Obtaining that information is not considered a violation of HIPPA.

7. Open Discussion

- EMS Update: The APCC group recommend that future EMS Updates go-live date be the same for all provider agencies and MICNS.
  (RT): EMS Update go-live dates are always discussed internally, future go-live dates can be discussed in the EMS Update workgroup.

  Suggestion: Base hospitals do not need three months to complete EMS Update; consider a different timeline for the MICNs than providers.

- Treatment Protocol 1244: The APCC group recommended adding "suspected pneumothorax to TP 1244 # 5**.**
  (DW): It will be added to our next policy discussion committee**.**
  (RT): In the future, suggestions recommendations, and questions regarding the treatment protocols can be emailed to the agency so they can be collated.

- APCC group requested to add treatment protocol 1211-P, Cardiac Chest Pain for guidance in patient management and documentation of an appropriate provider impression.

- FirstWatch and ReddiNet Integration: The purpose of FirstWatch was explained by Richard Tadeo with the emphasis that APOT data is not collected from FirstWatch but is a tool for situational awareness and for hospitals with problems with APOT to evaluate solutions to improve. Transfer of Care (TOC) is the time the patient is offloaded to hospital equipment. The expectation is not for the MICN to manually enter the TOC time in FirstWatch. APCC

requested to change name of the pill on the FirstWatch application from TOC to Availability Time.

NEXT MEETING: December 6, 2023

8. **ADJOURNMENT:** The meeting was adjourned at 14:24

   ACTION: Meeting notification, agenda, and minutes will be distributed electronically before the meeting.

   ACCOUNTABILITY: Laura Leyman

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES
Wednesday, October 18, 2023

MEMBERSHIP / ATTENDANCE

	MEMBERS IN ATTENDANCE	ORGANIZATION
	Kenneth Powell, Chair	EMSC, Commissioner
X	Paul Rodriquez, Vice-Chair	EMSC, Commissioner
	Paul Espinosa	EMSC, Commissioner
	James Lott, PsyD, MBA	EMSC, Commissioner
X	Robert Ower	EMSC, Commissioner
	Gary Washburn	EMSC, Commissioner
	Brian Bixler	EMSC, Commissioner
	John Hisserich	EMSC, Commissioner
	Jason Tarpley, MD	EMSC, Commissioner
X	Sean Stokes	Area A *(Rep to Medical Council)*
	Justin Crosson	Area A, Alternate
	Keith Harter	Area B
	Clayton Kazan, MD	Area B, Alternate
	Todd Tucker	Area C
X	Jeffrey Tsay	Area C, Alternate
	Kurt Buckwalter	Area E
X	Ryan Jorgenson	Area E, Alternate
X	Mick Hannan	Area F
	Andrew Reno	Area F, Alternate
	Adam Brown	Area G *(Rep to BHAC)*
X	Jennifer Nulty	Area G, Alternate
X	Doug Zabilski	Area H
	Tyler Dixon	Area H, Alternate
	David Hahn	Area H, Alternate
	Julian Hernandez	Employed Paramedic Coordinator
X	Tisha Hamilton	Employed Paramedic Coordinator, Alt
X	Rachel Caffey	Prehospital Care Coordinator
	Jenny Van Slyke	Prehospital Care Coordinator, Alternate
	Pending	Public Sector Paramedic Coordinator
X	Paul Voorhees	Public Sector Paramedic Coordinator, Alt
X	Maurice Guillen	Private Sector Paramedic
	Scott Buck	Private Sector Paramedic, Alternate
	Tabitha Cheng, MD	Provider Agency Medical Director
X	Tiffany Abramson, MD	Provider Agency Medical Director, Alt
	Andrew Lara	Private Sector Nurse Staffed Amb Program
	Jonathan Lopez	Private Sector Nurse Staffed Amb Program,
	Michael Kaduce	EMT Training Program
	Scott Jaeggi	EMT Training Program, Alternate
	Scott Atkinson	Paramedic Training Program
	David Filipp	Paramedic Training Program, Alternate
X	Adrienne Roel	EMS Educator
X	Caroline Jack	EMS Educator, Alternate

EMS AGENCY STAFF	EMS AGENCY STAFF
Richard Tadeo	Denise Whitfield, MD
Dipesh Patel, MD	Christine Clare
Jacqueline Rifenburg	Jennifer Calderon
Lily Choi	Terry Cramer
Mark Ferguson	Aldrin Fontela
Han Na Kang	Laurie Lee-Brown
Laura Leyman	Sandra Montero
Nnabuike Nwanonenyi	Sara Rasnake
Andrea Solorio	Denise Watson
Gary Watson	Gerard Waworundeng
David Wells	Christine Zaiser
Jake Toy, MD	Michael Kim, MD

GUESTS	ORGANIZATION
Catherine Borman	Santa Monica FD
Kelsie Bond	Harbor-UCLA Medical Ctr
Angel Montes	AMR Ambulance
Freddy Jimenez	Montebello FD
Carlos Garcia	Montebello FD
Marc Cohen, MD	Multi-Agency Medical Director
Jason Hansen	Pasadena FD
Valentina Triamarit	LACoFD
Damien Cyphers	Liberty Ambulance
Jessie Castillo	PRN Ambulance
Josh Parker	PRN Ambulance
Ed Cunanan	PRN Ambulance
Ky Kalousek	LAFD
Ryan Cortina	Burbank FD
Matthew Hill	Santa Monica FD
David Molyneux	AM West Ambulance
Paula LaFarge	LACoFD
Patrick Nulty	Santa Monica FD
Armando Jurado	Lifeline Ambulance
Erich Ekstedt	Downey FD
Alfredo Estrado	Montebello FD

1. CALL TO ORDER - Vice-Chair Paul Rodriguez called meeting to order at 1:02 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 Health Officer's Order Update *(Denise Whitfield, MD)*

- Dr. Whitfield reviewed the "Order of the Los Angeles County Health Officer", dated September 11, 2023, with a revision date of September 27, 2023.
- This revised Order describes the "Annual Influenza Immunization or Masking Requirements AND Addition of Updated COVID-19 Immunization or Masking Requirement for Healthcare Personnel During the 2023-2024 Respiratory Virus Season." (November 1, 2023 – April 30, 2024)
- Copies of this Health Officer's Order and several fact sheets were provided to this Committee.

2.2 EMS Agency's Meeting Calendar 2024 *(Gary Watson)*

The 2024 meeting calendar is now available on the EMS Agency's webpage. Date changes from standard meeting dates are noted in red.

2.3 EMS Agency Staff Changes *(Richard Tadeo)*

Director announced the following EMS Agency staff changes:

- Denise Whitfield, MD, has been appointed as Assistant Medical Director of the EMS Agency.
- Gerard Waworundeng, has been appointed Quality Improvement Coordinator.

2.4 Medical Shortage and Mitigation Strategies *(Denise Whitfield, MD)*

- Medication shortages are continuing, with the most prevalent currently being Midazolam.
- During any medication shortage, providers are reminded to refer to the mitigation strategies listed in Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.
- Although most medication shortages are unpredictable, the EMS Agency encourages providers to have a process in place that would assist in preventing last-minute ordering and supply issues.

3. APPROVAL OF MINUTES (Stokes / Zabilski) August 16, 2023, minutes were approved as written.

4. REPORTS & UPDATES

4.1 PediDose Trial *(Denise Whitfield, MD)*

- Providers are encouraged to continue with the self-reporting of pediatric seizures.
- A workgroup combining the PediDose and PediPART trials will meet for the first time on October 25, 2023. Although workgroup members have already been idnetified; those interested in participating may contact Dr. Whitfield at dwhitfield@dhs.lacounty.gov
- Los Angeles County will move to the "Intervention" phase of this trial sometime in 2024. Further information will be announced in early 2024.

4.2 PediPART Trial *(Denise Whitfield, MD)*

- In 2024, Los Angeles County will be one of 10 sites within the United States that will be conducting a pediatric airway trial.
- The first step of this trial will review supraglottic airway (i-gel) vs. bag-mask-ventilation (BMV), for the pediatric patient requiring airway management.
- EMS Update 2024 will include training for PediPART trial, with the expectation that training will begin in April/May and training completion by July 1, 2024.

4.3 Research Initiatives and Pilot Studies *(Denise Whitfield, MD)*

- Pediatric Data Collaborative – this newly formed group will begin meeting in November 2023. The focus of this group will be to evaluate ways in which collected pediatric data can be utilized to improve pediatric care and research within Los Angeles County.

  Those interested in participating may contact Denise Whitfield, MD or Nichole Bosson, MD.

- Thora Site Study – The EMS Agency conducted training/education with Compton, Torrance, and Culver City Fire Departments during the summer 2023. As a result of this training, it was found that the Thora Site device does line up with the correct anatomical insertion sites and will move forward to the trial phase.

  Torrance FD has begun this trial phase and as data is received, results will be shared with the Committee.

4.4 ECMO Pilot *(Denise Whitfield, MD)*

- This pilot is ongoing with 130 patients currently in the database; of these 103 met inclusion criteria; 27 patients have been canulated and received ECMO; with a 30% survival rate. This shows that ECMO has a positive impact on those meeting inclusion.

4.5 EMS and Law Enforcement Co-Response (ELCoR) Task Force *(Denise Whitfield, MD)*

- Taskforce was developed to review common scenarios, typically with patients experiencing behavioral emergencies, where EMS and law enforcement personnel are approaching the patient with different perspectives.
- The plan is to develop training modules that would be incorporated into EMS Update 2024.
- A Medical Control Guideline is being developed and once finalized with the education component, will be presented to this Committee.

4.6 Airway Management Quality Improvement *(Denise Whitfield, MD)*

- Data presented, outlining the results of an airway management including the use of i-gel, endotracheal intubations, reasons for advanced airway, patient demographics, Bag-Mask Ventilations, and complications of airway management.

4.7 Stroke Patient's Family Contact Information *(Denise Whitfield, MD)*

- Providers were reminded of the importance of obtaining family contact information of stroke patients.
- After consulting Los Angeles County Council, it was identified that providing patient's family contact information during base hospital contact, will not violate any patient confidentiality laws.

4.8 EMS Update 2023 *(Denise Whitfield, MD)*

- The deadline for all base hospitals and ALS providers to complete EMS Update 2023 is December 1, 2023.
- Once a provider completes EMS Update and begins to implement TXA utilization, the EMS Agency requests providers notify the Agency and their assigned base hospitals.
- Since the administration of TXA does not require medical direction from the base hospital, providers may implement TXA prior to the base hospital implementation.

4.9 ITAC Update *(Denise Whitfield, MD)*

- Next meeting is scheduled for November 6, 2023.
- Meeting on August 7, 2023, reviewed the PAWPER length-based resuscitation tape and a Junctional tourniquet; both had insufficient favorable data to implement in Los Angeles County.

4.10 EmergiPress *(Denise Whitfield, MD)*

- October 2023 EmergiPress is now available.
- Topics include Pediatric Status Epilepticus, ECG of the Month (submitted by Paramedic Marcus Black from Compton FD), and Video of the Month, discussing oxygen administration for the patient with traumatic brain injury.

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 411, Provider Agency Medical Director *(Denise Whitfield, MD)*

Policy reviewed and approved as written.

M/S/C (Zabilski / Hannan) Approve: Reference No. 411, Provider Agency Medical Director.

6.2 Reference No. 418, Authorization and Classification of EMS Aircraft *(David Wells)*

Policy reviewed and approved as written.

M/S/C (Jorgenson / Tsay) Approve: Reference No. 418, Authorization and Classification of EMS Aircraft.

6.3 Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation *(Denise Whitfield, MD)*

Policy reviewed and approved as written.

M/S/C (Voorhees / Nulty) Approve: Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation.

The following policies and topics were reviewed; no action required:

6.4 Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center *(Denise Whitfield, MD)*

6.5 *Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center (Denise Whitfield, MD)*

6.6 Reference No. 607, Electronic Submission of Prehospital Data *(Sara Rasnake)*

6.7 Reference No. 1128, Decontamination Trailer Deployment for Mass Casualty Event *(Terry Cramer)*

6.8 Reference No. 1140, Mobile Medical System Deployment *(Terry Cramer)*

- Recommendation: Add wording “Provider Agency” to read “Role of the Requesting Hospital/Provider Agency”

6.9 Protocol Application *(Denise Whitfield, MD)*

- The EMS Agency received a 1-year grant from the Office of Traffic Safety (OTS), to develop a Treatment Protocol application.
- A workgroup met for the first time in September with a goal of developing an electronic application that includes: integrating the current drug dosing application; a functional tool to assist paramedics with decision making abilities; and may include “just in time” videos for infrequent procedures.
- More information to follow.

6.10 Office of Traffic Safety / Health Data Exchange Grant *(Denise Whitfield, MD)*

- The EMS Agency received a second grant from OTS to develop a Health Data Exchange (HDE) system that would allow data sharing between trauma hospitals in Los Angeles County and would provide outcome data to the provider agencies.

7. OPEN DISCUSSION

7.1 Track Changes for Updated Policies *(Adrienne Roel)*

- Committee members thanked the EMS Agency for posting the track changes of revised policies on the EMS Agency’s webpage. Member said posting of the changes have been very helpful.

8. NEXT MEETING - December 20, 2023

9. ADJOURNMENT - Meeting adjourned at 2:01 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **AUTHORIZATION AND CLASSIFICATION OF EMS AIRCRAFT** REFERENCE NO. 418

PURPOSE: To define the criteria that must be met in order to be approved and classified as an EMS aircraft provider in the County of Los Angeles.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, Section 100276-100306.
Los Angeles County, Code of Ordinances, Title 7, Business Licenses, Division 2, Chapter 7.16, Ambulances

DEFINITIONS:

Advanced Life Support (ALS): Definitive prehospital emergency medical care approved by the local EMS Agency including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital or utilization of Los Angeles County Treatment Protocols,, as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the staff of that hospital.

Basic Life Support (BLS): Those procedures and skills contained in the EMT scope of practice, including emergency first aid and cardiopulmonary resuscitation.

Air Ambulance: Any aircraft which has been designated, constructed, modified or equipped, and is used for the purpose of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum two (2) attendants whose scope of practice authorizes them to function at the ALS level.

Air Ambulance Service: Air transportation service, public or private, which utilizes aircraft specially constructed, modified or equipped to transport critically ill or injured patients. This includes the provision of qualified flight crews and aircraft maintenance.

Air Rescue Service: Air Service used for the purpose of responding to emergency calls, requiring special equipment and/or expertise due to the terrain and or circumstances of the incident, i.e., mountain rescue, water rescue, etc.

Air Ambulance or Air Rescue Service Provider: The individual or group that owns and/or operates an air ambulance or air rescue service and which is authorized by the EMS Agency as a provider.

Back-Up Air Ambulance Provider: An agency which has been designated by the local EMS Agency to provide back-up or second call emergency air ambulance service when requested to do so by the designated primary provider agency or the designated primary air ambulance provider.

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

Emergency Medical Services (EMS) Aircraft: Any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.

Rescue Aircraft: An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transfer when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS, BLS, and auxiliary rescue aircraft.

Auxiliary Rescue Aircraft: A rescue aircraft which does not have a medical flight crew or whose medical flight crew does not meet the minimum requirements of an EMT.

Classifying and Authorizing EMS Agency: The Los Angeles County EMS Agency, which classifies EMS aircraft into categories and approves utilization of such aircraft within its jurisdiction.

Designated Dispatch Center: An agency which has been designated by the local EMS agency for the purpose of coordinating air ambulance or rescue aircraft response to the scene of a medical or traumatic emergency within the jurisdiction of the local EMS agency.

Medical Flight Crew: The individual(s), excluding the pilot, specifically assigned to care for the patient during the aircraft transport.

Primary Provider Agency: The provider agency authorized to provide 9-1-1 emergency medical services within a city or unincorporated area of Los Angeles County by the governmental authority responsible for that geographic area.

Immediately Available: Medical flight crew within the specified area of the EMS aircraft and responding without delay when dispatched to a patient response.

Advanced Cardiac Life Support (ACLS): Credential received after completing a course approved by either the American Heart Association (AHA) or American Red Cross (ARC)

Pediatric Advanced Life Support (PALS): Credential received after completing a course approved by either the American Heart Association (AHA) or American Red Cross (ARC).

International Trauma Life Support (ITLS): Credential received after completing a course approved by the American College of Emergency Physicians (ACEP).

Prehospital Trauma Life Support (PHTLS): Credential received after completing a course approved by National Association of Emergency Medical Technicians (NAEMT).

Advanced Trauma Life Support (ATLS): Credential received after completing a course approved by the American College of Surgeons (ACS).

PRINCIPLES:

1. The Los Angeles County EMS Agency is responsible for the integration of EMS aircraft into the Los Angeles County EMS patient transport system and for the development of policies and procedures related to the integration of this specialized resource. EMS

aircraft operating in Los Angeles County must be classified and authorized by the EMS Agency in order to provide prehospital patient transport.

2. EMS aircraft providers (excluding agencies of the federal government) who provide or make available prehospital air transport or medical personnel, either directly or indirectly, or any hospital where an EMS aircraft is based, housed, or stationed permanently or temporarily, shall adhere to all applicable federal, state, and local statutes, ordinances, policies, and procedures related to EMS aircraft operations, including qualifications of flight crews and aircraft maintenance.

3. No EMS aircraft shall respond to an incident without formal dispatch from a designated dispatch center or request for the primary provider agency responsible for the area in which the incident is located.

4. A planned and structured initial and recurrent training program specific to the air ambulance/air rescue service mission and scope of care of the medical flight crew must be ensured and documented for all regularly scheduled medical flight crew members.

5. Any privately owned/operated air ambulance service providing EMS services in Los Angeles County shall be licensed in accordance with Los Angeles County Code, Chapter 7.16, Ambulances.

POLICY:

I. General Provisions

A. No person or organization shall provide or hold themselves out as providing prehospital EMS aircraft or EMS air rescue services unless that person or organization has aircraft which have been designated by the EMS agency.

B. EMS aircraft shall be classified by the EMS Agency into one of the following categories:

1. Air Ambulance
2. ALS Rescue Aircraft
3. BLS Rescue Aircraft
4. Auxiliary Rescue Aircraft

C. EMS aircraft classification will be reviewed in accordance with this policy and reclassification may occur anytime there is a transfer of ownership or a change in the aircraft's capability.

D. The EMS Agency shall maintain an inventory of authorized EMS aircraft providers. This inventory shall include, but not be limited to, the number and type of authorized EMS aircraft, the patient capacity of each EMS aircraft, and the level of patient care provided by EMS aircraft personnel for each authorized EMS aircraft provider.

E. The EMS Agency shall have written agreements with air ambulance providers routinely serving Los Angeles County which may be incorporated and considered a part of the medical control agreements. These agreements shall specify the

conditions under which air ambulance designation is maintained and assurance of compliance with all local, state and federal rules and regulations.

F. When prehospital aircraft are routinely requested from outside Los Angeles County, interagency agreements shall be executed between the County of Los Angeles and County in which the air ambulance provider is operationally based. The air ambulance provider shall attend a Los Angeles County EMS Agency orientation to include review of policies, procedures and interface with the Medical Alert Center (MAC). Pilot flight orientation to helipads shall be arranged by the EMS Agency with a currently approved Los Angeles County Air Operations Provider.

G. When aeromedical prehospital response is occasionally requested from outside Los Angeles County, the medical flight crew may perform their basic scope of practice provided that medical control is maintained by the jurisdiction of origin, and an intercounty agreement exists between the County of Los Angeles and the County in which the air ambulance provider is operationally based. The air ambulance provider shall attend a Los Angeles County EMS Agency orientation to include review of policies, procedures and interface with the Medical Alert Center. Pilot flight orientation to helipads shall be arranged by the EMS Agency with a currently approved Los Angeles County Air Operations Provider.

H. Auxiliary rescue aircraft shall not transport patients unless all other resources have been exhausted and there are no other acceptable means for patient transport to an appropriate receiving facility. The EMS Agency shall be notified in writing of all such occurrences. Such notifications shall include the date, time, sequence number, and events surrounding the incident.

I. Each provider agency shall submit quarterly data on all EMS responses utilizing the EMS Agency approved data reporting template. Data is due no later than 30 calendar days after the end of each quarter.

J. In situations where the medical flight crew is less medically qualified than the ground personnel from whom they receive patients, they may assume patient care responsibilities only in accordance with local policies and procedures within their local scope of practice.

II. Personnel/Training

A. The medical flight crew of an EMS aircraft shall be immediately available and have as its primary responsibility the treatment and transport of EMS patients when the aircraft is available for EMS response for a given shift. The EMS aircraft provider shall ensure that the medical flight crew has met all initial and recurrent training requirements.

B. The medical flight crew of an air ambulance shall, at minimum, consist of two attendants in any combination of the following, whose scope of practice authorizes them to function at the ALS level:

1. A physician board eligible or certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services and/or Emergency Medicine.

2. A physician currently licensed in the state of California and who is current in the following:

    a. ACLS and PALS, or equivalent curriculum; and
    b. ITLS, or PHTLS, or ATLS, or equivalent curriculum

3. A registered nurse currently licensed in the State of California who meets the qualifications of an authorized registered nurse as defined in the Health and Safety Code, Chapter 2, Section 1797.56 and who is current in the following:

    a. ACLS and PALS, or equivalent curriculum; and
    b. ITLS, or PHTLS, or ATLS, or equivalent curriculum

4. A paramedic currently licensed in the State of California and accredited in Los Angeles County who meets the qualification of an Emergency Medical Technician-Paramedic as defined in the Health and Safety Code, Chapter 2, Section 1797.84 and who is current in the following:

    a. ACLS and PALS, or equivalent curriculum; and
    b. ITLS, or PHTLS, or ATLS, or equivalent curriculum

C. Medical flight crew members of an EMS Aircraft shall complete the provider agency's approved Aeromedical Program which includes, but is not limited to, the following topics:

1. General patient care in-flight assessment/treatment/preparation/handling/equipment);

2. Changes in barometric pressure, decompression sickness, and air embolism;

3. Changes in partial pressure of oxygen;

4. Other environmental factors affecting patient care;

5. Aircraft operational systems relating to patient care;

6. Day and night flight protocols;

7. Aircraft emergencies and safety;

8. Care of patients who require special consideration in the airborne environment;

9. Extrication devices and rescue operations (rescue aircraft only);

10. EMS system and communication procedures;

11. The Los Angeles County prehospital care system, including all applicable policies, procedures and protocols;

12. Use of onboard medical equipment; and

13. Additional topics specific to the mission statement and scope of practice of the air ambulance provider.

Course content may be reduced with the approval of the EMS Agency, and documentation of prior training in specific areas is available.

D. All medical flight crew members shall receive a minimum of eight (8) hours annually of continuing education/staff development specific to aeromedical transportation based on the agency's identified QI needs (approved topics include, but are not limited to, those listed in C. 1-13).

E. Medical flight crew members (nurse, paramedic) shall have no less than one successful live, cadaver, human patient simulator or static manikin airway management experience per quarter.

III. Policies and Procedures

A. Policies shall be established by each prehospital EMS aircraft program which addresses, at a minimum, the following topics:

1. Patient loading and unloading procedures;

2. Refueling procedures with medical transport personnel or patient(s) on board which includes a requirement that at least one medical transport person shall remain with the patient at all times during refueling or stopover;

3. Combative patients;

4. Patient care and transport alternatives in the event that the aircraft must use alternative landing facilities due to deteriorating weather;

5. Response to hazardous materials request or unanticipated contact with hazardous materials;

6. Visual flight rules (VFR) "response" weather minimums; and

7. Emergency Procedures.

B. Each provider agency shall have a Post Accident Incident Plan (PAIP), also known as an Emergency Response Plan (ERP) in place and exercised at minimum, twice/year; one daylight and one night time drill.

IV. Aircraft Specifications/Required Equipment

A. Air ambulances shall have sufficient space in the patient compartment to accommodate a minimum of one (1) patient and two (2) ALS patient attendants. If more than one patient can be accommodated, there must be written guidelines

describing types of patients that can be transported in a two-patient litter configuration if the aircraft does not allow for full access to the second patient.

B. Sufficient space in the patient compartment for the medical flight crewmembers to access the patient in order to carry out necessary procedures, including childbirth and CPR.

C. EMS aircraft shall have on board the required medical supplies and equipment as specified in Ref. No. 706, ALS EMS Aircraft Inventory.

D. Sufficient space for all required medical supplies and equipment.

E. Additional aircraft equipment as specified in the minimum equipment list for the applicable Federal Aviation Regulations (FARs).

F. EMS aircraft configuration shall ensure that the following requirements are met:

1. For ALS patients, the upper surface of the stretcher is not less than 30 inches from the ceiling of the aircraft or the under surface of another stretcher.

2. Stretchers, equipment and attendant's seats are arranged so as not to block a rapid exit by personnel or patient from the aircraft.

3. Adequate seat belts and tie-downs, which meet FAA standards or equivalent, for all personnel, patient(s), stretchers and equipment to prevent inadvertent movement.

4. A cargo door or entry that allows a stretcher to be loaded without excessive manipulation or rolling patient from side to side.

5. Adequate interior lighting for patient care arranged so that it does not interfere with the pilot's vision.

6. Each crewmember shall be provided with hearing protection and radio headsets for intra-aircraft communication.

7. Hearing protection shall be available for each patient transported and used whenever applicable.

8. Survival gear appropriate to the coverage area and the number of occupants.

9. If appropriately sized helmets are not worn (by all personnel on the aircraft except the patient), the interior modification of the aircraft must be clear of objects/projections or the interior of the aircraft must be padded to protect the head strike envelope of the air medical personnel and patients.

V. Quality Improvement (QI)

A. At minimum, the QI program shall include: (Refer to Ref. No. 620)

1. A statement of QI program goals and objectives.

2. A description of how the QI program is integrated into the organization.

3. A description of those processes used in conducting QI activities, action plans and results.

4. Methods to document those processes used in QI activities.

5. Methods used to retrieve data regarding patient care and outcomes.

6. Description of how the QI program is integrated into the Los Angeles County EMS system.

B. Provider Agency Responsibilities:

1. Implement and maintain a Quality Improvement (QI) Program in conjunction with the assigned base hospitals and receiving hospitals.

2. Evaluate prehospital care performance standards.

3. Designate a representative to participate in the LA County EMS QI program.

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

VI. Designated Dispatch Center

A. A designated dispatch center is an agency which has been designated by the local EMS agency to coordinate air ambulance or rescue aircraft response to the scene of a medical emergency within the jurisdiction of the Los Angeles County EMS Agency.

B. Agencies dispatching EMS aircraft or auxiliary aircraft to the scene of a medical emergency for the purpose of transporting a patient(s) to medical facilities shall be designated by the Los Angeles County EMS Agency. Dispatch agencies shall be classified as follows:

1. Primary dispatch center – a dispatch center designated as first responder in a jurisdiction area.

2. Back-up dispatch center – a dispatch center designated to serve as back-up provider or second-call response when the primary dispatch center requests response.

C. No EMS or auxiliary EMS aircraft shall respond to an incident without formal dispatch from the designated dispatch center or request from the primary EMS provider agency dispatch center. An EMS aircraft provider receiving a request for service from

an agency other than the designated dispatch center or jurisdictional EMS primary dispatch center shall notify the appropriate primary EMS provider agency of the call and shall only respond upon instructions from that agency.

D. Each designated primary dispatch center shall establish a back-up list or enter into a mutual aid agreement with another designated responder for the purpose of providing back-up EMS aircraft service when the primary provider agency is unable to respond. The list shall contain approved prehospital EMS aircraft providers.

D. If the designated dispatch center has no EMS aircraft available when requested, they shall determine the availability of other EMS aircraft identified in their back-up provider list. Based on availability, the dispatch center shall consider dispatch of a back-up EMS aircraft in an effort to ensure timely delivery of the patient to the most appropriate receiving facility. The dispatcher shall inform the agency requesting service of unavailability or any delay in dispatch of an EMS aircraft and the reason(s) for the delay. If a request for services is refused by a given provider (e.g. weather), the reason for the flight refusal will be conveyed to any subsequent recipient of the request for service.

VII. Record Keeping

A. Existing EMS policies and procedures for record keeping including, but not limited to, documentation of patient care, shall be adhered to.

B. Each designated dispatch center shall maintain an assignment record which contains all EMS aircraft dispatches. The record shall be retained for seven (7) years and shall include at a minimum the following:

1. Time and date of request and requesting agency;

2. Incident number and/or EMS sequence number;

3. EMS incident location;

4. Time of dispatch and EMS aircraft scene arrival time;

5. Person receiving the request;

6. Patient destination.

VIII. Designation Process

A. The designation process shall include the following:

1. Completion and submission of the approved EMS Aircraft/Dispatch Center Application (Reference No. 418.1).

2. Current accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) (or a similar professional organization approved by the EMS Agency) or successful completion of a site review

by CAMTS in conjunction with the local EMS Agency and based on the criteria contained herein.

3. Program evaluation and site visit/inventory inspection.

4. Written agreement between the EMS aircraft provider and the County of Los Angeles.

5. For private, non-governmental EMS aircraft provider agencies, must be licensed by the EMS Agency as an air ambulance provider.

B. Designation is valid for a minimum of three (3) years.

CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 406, **Authorization for Paramedic Provider Status**
Reference No. 408, **Advanced Life Support (ALS) Unit Staffing**
Reference No. 418.1, **EMS Aircraft/Dispatch Center Application**
Reference No. 514, **Prehospital EMS Aircraft Operations**
Reference No. 602, **Confidentiality of Patient Information**
Reference No. 606, **Documentation of Prehospital Care**
Reference No. 608, **Disposition of Copies of the EMS Report Form**
Reference No. 610, **Retention of Prehospital Care Records**
Reference No. 612, **Release of EMS Reports**
Reference No. 620, **EMS Quality Improvement Program Guidelines**
Reference No. 706, **ALS EMS Aircraft Inventory**
Reference No. 1200 **Treatment Protocols**
Reference No. 1300 **Medical Control Guidelines**

Emergency Medical Services Authority Guideline 144, Pre-hospital EMS Aircraft Guidelines

Reference No. 418, Authorization and Classification of EMS Aircraft

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	10-18-23	10-18-2023	N
	Base Hospital 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 **Summary of Comments** (Attachment B)

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **DIVERSION REQUEST REQUIREMENTS FOR EMERGENCY DEPARTMENT SATURATION** REFERENCE NO. 503.1

PURPOSE: To outline the minimum requirements for hospitals to be placed on diversion of advanced life support (ALS) and/or basic life support (BLS) patients due to emergency department (ED) saturation.

DEFINITIONS:

Advanced Life Support Patient (ALS): A patient who requires paramedic assessment and/or intervention listed in Ref. No. 803, Los Angeles County Paramedic Scope of Practice, this includes but not limited to patients meeting Base contact criteria outline in Ref. No. 1200, Treatment Protocols, et al.

Ambulance patient offload time (APOT): Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes responsibility for care of the patient. The APOT Standard in Los Angeles County is an offload time within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

Basic Life Support Patient (BLS): A patient who **only** requires Emergency Medical Technician (EMT) assessment and/or intervention as listed in Ref. No. 802, Emergency Medical Technician (EMT) Scope of Practice.

Diversion: Hospital Diversion is a request by a hospital or an EMS provider agency to have ALS/BLS patients bypass a facility for a limited period of time and should be requested only when necessary. This is **not** an absolute **closure** (see Principle 7).

ED ALS Diversion Threshold: All ED treatment bays are full and 30% or greater of the ED has patients who fall into one or both categories below, including ED beds occupied by admitted patients but excluding fast track beds and waiting room patients.

(1) Resuscitative (unstable condition): the patient is hemodynamically unstable, requires an immediate airway or emergency medications. Other criteria: already intubated, apneic, pulseless, severe respiratory distress, acute mental status changes or unresponsive

(2) Immediate/Emergent (requires timely treatment): the patient has symptoms indicative of a potential threat to life and their condition is likely to change to "resuscitative" without aggressive intervention. Examples include but are not limited to the following: stable but active chest pain; stroke symptoms; abdominal pain in pregnancy or suspected pregnancy; suicidal or homicidal ideation; new onset confusion; lethargy or disorientation; severe pain

ED BLS Diversion: This is implemented on a case-by-case basis during periods of extreme surge of patients being transported via the 9-1-1 system (i.e. disease outbreak/epidemic/

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

pandemic) and requires the approval of the EMS Agency via the Medical Alert Center. The EMS Agency will evaluate the region to determine whether BLS Diversion is warranted.

EMS Provider Agency Diversion Threshold (Provider ED Diversion): Three ambulance crews (ALS and/or BLS) have each been waiting for over 30 minutes to transfer their patient to hospital equipment (gurney, wheelchair, chair, etc.).

Special considerations: Unusual circumstances that overwhelm ED resources and are documented by hospital administration.

PRINCIPLES:

1. High quality emergency medical services (EMS) is the result of prehospital care providers, emergency departments and hospitals working together as a team to care for ill and injured patients.

2. Prolonged diversion and APOT are not an emergency department problem alone; it is a hospital and EMS systemwide issue, both have negative impacts to the EMS providers' ability to respond to subsequent 9-1-1 calls which results in prolonged response times and may affect public safety and patient outcomes.

3. Each hospital shall have a diversion policy and a multidisciplinary team approach to ensure the ability of the facility to remain open and to flex to Surge Capacity, thereby preventing or minimizing time of hospital diversion and APOT.

4. As per EMTALA, the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

5. Hospitals that have a consistently prolonged APOT should assign appropriate personnel to remain with patients while awaiting for an ED treatment bay in order to release EMS personnel back to the community.

6. Hospital personnel shall acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.

7. In accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Whether the diversion request will be honored depends on available system resources.

8. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT. The APOT Standard for Los Angeles County is 90% of all ambulance transports have an APOT of 30 minutes or less.

9. The accurate documentation by EMS providers of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

POLICY:

I. Responsibilities Prior to reaching Hospital Diversion Threshold

A. ED Charge Nurse

1. Identifies that all ED treatment bays are occupied, and patients are waiting for an open treatment bay.

2. Consults with all ED team members to determine if patient discharges or admissions can be expedited.

3. Ensures that all ED treatment bays are appropriately utilized.

4. Notifies the Laboratory and Radiology departments to expedite orders.

5. Notifies the Nursing Supervisor that the ED is near threshold.

B. Hospital Administration (CEO or administrative designee)

1. Consults with the ED physician and ED charge nurse.

2. Performs a walk-through of the ED and reviews options that can be utilized to prevent hospital diversion (CEO or administrative designee).

3. Assesses the ED for special considerations.

4. Activates the hospital's internal multidisciplinary surge plan.

5. Assesses the Medical/Surgical, Intensive Care and Telemetry units for available beds and possible discharges.

6. Expedites environmental services, ancillary services and patient admissions as necessary.

7. Approves diversion due to ED saturation via the ReddiNet when ED capacity reaches the defined diversion threshold.

8. Reassesses ED capacity during diversion with the goal of remaining open.

9. Monitors hospital diversion hours.

10. Includes diversion in the ED performance improvement process.

II. ED ALS Diversion

A. A hospital may request ED ALS Diversion via the ReddiNet for up to two hours at a time. At the end of the two hours of diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. The hospital may request additional ED ALS diversion time in two-hour increments. ALS Diversion includes ALS pediatric patients being transported to the Emergency Department Approved for Pediatrics (EDAP)

B. An EMS provider agency may request to put a hospital on ED ALS diversion (displayed on ReddiNet as Provider ED) when the EMS provider agency diversion threshold is met. Each EMS provider agency shall have a diversion request policy that is consistent with the following guidelines:

1. EMS provider agency personnel who are waiting to offload and transfer care to hospital staff shall contact the EMS provider agency's on-duty supervisor and provide the following information:

    a. Units waiting to offload

    b. Time of arrival at hospital of the unit waiting the longest to offload

    c. Time of arrival at hospital of the unit waiting the shortest to offload

    d. Estimated time to offload, obtain from ED Charge Nurse

2. The EMS provider agency's on-duty supervisor shall:

    a. Verify the report provided by the transport crew(s).

    b. Collaborate with the charge nurse, on-duty physician, or house supervisor to identify alternatives to facilitate the transfer of the patients from EMS personnel to emergency department staff.

    c. If the EMS provider agency diversion threshold is met, contact the Medical Alert Center and request the facility to be placed on Provider ED ALS Diversion.

3. The Medical Alert Center shall:

    a. Obtain all the necessary information to verify diversion threshold is met.

    b. Place the hospital on Provider ED ALS diversion. Diversion will be for a two-hour period. At the end of the two-hour diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. EMS providers may request additional ED ALS diversion time in two-hour increments.

    c. Notify hospital administration or designee that the hospital has been placed on Provider ED ALS diversion.

4. Hospital Administration (CEO or administrative designee)

    a. Reassess ED capacity during diversion with the goal of lifting the diversion status.

    b. Monitors diversion hours

    c. Includes diversion in the ED performance improvement process.

C. ED BLS Diversion

1. A hospital or an EMS provider agency may request to place a hospital on ED BLS diversion by contacting the Medical Alert Center. ED BLS diversion requests will be considered for approval when the BLS Diversion Threshold is met and status of system resources.

2. ED BLS diversion will be approved for a four (4) hour period. At the end of the four-hour diversion, ReddiNet will automatically re-open the hospital to BLS 9-1-1 traffic. The hospital may request additional ED BLS diversion time by contacting the Medical Alert Center.

III. Diversion Audits

The EMS Agency reserves the right to conduct unannounced diversion audits as indicated.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 503.2, **Diversion Request Quick Reference Guide**
Ref. No. 505, **Ambulance Patient Offload Time (APOT)**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
Ref. No. 1309, **Color Code Drug Doses**
Ref. No. 1380, **Vital Signs**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting

Reference No. 503.1, Diversion Requests Requirements for Emergency Department Saturation

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	10/18/23	10/18/2023	N
	Base Hospital Advisory Committee	10/11/23	10/11/2023	Y
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 503.1, Diversion Request Requirements for Emergency Department Saturation

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	BHAC 10/11/2023	Remove change to ED BLS Diversion definition.	Adopted
Policy II.A.	BHAC 10/11/2023	Change last sentence to “ALS Diversion includes ALS pediatric patients being transported to the Emergency Department Approved for Pediatrics.”	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(PARAMEDIC, MICN)

SUBJECT: **CARDIAC ARREST (NON-TRAUMATIC) PATIENT DESTINATION**

REFERENCE NO. 516

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

This policy does not apply to traumatic arrest or to decompression emergencies. For traumatic arrest, refer to Ref. No. 506, Trauma Triage. For decompression emergencies, refer to Ref. No. 518, Decompression Emergencies/Patient Destination.

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

DEFINITIONS:

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

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

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

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

PRINCIPLE:

1. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.

2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.

3. Resuscitation efforts for patients greater than 14 years of age who are in non-traumatic cardiopulmonary arrest should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged with the

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Director, EMS Agency Medical Director, EMS Agency

exception of patients who qualify for ECMO transported on a mechanical compression device by an approved provider agency.

4. For cardiac arrest in patients age 14 and younger, refer to Ref. No. 510, Pediatric Patient Destination.

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

6. Patients in cardiac arrest with hanging or submersion mechanisms are asphyxial in the large majority of cases and should be considered a medical cardiac arrest for field management and transport destination unless there is strong evidence of cervical spine injury (e.g., drop in height from hanging is equal to or greater than the victim's height, shallow-water dive associated with significant head and/or neck trauma, etc.).

POLICY:

I. Establish base hospital contact for medical direction for all cardiac arrest patients who do not meet criteria for determination of death per Ref. No. 814, Determination/Pronouncement of Death in the Field.

II. For patients with STEMI and ROSC, direct contact with the receiving SRC shall be established for patient notification and/or to discuss cath lab activation criteria.

III. Patients with non-traumatic cardiac arrest shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries including:

   A. Patients with sustained ROSC

   B. Patients with ROSC who re-arrest en route

   C. Patients with persistent cardiac arrest for whom the Base Physician determines transport is required, because futility is not met despite lack of ROSC with on scene resuscitation

   D. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.

IV. Cardiac arrest patients who meet SRC transportation criteria should be transported to the most accessible SRC regardless of **ED Diversion** status.

V. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.

VI. If the closest SRC has requested **SRC Diversion** (as per Ref. No. 503), cardiac arrest patients who meet SRC transportation criteria should be transported to the **next** most accessible **open** SRC if ground transport time is less than 30 minutes.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**
Ref. No. 518, **Decompression Emergencies/Patient Destination**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**
Ref. No. 1210, **Cardiac Arrest**
Ref. No. 1303, **Algorithm for Cath Lab Activation**
Ref. No. 1308, **Cardiac Monitoring/12-Lead ECG**

Reference No. 516, Cardiac Arrest (Non-Traumatic) Destination

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	6/21/2023	6/21/2023	No
	Base Hospital Advisory Committee	6/7/2023 8/9/2023	8/9/2023	Yes
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 516, Cardiac Arrest (Non-Traumatic) Destination

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Principle, 6.	BHAC 08/07/2023	Add ‘field’ before management	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **MANAGEMENT OF MULTIPLE CASUALTY INCIDENTS**

REFERENCE NO. 519

PURPOSE: To provide guidelines for the efficient management of multiple casualty incidents (MCI) through coordination between prehospital care personnel, receiving facilities, and the Medical Alert Center (MAC) to allow for maximum resource allocation, patient distribution, and to prevent unnecessary delays in patient care and transport.

To provide guidelines for transition from a MCI response to a Mass Casualty Incident Management Response.

This policy defines the roles of the provider agency, MAC, base hospital, and receiving facilities during an MCI.

DEFINITIONS : Refer to Ref. No. 519.1, Multiple Casualty Incidents (MCI) – Definitions.

PRINCIPLES:

1. The Incident Command System (ICS) should be utilized at all MCI's.

2. Terminology is standardized.

3. Expedient and accurate documentation is essential.

4. The MAC is equipped to communicate with multiple receiving facilities simultaneously and can rapidly assess system wide emergency department bed status, hospital, and ambulance resources.

5. Request for hospital diversion status should be considered when determining patient destination; however, if appropriate, patients may be directed to hospitals requesting diversion (Exception: Internal Disaster).

6. Patients requiring Advanced Life Support (ALS) treatment or procedures should be transported by paramedics whenever possible; however, these patients may be transported by Basic Life Support (BLS) units based on available resources during the MCI. BLS units may transport to other than the Most Accessible Receiving (MAR) facility if the patient meets specialty care center criteria and based on available system resources.

7. The EMS Agency will facilitate a post-incident debriefing of large scale incidents to include all affected agencies.

8. To maintain system readiness, provider agencies, hospitals, MAC, and other disaster response teams should carry out regularly scheduled MCI, disaster drills, and monthly VMED28 radio checks.

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Director, EMS Agency Medical Director, EMS Agency

9. On any MCI in which the need for air transport is identified, early notification to air operations providers is essential in order to ensure rapid access to medical care and preserve life. Air transport should be reserved for immediate patients whose transport destination is greater than can be achieved quickly by available ground ambulances.

POLICY:

I. Role of the Provider Agency

A. Institute ICS as necessary.

B. Implement MCI Triage Guidelines (modified START & Jump START) as necessary (see Ref. No. 519.2, MCI Triage Guidelines).

C. Establish early communication with the:

1. MAC (via VMED28 when possible) to support incident management;

2. Base hospital, if indicated, for the purpose of medical direction and/or patient destination.

D. If the need for additional ALS and/or BLS transport units exceeds the jurisdictional provider agency's capability, additional transport resources may be requested by the jurisdictional dispatch center or the Fire Operational Area Coordinator (FOAC) as per Ref. No. 519.3, Multiple Casualty Incident Transportation Management.

E. Request hospital based medical resources (i.e., HERT) from the MAC as outlined in Ref. No. 817, Regional Mobile Response Team if necessary.

F. Provide the following scene information to the MAC:

1. Nature of incident

2. Location of incident

3. Medical Communications Coordinator (Med Com) provider unit and agency

4. Agency in charge of incident

5. Total number of estimated immediate, delayed, minor and deceased patients. If indicated, include total number and category of pediatric patients

6. Nearest receiving facilities including trauma centers, PMCs, PTCs, and EDAPs

7. Transporting provider, unit number, and destination

8. Type of hazardous material, contamination, level of decontamination completed, if indicated

9. Name of law enforcement agency on scene if involved in patient care and/or transportation

G. Document the following patient information on the appropriate Patient Care Record:

1. Patient name

2. Chief complaint

3. Triage category

4. Mechanism of injury

5. Age

6. Sex

7. Brief patient assessment

8. Brief description of treatment provided

9. Sequence number

10. Transporting provider, unit number, and destination

H. Reassess situational status to identify available resources and resource needs. If the anticipated resource needs exceed available local and mutual aid resources, contact the FOAC. Additional resources beyond the operational area shall be requested through the Regional Disaster Medical and Health Coordinator (RDMHC) via the MAC.

C. Whenever departmental resources allow, the EMS provider agency should consider assigning a provider agency representative to report to the MAC to assist with communications and coordination of patient destination.

II. Role of the MAC

A. Provide prehospital care personnel with emergency department bed availability and diversion status as indicated by the ReddiNet poll.

B. Arrange for additional ambulance transport units as requested by the FOAC or RDMHC.

C. Coordinate activation of Regional Mobile Response Teams as requested.

D. Coordinate Air ambulance resources.

E. Notify receiving facilities of incoming patients immediately via the ReddiNet®.

F. Document, under the authority of the EMS Administrator on Duty (AOD) lifting of trauma catchment and service areas.

G. Maintain an “open MCI victim list” via the ReddiNet® for 72 hours.

H. Complete a written report to include a summary of the incident and final disposition of all patients involved as indicated.

I. Notify the EMS AOD and Medical Officer on Duty (MOD) per MAC policies and procedures.

J. The EMS Agency, as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles, will assess the situational status and evaluate available resources and resource needs. If the anticipated resource needs exceed the available resources the EMS Agency, via its role as the RDMHC, will request resources from surrounding counties.

K. Maintain an EMS provider agency Medical/Health Resource Directory and assist EMS providers with MCI resource management when requested.

III. Role of the Base Hospital

A. Provide EMS personnel with emergency department bed availability and diversion status.

B. Assist EMS personnel as needed with patient destination.

C. Provide medical direction as needed.

D. Notify receiving facilities of incoming patients.

IV. Role of the Receiving Facility

A. Provide the MAC or base hospital with emergency department bed availability upon request.

B. Trauma Centers are automatically designated to accept 20 Immediate patients (adult and pediatric) from MCIs, if needed MAC will distribute patients systemwide based on the incident.

C. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 20 critically burned patients (includes both adult and pediatric).

D. Accept MCI patients as directed by the MAC or base hospital.

E. Monitor the VMED 28 and ReddiNet®.

F. Provide the MAC or base hospital with patient disposition information, sequence numbers, and/or triage tags when requested and enter information into the ReddiNet®.

G. Maintain the "Receiving Facility" copy of the Patient Care Record and/or triage tag as part of the patient's medical record.

H. Ensure that requested patient information is entered as soon as possible into the ReddiNet® "MCI victim list" for all patients received from the MCI. The "MCI victim list" will remain open for 72 hours after the incident.

I. Notify the MAC if resource needs exceed available resources.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 201, **Medical Direction of Prehospital Care**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 506, **Trauma Triage**
Ref. No. 510 **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 519.1, **MCI Definitions**
Ref. No. 519.2, **MCI Triage Guidelines**
Ref. No. 519.3, **Multiple Casualty Incident Transportation Management**
Ref. No. 519.4, **MCI Transport Priority Guidelines**
Ref. No. 519.5, **MCI Field Decontamination Guidelines**
Ref. No. 519.6, **Regional MCI Maps and Bed Availability Worksheets**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 807, **Medical Control during Hazardous Material Exposure**
Ref. No. 814, **Determination/Pronouncement of Death**
Ref. No. 817, **Regional Mobile Response Team**
Ref. No. 842, **Mass Gathering Interface with Emergency Medical Services**

FIRESCOPE's Field Operations Guide ICS 420-1. December 2012

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

DRAFT 10-2-2023

(EMT, PARAMEDIC, MICN)

SUBJECT: **ELECTRONIC SUBMISSION OF PREHOSPITAL DATA**

REFERENCE NO. 607

PURPOSE: To establish procedures for the submission of electronic data by prehospital care providers.

AUTHORITY: California Assembly Bill No. 1129
California Code of Regulations, Title 22, Chapter 4, Sections 100169, 100170
Health Insurance Portability and Accountability Act (HIPAA), 2009
Health and Safety Code, Section 130202
Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITION:

Electronic Data: Patient Care Records submitted in electronic format (as per LA-EMS NEMSIS Data Dictionary) or field electronic Patient Care Records (ePCRs).

PRINCIPLES:

1. All submission of electronic personal health information (PHI) shall be in compliance with HIPPA regulations.

2. PCRs require redundant back-up and emergency down time procedures.

3. The provider agency will ensure that the electronic data is compliant with the EMS Agency's data system requirement.

4. All vendors must be compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards. Provider agencies cannot utilize an ePCR until their selected vendor has been approved to submit data electronically to the EMS Agency.

5. All public and exclusive operating area (EOA) provider agencies and private advanced life support (ALS), specialty care transport (SCT) who make base contact, shall submit data electronically, which meets the LA-EMS NEMSIS Data Dictionary requirements, to the EMS Agency.

POLICY:

I. Provider Agency Responsibilities

A. Prior to implementation of an Electronic Data System

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

1. Electronic Data Submission Plan

   Submit a plan, approved by the department's Fire Chief or private provider agency's Chief Executive Officer, to the EMS Agency for approval which includes:

   a. Ability to transmit data to the EMS Agency which meets the LA-EMS NEMSIS Data Dictionary requirements.

   b. A successful mechanism to provide immediate transfer of patient information to additional providers, including transporting agency (if necessary).

   c. System to ensure a Patient Care Record is created by each EMS provider for every EMS response regardless of patient disposition.

      i. If two (2) or more units from the same EMS provider are dispatched, at least one (1) EMS field personnel is required to initiate and complete an ePCR.

      ii. If two (2) or more units from different EMS providers are dispatched and patient care information can be shared electronically, at least one (1) EMS field personnel is required to initiate and complete an ePCR.

      iii. If two (2) or more units from different EMS providers are dispatched and patient care information cannot be shared electronically, at least one (1) EMS field personnel from each EMS provider is required to initiate and complete an ePCR.

   d. Process for confirming that an ePCR has been successfully generated for each patient.

   e. A successful mechanism for receiving facilities to have the electronic record available upon the patient's transfer of care and any patient care related revisions made after leaving the receiving facility.

   f. Back-up system available in case of system failure.

   g. Staff members assigned to act as a liaison between the vendor and the EMS Agency to identify and correct data issues.

2. Notify the EMS Agency's Data Systems Management Chief once a vendor has been selected and provide an estimated field implementation date.

3. Notify all hospitals that provider transports to of the intent to convert to an ePCR system and the tentative start date.

B. Implementation

1. Ensure the selected vendor contacts the EMS Agency's Data Systems Management Chief to discuss the data format, transmission procedures and obtain sequence number format.

2. Maintain a staff member to act as liaison between the vendor and the EMS Agency to identify and correct data issues.

3. Submit validated test files, meeting the LA-EMS NEMSIS Data Dictionary and LA-EMS Schematron, and the corresponding copies of the ePCRs in PDF format, that accurately reflect the documentation in the electronic record upon import.

C. Ongoing

1. Transmit validated data to the EMS Agency for import into the ESO Repository within 48 hours of the incident date. Files with validation errors will be rejected and must be corrected and re-transmitted prior to import.

2. Address and correct data related issues as they arise.

3. Implement annual data field and export program changes within three months of publication.

II. EMS Agency Responsibilities

A. Review and approve the electronic data submission plan.

B. Liaison with the provider agency and receiving hospital(s) to establish a mutually agreed upon method by which the receiving hospital(s) will obtain the ePCR.

C. Meet with the provider agency and vendor to review electronic data submission plan and provide the Sequence Number formatting, LA-EMS NEMSIS Data Dictionary and LA-EMS Schematron

D. Review validated test files, and the corresponding copies of the ePCR in PDF format, for completeness and accuracy and provide a report to the provider agency and vendor with noted deficiencies.

E. Ongoing

1. Monitor incoming data and notify the provider as issues arise and follow up with provider as needed to ensure data issues are addressed and resolved.

2. Present data field changes annually to the Provider Agency Advisory Committee.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 602, **Confidentiality of Patient Information**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**

LA-EMS NEMSIS Data Dictionary
LA-EMS Schematron

POLICY REVIEW – COMMITTEE ASSIGNMENT REFERENCE NO. 202.1
(ATTACHMENT A)

REFERENCE NO. 607, Electronic Submission of Prehospital Data

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Data Advisory Committee			
	Education Advisory Committee			
	Provider Agency Advisory Committee	10/18/2023	10/18/2023	Y
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee			
	Other: EMS Commission			

***See Ref. No. 202.2, **Policy Review - Summary of Comments**

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 607, Electronic Submission of Prehospital Data

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy - Page 2 1c.	PAAC 10-18-2023	Revise the wording to clarify the patient care record requirements when two or more units are dispatched to a scene.	Change made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **DISASTER RESOURCE CENTER (DRC) DESIGNATION, ACTIVATION, AND,MOBILIZATION OF EQUIPMENT** REFERENCE NO. 1102

PURPOSE: To define the role of the Disaster Resource Center (DRC) in Los Angeles County emergency medical services system and to provide guidelines for the activation and mobilization of DRC resources during disasters.

AUTHORITY: Public Health Services Act, 42 U.S.C.247d, Section 319, Public Health and Social Security Emergency Funds
Emergency Supplemental Appropriations for Recovery Form and Response to Terrorist Attacks on the United States Act, 2002, Public Law 107-117
Hospital Preparedness Program (HPP) Specialty Care Center Designation (SCCD) Master Agreement (HPP Exhibit)
California Code of Regulations Title 22 (22 CCR), §70805

DEFINITION:

Disaster Resource Center (DRC): Is one of a limited number of volunteer hospitals that are responsible for developing plans, relationships, and procedures to enhance hospital surge capacity for responding to a terrorist/disaster event in a geographical area. A DRC shall:

- Be licensed by the State Department of Health Services as a general acute care hospital.
- Have a special permit for basic or comprehensive emergency medicine service.
- Be designated by the Emergency Medical Services (EMS) Agency upon execution of the HPP Exhibit.

PRINCIPLES:

1. As a recipient of the (HPP) Grant, the County of Los Angeles must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. The DRC program was developed to enhance surge capacity through:

    a. The provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of a terrorist event, natural disaster, or other public health emergency.

    b. Hospital planning and coordination in a geographical area regarding the use of non-hospital space to shelter and treat mass casualties, and incorporate the role of local community health centers, clinics, and other healthcare partners.

2. Any or all DRC resources may be deployed to care for disaster victims when the local healthcare system is overwhelmed. The use and deployment of DRC resources to the

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

field and/or local hospitals shall be under the direction of the EMS Agency as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles.

3. If any or all of the DRC equipment and supplies are needed outside of the DRC's geographical area, the EMS Agency will coordinate the necessary transportation ensuring delivery to the impacted area.

4. Each DRC is responsible for having and maintaining the pharmaceutical cache and medical/surgical cache in a constant state of readiness. Replacement of the outdated items is the responsibility of each DRC.

5. The County of Los Angeles has designated the following thirteen (13) hospitals as DRCs:

   A. Cedars Sinai Medical Center

   B. Children's Hospital Los Angeles

   C. Dignity Health- California Hospital Medical Center

   D. Dignity Health- Saint Mary Medical Center

   E. Harbor-UCLA Medical Center

   F. Henry Mayo Newhall Hospital

   G. Kaiser Foundation Hospital- Los Angeles

   H. Los Angeles General Medical Center

   I. MemorialCare Long Beach Medical Center

   J. PIH Health Whittier Hospital

   K. Pomona Valley Hospital Medical Center

   L. Providence Saint Joseph Medical Center

   M. Ronald Reagan UCLA Medical Center

POLICY:

I. DRC Responsibilities:

   A. Identify a hospital DRC Coordinator who shall be responsible for the functions of the DRC and serve as a liaison by maintaining effective lines of communication with DRC personnel, the local EMS Agency, assigned umbrella hospitals, local clinics, EMS provider agencies, and other healthcare entities.

   B. Establish plans and/or procedures for the use of equipment and ensure appropriate instructions are provided.

C. Maintain ongoing participation with community wide planning activities, to include collaboration with other hospitals, clinics, and EMS provider agencies within geographical area. Planning will have an emphasis on responding to mass casualty events.

D. Other provisions set forth in the HPP Exhibit.

II. DRC Supplies and Equipment

A. Support equipment as indicated in Ref. No. 1102. 2, DRC Equipment Checklist.

B. Local Pharmaceutical cache as indicated in Ref. No. 1106.1, LPC Inventory and Checklist for Items Deployed

C. Medical/Surgical Supply cache as indicated in Ref. No. 1107.1, M/SS Cache Inventory and Checklist for Items Deployed

D. At least one EMS and one hospital CHEMPACK as indicated in Ref. No. 1108.1, CHEMPACK Inventory List.

E. Other provisions set forth in the HPP Exhibit.

III. Activation and Mobilization of DRC resources

A. Activation- in support of expanding capability at the DRC

a. Requests for the activation of DRC resources shall be made to the County by contacting the EMS Agency's Medical Alert Center or Medical Coordination Center (MCC) via the ReddiNet or by telephone at (866)940-4401. Hospital administration of the DRC and the EMS Agency will work collaboratively to accommodate the request.

b. The DRC shall:

a. Ensure any equipment set-up is approved by local fire authority and Licensing and Certification district office.

b. When additional medical resources are needed from the County to support medical operations, submit a Resource Request via ReddiNet. If ReddiNet is not available, use the Resource Request Medical and Health form https://file.lacounty.gov/SDSInter/dhs/243593_FRM-ResourceRequestMedicalandHealth-20140814.xlsx and fax to (562) 906-4300

B. Mobilization-in support of expanding capability outside of the DRC

Requests for mobilization of DRC resources by a requesting hospital/entity (recipient) shall be made to the County by contacting the EMS Agency's

Medical Alert Center or Medical Coordination Center (MCC) via the ReddiNet or by telephone at (866) 940-4401

1. The EMS Agency shall:

    a. Approve or deny the request

    b. If approved, authorized the DRC to release equipment/supplies to receipt

    c. Assist with recovery of assets, if needed

2. The DRC shall:

    a. Receive a list of requested supplies and equipment from the EMS agency that are authorized for mobilization to the recipient.

    b. Coordinate mobilization logistics with the recipient

        a. Date
        b. Time
        c. Location
        d. Contact information

    c. Prepare the requested supplies and equipment for mobilization.

    d. Obtain a facility or government issued photo identification with their name from the recipient; and

    e. Maintain documentation related to deployment and recovery (Ref. No. 1102.3).

    f. Recover equipment/supplies from recipient

    g. Contact the EMS Agency if problems arise with recovery

3. Recipient shall:

    a. Coordinate mobilization logistics with the DRC

    b. Upon arrival at the designated location contact DRC POC; and

    c. Provide a facility or government issued photo identification with their name to the DRC POC; and

    d. Sign the required form(s) (Ref. No. 1102.3) acknowledging the receipt of the supplies and equipment.

    e. Return equipment when no longer needed in the condition it was received and return supplies once able to procure.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 1102.2, **DRC Equipment Checklist**
Ref. No. 1102.3**,** **DRC Equipment/Supplies Release Agreement**
Ref. No. 1106.1, **LPC Inventory and Checklist for Items Deployed**
Ref. No. 1107.1, **M/SS Cache Inventory and Checklist for Items Deployed**
Ref. No. 1108.1, **Chempack Inventory List**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITALS / EMS PROVIDERS)

SUBJECT: **REGIONAL EMS SURGE ASSISTANCE PLAN** REFERENCE NO. 1114

PURPOSE: To manage 9-1-1 ambulance resources during periods of prolonged ambulance patient offload delays at hospital emergency department (EDs) due to regional influx of patients, beyond day-to-day capacity, by coordinating resources through a regional EMS/Fire Department Response Framework.

AUTHORITY: Health & Safety Code, Division 5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Administrator on Duty (AOD): Designated administrator of the hospital or Emergency Medical Services (EMS) Agency.

Ambulance Receiving Spaces (ARS): These are temporary designated areas outside the hospital's emergency ambulance entrance, often created by the use of tents, canopies or other overhead structures.

Coordinating Dispatch Center: The Dispatch Center in which the EMS Provider Agency Representative (AREP) is assigned.

EMS Provider Agency Representative (AREP): The designated representative of an EMS Provider Agency who is responsible for coordinating staffing, resources, and patient flow into the ARS in partnership with the Hospital EMS Triage Officer

EMTALA: Emergency Medical Treatment and Active Labor Act.

Hospital EMS Triage Officer: A registered nurse, Advanced Practitioner or ~~MD~~ physician designated by the hospital to evaluate patients on arrival and to act as liaison between the ED staff and the EMS providers in the ARS.

Medical Alert Center (MAC): Department of Health Services**,** EMS Agency disaster coordination communication center.

Medical Officer on Duty (MOD): Designated medical officer of the EMS Agency.

PRINCIPLES:

1. Hospital EMS Surge Assistance Plan will be implemented as a coordinated system directed by the Los Angeles County Emergency Medical Services (EMS) Agency and the local EMS provider agency working with the impacted hospital.

2. The purpose of the ARS is to enable ALS and BLS emergency transport ambulances to return to service as soon as possible.

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

3. The ARS does not remove EMTALA responsibility; it is intended to minimize the effects of the patient surge on the EMS system.

4. While EMS personnel may assist with monitoring patients in the ARS, patient care in the ARS is the responsibility of the hospital.

5. The ED attending physician and charge nurse must initiate a plan for appropriate triage and care of all patients in the ARS.

6. The hospital AOD shall be notified by the ED attending or ED charge nurse when the Hospital EMS Surge Assistance Plan is implemented.

7. The AREP coordinates all EMS resources in the ARS and determines when EMS personnel are no longer needed for monitoring.

8. Each EMT and Paramedic may observe up to 4 patients in the ARS. EMTs and Paramedics will provide care, as per their scope of practice.

9. The ARS EMT or Paramedic observing patients in the ARS shall immediately notify the Hospital EMS Triage Officer if any patient shows signs of deterioration.

I. CRITERIA FOR IMPLEMENTATION OF HOSPITAL EMS SURGE ASSISTANCE PLAN:

A. All available patient treatment areas, including hallways, within the ED are fully occupied and ambulance patients are being managed outside of the ED, and;

B. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour ***or;***

C. Three (3) or more Immediate patients are being managed by EMS personnel in ambulances waiting to be triaged by emergency department (ED) personnel.

II. PROCEDURE FOR IMPLEMENTATION:

A. Hospital ED personnel or EMS Provider Agency personnel will contact the Los Angeles County EMS Agency's Medical Alert Center (MAC) when the Criteria for Implementation are met (Section I).

B. MAC will contact the EMS Agency AOD and MOD who will assess and determine the need for implementation as well as the need to divert ALS and/or BLS patients to other facilities. Upon approval from the AOD/MOD, the MAC shall notify the Coordinating Dispatch Center that the Hospital EMS Surge Assistance Plan should be implemented.

C. The MAC will coordinate communication between EMS Agency AOD/MOD and the EMS Provider AREP to discuss deployment to the hospital.

D. The AREP will respond to the hospital.

E. The AREP will communicate with the ED Attending physician on duty, the ED charge nurse and/or the hospital AOD.

F. If prolonged ambulance patient offload time (e.g., > 2 hours) is anticipated, the EMS Provider AREP will notify their Dispatch Center for EMS Patient Surge assistance.

G. The AREP will coordinate with EMS ambulance crews on scene to allow for monitoring of multiple patients based on available resources; the following strategies may be employed:

1. One EMS crew on scene will be designated to remain in the ARS to observe patients and communicate with the Hospital EMS Triage Officer. Departing EMS crews will provide information on patient status to remaining EMS providers in the ARS and the Hospital EMS Triage Officer.

2. If additional EMS resources are needed, the AREP will notify their respective Dispatch Centers and request for additional resources (e.g., Battalion Chief, engine, truck, and ambulances)

3. The EMS Provider AREP will coordinate with the MAC and the EMS Agency MOD to assist in ambulance triage, and to screen ambulance traffic for possible diversion to less impacted hospitals.

H. The hospital shall designate and deploy a Hospital EMS Triage Officer who will coordinate with the AREP for the offload and monitoring of patients by EMS personnel.

1. The role of the Hospital EMS Triage Officer is to ensure that patients are entered into the hospital's electronic medical record (eMR), assist EMS personnel in directing units, and communicating directly with the ED charge nurse for patients that require an immediate life or limb saving intervention.

2. Unless otherwise designated, the Hospital EMS Triage Officer shall not be assigned direct patient care responsibilities within the ED and there shall be no ratio of patients for this position.

I. Hospital shall identify an ambulance receiving space (ARS).

1. These spaces need to be supplied with chairs, stretchers or cots, blankets, oxygen tanks, and medical supplies/equipment as available.

2. Ideally the ARS should be a tent with climate control and separate spaces for suspected infectious patients, and those that have other complaints. If a tent is not available, EZ-Ups may be used. If no shelter is available, then tarps may be deployed.

3. These items should be procured from local vendors or from the hospital disaster caches. If unable to procure, submit a resource request to the EMS Agency as some items may be obtained from the Disaster Resource Center cache, or the EMS Agency Disaster cache.

4. The hospital will provide a means to communicate with the Hospital EMS Triage Officer and the AREP and EMS crew in the ARS (e.g., walkie/talkie or cell phone).

J. Patients arriving via ambulance shall be categorized as:

a. ~~Morgue~~ Expectant – Patients arriving at the hospital shall be immediately assessed for prognosis and futility of effort. If futility is determined, resuscitation shall be terminated. Expectant patients shall be received by the hospital and captured in the hospital eMR. The decedent shall not be transferred to an ED treatment station but rather transported to the hospital morgue in order to release the ambulance crew back into service.

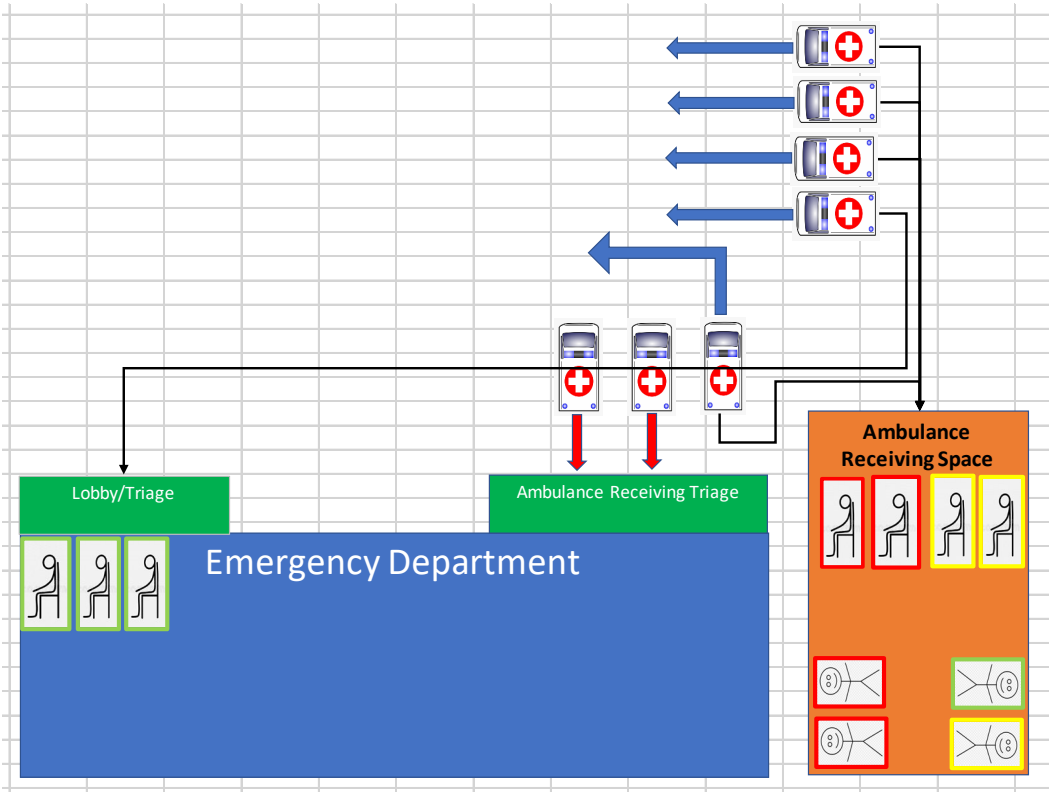
b. **Immediate (red)** – These are patients who exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed within 1 hour. These patients require rapid assessment and medical intervention. The hospital EMS Triage Officer shall notify the Charge Nurse upon the arrival of an immediate patient. Patients in this category shall be given priority to offload to an ED treatment station when available. In the absence of an available ED treatment station, these patients shall be offloaded in the ARS or assigned an ambulance parking space closest to the hospital EMS Triage Officer. In this situation, the ambulance back doors should remain open so patients may be directly observed. Immediate patients shall further be categorized to ensure that the most gravely ill is assigned a place closest to the ED ambulance entrance for transport into the ED as soon as directed by the hospital EMS Triage Officer or the AREP may notify the MAC and the EMS Agency MOD for possible rerouting.

c. **Delayed (yellow)** – These are patients who have a potentially serious medical or surgical condition but who are stable to wait until resources are not encumbered. These patients will typically require a gurney upon arrival at the hospital. Delayed patients shall be offloaded to stretcher or cots in the ARS. The Hospital EMS Triage Office shall ensure that delayed patients are captured

in the hospital's eMR. Hospital personnel or EMS Providers shall be assigned to monitor these patients. EMTs and/or paramedics may be assigned to observe up to 4 patients.

d. **Minor (green)** – These are patients who are alert and oriented, able to sit in a chair, and medically stable. These patients shall be taken to the ED waiting room as per Ref. No. 505, Ambulance Patient Offload Time, Policy II. C. The Hospital EMS Triage Officer shall ensure these patients are captured in the hospital's eMR.

III. TEMPLATE FOR AMBULANCE ORIENTATION AND PATIENT PLACEMENT WITHIN THE ARS:



CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**
Ref. No. 505, **Ambulance Patient Offload Time (APOT)**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, HOSPITALS)

SUBJECT: **DECONTAMINATION TRAILER DEPLOYMENT FOR MASS CASUALTY EVENT** REFERENCE NO. 1128

PURPOSE: To provide guidelines for the release and deployment of Emergency Medical Services (EMS) Agency mobile decontamination trailers to sites where mass casualty decontamination is needed.

DEFINITION:

EMS AGENCY MOBILE DECONTAMINATION TRAILER: The EMS Agency owns and maintains two 32 ft. mobile decontamination trailers that are towed independently by two trucks. These can be deployed as a field resource or to a healthcare facility where decontamination capability is limited or non-existent. Each trailer has the following specifications:

- Decontamination must occur within 250 feet of a fire hydrant (uses approximately 40 gallons of water per minute).
- Water is instantly heated to 90 degrees Fahrenheit; trailers are air conditioned.
- Two ambulatory lanes separated for privacy. Each lane has one wash station and one rinse station. Each station has three wall mounted and one ceiling mounted shower heads. The wash station dispenses detergent soap mixed with water. Two additional ambulatory lanes (each lane capable of handling three (3) victims at a time) can be established externally below two booms on each side of the trailer.
- Non-ambulatory decontamination can be performed on a 15-ft. roller section on the passenger side of the trailer below two booms (wash and rinse) with three shower heads on each boom.
- Internal wastewater can be collected in one 1,200-gallon bladder. External wastewater flows into a collection basin and can be pumped into another bladder or toward a contaminated area of the operation.
- An onboard 200-gallon freshwater tank enables the decontamination process to begin prior to accessing a fire hydrant.
- Able to handle 96 ambulatory victims per hour (this is based on two (2) victims inside and six (6) victims outside showering for five (5) minutes each).

PRINCIPLES:

1. The County of Los Angeles EMS Agency has two mobile decontamination trucks and trailers that are stored and maintained at the County Disaster Staging Facility.

2. EMS Agency mobile decontamination trailer(s) may be pre-deployed for special events. NOTE: this is the preferred and most beneficial use

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

3. The overall authority to deploy the decontamination trailers to the field or to a healthcare facility rests with the EMS Agency who will coordinate the overall response and deployment.

4. In any event involving a terrorist attack with a release of a hazardous substance, the EMS Agency, healthcare facilities, and provider agencies shall implement their terrorism notification procedures and monitor the situation.

5. EMS Agency mobile decontamination trailer deployment shall be for incidents in which a hazardous substance is responsible for the casualties. The incident must be a true mass casualty incident which exceeds the provider agencies' decontamination capability or healthcare facilities' resources to deal with the patient load. As a general guideline, the incident should involve at least fifty (50).

POLICY:

I. Types of Deployment

A. Training Deployment – A scenario involving simulated or actual decontamination of volunteer victims in the field or at a healthcare facility during an exercise or drill.

B. Pre-Deployment- This scenario would involve identifying a significant event or large gathering where there is a possibility of localized patient surge or event of national significance. The trailers would be staged close to the event or gathering. This could be requested by a city, field provider or hospital. This is the ideal use of this equipment.

C. Field Deployment – This scenario involves the deployment of a decontamination trailer to an incident site in a public area. This would occur in the case of an overt chemical or radiological substance release in a populated area such as a stadium or inside a building.

B. Hospital Deployment – This scenario may involve an overt or covert chemical or radiological substance release in which the first sign might be the unexplained surge of patients seeking treatment at local hospital, clinic, or field treatment site for symptoms indicating exposure to or contamination with a hazardous substance.

II. Role of the EMS Agency

A. Coordinate and facilitate training on decontamination trailers for provider agency and healthcare facility staff.

B. Maintain and store the decontamination trailers.

C. Deliver the trailer(s) to the decontamination site and deploy to a state of readiness.

D. Facilitate the integration of provider agency staff/trained healthcare facility decontamination team members into the operation and utilization of the decontamination trailer(s).

III. Role of the Requesting entity (Provider Agency/Hospital)

A. Pre-deployment request

1. Request the number of trailers to be deployed.
2. Identify the event deployment would support.
3. Identify location the trailer (s) would be staged.
4. Identify the date and duration the trailer(s) would be needed.
5. Identify how the trailers would be secured and who is responsible for insuring their security.
6. Identify a Point of Contact to include name, email, and phone number, if further information is needed.

B. Emergency Deployment request

1. Notify the EMS Agency via the Medical Alert Center (MAC) by either telephone at (562) 378-1789, ReddiNet, or VMED28 of the mass contamination incident.

2. Determine whether decontamination resources are sufficient to handle the incident. If decontamination resources are adequate to deal with the patient load, generally no other assistance would be requested.

3. If additional decontamination resources are required, request the deployment of decontamination trailer(s). Provide the MAC with the following information:

    a. Contact persons name, email and/or phone number
    b. incident location;
    c. contaminant (if known); and
    d. number and severity of victims; and
    e. chief complaint of patients; and
    f. Estimated duration of need

4. Provide personnel in appropriate level of personal protective equipment (PPE) to staff the trailer(s) in order to perform decontamination and/or assist victims with self-decontamination.

5. Coordinate with the local law enforcement agency for force protection and scene control.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 807, **Medical Control During Hazardous Material Exposure**
Ref. No. 1104, **Disaster Pharmaceutical Caches Carried by First Responders**
Ref. No. 1106, **Mobilization of Local Pharmaceutical Caches (LPCs)**
Ref. No. 1225, **Nerve Agent Exposure**

Reference No. 1128, Decontamination Trailer Deployment For Mass Casualty Event

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	10/18/23	10/18/2023	N
	Base Hospital 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:			
	Disaster Coalition Advisory Committee	10/19/23	10/19/2023	N

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

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **BURN RESOURCE CENTER (BRC) DESIGNATION AND ACTIVATION** (EMT, PARAMEDIC, MICN, HOSPITALS) REFERENCE NO. 1138

PURPOSE: To define the role of a Burn Resource Center (BRC) and provide guidelines for the utilization of BRCs and the management of burn patients during a burn disaster in Los Angeles (LA) County.

AUTHORITY: Pandemic and All-Hazards Preparedness Act (PAHPA) (Public Law 109-417)
Hospital Preparedness Program - Trauma Center Scope of Work

DEFINITIONS:

Administrator on Duty (AOD): Administrator on Duty with the Los Angeles County (LAC) Emergency Medical Services (EMS) Agency.

Burn Center: A specific area within the hospital that has committed the resources necessary to meeting the criteria for a burn center. This area contains beds and other equipment related to care of patients with burn injury. Hospitals are either approved by the American Burn Association or self-designated as burn centers.

Burn Injury:

- **Major/Critical:**
  - Adult patients (15 years of age or older) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving equal to or greater than 20% of Total Body Surface Area (TBSA).
  - Pediatric patients (14 years of age or younger) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving equal to or greater than 10% of TBSA.
- **Minor:**
  - Adult patients (15 years of age or older) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving less than 20% of TBSA.
  - Pediatric patients (14 years of age or younger) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving less than 10% of TBSA.

Burn Resource Center (BRC): A BRC is a designated trauma center in LAC that has agreed to provide medical care for up to 20 critically burned patients for a minimum of 72 hours.

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

A BRC shall:

- Be licensed by the State Department of Health Services as a general acute care hospital.
- Maintain a special permit for basic or comprehensive emergency medicine service.
- Be designated by LAC EMS Agency as a Trauma Center.
- Sign a written commitment with the LAC EMS Agency to become a BRC.

Burn Surge Plan Activation: An incident resulting in 20 or more burn patients, or any event that exceeds burn care resources available in LAC.

Local Burn Lead Specialist: A Medical Director (or designee) from a burn center in LAC who will be available to provide assistance to the AOD and the Medical Alert Center (MAC) in triaging and placement of critically injured burn patients, in accordance with Ref. No. 1138.2, Local Burn Lead Specialist Call Panel.

Remote Burn Lead Specialist: A Medical Director from a burn center located outside greater LA County (Orange County, San Bernardino County, San Francisco, San Diego, and Sacramento) who can provide assistance to the AOD/MAC in triaging and placement of patients in the event that the Local Burn Lead Specialist is unavailable due to the magnitude of the incident, in accordance with Ref. No. 1138.3, Remote Burn Lead Specialist.

PRINCIPLES:

1. As a recipient of the Hospital Preparedness Program (HPP) grant, LAC must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of a multi-casualty burn disaster.

2. In the event of a multi-casualty burn disaster, LAC may not have sufficient resources to manage an influx of patients; therefore, the BRC program was developed to enhance burn surge capacity through:

    a. The provision of pharmaceuticals, medical supplies, and equipment required to manage burn patients, as indicated in Ref. No. 1138.1, Burn Resource Center Required Equipment/Supplies/Pharmaceuticals.

    b. The provision of biennial training and resource materials to BRC staff on the management of burn patients.

3. With additional training, pharmaceuticals, medical supplies, and equipment, trauma centers have the personnel and resources to adequately manage critical burn patients.

4. Priority of transfer is determined by facility resources and the patient's probability of survival. Probability of survival is based on TBSA, patient's age, inhalation injuries, and co-morbidities.

5. Transfer of burn patients is coordinated and arranged through the MAC in consultation with a Burn Lead Specialist.

POLICY:

I. The following trauma centers have committed to and are recognized as BRCs:

A. Antelope Valley Hospital

B. Cedars Sinai Medical Center

C. Children's Hospital Los Angeles

D. Dignity Health - California Hospital Medical Center

E. Dignity Health - Northridge Hospital Medical Center

F. Dignity Health - Saint Mary Medical Center

G. Harbor-UCLA Medical Center

H. Henry Mayo Newhall Hospital

I. Huntington Hospital

J. Los Angeles General Medical Center

K. MemorialCare Long Beach Medical Center

L. Pomona Valley Hospital Medical Center

M. Providence Holy Cross Medical Center

N. Ronald Reagan UCLA Medical Center

O. Saint Francis Medical Center

II. A BRC shall:

A. Have a written contractual agreement with LAC EMS Agency to meet the requirements for program participation as specified in the HPP Exhibit.

B. Ensure a constant state of readiness by maintaining and replacing pharmaceuticals, medical supplies, and equipment listed in Ref. No. 1138.1, Burn Resource Center Required Equipment/Supplies/Pharmaceuticals.

C. Train a team of physicians and nurses that specialize in emergency and/or intensive care medicine. This team will act as a resource to hospital personnel.

D. Provide for on-going training to BRC personnel to manage critically burned patients for a minimum of 72 hours. BRCs may have to provide care to major burn patients beyond 72 hours.

E. Provide care for up to 20 major/critical burn patients.

III. Burn Surge Plan Implementation

A. Activation: The LAC EMS Agency AOD in consultation with the Local Burn Lead Specialist, if immediately available, shall activate the BRCs and the Burn Surge Plan.

B. Destination: Burn patient destination guidelines are only in effect when BRCs are activated and include the following:

1. Major/Critical burn patients or any burn patient meeting trauma criteria shall be transported to the most appropriate BRC. Transportation will be based on available resources during the Multi-Casualty Incident (MCI).

2. Minor burn patients not meeting trauma criteria shall be transported to the most accessible receiving facility (MAR) that is not a BRC.

3. MAC will coordinate distribution of burn patients to the most appropriate receiving facilities throughout the system to avoid inundating a single facility.

C. Transfer: Patient transfer guidelines to Burn Centers.

1. Patient transfer to Burn Centers will be coordinated through the MAC under the guidance of a Burn Lead Specialist.

2. LAC EMS Agency in conjunction with the burn centers will maintain a call panel of Local Burn Lead Specialists as indicated in Ref. No. 1138.2, Local Burn Lead Specialist Call Panel who are on call to assist the LAC EMS Agency AOD prioritize and assist burn patient transfers and placement.

3. If a Local Burn Lead Specialist is unavailable, a Remote Burn Lead Specialist may be contacted as indicated in Ref. No. 1138.3, Remote Burn Lead Specialist.

4. The Local Burn Lead Specialist shall be board certified with a specialty in burn management.

5. Priority of transfers:

a. Major/critical burn patients at a non-BRC

b. Major/critical burn patients at a BRC

c. Minor burn patients at a non-BRC

d. Minor burn patients at a BRC

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1130, **Trauma Center Emergency Preparedness**
Ref. No. 1138.1, **Burn Resource Center Required Equipment/Supplies/Pharmaceuticals**
Ref. No. 1138.2, **Local Burn Lead Specialist Call Panel**
Ref. No. 1138.3, **Remote Burn Lead Specialist**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, HOSPITAL)

SUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT** REFERENCE NO. 1140

PURPOSE: To provide guidelines for the release and deployment of Emergency Medical Services (EMS) Agency Mobile Medical System (MoMS) assets during a disaster or mass casualty event.

DEFINITIONS:

~~**EMS AGENCY**~~ **MOBILE MEDICAL SYSTEM (MoMS):** The MoMS consists of all mobile assets that can assist with a surge event. This includes; tents, generators, portable medical equipment, and HVACs. These mobile assets can be deployed independently of each other, either as a stand-alone alternate care site or augment ~~at~~ an existing treatment site such as a hospital.

PRINCIPLES:

1. The EMS Agency maintains and stores the MoMS at the County Disaster Staging Facility.

2. The overall authority to deploy the MoMS rests with the EMS Agency, who will coordinate the response and deployment.

3. The MoMS is intended as a disaster recovery asset and should not be considered a rapid response unit

4. In situations where the EMS Agency receives several requests, the EMS Agency shall deploy the MoMS (components) to the area(s) of greatest need or benefit.

POLICY:

I. The MoMS may be deployed in the following capacities:

   A. **Replacement infrastructure** – at an existing hospital that is physically damaged but retains in-house staffing capabilities.

   B. **Surge capacity supplement** – at an existing hospital that may have far exceeded its normal patient capacity where healthcare demands continue to rise.

   C. **Alternate Care Site** – in an open space independent from any existing or supporting hospital.

   D. **Pre-deployment asset** – for a significant event or large gathering where there is a possibility of localized patient surge (i.e., Tournament of Roses, incident of national significance, etc.). Medical treatment staff and medical supplies will be the responsibility of the requesting organization.

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

NOTE: A pre-deployment request must be submitted at least two months in advance of the event scheduled date and approved by the EMS Agency.

E. Training and demonstration events –MoMS components may be set up to maintain staff proficiency, or to exhibit at public relations events, such as health fairs.

II. Role of the EMS Agency

A. Prioritize requests for deployment.

B. Work with requesting agency managers regarding issues such as staffing, re-supply, security, communication, patient movement, etc.

C. Deliver the MoMS to the requested site and assist with deployment.

D. Provide logistical support for the duration of deployment. This involves all mechanical/maintenance issues.

E. Provide just-in-time training to medical/support staff regarding MoMS equipment and safety considerations.

F. If deployment of the MoMS alters traditional ambulance destinations and transport times during a surge event, the EMS Agency will notify base hospitals and EMS providers of any alterations to traditional patient destinations and receiving facilities.

III. Role of Base Hospitals

Direct patient destinations in accordance with any patient destination alterations, as directed by the EMS Agency.

IV. Role of LA County Provider Agencies

Transport patients in accordance with any patient destination alterations, as directed by the EMS Agency.

V. Role of the Requesting Organization

A. Real event –
   a. Submit a Resource Request via ReddiNet

   b. If no response within 15 minutes - Notify the EMS Agency via the MAC by telephone at (562) 378-1789, ReddiNet, or VMED28 of a possible patient surge event to request additional medical treatment resources.

   c. The organization shall provide the MAC with the following information:

      i. Contact person (Incident Commander or Liaison Officer), include call back number and email address

      ii. Hospital Service Level, which should be one of the following:
         1) Modified Services (orange)-Some assistance needed

2) Limited Services (red)- Significant assistance needed

NOTE: Normal operations (green), Under Control (yellow) and No Services (black) would not warrant deployment of MoMS components.

iii. Support requested
1) Tents
2) Heating, Ventilation, and Air Conditioning units (HVAC)
3) Generators
4) Ventilators
5) Portable suction machines
6) Cardiac monitors/defibrillators
7) IV pumps
8) Oxygen Concentrators (Bottle Fill)
9) Cots
10) Gurneys
11) Bedside lab equipment

B. Meet with EMS Agency team when MoMS assets arrive

a. Identify area for equipment drop off prior to arrival

b. Provide staff to operate the equipment and receive Just-in-Time Training

c. Review deployment requirements

d. Sign for receipt of equipment and deployment requirements acknowledgement

e. Review demobilization requirements

C. Provide wrap-around services such as:

i. Fuel (diesel)
ii. Site security
iii. Site safety
iv. Medical equipment and supplies as necessary
v. Staffing

D. Maintain equipment per instructions provided by EMS Agency

E. Coordinate Demobilizations per instructions provide by the EMS Agency

NOTE: Costs may be incurred for a disaster deployment or planned event and these costs may be passed on to the entity requesting the use of the MoMS assets on a case by case basis.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**

Reference No. 1140, Mobile Medical System Deployment

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	10/18/23	10/18/2023	Y
	Base Hospital 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:			
	Disaster Coalition Advisory Committee	10/19/23	10/19/2023	N

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 1140, Mobile Medical System Deployment

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy VI	PAAC 10/18/2023	Change “Role of Requesting Hospital” to “Role of Requesting Organization”	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT DEPLOYMENT SUMMARY**

REFERENCE NO. 1140.1

PURPOSE: To provide surge capacity when existing hospital resources are overwhelmed or incapacitated.

I. DESCRIPTION:

The Mobile Medical System (MoMS) consists of the following equipment:

1. Tractor/trailer facility; (2) 53 ft. tractor/trailers:

   (1) Treatment trailer: 11 exam beds (4 monitored); 2 monitored procedure room surgical beds. All beds have suction, oxygen, blood pressure cuff and otoscope/ophthalmoscope.

   (2) Support trailer: contains equipment used in treatment trailer (e.g., exam beds, portable digital x-ray, ramps, IV supplies, bandages, splints, PPE, O_2 masks, etc.).

2. Tent facility; (4) 32 ft. trailers each containing:

   (1) 25 person tent facility: heating, AC, lighting,

   (2) O_2 concentrators: 120 liters/min. each, empty medical supply carts, 30 bed central monitoring station, bedside commode.

Note: Each facility is self-contained and can be deployed independently of each other, either as a stand-alone facility or at an existing treatment site such as a hospital.

II. FOOTPRINT

Equipment	Travel Mode	Operational Mode
Tractor/support trailer	79 ft. long, 102” wide	95 ft. long (ramp open) Weight = 65,000 lbs.
Tractor/treatment trailer	79 ft. long, 102” wide	110 ft. long, 20 ft. wide (slide outs and patient ramp) Weight = 86,000 lbs.
Tent facility with F350 truck	50 ft. long	
(1) 25-person tent		125 ft. x 75 ft. (with 20 ft. buffer zone for access)
(2) 100-person tent		60,000 sq. ft. (approx. size of a football field) May require stakes into asphalt
Full set-up (100-person tent w/ treatment & support trailer)		70,000 sq. ft.

III. ACCESSIBILITY

Deployment site requirements:

1. Must be accessible to large commercial vehicles.

2. Overhang or bridge height must be greater than 14 ft. 6 in.

3. Parking surface must be hard asphalt or concrete (no grass or bare earth foundations).

4. Parked vehicles must be removed from area.

IV. REQUESTING RESOURCES

The EMS Agency only provides logistical support for a MoMS deployment. This includes a team for initial set-up with one specialist provided to monitor mechanical systems 24 hours/day during the operational period. The requesting facility is responsible for providing the following:

1. A Resource Request Medical and Health that identifies a list of required equipment (specify which components of MoMS are being requested).

2. Medical and ancillary staff. Required staff that cannot be provided by the requesting facility may be obtained through a Resource Request Medical and Health.

Emergency Request: A resource request must be submitted to the DHS DOC to obtain the MoMS or any component thereof.

Planned Event Request: A planned event deployment request must be submitted at least two months in advance of the event scheduled date. Within three (3) days of the MoMS site assessment, the requesting facility must sign an MOU with the County regarding deliverables, indemnification, and insurance

V. PROCEDURE

1. **Deployment within Los Angeles County:** contact EMS Agency through Medical Alert Center or ReddiNet.

    a. Indicate current facility status and capability.
    b. Specify resource needs using an approved Resource Request form.
    c. Provide name, call back number, and location for advance team meeting.
    d. Any additional requests for resources during the operational period shall be made through the facility's hospital command center (HCC).

2. **Deployment outside of Los Angeles County:** use resource request process specified in CDPH/EMSA EOM.

    a. Indicate current facility status and capability.
    b. Specify resource needs using an approved Resource Request form.
    c. Provide name, call back number, and location for advance team meeting.
    d. Any additional requests for resources during the operational period shall be made through the through the MHOAC/RDMHC programs.

VI. RESPONSE TIME FROM INITIAL RESOURCE REQUEST

The MoMS is not an immediate response asset (e.g., an ambulance).

Within 6 hours: Upon receipt of a resource request to the DHS DOC, an "Advance Team" will be dispatched to assess the needs of the requesting facility and inspect the deployment location. This team may consist of an administrator, physician, and a class "A" driver. This assessment should take no longer than 2 hours, after which the team may identify issues that need to be addressed or requirements that must be in order for the MoMS to be deployed.

Within 8 hours: The MoMS will be activated and deployed to identified location if it has been determined to meet deployment site requirements (driving time to facility is additional).

VII. WRAP-AROUND SERVICES

The requesting facility must provide or contract for the following resources and services:

1. Fuel (diesel) – Treatment/support trailers have a capacity of 300 gallons diesel with a burn rate of six (6) gallons/hour; Tent generators (one per each 25-person tent) have a burn rate of 1.5 gallons/hour.

2. Water – Treatment trailer has 400 gallons of fresh water in the holding tank for hand washing; Support trailer has 100 gallons of fresh water in the holding tank for kitchen sink, restroom, and shower. Fresh water tanks can be refilled using garden hose.

3. Food service for patients and staff.

4. Linen/housekeeping – MoMS provides 1,000 disposable blankets, sheets, pillows for the tent cots. Linen is not provided for the exam beds in the treatment trailer.

5. Waste management – Grey water: Treatment trailer has a 200 gallon tank; Support trailer has a 40 gallon tank; Black water: Treatment trailer has a 200 gallon tank; Support trailer has a 60 gallon tank. Sharps and biohazards will be managed by requesting facility.

6. Site security -24/7.

VIII. SET-UP TIME

Treatment and Support trailers: Two (2) hours with five (5) people.

Tent Facility (25-person tent): 12 hours with five to six (5-6) people.

IX. MOMS EQUIPMENT/SUPPLIES

The MoMS will deploy with a limited amount of supplies and medical equipment. The following are carried with the intent to support an initial start-up for an alternate care site:

1. **Monitors:** (30) Welch Allyn central monitor station, (3) Philips Heartstart MRX monitor/defibrillators.

2. **IV pumps:** (6) Hospira Plum A+ pumps with approximately 100 IV cartridges.

3. **Pharmaceuticals:** Local pharmaceutical cache (see Ref. 1106.1 of the Prehospital Care Policy Manual).

4. **Laboratory:** (3) i-STAT handheld bedside testing devices.

5. **Oxygen:** Treatment trailer: (7) H tanks, liquid oxygen capable; Tent facility: (2) O_2 concentrators (120 L/min. each).

6. **X-ray:** (1) MinXray portable digital x-ray machine with developer.

7. **Ultrasound machine**.

8. **Patient beds:** Treatment trailer (11 exam beds, 2 OR beds); tent facility (100) cots, (4) cribs, (4) gurneys.

9. **Suction:** Treatment trailer: (1) at each bedside; Tent facility: (20) Laerdal suction units.

10. **Miscellaneous:** Bandages, splints, IV start equip. with NS, O_2 masks, suction, gloves, etc.

11. **Generators** for heat and air conditioning.

X. ELECTRICAL/POWER

1. Treatment trailer – Self-contained, 100 kW diesel generator located on each Volvo tractor.

2. Support trailer – Self-contained, 50 kW diesel generator on board.

3. Tent facility – 25 kW portable diesel generator with each 25-person tent.

XI. TERMS OF USE

The requesting facility will operate and maintain the MoMS as if it is part of their existing system. This includes organizational and functional areas such as scheduling workers, ordering supplies/equipment, running tests, and maintaining a clean and hazard free patient care environment.

The EMS Agency and requesting facility will coordinate for the demobilization and recovery aspects early in the deployment planning process.

If there are multiple requests for the MoMS unit, DHS DOC will determine the location of deployment.

XII. COST AND REIMBURSEMENT

1. DHS DOC, in coordination with the County Office of Emergency Management, will seek reimbursement through State and Federal disaster reimbursement programs after all costs and disaster related expenses have been calculated and documented.

2. Costs may be incurred for a disaster deployment or planned event and these costs may be passed on to the entity requesting the use of the MoMS on a case by case basis. The cost will be based on the approved County fees for MoMS deployment.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

EMT/PARAMEDIC

SUBJECT: **MEDICAL OVERSIGHT DURING AN INFECTIOUS DISEASE SURGE**

REFERENCE NO. 1143

PURPOSE: To provide guidance on the role of the EMS Agency Medical Officer on Duty to assist in patient management and destination decisions during an infectious disease surge.

AUTHORITY: California Health and Safety code 1797.94, 1797.153, and 101310

DEFINITIONS:

Administrator on Duty (AOD): Designated administrator of the Emergency Medical Services (EMS) Agency.

Emerging Infectious Disease (EID): Infectious diseases that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range, or that are caused by one of the National Institute of Allergy and Infectious Diseases (NIAID) Category A, B, or C priority pathogens.

EMTALA: Emergency Medical Treatment and Active Labor Act.

Immediate Patient: These are patients who exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed within ~~1~~ one hour. These patients require rapid assessment and medical intervention.

Medical Alert Center (MAC): Department of Health Services**,** EMS Agency disaster coordination communication center.

Medical Officer on Duty (MOD): Designated medical officer of the EMS Agency.

PRINCIPLES:

1. Los Angeles County is experiencing an outbreak of an EID pathogen or other infectious disease, resulting in a surge of patients in the emergency department (ED).

2. Hospitals are managing a large surge of patients and ambulances may experience extended offload times for patients, including those who may be critically ill.

3. Immediate patients with time-sensitive emergencies require rapid assessment and treatment to reduce morbidity and mortality.

4. Stable patients may be safely transported a greater distance to receive care.

5. If a hospital does not have the capacity to treat a patient arriving by ambulance who has not yet been offloaded from the ambulance, it may be in the best interest of that patient to be transported to another nearby hospital that does have the capacity to treat them.

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

6. The implementation of MOD oversight is to minimize patient harm due to an EID or infectious disease surge that has severely impacted the LA County EMS and hospital system.

7. Implementation of Reference No. 1114: *Hospital EMS Surge Assistance Plan* will proceed in addition to the steps outlined in this policy.

POLICY:

I. CRITERIA FOR CONSIDERATION FOR PATIENT REDIRECTION:

A. All available patient treatment areas, including hallways, within the ED are fully occupied and ambulance patients are being managed outside of the ED, and;

B. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour; ***or;***

C. Three (3) or more Immediate patients are being managed by EMS personnel in ambulances waiting to be triaged by ED personnel; ***or;***

D. The patient in question is considered to have a time-critical emergency who may experience harm due to the expected offload delay

II. When Section I criteria are met and patient redirection is being considered, EMS Provider Agency personnel or Base Hospital personnel will contact the Los Angeles County EMS Agency's Medical Alert Center (MAC) for authorization from the MD to redirect the patient.

III. MAC will contact the MOD and will send an email notification to the AOD.

IV. The MOD will communicate with the EMS Personnel and/or Base Hospital, facilitated by the MAC, including video conferencing with the patient as needed to perform an assessment and to determine if redirection of the patient is appropriate.

V. The MOD will work with the MAC to determine the closest 9-1-1 Receiving Facility with the necessary capacity and capabilities.

VI. If the MOD authorizes redirection of the patient, the EMS personnel caring for the patient will immediately transport the patient to a secondary triage facility outlined in Ref. No. 1143.1 as directed by the MOD, and will provide notification to that facility of the incoming patient as per Ref. No. 1200.1.

VII. The MOD will contact the ED charge nurse at the secondary triage facility to provide a brief report on the necessity of the transport.

VIII. The EMS Provider should document the MOD who authorized the rerouting in the narrative, and the MAC documentation of the incident should be according to operational policy.

IX. The EMS Agency will conduct 100% case review as part of the EMS Agency Quality Improvement Plan.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 1114, **Hospital EMS Surge Assistance Plan**
Ref. No. 1143.1, **Secondary Triage Hospitals**
Ref. No. 1200.1, **Treatment Protocol: General Instructions**

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 378-1610 FAX (562) 941-5835
http://ems.dhs.lacounty.gov

September 13, 2023

TO: Supervisor Janice K. Hahn, Chair
Supervisor Lindsey P. Horvath
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Kathryn Barger

FROM: Richard Tadeo, EMS Agency Director,
EMS Commission Executive Director

SUBJECT: **ANNUAL REPORT OF THE EMERGENCY MEDICAL SERVICES COMMISSION – FISCAL YEAR 2022-23**

Attached is the Annual Report of the Emergency Medical Services (EMS) Commission which is being submitted in compliance with Los Angeles County Code Title 3, Chapter 3.20, Section 3.20.070.5. This report outlines legislation, policies, and medical control guidelines reviewed and/or approved during this reporting period, and includes goals and objectives established to further the advancement of the emergency medical and disaster care system in LA County.

In response to the Board motion to terminate the proclamation of a local emergency for COVID-19, The Commission returned to in-person meetings on March 20, 2023 and resumed customary operations under The Ralph M. Brown Act with no hybrid offering. We meet six times per year on the third Wednesday of each odd-numbered month from 1:00 PM to 3:00 PM in Santa Fe Springs, California. We are pleased that with the return to in-person meetings, we have successfully and safely maintained a quorum of half the body plus one for each of our meetings which has allowed the EMSC to continue making progress and quality improvements to treatment protocols impacting our residents.

Please feel free to contact me with any questions or concerns you may have at (562) 378-1610 – rtadeo@dhs.lacounty.gov, or Commission Liaison Denise Watson at (562) 378-1606 – dwatson@dhs.lacounty.gov.

RT:DW

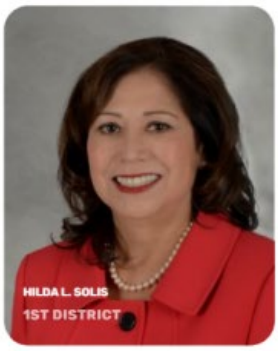
Attachment

c: Christina R. Ghaly, MD, Director of Los Angeles County Health Services
Hal F. Yee, Jr., MD, 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 2022–23

Los Angeles County
Department of Health Services
Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, California 90670
Phone: (562) 378-1500 / Fax: (562) 941-5835
http://ems.dhs.lacounty.gov

LOS ANGELES COUNTY BOARD OF SUPERVISORS



Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

MESSAGE FROM THE DIRECTOR

During Fiscal Year 2022-23, the Emergency Medical Services (EMS) Agency continued to engage with our EMS partners and EMS Commission to improve upon existing policies, define and write new policies, and review current legislation to ensure quality emergency medical and disaster-related healthcare for the residents of Los Angeles County.

The EMS Agency provides continuing education through our Paramedic Training Institute (PTI), annual EMS Update training to all EMS providers and mobile intensive care nurses, and up-to-date EMT skill sheets so that first responders in the prehospital care arena are well-equipped to serve our patients and communities in response to disaster and emergency situations.

I want to personally thank the Board of Supervisors, EMS Agency staff, EMS Commissioners, EMS providers, first responders and all of our collaborative partners for the part each of you continue to play in ensuring quality patient care and measureable outcomes towards the advancement of healthcare in the County EMS system.

Sincerely,

Richard Tadeo, RN, BSN
EMS Director
EMSC Executive Director

EMERGENCY MEDICAL SERVICES COMMISSION
MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely, compassionate, and quality emergency and disaster medical services.

HISTORICAL BACKGROUND

The EMSC was established by the Board of Supervisors (Board) in October 1979. 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 (CRPA) to be made by the California State Firefighters' Association Emergency Medical Services Committee because CRPA ceased operations.

On November 1, 2011, in consultation with the Department of Health Services, the EMSC amended the Ordinance to add two commission seats. One member to be nominated by the Los Angeles County Police Chiefs' Association (LACPCA), and the second to be nominated by the Southern California Public Health Association (SCPHA). These seats are beneficial to the EMSC and the County by allowing for expert input by law enforcement and public health. 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 acting in an advisory capacity to the Board of Supervisors and the Director of Health Services. The Executive Director and Commission Liaison for the EMSC serve as staff and are LA County employees.

ABOUT THE COMMISSION

The Emergency Medical Services Commission serves the residents of Los Angeles County in an advisory capacity to the Board of Supervisors and the Director of LA County Department of Health Services (DHS). The EMSC 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
- Monitor studies of particular elements of the emergency medical care system or its initiatives as requested by the Board and/or the Director of DHS, delineate problems and deficiencies, and recommend appropriate solutions
- Acquire and analyze information necessary for measuring the impact and quality of emergency medical care services
- Report findings, conclusions, and recommendations to the Board

- Review and comment on submitted plans and proposals for emergency medical care services
- Recommend, when the need arises, that LA County engage independent contractors for the performance of specialized temporary or occasional services to the EMSC which members of the classified service cannot perform and for which LA County otherwise has the authority to contract
- Advise the Director on policies, procedures and standards that affect 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
- 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
- Conduct public hearings as necessary

MEETINGS

In response to the Board motion to terminate the proclamation of a local emergency for COVID-19, the EMS Commission returned to in-person meetings in lieu of video conferencing on March 20, 2023 and resumed customary operations under The Ralph M. Brown Act with no hybrid offering. Meetings are now held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, California 90670, from 1:00 PM ro 3:00 PM on the third Wednesday of every odd-numbered month with January as month one.

Regular Meetings in FY 2022-23: July 20, 2022 – September 21, 2022 – November 16, 2022
January 18, 2023 – March 8, 2023 – May 17, 2023

ANNUAL WORKPLAN
GOALS AND OBJECTIVES FOR FY 2023-24

The EMS Commission's goals and objectives for Fiscal Year 2023-24 align with the mission of the County and DHS in terms of the advancement of quality health care for our residents of LA County.

Goals and Objectives:

- Monitor completion of the recommended tasks from the September 2016 ad hoc committee workgroup in the Prehospital Care of Mental Health and Substance Abuse Emergencies report
- Continue monitoring ambulance patient offload times (APOT) and ambulance patient offload delays (APOD)
- Support collaborative efforts of EMS constituents to identify throughput issues that contribute to APOD
- Support the implementation of ambulance offload teams to assist hospitals with extreme APOD
- Monitor progress of ad hoc workgroup on Interfacility Transports (IFTs) related to critical care transports
- Monitor success of EMS Update 2022 on behavioral health emergencies and treatment protocols
- Review and recommend policies, directives and pilots for adoption by the EMS Agency
- Monitor effectiveness of FirstWatch system implementation on real-time dispatch data information
- Monitor changes to treatment protocols
- Support disaster planning with emphasis on broader regional disaster plans
- Monitor resource allocations in emergency situations
- Support EMT/paramedic training programs that serve the underserved communities
- Support efforts to create equity, diversity, inclusion, and anti-racism within the EMS system of care
- Revisit recommendation of ad hoc workgroup on LA County EMS Corps Program
- Invite subject matter experts who provide information and training in the field of emergency medical care
- Monitor State and federal legislation affecting the EMS system
- Advise on and recommend topics for EMS education
- Support the EMS Agency's efforts to ensure timely and accurate data submission from all EMS providers and specialty care centers

- Participate on the Measure B Advisory Board and ensure constituent groups are aware of the Measure B allocation process of the un-allocated Measure B funds
- Support the monitoring of the Emergency Ambulance Transportation Agreements which expire in 2027
- Monitor the progress of the State EMS Authority on changes to Chapter 5
- Monitor the progress of the EMSC Ordinance changes
- Monitor progress of General Public Ambulance Rate Increase motion and recommendations
- Monitor Ambulance Ordinance Title VII motion and recommended rate increases to EMT and paramedic wages for recruitment and retention

ONGOING LONG-TERM PROJECTS

- Monitor legislation of interest to emergency medical services and the Board
- Support education efforts for Bystander, Hands-Only CPR training (Sidewalk CPR)
- Monitor and support 9-1-1 ambulance transport readiness through supporting the APOT ad hoc committee's recommendations to decrease APOT
- Monitor and support EMS pilot and trial studies to improve the delivery of emergency medical care and transportation
- Continue moving forward and implement recommendations from the September 2016 Ad Hoc committee report on the *Prehospital Care of Mental Health and Substance Use Emergencies*:
  - Monitor new protocols and Medical Control Guidelines for management of agitated patients – pharmacologic and non-pharmacologic
  - Continue to monitor, support, and make policy recommendations to standardized criteria for dispatching fire and law to behavioral health calls
  - Monitor and recommend implementation of Suicide Risk Screening Protocols pilot program

ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR 2022-23

- Approved the FY 2021-22 EMSC Annual Report at the September 21, 2022 meeting
- Completed the final task recommended in the September 2016 ad hoc committee report on *Prehospital Care of Mental Health and Substance Use Emergencies*
- Monitored pilot project on the Medical Control Guideline for Suicide Risk Assessment
- Established new EMSC goals and objectives for FY 2023-24
- Recommended Ordinance Changes to Los Angeles County Ordinance, Chapter 3.20: Emergency Medical Services Commission Section 3.20.040: Composition (Pending)
- Recommended establishment of an ad hoc workgroup to advance the September 2016 *Prehospital Care of Mental Health and Substance Abuse Emergencies* Report recommendations
- Supported the establishment of an ad hoc workgroup to address behavioral health and psychiatric crisis treatment protocols on restraints and policies for agitated patient with pharmacologic management component of Olanzapine oral disintegrating tabs that were included in EMS Update 2022
- Endorsed use of the First Watch system for real-time capturing of APOT
- Recommended an Ordinance change for paramedic representation to be changed from California State Firefighter's Association (CSFA) to California Professional Firefighters (CPF)
- Endorsed language changes in the EMSC Ordinance membership to include a requirement for commissioners to work in or practice in Los Angeles County
- Monitored psychiatric urgent care and alternate transport numbers, volumes, and outcomes of transports
- Endorsed and monitored EMS pilot projects and systems enhancement tools (ECMO, First Watch, igel)
- Monitored legislation related to EMS and Board priorities
- Approved new Chair and Vice Chair selections for 2022 and 2023
- Approved amendments to the Bylaws
- Approved Commissioner selection for EMSC Measure B Advisory Board Representation and approved nominating committee and standing committee selections

- Recommended approval of Prehospital Care Policies and Medical Control Guidelines:
  - 326: Psychiatric Urgent Care Center Standards
  - 328: Sobering Center Standards
  - 406: Authorization for Paramedic Provider Status
  - 408: Advanced Life Support Unit Staffing
  - 411: Provider Agency Medical Director
  - 422: Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency
  - 503.1: Diversion Request Requirements for Emergency Department Saturation
  - 505: Ambulance Patient Offload Time (APOT)
  - 506: Trauma Triage
  - 506.1: Trauma Triage Decision Scheme
  - 512: Burn Patient Destination
  - 518: Decompression Patient Destination
  - 519: Management of Multiple Casualty Incidents
  - 526: Behavioral/Psychiatric Crisis Patient Destination
  - 528: Intoxicated (Alcohol) Patient Destination
  - 604: Prehospital Care Forms
  - 832: Treatment/Transport of Minors
  - 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene
  - 840: Medical Support During Tactical Operations
  - 1010: MICN Certification
  - 1011: MICN Field Observation

- Reviewed the following legislation:
  - EMS Authority Trailer Bill: Changes requirements of the EMS Authority Director from being a licensed physician to an Administrator and adds a Chief Medical Officer (CMO), but does not clarify or codify the responsibility of the CMO who would be responsible for the medical component. There are proposed language changes.
  - AB 1180: Removes the requirement that the director of the EMS Authority be a licensed physician and surgeon, and changes to an appointee to be the Chief Medical Officer or Medical Director for the EMS Authority. This bill will likely be withdrawn if the EMS Authority Trailer Bill is approved.
  - AB 1168: Retroactively awards 201 rights of EMS providers, cities and fire districts. This bill results from the lawsuit where the City of Oxnard vs. the County of Ventura had a joint power agreement and Oxnard wanted to separate from the exclusive operating area which would leave less affluent areas without the same level of service and fragment the EMS system. LA County opposes this bill.
  - AB 761: This bill assures a minimum wage for EMS providers (EMTs and paramedics), and is tied in with AB 1168 and they have to be passed together. We oppose the part of the bill that requires local EMS Agencies (LEMSAs) to establish prevailing wages.
  - AB 40: Requires LEMSAs develop a standard APOT time not to exceed 30 minutes, 90% of the time
  - AB 55: Increases the reimbursement for Medical emergency transports from $100 to $350 per transport and requires LEMSAs to set prevailing wages for EMTs. There is concern this could be a conflict for LEMSAs.
  - AB 67: Mandatory reporting of controlled substance overdoses by first responders to the State legislators. The definition of EMS providers includes the LEMSAs which is problematic.
  - AB 1721: Mutual Aid Seismic Retrofitting has language that bypasses the Medical Health Operational Area Coordinator system. This is being amended to strike language about EMS from the bill.

- AB 1770: Ambulance Patient Offload Time was pulled by the author.
- AB 2130: EMS Training – adds 20 minutes for EMT training on human trafficking.
- AB 2260: Trauma kit proposal for public use with no LEMSA Medical Director involvement.
- SB 443: EMS Dispatch – limits the medical authority of the EMS Agency, pulled by author.
- AB 2117: Mobile Stroke Unit Designation as a site of service so MSU can bill for services.
- AB 767: Extends Community Paramedicine or Triage to Alternate Destinations Act of 2020 pilot program to January 1, 2031. Current AB 1544 is the psychiatric urgent care and sobering center bill that is set to expire January 1, 2024. AB 767 extends the date.
- AB 1601: Allows paramedics and EMTs to place involuntary holds on patients. EMSAAC is watching.
- AB 1036: Requires a physician to certify emergency medical condition upon patient arrival to the Emergency Department. This is a concern as patient may be stabilized by the time they see the physician in the Emergency Department.
- SB 402: This is the 9-8-8 vs. 9-1-1 bill wherein law enforcement will not be dispatched to 9-1-1 calls if it is a behavioral health complaint as EMT and paramedic safety is a concern.

EMERGENCY MEDICAL SERVICES COMMISSION


Brian Bixler, Captain
Peace Officers Association

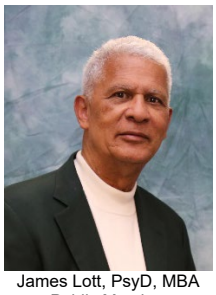

Diego Caivano, MD,
Vice-Chair-2022-2023
LA County Medical Association


Erick H. Cheung, MD, PhD
Southern California Psychiatric Society

Photo Not Available
Paul Espinosa, Chief
Los Angeles County Police Chiefs' Association


John C. Hisserich, DrPH
Public Member
Third Supervisorial District


Lydia Lam, MD,
Chair-2022-2023
American College of Surgeons


James Lott, PsyD, MBA
Public Member
Second Supervisorial District


Carol Meyer, RN
Public Member
Fourth Supervisorial District


Brian Saeki, City Manager
League of California Cities
Los Angeles County Division


Garry Olney, DNP
Hospital Association of Southern California


Robert Ower, RN
Los Angeles County Ambulance Association


Kenneth Powell, Chief
Los Angeles Area Fire Chiefs' Association


Paul Rodriguez, Firefighter/
Paramedic, California
State Firefighters' Association

VACANT
Southern California Public Health Association


Ms. Carol Kim
Public Member
First Supervisorial District


Carole A. Snyder, RN
Emergency Nurses Association


Atilla Uner, MD, MPH
California Chapter – American College of Emergency Physicians (CAL-ACEP)


Mr. Gary Washburn
Public Member
Fifth Supervisorial District

Photo Not Available
Jason Tarpley, MD, PhD, FAHA
American Heart Association
Western States Affiliate


Richard Tadeo, RN, BSN
EMS Agency Director
EMSC Executive Director


Denise Watson, BSB
EMSC Secretary
EMS Commission Liaison

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

EMS AGENCY MEETING SCHEDULE

2024

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

NOTE: Meeting dates and times are subject to changes

Revised: August 17, 2023

COMMITTEE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EMS Commission *(3rd Wednesday – ODD months)* ***1:00 pm***	17		20		8		17		18		20	
Base Hospital Advisory Committee *(2nd Wednesday – EVEN months)* ***1:00 pm***		7		10		5		14		9		11
Provider Agency Advisory Committee *(3rd Wednesday – EVEN months)* ***1:00 pm***		14		17		12		21		16		18
Pediatric Advisory Committee *(Tuesday – Quarterly)* ***10:00 am***			5			4			3			3
Medical Council *(Tuesday – Quarterly)* ***1:00 pm***			5			4			3			3
Trauma Hospital Advisory Committee *(4th Wednesday – ODD months)* ***1:00 pm***	24		27		22		24		25			4
EMS Orientation *(Last Tuesday – Quarterly)* ***8:00 am***	30			30			23			29		
Innovation, Technology and Advancement Committee *(1st Monday – Quarterly)* ***10:00 am***		12			6			5			4	
EMS QI Committee **Base Hospital and Public Provider** *(2nd Thursday – Quarterly)* ***1:00 pm***			14			13			12			12
EMS Private Provider QI Committee *(1st Thursday – every 4th month)* ***1:00 pm***				4				1				5
ACN – Building Emergency Coordinators Meeting *(4th Wednesday – Quarterly)* ***9:00 am***	24			24			24			23		
Disaster Coalition Advisory Meeting *(1st Thursday – every 4th month)* ***9:30 pm***		1				6				3		

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."

July 25, 2023

TO: Distribution **VIA E-MAIL**

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: DESIGNATION OF ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER

The Emergency Medical Services (EMS) Agency is pleased to announce that effective Tuesday, August 1, 2023 at 0700 **Centinela Hospital Medical Center** (CNT) is designated as a ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) for LA County. CNT may begin receiving 9-1-1 patients who meet the criteria outlined in Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient Destination and Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination.

The Hospital Status Screen for CNT in Reddinet® will be updated to reflect the change.

Please visit the EMS Agency website at http://ems.dhs.lacounty.gov for the most current information about the new SRC and a map showing the approved hospitals. If you have any questions, please feel free to contact me at (562) 378-1600, or Ami Boonjaluksa, Chief of Hospital Programs at (562) 378-1596.

MGH:ab
07-23

Distribution: Director, EMS Agency
Fire Chief, Each Fire Department
Paramedic Coordinator, Each Fire Department
Nurse Educator, Each Fire Department
Prehospital Care Coordinator, Each Base Hospital
STEMI Coordinator, Each Approved STEMI Center
STEMI Medical Director, Each Approved STEMI Center
Medical Alert Center
ReddiNet®

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

Richard Tadeo
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.

July 31, 2023

TO: Los Angeles County EMS Constituents

FROM: Richard Tadeo
Director, EMS Agency

SUBJECT: **APPOINTMENT OF EMERGENCY MEDICAL SERVICES (EMS) AGENCY MEDICAL DIRECTOR**

I am pleased to announce the appointment of Dr. Nichole Bosson, as the Department of Health Services' Emergency Medical Services (EMS) Agency Medical Director, effective August 31, 2023, upon the retirement of Dr. Marianne Gausche-Hill.

Dr. Bosson completed her Bachelors of Science and Medical Doctorate degrees at Tufts University in 2002 and 2007 respectively. She completed her residency training in Emergency Medicine at New York University and Bellevue Hospital in 2011 and a Fellowship in Emergency Medical Services at Harbor-UCLA Medical Center in 2013. She also completed a Masters in Public Health at UCLA in 2012. She is Board Certified in both Emergency Medicine and EMS Medicine. She is nationally certified as a Paramedic and as a Medical Team Specialist for Urban Search & Rescue.

Dr. Bosson has worked in EMS for over 20 years and as an Emergency Medicine Physician for the past 12 years. She has been the EMS Agency Assistant Medical Director for the past 8 years and has served in many leadership positions and directed numerous initiatives in collaboration with many stakeholders across the EMS system, which have led to system changes. She holds a faculty position in the Department of Emergency Medicine at Harbor-UCLA Medical Center where she works clinically in the emergency department and provides online medical direction as a Base Hospital Physician. She also serves as the Fellowship Director for the EMS Fellowship Program and mentors junior faculty, fellows and residents.

Most recently, she served as the President for the Emergency Medical Director's Association of California (EMDAC). In this role, she liaised with many state and local organizations, advocacy groups, public officials, and other external organizations to address EMS issues across the state of California. She remains on the EMDAC Board of Directors as well as member to the Scope of Practice Committee, which provides recommendations to the California EMS Authority on prehospital care. She is actively involved in the National Association of EMS Physicians (NAEMSP), serving multiple committees including the Research Committee, Education Committee and Diversity, Equity, and Inclusion Committee.

Dr. Bosson has extensive research experience and have published over 60 peer review manuscripts. She has statistical and methodological skills, having completed courses at the UCLA School of Public Health. She is an editor for Prehospital Emergency Care and the Journal of the American College of Emergency Physicians. She is currently serving on technical expert panels for the National Registry of EMTs (NREMT) and the National Association of State EMS Officials (NAEMSO).

Dr. Bosson's experience, knowledge of the EMS system, clinical expertise as well as her established relationship with EMS Agency constituents will serve her well as she moves into this new role.

Our enormous gratitude to Dr. Marianne Gausche-Hill for her exceptional leadership as the Medical Director at the EMS Agency for the past 8 years.

RT:rt

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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Health Services
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August 14, 2023

Mayor Karen Bass
City of Los Angeles
200 N. Spring St.
Los Angeles, CA 90012

RE: Appointment of Stephen Sanko, MD to Los Angeles Fire Commission

Dear Mayor Bass:

We are writing in strong support of Dr. Stephen Sanko who is seeking appointment to the Los Angeles City Fire Commission. Dr. Sanko is a board-certified emergency medicine and emergency medical services (EMS) physician, with extensive experience in fire department operations and fire-based EMS. Dr. Sanko completed his fellowship training in EMS at Los Angeles General Medical Center in collaboration with the Los Angeles Fire Department (LAFD) in 2015 and he subsequently served as the Assistant Medical Director for LAFD until last year when he left to pursue his career in emergency and EMS medicine at LA General.

Dr. Sanko is highly dedicated to the ensuring quality and equitable fire-based services for the people of Los Angeles. During his tenure as Assistant Medical Director at LAFD, Dr. Sanko was instrumental in departmental improvements that have contributed to enhanced operations as well as many lives saved. For example, Dr. Sanko helped to lead the development and implementation of new dispatch protocols, which reduced response times and improved resource allocation. Further, Dr. Sanko's work evaluating dispatch handling of patients in cardiac arrest and field triage of patients with heart attacks has led to improved outcomes for these critical patients. Recognizing that the vast majority of fire department responses are for medical emergencies, Dr. Sanko's intimate understanding of the intersection of operations and medicine is immensely valuable.

Dr. Sanko's prior experience and substantial knowledge of LAFD's operations, in addition to his subspecialty EMS training make him a uniquely qualified candidate for the position. The importance of fire-based EMS services for the City of Los Angeles cannot be understated. We believe the Fire Commission would greatly benefit from Dr. Sanko's contribution and highly support his appointment.

If you have any questions, please contact us.

Respectfully,

Richard Tadeo, RN
Director, Los Angeles County EMS Agency
rtadeo@dhs.lacounty.gov
562-378-1610

Marianne Gausche-Hill, MD, FACEP, FAEMS
Medical Director, Los Angeles County EMS Agency
Mgausche-hill@dhs.lacounty.gov
562-378-1600

Nichole Bosson, MD, MPH, NRP, FAEMS
Assistant Medical Director, Los Angeles County EMS Agency
nbosson@dhs.lacounty.gov
562-378-1602

c: Director, Los Angeles County Department of Health Services
Chief Deputy Director, Clinical Affairs, Los Angeles County Department of Health Services
Los Angeles County EMS Commission

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Fifth District

Richard Tadeo
Director

Marianne Gausche-Hill, MD
Medical Director

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August 15, 2023

Brett A. Rosen, MD, FAAEM, FACEP
Medical Director – EMS Program CalFire
715 P Street
Sacramento, CA 95814

Via email: brett.rosen@fire.ca.gov

RE: Approval for Use of EpiPen and Intranasal Naloxone for EMTs, and Intranasal Naloxone for Fire Marshals/Law Enforcement Officers

Dear Dr. Rosen,

This letter is confirming approval from the Los Angeles County Emergency Medical Services (EMS) Agency for law enforcement officers/Fire Marshals to be able to administer naloxone intra-nasal spray after appropriate training.

Cal Fire EMTs are approved to administer EpiPen auto injector as well as intranasal naloxone spray in Los Angeles County after appropriate training and ongoing continuing education.

The Los Angeles County EMS Agency works to support the efforts of CalFire to implement important medical therapies within our jurisdiction to ensure public safety.

Contact me if any question regarding these approvals.

Best,

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

Cc: Nichole Bosson, Christine Clare, David Wells

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August 17, 2023

Avetis Avetisyan, CEO
MedTrans, Inc
345 South Woods Avenue Suite 104
Los Angeles, California 90022

Dear Mr. Avetisyan:

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 MedTrans, Inc (MD) 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 site visit and upon request from the EMS Agency. MD may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of systemwide evaluation and aggregate reporting.

Please contact me at (562) 378-1600 or Greg Klein at (562) 378-1685 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:gk
08-15

c: Director, EMS Agency
Dr Romik Zadorian, Medical Director, MedTrans Ambulance
Matt Donohoe, SCT Coordinator, MedTrans Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs

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

August 28, 2023

TO: Los Angeles County EMS Constituents

FROM: Richard Tadeo
Director, EMS Agency

SUBJECT: APPOINTMENT OF EMERGENCY MEDICAL SERVICES (EMS) AGENCY ASSISTANT MEDICAL DIRECTOR

I am thrilled to announce the appointment of Dr. Denise Whitfield as the Department of Health Services' Emergency Medical Services (EMS) Agency Assistant Medical Director, effective August 31, 2023.

Dr. Whitfield received a Bachelor of Science in Biology at Stanford University and her Doctor of Medicine at UCLA. She completed residency in Emergency Medicine at the Naval Medical Center in San Diego. A former Commander in the U.S. Navy, Dr. Whitfield has extensive experience delivering emergency medical care in diverse environments. She spent 12 years on active duty, with combat deployments to Iraq and Afghanistan. As a Naval Flight Surgeon, she completed operational assignments with the Marine Corps. As her final Navy assignment, she served as a White House Physician where she conducted operational medical planning and ensured medical care delivery for the President, Vice-President and First Lady. She received the Presidential Service Badge in honor of her contributions in the Navy.

Following her Naval service, Dr. Whitfield completed an EMS fellowship with the LA County EMS Agency and Harbor-UCLA Medical Center and simultaneously earned a Master of Business Admnistration through the University of North Carolina. She is board certified in emergency medicine and EMS medicine and serves as faculty in the Department of Emergency Medicine at Harbor-UCLA Medical Center as well as EMS Fellowship faculty. She has a strong background in mass gathering medicine and disaster medicine, serving as an event physician and emergency response and airway physician for the National Football League, as well as an Urban Search & Rescue Medical Team Manager.

Since 2018, Dr. Whitfield has served as the Medical Director of Education and Innovation at the LA County EMS Agency. In this role, Dr. Whitfield has led key education initiatives including the annual EMS Update and the monthly Emergipress. Dr. Whitfield has published multiple system-changing peer-reviewed manuscripts and authored several book chapters on topics in EMS medicine. She is actively involved with committees through the National Association of Emergency Physicians (NAEMSP) and the recipient of an education grant through the EMS for Children Innovations and Improvement Center (EIIC).

Dr. Whitfield has excelled in her current role and will make further important contributions to the LA County EMS system in this new position.

Please join me in congratulating Dr. Whitfield in her new role.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Richard Tadeo
Director

Nichole Bosson, MD
Medical Director

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

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

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August 31, 2023 **VIA E-MAIL**

TO: Distribution

FROM: Richard Tadeo
Director

SUBJECT: **EMERGENCY DEPARTMENT STATUS OF BEVERLY HOSPITAL**

Beverly Hospital (BEV) located at 300 West Beverly Boulevard, Montebello, will be closing its Emergency Department to 9-1-1 traffic. **Effective Friday, September 1, 2023 at 3:00 p.m. ALL 9-1-1 transports to BEV's Emergency Department shall be discontinued.** The ReddiNet® will display BEV as being on Internal Disaster.

Patients who would have been transported to BEV must be transported to surrounding approved 9-1-1 receiving hospitals as outlined in Ref. No. 502, Patient Destination.

Thank you for your attention to this matter. If you have any questions, please call me or Chris Clare, Nursing Director EMS Programs at (562) 378-1661 or cclare@dhs.lacounty.gov.

Distribution:
- Medical Director, EMS Agency
- Emergency Medical Services Commission
- Hospital Licensing Unit, Health Facilities Division
- Medical Alert Center
- Hospital Association of Southern California
- Fire Chief, Los Angeles County Fire Department
- Paramedic Coordinator, Los Angeles County Fire Department
- Fire Chief, Montebello Fire Department
- Paramedic Coordinator, Montebello Fire Department
- Fire Chief, Monterey Park Fire Department
- Paramedic Coordinator, Monterey Park Fire Department
- CEO, Care Ambulance Company
- Operations Manager, Care Ambulance Company
- CEO and ED Director, Beverly Hospital
- CEO and ED Director, PIH Health Whittier Hospital
- CEO and ED Director, Greater El Monte Community Hospital
- CEO and ED Director, Monterey Park Hospital
- CEO and ED Director, Garfield Medical Center
- CEO and ED Director, East Los Angeles Doctors Hospital
- CEO and ED Director, St. Francis Medical Center
- Prehospital Care Coordinator, Los Angeles General Medical Center
- Prehospital Care Coordinator, PIH Health Whittier Hospital
- Prehospital Care Coordinator, St. Francis Medical Center
- ReddiNet®

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September 13, 2023

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: **WITHDRAWAL FROM PEDIATRIC MEDICAL CENTER DESTINATION - PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER**

Effective **Wednesday, September 27, 2023 at 23:59,** Providence Cedars-Sinai Tarzana Medical Center (TRM) will be withdrawing as a Pediatric Medical Center (PMC) and will no longer accept critically ill pediatric patients meeting PMC criteria by the 9-1-1 system.

Pediatric patients who meet PMC criteria shall be transported to surrounding PMCs in the area in accordance with Reference No. 510, Pediatric Patient Destination.

The Hospital Status screen in Reddinet® will be updated to reflect the change.

If you any questions or require further information, please contact Karen Rodgers, Pediatric and SART Programs Coordinator at krodgers@dhs.lacounty.gov or (562) 378-1659.

RT:kr
09-10

c. Medical Director, EMS Agency
Medical Alert Center, EMS Agency
ReddiNet®
EMS Commission
Fire Chief, Los Angeles Fire Department
Paramedic Coordinator, Los Angeles Fire Department
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
CEO, Providence Cedars-Sinai Tarzana Medical Center
PMC Medical Director, Providence Cedars-Sinai Tarzana Medical Center
PMC Coordinator, Providence Cedars-Sinai Tarzana Medical Center
PMC Medical Director, Valley Presbyterian Hospital
PMC Coordinator, Valley Presbyterian Hospital
PMC Medical Director, Dignity Health-Northridge Medical Center
PMC Coordinator, Dignity Health-Northridge Medical Center
Emergency Department, Children's Hospital Los Angeles
Prehospital Care Coordinator, Cedars-Sinai Medical Center
Prehospital Care Coordinator, Dignity Health-Northridge Medical Center
Prehospital Care Coordinator, Ronald Reagan UCLA Medical Center

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September 26, 2023

TO: Distribution **EMAILED**

FROM: Richard Tadeo
EMS Agency Director

SUBJECT: **FIRSTWATCH/REDDINET INTEGRATION GO-LIVE**

The Los Angeles County Emergency Services (EMS) Agency is pleased to announce that the FirstWatch Hospital Transport Status Dashboard/Reddinet® integration will go-live on **Tuesday, October 3, 2023 at 12:00 pm.**

Real-time data for the status of ambulance transports will be displayed in the Enroute/TOC (transfer of care) Ambulance Status column on Reddinet®'s main Hospital Status screen.

The description of the Enroute/TOC displays are as follows:

Enroute – White: No ambulances on the way to the hospital
Enroute – Blue: Displays the number of ambulances on the way to the hospital
TOC – White: No ambulances waiting
TOC – Blue: Displays the number of ambulances waiting to offload patients
TOC – Yellow: 3 or more ambulances waiting to offload for > 30 minutes
TOC – Orange: 3 or more ambulances waiting to offload for > 60 minutes

Training sessions will be available through Reddinet®. Notification for training will be sent shortly.

RT:ab
09-24

c: EMS Agency Medical Director
Reddinet®
CEO, All 9-1-1 Receiving Hospitals
ED Medical Director, All 9-1-1 Receiving Hospitals
ED Clinical Director, All 9-1-1 Receiving Hospitals
Fire Chief, All Public Provider EMS Agencies
Paramedic Coordinator, All Public Provider EMS Agencies
CEO, All Licensed Private Ambulance Providers
Paramedic Coordinator, All Licensed Private Ambulance Providers
Medical Director, All Paramedic Base Hospitals
Prehospital Care Coordinators, All Paramedic Base Hospitals
Medical Alert Center
Hospital Association of Southern California
EMS Commission

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October 5, 2023

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: **BEVERLY HOSPITAL RESUMPTION OF EMERGENCY DEPARTMENT SERVICES**

On **Thursday, October 5, 2023 at 0700,** Beverly Hospital (BEV) will resume its Emergency Department services and open to all 9-1-1 BLS and ALS traffic.

Please continue to monitor Reddinet® for updates on the status of BEV.

If you have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at (562) 378-1596 or ABoonjaluksa2@dhs.lacounty.gov.

RT:ab
10-09

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, Montebello Fire Department
Paramedic Coordinator, Montebello Fire Department
Fire Chief, Monterey Park Fire Department
Paramedic Coordinator, Monterey Park Fire Department
CEO, Falck Ambulance Service
Director of Operations, Falck Ambulance Service
CEO and ED Director, Beverly Hospital
CEO and ED Director, PIH Health Whittier Hospital
CEO and ED Director, Greater El Monte Community Hospital
CEO and ED Director, Monterey Park Hospital
CEO and ED Director, Garfield Medical Center
CEO and ED Director, East Los Angeles Doctors Hospital
CEO and ED Director, St. Francis Medical Center
CEO and ED Director, Adventist Health White Memorial
CEO and ED Director, Huntington Hospital
Prehospital Care Coordinator, Los Angeles General Medical Center
Prehospital Care Coordinator, PIH Health Whittier Hospital
Prehospital Care Coordinator, St. Francis Medical Center
Prehospital Care Coordinator, Huntington Hospital

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October 19, 2023

TO: Distribution **VIA E-MAIL**

FROM: for Richard Tadeo
Director

SUBJECT: **PALMDALE REGIONAL MEDICAL CENTER MATERNAL SERVICES CLOSURE**

Palmdale Regional Medical Center (LCH) will be closing its Maternal Services indefinitely. On **Tuesday, October 31st, 2023 at 23:59,** all perinatal patients at 20 weeks gestation or greater shall no longer be transported to LCH. Please transport to the next closest perinatal center in accordance with Reference No. 511, Perinatal Destination.

Reddinet® will reflect the changes in the Services/Resource Tab.

If you have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at (562) 378-1596 or ABoonjaluksa2@dhs.lacounty.gov.

RT:ab
10-22

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
CEO, AMR Ambulance
Director of Operations, AMR Ambulance
CEO, Palmdale Regional Medical Center
CEO and ED Director, Antelope Valley Medical Center
CEO and ED Director, Henry Mayo Newhall Hospital
CEO and ED Director, Olive View UCLA Medical Center
CEO and ED Director, Providence Holy Cross Medical Center
Prehospital Care Coordinator, Antelope Valley Medical Center
Prehospital Care Coordinator, Providence Holy Cross Medical Center
Prehospital Care Coordinator, Henry Mayo Newhall Hospital
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Kathryn Barger
Fifth District

Richard Tadeo
Director

Marianne Gausche-Hill, MD
Medical Director

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October 30, 2023

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: NAME CHANGE FOR BEVERY HOSPITAL

On Wednesday, November 1st, 2023 at 0700, Beverly Hospital's name will be changed to Adventist Health White Memorial Montebello in Reddinet® and all EMS databases. The 3-letter hospital identification code will remain as BEV.

Please update all systems and ensure that personnel are notified of the name change.

If you have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at (562) 378-1596 or ABoonjaluksa2@dhs.lacounty.gov

RT:ab
10-35

c: Medical Director, EMS Agency
Fire Chief, All Public Provider EMS Agencies
Paramedic Coordinators, All Public Provider EMS Agencies
Nurse Educators, All Public Provider EMS Agencies
CEO, All Licensed Private Ambulance Providers
Paramedic Coordinator, All Licensed Private Ambulance Providers
CEO, All 9-1-1 Receiving Hospitals
ED Medical Director, All 9-1-1 Receiving Hospitals
ED Clinical Director, All 9-1-1 Receiving Hospitals
Medical Director, All Paramedic Base Hospitals
Prehospital Care Coordinators, All Paramedic Base Hospitals
Medical Alert Center
ReddiNet®
Hospital Association of Southern California
EMS Commission

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

October 30, 2023

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

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: **PALMDALE REGIONAL MEDICAL CENTER MATERNAL SERVICES CLOSURE 10/30/2023**

Palmdale Regional Medical Center's (LCH) Maternal Services is **CLOSED** to EMS traffic indefinitely. **Effective immediately**, all perinatal patients at 20 weeks gestation or greater shall no longer be transported to LCH. Please transport to the next closest perinatal center in accordance with Reference No. 511, Perinatal Destination.

If you have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at (562) 378-1596 or ABoonjaluksa2@dhs.lacounty.gov.

RT:ab
10-34

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
CEO, AMR Ambulance
Director of Operations, AMR Ambulance
CEO, Palmdale Regional Medical Center
CEO and ED Director, Antelope Valley Medical Center
CEO and ED Director, Henry Mayo Newhall Hospital
CEO and ED Director, Olive View UCLA Medical Center
CEO and ED Director, Providence Holy Cross Medical Center
Prehospital Care Coordinator, Antelope Valley Medical Center
Prehospital Care Coordinator, Providence Holy Cross Medical Center
Prehospital Care Coordinator, Henry Mayo Newhall Hospital
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