



## 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>

### 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  
LA County Medical Association

Mr. Jason Cervantes  
California Professional Firefighters

Erick H. Cheung, MD  
Southern CA Psychiatric Society

Chief Paul Espinosa  
Los Angeles County Police Chiefs' Assn.

Tarina Kang, MD  
Hospital Association of Southern CA

Ms. Carol Kim  
Public Member (1<sup>st</sup> District)

Chief Kristin Kolenda  
Peace Officers Association of LA County

Lydia Lam, MD  
American College of Surgeons

Mr. Kenneth Liebman  
LA County Ambulance Association

James Lott, PsyD, MBA  
Public Member (2<sup>nd</sup> District)

Carol Meyer, RN, Vice Chair  
Public Member (4<sup>th</sup> District)

Chief Kenneth Powell  
Los Angeles Area Fire Chiefs Association

Connie Richey, RN  
Public Member (3<sup>rd</sup> District)

Mr. Brian Saeki  
League of Calif. Cities/LA County Division

Stephen G. Sanko, MD  
American Heart Association  
Western States Affiliate

Carole A. Snyder, RN, Chair  
Emergency Nurses Association

Saran Tucker, PhD, MPH  
Southern California Public Health Assn.

Atila Uner, MD, MPH  
California Chapter-American College of  
Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn  
Public Member (5<sup>th</sup> District)

### EXECUTIVE DIRECTOR

Richard Tadeo  
(562) 378-1610

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

### COMMISSION LIAISON

Denise Watson  
(562) 378-1606

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

DATE: September 11, 2024  
TIME: 1:00 – 3:00 PM  
LOCATION: 10100 Pioneer Boulevard, First Floor  
Cathy Chidester Conference Room 128  
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 Carole Snyder, Chair
2. **INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**  
New Commissioner – Kristin Kolenda, Peace Officers' Association  
New Commissioner – Connie Richey, Public Member, Supervisorial District 3
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 17, 2024
  - 3.2 **Committee Reports**
    - 3.2.1 Base Hospital Advisory Committee
    - 3.2.2 Provider Agency Advisory Committee
  - 3.3 **Policies**
    - 3.3.1 Reference No. 205, Innovation, Technology and Advancement Committee (ITAC)
    - 3.3.2 Reference No. 515, Air Ambulance Transport

## **END OF CONSENT AGENDA**

### **BUSINESS**

#### **Business (Old)**

- 4.1 Field Evaluation of Suicidal Ideation and Behavior
- 4.2 Ambulance Patient Offload Time (APOT)
- 4.3 The Public Works Alliance EMS Corps.

#### **Business (New)**

- 4.4 Annual Report

4.5 Alternative Destination Volume Reports

**5. LEGISLATION**

**6. DIRECTORS' REPORTS**

6.1 Richard Tadeo, EMS Agency Director/EMSC Executive Director

**Correspondence**

- 6.1.1 (07/08/24) Provider Impression Agitated Delirium
- 6.1.2 (08/01/24) EMT AED Service Provider Program Approval
- 6.1.3 (08/06/24) Designation of Comprehensive Stroke Center
- 6.1.4 (08/06/24) Transcutaneous Pacing Program Approval
- 6.1.5 (08/12/24) Intraosseous Program Approval

**7. COMMISSIONERS' COMMENTS / REQUESTS**

7.1 Commissioner Sanko's Data Request

**8. ADJOURNMENT**

To the meeting of November 20, 2024



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## MINUTES July 17, 2024

### LOS ANGELES COUNTY BOARD OF SUPERVISORS

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Fifth District

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Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

Peace Officers Association of LA County

**VACANT**

Public Member (3<sup>rd</sup> District)

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<input type="checkbox"/> *Diego Caivano, M.D.	LACo Medical Association	Jacqueline Rifenburg	Executive Director
<input type="checkbox"/> *Jason Cervantes	CA Professional Firefighters	Denise Watson	Commission Liaison
<input type="checkbox"/> *Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
<input checked="" type="checkbox"/> Paul Espinosa, Chief	LACo Police Chiefs' Assn.	Denise Whitfield, MD	EMS Staff
<input checked="" type="checkbox"/> Tarina Kang, M.D.	Hospital Assn. of So. CA	Jake Toy, MD	EMS Staff
<input checked="" type="checkbox"/> Carol Kim	Public Member, 1 <sup>st</sup> District	Michael Kim, MD	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	American College of Surgeons	Adrian Romero	EMS Staff
<input type="checkbox"/> *Kenneth Liebman	LACo Ambulance Association	Chris Clare	EMS Staff
<input checked="" type="checkbox"/> James Lott, PsyD, MBA	Public Member, 2 <sup>nd</sup> District	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 <sup>th</sup> District	Mark Ferguson	EMS Staff
<input type="checkbox"/> *Kenneth Powell	LA Area Fire Chiefs' Assn.	Aldrin Fontela	EMS Staff
<input type="checkbox"/> *Brian Saeki	League of CA Cities/LA Co	Lily Choi	EMS Staff
<input checked="" type="checkbox"/> Stephen G. Sanko, MD	American Heart Association	Daniel Cho	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	HanNa Kang	EMS Staff
<input type="checkbox"/> *Saran Tucker	So. CA Public Health Assn.	Tracy Harada	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	CAL-ACEP	Paula Cho	EMS Staff
<input type="checkbox"/> *Gary Washburn	Public Member, 5 <sup>th</sup> District	Miguel Ortiz-Reyes	EMS Staff
<input type="checkbox"/> Vacant	Peace Officers Association	Jonathan Warren, MD	EMS Staff
<input type="checkbox"/> Vacant	Public Member 3 <sup>rd</sup> District	Ami Boonjaluksa	EMS Staff
		Gerard Waworundeng	EMS Staff

### GUESTS

Samantha Verga-Gates / APCC-LBM	Clayton Kazan, MD, LACoFD	Michael Stone/USC	Peter Garcia, Burbank Fire
Jenny Van Slyke / Huntington	Puneet Gupta, MD, LACoFD		
Janet Henderson/ Huntington	Vicente Bremner		

(\*) = Absent

### 1. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held at the EMS Agency at 10100 Pioneer Boulevard, First Floor, Cathy Chidester Conference Room 128, Santa Fe Springs, CA 90670. Chair Carole Snyder provided general instructions and called the meeting to order at 1:09 p.m. Roll was taken by Commission Liaison Denise Watson with a quorum of 9 commissioners.

### 2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Jacqueline Rifenburg, EMS Agency Assistant Director, represented Executive Director Richard Tadeo in his absence and announced the Board of Supervisors' appointment of Captain Kristin Kolenda who will represent the Peace Officers Association of Los Angeles County on the EMSC.

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

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

3.1 **Minutes**

3.1.1 May 8, 2024

Commissioner Atilla Uner questioned the validity of “rural-area opposition” reported under Legislation on Senate Bill (SB) 1464 at the bottom of page 3 of the May 8<sup>th</sup> Minutes. Director Rifenburg agreed to delete the reference.

3.2 **Committee Reports**

3.2.1 Base Hospital Advisory Committee

3.2.2 Provider Agency Advisory Committee

3.3 **Policies**

3.3.1 Reference No. 516: Cardiac Arrest (Non-Traumatic) Patient Destination

3.3.2 Reference No. 908: Trauma Prevention & Public Education (For Deletion)

***Motion/Second by Commissioners Lott/Uner to approve the Consent Agenda was carried unanimously.***

**END OF CONSENT AGENDA**

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4. **BUSINESS**

**Business (Old)**

4.1 **Field Evaluation of Suicidal Ideation and Behavior**

Assistant Director Rifenburg reported on the progress of the workgroup’s assessment of treating suicidal ideation patients in the field. Select members of the committee developed a survey to understand the knowledge and comfort level on this subject of EMS clinicians. This survey was beta tested amongst a handful of clinicians and it will be going out countywide soon. This survey will help guide next steps regarding policy, procedure and educational needs.

4.2 **Ambulance Patient Offload Time (APOT)**

Christine Clare, EMS Nursing Director, reported on May 2024 APOT data received from the State. The EMS Agency is still working with providers to get current information to provide a more accurate report. The EMS Agency will continue with their quarterly reports. The second quarter APOT report will be provided at the next EMSC meeting and will include 30-minute breakdown intervals.

4.3 **The Public Works Alliance – EMS Corps.**

Assistant Director Rifenburg reported the EMS Agency has introduced the Public Works Alliance to two potential Community College partners to provide the academic portion of the LA County EMS Corps program, and they have established relationships in both Compton and Whittier to assist with wrap around services.

Dr. Denise Whitfield, EMS Agency Assistant Medical Director, added that with the introduction of the two academic sponsors to run the program, hopefully they will be successful.

**Business (New)**

None.

## 5. **LEGISLATION**

Assistant Director Rifenburg reported on the following legislation:

AB 40 – APOT - Passed – waiting for final word on funding.

AB 1168 – Ventura vs. Oxnard – No movement until after August 1, 2024.

AB 2075 – Restriction of Visitation at long-term care facilities– Patients cannot leave / Visitors cannot come in during a public health emergency – Many Counties oppose - This is a wait-and-see bill.

AB 2348 – Reporting of Standardized Response Time Exemptions – LEMSAs doubt this will go through Appropriations Committee

SB 1180 – Requires insurers to cover community paramedicine, triage to alternate destination and mobile integrated health. Will go through Appropriations Committee – This is a wait-and-see bill.

## **DIRECTOR’S REPORT**

6.1 Jacqueline Rifenburg, EMS Agency Assistant Director, Acting EMSC Executive Director  
Acting Director Rifenburg reported on the following:

### **Correspondence**

6.1.1 (6/20/24) Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)

6.1.2 (5/20/24) EMS Week 2024: “Honoring our Past. Forging our Future”

6.1.3 (3/19/24) General Public Ambulance Rates July 1, 2024, through June 30, 2025

Acting Director Rifenburg introduced Jenny Van Slyke and Janet Henderson of Huntington Memorial who gave a slide presentation on their APOT mitigation strategies.

6.2 Nichole Bosson, MD, EMS Agency Medical Director  
Dr. Bosson provided an update on the following:

1. Pedi-PART Airway Resuscitation Trial has 12 patients enrolled since July 1, 2024.
2. PediDOSE seizure optimization midazolam administration by age rather than weight.
3. HERT film is now available on the EMS Agency website.
4. ELCoR – EMS and Law Enforcement Co-Response goal to develop MCGs around response to the agitated patient; body-worn cameras; and a resource to best support care of critically ill children. Working with some colleagues to disseminate information.
5. Agitated Delirium provider impression and the treatment protocol will be removed to improve the restraint and safety to agitated patients (statewide law).

We will continue working with the Office of Traffic Safety to further our studies and develop new proposals that will include a prehospital blood transfusion program pilot project as well.

A demonstration was given of the Mobile Protocol Application for treatment protocols and Medical Control Guidelines (MCG). This is set to roll out by October 2024.

## 7. **COMMISSIONERS’ COMMENTS / REQUESTS**

Commissioner Stephen Sanko handed out a document entitled “EMS Commissioner Request for Future Report from LEMSA,” and asked the EMS Agency to provide the

additional data requested on the handout so that commissioners can effectively advise and provide oversight (see attached).

Additionally, he made the following four points during the meeting:

1. In the County of Los Angeles, fire departments are participating in a staggering amount of healthcare delivery.
2. Emergency Medical Services is a subspecialty of medicine, and a critical number of physicians in Los Angeles County have now gone through both residency and subspecialty training for this.
3. The additional data would be helpful to the commissioners to be able to advise and provide oversight.
4. The Extracorporeal Membrane Oxygenation (ECMO) pilot has been an important step forward in improving cardiac arrest outcomes, especially for patients in South and East Los Angeles where significant disparities in the prevalence and survival from cardiac arrest persist. Building on the success of this pilot, he believes this Commission should continue to support efforts to regionalize ECMO care for select prehospital cardiac arrest patients - including at DHS acute care hospitals.

**8. ADJOURNMENT:**

Adjournment by Chair Snyder at 2:57 p.m. The September EMS Commission meeting will be held September 11, 2024, one week early, due to several calendar conflicts.

**Next Meeting:** Wednesday, September 11, 2024, 1:00-3:00 p.m.  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, First Floor  
Cathy Chidester Hearing Room 128  
Santa Fe Springs, CA 90670

Recorded by:  
Denise Watson  
Secretary, Health Services Commission

**Lobbyist Registration:** Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the non-compliance exists.

# 3.2.1 COMMITTEE REPORTS



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



## BASE HOSPITAL ADVISORY COMMITTEE MINUTES

August 14, 2024

REPRESENTATIVES		EMS AGENCY STAFF	
<input checked="" type="checkbox"/>	Erick Cheung, MD, Chair	EMS Commission	Denise Whitfield, MD
<input type="checkbox"/>	Diego Caivano, MD, Vice Chair	EMS Commission	Richard Tadeo
<input type="checkbox"/>	Atila Under, MD, MPH	EMS Commission	Jacqueline Rifenburg
<input type="checkbox"/>	Lydia Lam, MD	EMS Commission	Laura Leyman
<input type="checkbox"/>	Saran Tucker	EMS Commission	Lily Choi
<input type="checkbox"/>	Carol Synder, RN	EMS Commission	Chris Clare
<input type="checkbox"/>	Tarina Kang, MD	EMS Commission	Lorrie Perez
<input type="checkbox"/>	Brian Saeki	EMS Commission	Ami Boonjaluksa
<input type="checkbox"/>	Vacant	EMS Commission	Jon Warren, MD
<input checked="" type="checkbox"/>	Rachel Caffey	Northern Region	Sara Rasnake
<input checked="" type="checkbox"/>	Jessica Strange	Northern Region	Sam Calderon
<input checked="" type="checkbox"/>	Michael Wombold	Northern Region, Alternate	Natalie Greco
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region	Hannah Kang
<input checked="" type="checkbox"/>	Laurie Donegan	Southern Region	Mark Ferguson
<input checked="" type="checkbox"/>	Shelly Trites	Southern Region	Gerard Waworundeng
<input checked="" type="checkbox"/>	Christine Farnham	Southern Region, Alternate	Jake Toy, MD
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region, Alternate	Bijan Arab, MD
<input checked="" type="checkbox"/>	Travis Fisher	Western Region	Michael Kim, MD
<input checked="" type="checkbox"/>	Lauren Spina	Western Region	Christine Zaiser
<input type="checkbox"/>	Susana Sanchez	Western Region	Paula Cho
<input checked="" type="checkbox"/>	Cherry Jaudalso	Western Region	Sandra Montero
<input type="checkbox"/>	Laurie Sepke	Eastern Region	Andrea Solorio
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region	Gary Watson
<input checked="" type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate	David Wells
<input type="checkbox"/>	Lila Mier	County Region	Aldrin Fontela
<input type="checkbox"/>	Emerson Martell	County Region	Tracy Harada
<input checked="" type="checkbox"/>	Antoinette Salas	County Region	<b>GUESTS</b>
<input type="checkbox"/>	Vacant	Base Hospital Medical Director	Nicole Reid LACoFD
<input checked="" type="checkbox"/>	Gabriel Campion, MD	Base Hospital Medical Director, Alternate	Sal Rios, Monrovia FD
<input type="checkbox"/>	Adam Brown	Provider Agency Advisory Committee	Taylor Hill, SJS
<input checked="" type="checkbox"/>	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
<input type="checkbox"/>	Heidi Ruff	Pediatric Advisory Committee Representative	
<input type="checkbox"/>	Desiree Noel	Ped AC Representative, Alternate	
<input checked="" type="checkbox"/>	John Foster	MICN Representative	
<input type="checkbox"/>	Vacant	MICN Representative, Alternate	
PREHOSPITAL CARE COORDINATORS			
<input checked="" type="checkbox"/>	Melissia Turpin (SMM)	<input checked="" type="checkbox"/>	Allison Bozigian (HMN)
<input checked="" type="checkbox"/>	Jesika Mejia (QVH)	<input checked="" type="checkbox"/>	Brandon Koulabouth (AMH)
<input checked="" type="checkbox"/>	Thomas Ryan (SFM)	<input checked="" type="checkbox"/>	Annette Mason (AVH)

**1. CALL TO ORDER:** The meeting was called to order at 1:04 p.m. by EMS Commissioner Chair, Erick Cheung, MD.

**2. INTRODUCTIONS/ANNOUNCEMENTS:**

2.1 Educational flyers were provided in the packet which include EMS for Children Educational Forum on November 7, 2024, and Cardiac Arrest in Sports & Lessons Learned on September 3, 2024.

**3. APPROVAL OF MINUTES**

3.1 The Meeting Minutes for June 5, 2024, were approved as presented.

M/S/C (Campion/Burgess)

**4. REPORTS & UPDATES:**

4.1 EMS Update 2025

Dr Shira Schlesinger, Director of Education and Innovation will oversee EMS Update 2025. If you would like to join that committee, please email her. We will be meeting internally in September to finalize next year's topics.

4.2 EmergiPress

The most recent publication featured a respiratory distress case as well as a video with uses for capnography. It is available on your Learning Management System and the EMS website.

4.3 ITAC Update

New changes to our referral process for products and technologies. We will no longer review referrals directly from vendors. New products and/or technologies must be brought forward by a provider interested in utilizing said product/technology. The EMS Agency will be removing the ITAC recommendation document from the website. A summary of ITAC recommendations can be accessed by system stakeholders upon request.

4.4 Research Initiative & Pilot Studies

4.4.1 ECMO Pilot: Over 200 patients have been enrolled and 50 patients received ECPR, with a 30% survival to hospital discharge compared to our baseline of less than 10%. The pilot will be completed at the end of September, but we continue to collect data on using ECPR via the SRC Database. In the future, we will be looking at ECPR destinations.

4.4.2 Thorasite Pilot: This is a needle thoracostomy landmark device. There were 114 attempts in 75 patients (including bilateral use) with no negative outcomes. We are collecting data through the end of the year.

4.4.3 Prehospital Blood Transfusion Pilot: We are waiting for the official funding from the Office of Traffic and Safety (OTS). Once approved, we will apply for a local optional



scope of practice approval for blood administration. The pilot will be led by Dr. Wilhelm at Harbor-UCLA Medical Center in collaboration with Compton Fire and the Los Angeles County Fire Department.

#### 4.5 PediDOSE Study

Please continue to encourage and remind the paramedics to complete their paramedic screening report for pediatric seizure runs to ensure all patients who qualify are enrolled.

#### 4.6 Pedi-PART

We have had 22 enrollments to date, and the base screener has been useful for alerting us to eligible patients that may have been missed. Please continue to submit all potential patients using the Red Cap link.

#### 4.7 ELCoR Task Force

A 10-minute video is available that summarizes Medical Control Guideline 1307.4, which gives the steps to take between EMS and law enforcement if there is an agitated patient. This video can be used as a training tool if you plan to train to that policy. This will be featured in EMS Update 2025.

We are working on a body-worn camera summary document with collaboration from Los Angeles County Sheriffs, LAPD, and County Council that would provide facts about body-worn cameras, and when it is approved it will be posted on our website.

Dr. Schlesinger is working on some educational products for law enforcement for common encounters such as respiratory failure, choking, and pediatric cardiac arrest, and sharing best practices with law enforcement on initial stabilizing steps before EMS arrives.

We have had positive outcomes and relationship-building with ELCoR and it's been useful to work through some of the issues with EMS and law enforcement, and we are looking to make it a standing meeting.

#### 4.8 Field Evaluation of Suicidal Ideation & Behavior Sub-Committee Report

Dr Cheung is leading a workgroup on managing suicidal patients, law enforcement interactions, and complex base station calls. Recent inquiries from prehospital providers and MICNs, analyzing perspectives and potential areas for improvement. The group is developing guidelines and protocols to enhance interactions between law enforcement, EMS providers, and suicidal patients, aiming to provide clear recommendations.

#### 4.9 ECPR Regional System

The ECMO pilot will be concluded, but the ECMO program will continue for the designated ECPR Center hospitals. We are developing performance measures for these centers. To qualify as an ECPR facility, a hospital must be a base station, and we plan to expand the patient destinations for those patients who meet ECPR criteria if there is an ECPR designated facility within the transport distance. More to come.

#### 4.10 California Office of Traffic Safety (OTS) Grants Projects

#### 4.10.1 Mobile Protocol Application

A virtual training session on the application is scheduled for October, with tentative dates of October 2<sup>nd</sup>, 7<sup>th</sup>, and 10<sup>th</sup>, lasting approximately one and a half hours. Sign-ups will be distributed to the group, and we are seeking one to three super users per base hospital/provider agency. The application will feature all PDF policies, rapid action treatment protocols, and just-in-time videos for procedures.

#### 4.10.2 Trauma Dashboards

Dr. Schlesinger is finalizing a draft dashboard set for release in September, while simultaneously developing the post-crash curriculum, which will include the creation of four of the twelve proposed modules that received the highest rankings.

#### 4.10.3 Health Data Exchange (HDE)

We are in the process of amending the contract with ESO, and once the amendment is finalized, we will establish a clearer timeline for HDE implementation and assess the hospital's capacity to support it. The estimated duration for this process is twelve to sixteen weeks, requiring forty to sixty hours of collaboration between hospital IT and the ESO development team. This will enable the hospital's EMR to directly download the PDF version of the EMS report form(s) along with distinct specific data elements and provide billing information and outcome information back to the EMS provider.

### 5. **Old Business: None**

### 6. **New Business**

#### **Policies for Discussion: Action Required**

##### 6.1 Ref. No. 515, Air Ambulance Transport

Approved as presented, M/S/C (Strange/Trites)

#### **Informational Policies: No Action Required**

##### 6.2 Ref. No. 205, Innovation, Technology and Advancement Committee (ITAC)

##### 6.3 Ref. No. 304, Paramedic Base Hospital Standards

##### 6.4 Ref. No. 503.1, Diversion Request Requirements for Emergency Department Saturation

##### 6.5 Ref. No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines

Request clarification 2. i, "Suspected/known abuse that occurred in residential facility, shall reported to Community Care licensing instead of California Department of Public Health Licensing. EMS Agency to seek additional clarification from the ombudsman.

##### 6.6 Ref. No. 1203-P, Diabetic Emergencies

6.7 Ref. No. 1237/1237-P, Respiratory Distress

Recommendation: to keep #8, “and SBP > 90mmHg” due to the frequent occurrence of CPAP being administered to patients with SBP below 90 mmHg.

6.8 Ref. No. 1355, MCG: Perfusion Status

6.8.1 Ref. No 1207-P, Shock/Hypotension

6.8.2 Ref. No. 1210-P, Cardiac Arrest

6.8.3 Ref. No. 1219-P, Allergy

6.8.4 Ref. No. 1244-P, Traumatic Injury

6.9 Ref. No. 1317.11, Calcium Chloride

Recommendations: Add beta blocker under indications for overdose/poisoning/ingestion for the adult and pediatric dose, and to change the abbreviation of grams from ‘gm’ to ‘g’

6.9.1 Ref No. 1241/1241-P, Overdose/Poisoning/Ingestion

**7. OPEN DISCUSSION**

Hospitals must submit their APOT policies to the state by the end of the year, as per AB 40. It is advised that hospitals collaborate with their ED Directors involved in HASC as a checklist has been developed to assist the hospitals. All relevant information should be sent to the designated APOT email. Richard Tadeo will ensure the state’s data matches ours to identify discrepancies before state reports or directives are issued.

The APOT Q2 2024 reports are scheduled for presentation to the EMS Commission in September, followed by HASC, after which they will be distributed to the group.

The EMS Agency has asked for the EMSA APOT report to be prepared according to the 30-minute LEMSA standard instead of the 20-minute EMSA standard.

**8. NEXT MEETING: October 9, 2024**

**9. ADJOURNMENT:** The meeting was adjourned at 13:54

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

**ACCOUNTABILITY:** Laura Leyman



### **2.3 CS@Home (Cedars-Sinai Home Care Program) (Chris Clare)**

Lindsay Williams, PhD, RN, Cedar-Sinai Medical Center, gave a short presentation on a newly implemented home-care program called “CS@HOME”, and how it may affect the EMS system.

### **2.4 Hospital Emergency Response Team (HERT) (Denise Whitfield, MD)**

Dr. Whitfield demonstrated how to locate the HERT video on the EMS Agency’s webpage. This 20-minute video (produced by LACoFD) provides a scenario of how this response team functions.

### **2.5 Infection Control for Emergency Responders – Survey (Ivy Valenzuela, LA County Public Health)**

- 11 provider agencies signed up to participate in LA County Public Health’s infection control response project, which begins this month. Once the project is complete and data is analyzed, Public Health will present the data results to this Committee.
- Public Health presented another project which comes out of the University of Southern Florida’s College of Public Health. This CDC-funded project, called the Infection Control for Emergency Responders (ICER), is requesting assistance from provider agency’s Infection Control Officers to review and provide feedback on the project’s educational and training material which is focused on fire-based EMS responders. Participants may access this survey via the following web address: [Infection Control for Emergency Responders | USF Health \(https://health.usf.edu/publichealth/research/infection-control/icer\)](https://health.usf.edu/publichealth/research/infection-control/icer)

### **2.6 Joint Education Session, September 3, 2024 (Shira Schlesinger, MD)**

- On September 3, 2024, the Joint Education Session topic is cardiac arrest in sports. This 1-hour CE/CME opportunity will be conducted via Zoom from 11:45am to 1pm; immediately following the Pediatric Advisory Committee meeting, which is a virtual meeting.

## **3. APPROVAL OF MINUTES (Conroy / Harter) June 12, 2024, minutes were approved as written.**

## **4. REPORTS & UPDATES**

### **4.1 EMS Update 2024 (Denise Whitfield, MD)**

- EMS Update 2024 - is now complete.
- EMS Update 2025 – Dr. Schlesinger will be leading the 2025 Update and is asking for those who are interested in participating in the planning committee, to contact Dr. Schlesinger at [sschlesinger2@dhs.lacounty.gov](mailto:sschlesinger2@dhs.lacounty.gov)
- Current topics include a review of the ELCoR Medical Control Guideline and managing agitated delirium and behavioral health.

### **4.2 Emergi-Press (Shira Schlesinger, MD)**

- Feedback is requested on possible restructuring ideas of the current Emergi-Press.
- The next Emergi-Press will be released in mid-September after requested additions are complete that include education on ELCoR and Elder Abuse and Dependent Adult Abuse Reporting Guidelines (Ref. No. 823).

### **4.3 ITAC Update (Shira Schlesinger, MD)**

- Deferred and discussed in Section 6.3 below; review of Ref. No. 205, Innovation, Technology and Advancement Committee.

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

Data Collaboratives: no new updates.

Pilot Studies:

- ECMO (extracorporeal membrane oxygenation) Pilot – is ongoing. Our system will be transitioning to an ECPR (extracorporeal cardiopulmonary resuscitation) destination. Although we will be retiring the

pilot, the previously determined ECMO receiving facilities will continue to receive ECMO candidates during the transition of ECPR destination facilities.

- There have been >200 enrollments into the ECMO Pilot; and >50 patients received ECPR. Pilot has seen positive outcome, with approximately 30% survival and hospital discharge; compared to <10% baseline. The pilot will cease at the end of September 2024.
- ThoraSite Pilot – Four provider agencies are participating in this pilot. In the first 6 months there have been 114 needle thoracostomy attempts in 75 patients; ThoraSite device was used in 50 attempts (43%). Paramedic feedback was reviewed, which included cases when the ThoraSite device was not used. No concerns were identified, and the pilot will continue.
- EXG Pilot – Pasadena FD found there was no reduction in time of obtaining an EKG. Some of the challenges during this study included patient exposure and increased ECG artifact. Pilot discontinued.
- Prehospital Blood Transfusion (Kelsey Wilhelm, MD) - Currently, seeking funding from California Office of Traffic Safety (OTS); as well as local optional scope approval from EMDAC (Emergency Medical Services Directors' Association of California) scope of practice committee. Once approval has been obtained, the plan is to implement in September 2024. Participating provider agencies include LACoFD and Compton FD. Draft protocols and QI data elements have been developed and will be implemented once pilot begins.

#### 4.5 PediDOSE Trial (Denise Whitfield, MD)

- The 2<sup>nd</sup> phase of the PediDOSE Trial (age-based dosing of pediatric midazolam during active seizures) was implemented in July 2024, after the completion of EMS Update 2024. Dr. Whitfield inquired if any provider had any problems during the implementation. No response received.
- Reminder – Providers were encouraged to continue completing the paramedic self-reporting procedures for each pediatric seizure response.
- Previously, CHLA was providing monthly reports to providers during times of poor compliance of this pilot. During this 2<sup>nd</sup> phase, compliance has been high and there has been no need to contact provider agencies. However, this Committee has requested continued monthly reports from CHLA on the performance from each provider. The EMS Agency will contact CHLA and inform them of this request.

#### 4.6 Pedi-PART (Denise Whitfield, MD)

- Study is going well. 28 enrollments thus far.
- The EMS Agency thanked all providers for their excellent participation in completing the paramedic self-report forms.
- Providers are reminded to provide their names and email addresses during the completion of this document.

#### 4.7 California Office of Traffic Safety (OTS) Grants Projects

##### 4.7.1 Mobile Application Grant (Denise Whitfield, MD)

- The development of this application is progressing. Features include just-in-time videos for infrequently performed procedures, rapid access Treatment Protocols, quick reference guidelines for treatments and charts.
- Implementation planned in October 2024. Three super-user training dates have been scheduled: October 2, October 7, and October 10. More information to follow.

##### 4.7.2 Trauma Dashboard (Shira Schlesinger, MD)

- This project is in its final stages of development. The status concept version should be released in September 2024. The EMS Agency will be asking providers to participate and to provide feedback.
- The purpose of this project is to be able to visualize some of the system's major methods of situational factors related to post-crash care and other crash care related trauma.

#### 4.8 EMS for Children Update (Shira Schlesinger, MD)

- The 27<sup>th</sup> Annual EMS For Children Educational Forum will be held on November 7, 2024, in Fairfield, California. 5.5 hours of CE is available. Registration can be accessed on the EMS Authorities

webpage: <https://www.eventbrite.com/e/27th-annual-ems-for-children-educational-forum-tickets-928116430227?aff=oddtcreator>. Space is limited to 120 individuals.

- National Pediatric Prehospital Readiness Survey (NPPRS) – This survey is complete. Thank you to all who participated. Aggregate data should be provided by the EMS Authority sometime in the Fall and will be brought to this Committee once the data is received.

#### **4.9 Post-Crash Care Educational Curriculum (Shira Schlesinger, MD)**

- The EMS Agency is seeking participants to review and provide feedback on the draft educational curriculum on post-crash care in Los Angeles County. (Curriculum was provided in this meeting's agenda; the feedback questionnaire can be found at <https://forms.office.com/q/8fT5aEEutL>).
- Your questions can be directed to Dr. Schlesinger at [sschlesinger2@dhs.lacounty.gov](mailto:sschlesinger2@dhs.lacounty.gov).

#### **4.10 Field Evaluation of Suicidal Ideation and Behavior Sub-Committee Report (Jacqui Rifenburg)**

- Sub-Committee sent out a survey to provider agency's EMTs, paramedics, and MICNs on their comfortable level in evaluating patients who are suicidal. The results of this survey have been received and will be analyzed during the next Sub-Committee meeting, scheduled for September 2024.

#### **4.11 ELCoR Task Force (Denise Whitfield, MD and Shira Schlesinger, MD)**

- Dr. Michael Kim (EMS Fellow) developed a training video outlining Ref.1307.4, EMS and Law Enforcement Co-Response. This topic will also be included in EMS Update 2025.
- Case studies were also developed to go with the video. The weblink to the video and case studies will be distributed after this meeting.

Body-Worn Cameras - A document is in draft and being reviewed by Law Enforcement partners and will be brought to this Committee once ready. This document reviews the basic information on body-worn cameras and legal implications related to EMS providers.

Co-Response to Pediatric Critical Events – The goal of this sub-committee is to develop an equipment list for law enforcement personnel to assist them in caring for pediatric population during a critical event. Also, the development of a resource document for law enforcement and EMS educators to assist in understanding the strengths in remaining on scene based on research and training material related to specific pediatric illnesses. The next sub-committee meeting will be in early September 2024. If you are interested in participating, please contact Dr. Schlesinger.

#### **4.12 ALS Skill Sheets (Denise Whitfield, MD)**

Dr. Whitfield presented the proposed ALS skills verification program, including the ALS skill sheets and how this program would be implemented.

The purpose of this verification program is to ensure ongoing proficiency with ALS skills in LA County, promote continuing education in the low frequency/high risk ALS procedures, and develop uniform standards in evaluating the skill proficiencies.

The skill sheets included 12 ALS skills and one BLS skill (CPR); and completed skill sheet forms (or the required elements of the forms) would be required for paramedic accreditation renewals.

After presentation and a lengthy discussion, there were several oppositions voiced by this Committee. The EMS Agency acknowledged that this program is at a standstill within this advisory committee and therefore, information from this committee will be brought back to the ALS Skills Committee for further program revisions. Once revisions are complete, this proposal will return to PAAC.

#### **4.13 ECPR Regional System (Chris Clare)**

- Designation of ECMO receiving centers continue as is current.
- ECPR hospital standards are currently being finalized. Once standards are complete, applications will be accepted to allow additional ECPR Centers into the LA County system. The goal is to have these standards completed by January 2025.

## **5. UNFINISHED BUSINESS**

None

## 6. NEW BUSINESS

### 6.1 Designated Infection Control Officer (Senate Bill 432) and Web Posting H&S 1797.188 (Roel Amara)

- The EMS Agency reminded providers of the current statutes (list above), that were passed in October 2017, requiring all provider agencies to have a Designated Infection Control Officer (DICO). This DICO's name and contact information must be published on the provider's main webpage.
- It was also recommended that any future changes to either the name or contact information of the provider's DICO, to please notify Ivy Valenzuela, LA County Public Health, at [ivalensuela@ph.lacounty.gov](mailto:ivalensuela@ph.lacounty.gov)

#### **Policies for Discussion; Action Required:**

### 6.2 Reference No. 515, Air Ambulance Trauma Transport (Chris Clare)

Policy reviewed and approved with the following recommendation:

- Page 2, II A: Change/Replace the word "shall" with the word "should"

**M/S/C (Conroy / Brown) Approve: Reference No. 515, Air Ambulance Transport, with recommendation.**

#### **Policies for discussion; No Action required:**

### 6.3 Reference No. 205, Innovation, Technology and Advanced Committee (ITAC) (Denise Whitfield, MD)

Policy reviewed as information only. No opposition.

### 6.4 Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation (Chris Clare)

Policy reviewed as information only. No opposition.

### 6.5 Reference No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines (Denise Whitfield, MD)

Policy reviewed as information only. No opposition.

### 6.6 Reference No. 1203-P, Diabetic Emergencies [Pediatric] (Denise Whitfield, MD)

Policy reviewed as information only. No opposition.

### 6.7 Reference No. 1237/1237-P, Respiratory Distress (Denise Whitfield, MD)

Policy reviewed as information only. No opposition.

### 6.8 Reference No. 1355, MCG: Perfusion Status (Shira Schlesinger, MD)

Policy reviewed as information only. No opposition.

#### 6.8.1 Reference No. 1207-P, Treatment Protocol: Shock/Hypotension

Policy reviewed as information only. No opposition.

#### 6.8.2 Reference No. 1210-P, Treatment Protocol: Cardiac Arrest [Pediatric]

Policy reviewed as information only. No opposition.

#### 6.8.3 Reference No. 1219-P, Treatment Protocol: Allergy [Pediatric]

Policy reviewed as information only. No opposition.

#### 6.8.4 Reference No. 1244-P, Treatment Protocol: Traumatic Injury [Pediatric]

Policy reviewed as information only. No opposition.

### 6.9 Reference No. 1317.11, MCG: Drug Reference – Calcium Chloride (Denise Whitfield, MD)



Policy reviewed as information only. No opposition.

**6.9.1** Reference No. 1241/1241-P, Treatment Protocol: Overdose / Poisoning / Ingestion  
(Denise Whitfield, MD)

Policy reviewed as information only. No opposition.

**7. OPEN DISCUSSION**

There were no items for discussion.

**8. NEXT MEETING** – October 16, 2024

**9. ADJOURNMENT** - Meeting adjourned at 2:46 p.m.

COUNTY OF LOS ANGELES

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

REFERENCE NO. 205

**PURPOSE:** To describe the composition and function of an Innovation, Technology and Advancement Committee (ITAC) that advises the Emergency Medical Services Agency (EMS) Director and Medical Director on instituting new products, introducing innovative technologies, and providing oversight for the implementation of novel equipment.

**POLICY:**

I. Committee Activities

Functions of the ITAC shall include, but are not limited to, the following:

- A. Provide operational insights for the use of new products.
- B. Perform evidence-based literature review regarding technologies new to Los Angeles County EMS.
- C. Develop standardized policy and recommendations for the implementation of new innovations, technologies and products used in Los Angeles County.
- D. Provide recommendations to the EMS Agency Director and Medical Director regarding new technologies.

II. Meeting Frequency

The Committee will meet quarterly on “as needed” basis (additional meetings may be held as determined by the chair).

III. Committee Membership Structure

- A. Membership is aimed to provide broad areas of expertise to address operational functionality, appropriate scientific review, and practical policy development for the use of new technologies
  1. Chaired by the EMS Agency
  2. Three physician representatives from the Medical Council (Ref. No. 204)
  3. Representative from Provider Agency Advisory Committee (Ref. No. 207)

EFFECTIVE DATE: 05-01-19

PAGE 1 OF 2

REVISED: XX-XX-XX

SUPERSEDES: 05-01-19

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

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

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

REFERENCE NO. 205

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4. Representative from Base Hospital Advisory Committee (Ref. No. 207)
  5. Representative from Pediatric Advisory Committee (Ref. No. 216)
  6. Representative from a Primary EMT Training Program
  7. Representative from a Primary Paramedic Training Program
  8. Other representatives that represent EMS interests in Los Angeles County may participate at ITAC chair discretion
- B. The Committee may elect to invite Subject Matter Experts to provide operational, technical and financial insights on an “as needed” basis.
- IV. Meetings
- A. Regular meetings of the ITAC should be held quarterly on the first Tuesday of February, May, August, and November. The ITAC chair may re-schedule meeting dates at their discretion.
- B. Procedure to Introduce Topics for ITAC Review
1. Los Angeles County EMS stakeholder (i.e, provider agency, receiving hospital, training program, etc.) presents new product, innovation or technology topic they have interest implementing to the ITAC chair.
  2. ITAC chair reviews the proposal and makes a determination of whether to accept the topic for review at an upcoming ITAC meeting, in consultation with the EMS Medical Director as needed.
  3. ITAC chair may meet with product vendors or other entities as needed to inform the ITAC presentation.
- C. ITAC Recommendations
1. ITAC recommendations will be forwarded to the EMS Agency Director and EMS Agency Medical Director following each quarterly meeting.
  2. A summary of ITAC recommendations will be maintained by the EMS Agency and can be accessed by system stakeholders upon request.

#### CROSS REFERENCES

Prehospital Care Manual:

Ref. No. 204, **Medical Council**

Ref. No. 207, **EMS Commission Advisory Committees**

Ref. No. 216, **Pediatric Advisory Committee**

COUNTY OF LOS ANGELES

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

REFERENCE NO. 205

PURPOSE: To describe the composition and function of an Innovation, Technology and Advancement Committee (ITAC) that ~~will~~ advise the Emergency Medical Services Agency (EMS) Director and Medical Director on instituting new products, introducing innovative technologies, and providing oversight for the implementation of novel equipment.

POLICY:

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Functions of the ITAC shall include, but are not limited to, the following:

- A. Provide operational insights for the use of new products.
- B. Perform evidence-based literature review regarding technologies new to Los Angeles County EMS.
- C. Develop standardized policy and recommendations for the implementation of new innovations, technologies and products used in Los Angeles County.
- D. Provide recommendations to the EMS Agency Director and Medical Director regarding new technologies.

## II. Meeting Frequency

The Committee will meet quarterly on “as needed” basis (additional meetings may be held as determined by the chair).

## III. Committee Membership Structure

- A. Membership is aimed to provide broad areas of expertise to address operational functionality, appropriate scientific review, and practical policy development for the use of new technologies
  1. Chaired by the EMS Agency
  2. Three physician representatives from the Medical Council (Ref. No. 204)
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EFFECTIVE DATE: 05-01-19

PAGE 1 OF 2

REVISED: XX-XX-XXSUPERSEDES: 05-01-19APPROVED: \_\_\_\_\_  
Director, EMS Agency\_\_\_\_\_  
Medical Director, EMS Agency

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

REFERENCE NO. 205

4. Representative from Base Hospital Advisory Committee (Ref. No. 207)
5. Representative from Pediatric Advisory Committee (Ref. No. 216)
6. Representative from a Primary EMT Training Program
7. Representative from a Primary Paramedic Training Program
- 7-8. Other representatives that represent EMS interests in Los Angeles County may participate at ITAC chair discretion

B. The Committee may elect to invite Subject Matter Experts to provide operational, technical and financial ~~information-insights~~ on an “as needed” basis.

#### IV. Meetings

A. Regular meetings of the ITAC should be held quarterly on the first Tuesday of February, May, August, and November. The ITAC chair may re-schedule meeting dates at their discretion.

#### B. Procedure to Introduce Topics for ITAC Review

1. Los Angeles County EMS stakeholder (i.e. provider agency, receiving hospital, training program, etc.) presents new product, innovation or technology topic they have interest implementing to the ITAC Chair.

~~ITAC chair reviews the proposal and makes a determination of whether to topic with presenting stakeholder to determine utility of ITAC review and confirm question ITAC is to answer if review determined to be necessary.~~

2. ITAC chair accept the topic for review at an upcoming ITAC meeting, in consultation with the EMS Medical Director as needed.

3. ~~agenda.~~ ITAC chair may meet with product vendors or other entities as needed to inform the ITAC presentation as indicated.

#### C. ITAC Recommendations

1. ITAC recommendations will be forwarded to the EMS Agency Director and EMS Agency Medical Director following each quarterly meeting.
2. A summary of ITAC recommendations will be listed internally maintained with by the EMS Agency and can be accessed by system stakeholders upon request.

#### CROSS REFERENCES

Prehospital Care Manual:

Ref. No. 204, **Medical Council**

Ref. No. 207, **EMS Commission Advisory Committees**

Ref. No. 216, **Pediatric Advisory Committee**

Reference No. 205, Innovation, Technology and Advancement Committee (ITAC)

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee			
	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: Innovation, Technology and Advancement Committee	8/5/2024	8/5/2024	No

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

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

**DRAFT**

(EMT, PARAMEDIC, MICN)  
REFERENCE NO. 515

**SUBJECT: AIR AMBULANCE TRANSPORT**

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**PURPOSE:** To ensure air ambulance transport is utilized appropriately and safely for critically ill and injured patients

**AUTHORITY:** California Code of Regulations, Title 22, Division 9, Chapter 8, 100289.

**PRINCIPLES:**

1. Appropriateness of air ambulance transport shall be determined by the primary EMS provider agency on scene. The first responder on scene should be responsible for the prompt request for dispatch of EMS aircraft, if needed.
2. Air ambulance transport should be considered for critically ill or injured patients when there is extended ground transport time. Transport modality is determined, based on the estimated transport times, mode of transport available, or incident location so that the prolonged ground transport time does not put the patient at higher risk.

**POLICY:**

- I. Critically ill or injured patients who are transported by air ambulance shall be transported to the most appropriate 9-1-1 receiving center with a licensed helipad, per destination policies, with the following considerations:
  - A. All patient destinations with respect to air safety factors shall be approved by the pilot in command.
  - B. Patients exhibiting an unmanageable airway should be transported to the most accessible receiving facility regardless of specialty need, if applicable.
  - C. When critically ill or injured pediatric and adult patients are transported together in one aircraft, the receiving facility shall also be a Pediatric Medical Center or Pediatric Trauma Center.
- II. Communications
  - A. Base hospital contact with the anticipated receiving facility should be made on all patients requiring air ambulance transport. If the receiving facility is not a paramedic base hospital, the receiving facility should be notified of impending air ambulance transport by the EMS provider and base hospital contact will be made per protocol.

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EFFECTIVE: 04-15-95  
REVISED: XX-XX-XX  
SUPERSEDES: 04-01-21

PAGE 1 OF 2

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

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

SUBJECT: **AIR AMBULANCE TRANSPORT**

REFERENCE NO. 515

- B. In the event of communication failure with the base hospital, paramedics shall make every effort to contact the Medical Alert Center (MAC). MAC shall notify the receiving facility of the impending air ambulance transport.
- III. Quality Improvement
- A. The EMS Agency, base hospitals, receiving facilities, and provider agencies shall conduct regular review of all EMS air ambulance responses.
- B. Documentation on the EMS Report Form and Base Hospital Form should include an explanation for the use of an air ambulance (i.e., mountain rescue).

## CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 502, **Patient Destination**  
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients**  
Ref. No. 504, **Trauma Patient Destination**  
Ref. No. 506, **Trauma Triage**  
Ref. No. 510, **Pediatric Patient Destination**  
Ref. No. 511, **Perinatal Patient Destination**  
Ref. No. 512, **Burn Patient Destination**  
Ref. No. 513, **ST-Elevation Myocardial Infarction (STEMI) Patient Destination**  
Ref. No. 518, **Decompression Emergencies/Patient Destination**  
Ref. No. 519, **Management of Multiple Casualty Incidents**  
Ref. No. 521, **Stroke Patient Destination**  
Ref. No. 814, **Determination/Pronouncement of Death in the Field**  
Ref. No. 1302, **Medical Control Guideline: Airway Management and Monitoring**



DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

DRAFT

(EMT, PARAMEDIC, MICN)  
REFERENCE NO. 515

SUBJECT: **AIR AMBULANCE ~~TRAUMA~~ TRANSPORT**

PURPOSE: To ensure ~~that trauma patients are appropriately triaged to a designated trauma center~~ air ambulance transport is utilized appropriately and safely for critically ill and injured patients when ground transport time to a designated trauma center is greater than thirty minutes.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, 100289.

PRINCIPLES:

- ~~1. Trauma patients should be transported to a designated trauma center as quickly as possible, consistent with optimal trauma care.~~
1. Appropriateness of EMS aircraft ~~air ambulance~~ transport shall be determined by the primary EMS provider agency on scene. The first responder on scene should be responsible for the prompt request for dispatch of EMS aircraft, if needed.
2. Air ambulance transport should be considered for critically ill or injured patients when there is extended ground transport time. Transport modality is determined, based on the estimated transport times, mode of transport available, or incident location so that the prolonged ground transport time does not put the patient at higher risk.

POLICY:

- I. ~~Trauma~~ Critically ill or injured patients ~~shall be~~ who are transported by air ambulance shall be transported to an approved Los Angeles County the most appropriate trauma 9-1-1 receiving center with a licensed helipad, per destination policies, with the following considerations:
  - A. All patient destinations with respect to air safety factors shall be approved by the pilot in command.
  - B. ~~Trauma~~ PPatients exhibiting an unmanageable airway ~~or blunt trauma without cardiac activity (asystole or agonal rhythm) will continue to~~ should be transported to the most accessible receiving facility regardless of specialty need, if applicable.
  - ~~C. Henry Mayo Newhall Memorial Hospital's northern catchment boundary is extended to Santiago Road for air ambulance trauma transports only.~~
  - D-C. When critically ill or injured pediatric and adult ~~trauma~~ patients are transported together in one aircraft, the receiving ~~trauma center~~ facility shall also be a Pediatric Medical Center or pPediatric Ttrauma Ccenter.
- II. Communications

EFFECTIVE: 04-15-95  
REVISED: ~~04-01-21~~ XX-XX-XX  
SUPERSEDES: ~~04-01-21~~ 06-01-18

PAGE 1 OF 2

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

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

A. Base hospital contact with the anticipated receiving ~~trauma-center~~ facility (except for Children's Hospital) ~~shall~~ should be made on all ~~trauma~~ patients requiring air ambulance transport ~~to an approved trauma center~~. If the receiving facility is not a paramedic base hospital, the receiving facility should be notified of impending air ambulance transport by the EMS provider and base hospital contact will be made per protocol.

~~A.~~

B. In the event of communication failure with the base hospital, paramedics shall make every effort to contact the Medical Alert Center (MAC). MAC shall notify the receiving ~~trauma-center~~ facility of the impending air ambulance transport.

### III. Quality Improvement

A. The EMS Agency, base hospitals, ~~trauma-centers~~ receiving facilities, and provider agencies shall conduct regular review of all ~~trauma-related~~ EMS ~~aircraft ambulance~~ responses.

B. Documentation on the EMS Report Form and Base Hospital Form should include an explanation for the use of an air ambulance (i.e., mountain rescue).

### CROSS REFERENCES:

#### Prehospital Care Manual:

Ref. No. 502, **Patient Destination**  
 Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS/BLS Units Patients**  
 Ref. No. 504, **Trauma Patient Destination**  
 Ref. No. 506, **Trauma Triage**  
~~Ref. No. 510,~~ **Pediatric Patient Destination**  
~~Ref. No. 511,~~ **Perinatal Patient Destination**  
~~Ref. No. 512,~~ **Burn Patient Destination**  
~~Ref. No. 513,~~ **ST-Elevation Myocardial Infarction (STEMI) Patient Destination**  
~~Ref. No. 514,~~ **Prehospital EMS Aircraft Operations Protocol**  
~~Ref. No. 518,~~ **Decompression Emergencies/Patient Destination**  
 Ref. No. 519, **Management of Multiple ~~Victim-Casualty~~ Incidents**  
~~Ref. No. 521,~~ **Stroke Patient Destination**  
 Ref. No. 814, **Determination/Pronouncement of Death in the Field**  
 Ref. No. 1302, **Medical Control Guideline: Airway Management and Monitoring**

Reference No. 515, Air Ambulance Transport

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	8/21/24	8/21/2024	Yes
	Base Hospital Advisory Committee	8/14/24	8/14/2024	No
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)

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**REFERENCE NO. 515, Air (Non-Traumatic) Patient Destination**

<b>SECTION</b>	<b>COMMITTEE/DATE</b>	<b>COMMENT</b>	<b>RESPONSE</b>
Policy II, A.	PAAC 08/21/2024	Change wording from "...shall be..." to "...should be...". In all locations in said section.	Change Made

**Los Angeles County Emergency Medical Services Agency  
AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT  
BY 9-1-1 RECEIVING HOSPITAL**

**Time Period April 1, 2024 through June 30, 2024**

**APOT Standard: within 30 minutes, 90% of the time**

HOSPITAL	Filters on*		Total # of records	# of valid records	% of valid records	Q2 2024									
	Total # of records	# of valid records				≤30:00min	30:01 - 60:00min	60:01 - 120:00min	>120:00min	90th percentile (hh:mm:ss)	% of Time on Diversion				
<b>ANTELOPE VALLEY - NEWHALL REGION</b>															
Antelope Valley Medical Center	5,230	5,230	10,782	7,134	66%	5,054	71%	1,451	20%	498	7%	131	2%	0:56:15	23%
Henry Mayo Newhall Memorial Hospital	695	695	4,344	2,295	53%	2,182	95%	103	4%	10	0.4%			0:22:24	4%
Palmdale Regional Medical Center	3,033	3,033	6,194	4,087	66%	3,215	79%	718	18%	133	3%	21	0.5%	0:41:16	5%
<b>ANTELOPE VALLEY TOTAL</b>	<b>8,958</b>	<b>8,958</b>	<b>21,320</b>	<b>13,516</b>	<b>63%</b>	<b>10,451</b>	<b>77%</b>	<b>2,272</b>	<b>17%</b>	<b>641</b>	<b>5%</b>	<b>152</b>	<b>1%</b>	<b>0:46:40</b>	<b>11%</b>
<b>SAN FERNANDO VALLEY REGION</b>															
Adventist Health Glendale	2,291	2,290	2,464	2,432	99%	1,939	80%	399	16%	89	4%	5	0.2%	0:42:00	1%
Dignity Health - Glendale Memorial Hospital & Health Center	1,291	1,291	1,380	1,378	100%	1,232	89%	116	8%	29	2%	1	0.1%	0:31:15	9%
Dignity Health - Northridge Hospital Medical Center	3,379	3,379	3,927	3,921	100%	3,428	87%	404	10%	83	2%	6	0.2%	0:32:50	13%
Encino Hospital Medical Center	382	382	427	427	100%	415	97%	9	2%	2	0.5%	1	0.2%	0:15:24	1%
Kaiser Foundation Hospital - Panorama City	745	745	838	834	100%	753	90%	72	9%	9	1%			0:29:50	41%
Kaiser Foundation Hospital - Woodland Hills	540	540	688	624	91%	530	85%	72	12%	21	3%	1	0.2%	0:36:26	42%
Mission Community Hospital	944	944	1,066	1,066	100%	994	93%	62	6%	10	1%			0:26:58	6%
Olive View-UCLA Medical Center	821	821	991	965	97%	869	90%	81	8%	15	2%			0:29:53	34%
Pacifica Hospital of the Valley	614	614	671	671	100%	661	99%	10	1%					0:15:00	37%
Providence Cedars-Sinai Tarzana Medical Center	957	957	1,126	1,096	97%	912	83%	153	14%	27	2%	4	0.4%	0:35:55	24%
Providence Holy Cross Medical Center	1,581	1,581	1,901	1,881	99%	1,796	95%	69	4%	16	0.9%			0:19:52	39%
Providence Saint Joseph Medical Center	3,558	3,557	4,014	3,904	97%	3,154	81%	659	17%	88	2%	3	0.1%	0:39:50	12%
Sherman Oaks Hospital	1,305	1,305	1,452	1,451	100%	1,328	92%	113	8%	10	0.7%			0:27:53	4%
UCLA West Valley Medical Center	1,646	1,646	2,174	1,947	90%	1,501	77%	362	19%	80	4%	4	0.2%	0:44:40	11%
USC Verdugo Hills Hospital	437	437	732	538	73%	401	75%	88	16%	42	8%	7	1%	0:58:22	46%
Valley Presbyterian Hospital	1,393	1,393	1,530	1,530	100%	1,431	94%	91	6%	7	0.5%	1	0.1%	0:25:53	27%
<b>SAN FERNANDO VALLEY TOTAL</b>	<b>21,884</b>	<b>21,882</b>	<b>25,381</b>	<b>24,665</b>	<b>97%</b>	<b>21,344</b>	<b>87%</b>	<b>2,760</b>	<b>11%</b>	<b>528</b>	<b>2%</b>	<b>33</b>	<b>0.1%</b>	<b>0:34:27</b>	<b>22%</b>
<b>SAN GABRIEL VALLEY REGION</b>															
Alhambra Hospital Medical Center	641	641	700	694	99%	670	97%	21	3%	2	0.3%	1	0.1%	0:20:00	12%
Emanate Health Foothill Presbyterian Hospital	1,494	1,454	3,107	1,990	64%	1,479	74%	379	19%	120	6%	12	0.6%	0:51:49	
Emanate Health Inter-Community Hospital	1,426	1,407	2,671	1,907	71%	1,496	78%	309	16%	90	5%	12	0.6%	0:44:45	1%
Emanate Health Queen of the Valley Hospital	2,741	2,727	4,963	3,587	72%	2,976	83%	487	14%	113	3%	11	0.3%	0:39:13	1%

% total may not equal 100% due to rounding.

Data source: ESO Suite (08/27/2024)

**Los Angeles County Emergency Medical Services Agency  
AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT  
BY 9-1-1 RECEIVING HOSPITAL**

**Time Period April 1, 2024 through June 30, 2024**

**APOT Standard: within 30 minutes, 90% of the time**

HOSPITAL	Filters on*		Total # of records	# of valid records	% of valid records	Q2 2024									
	Total # of records	# of valid records				≤30:00min		30:01 - 60:00min		60:01 - 120:00min		>120:00min		90th percentile (hh:mm:ss)	% of Time on Diversion
Garfield Medical Center	908	907	1,172	1,028	88%	984	96%	35	3%	2	0.2%	7	0.7%	0:19:00	9%
Greater El Monte Community Hospital	1,041	1,039	2,201	1,346	61%	1,025	76%	233	17%	80	6%	8	0.6%	0:48:38	24%
Huntington Hospital	3,834	3,833	4,697	4,207	90%	3,739	89%	370	9%	89	2%	9	0.2%	0:31:17	6%
Kaiser Foundation Hospital - Baldwin Park	1,274	1,265	2,526	1,579	63%	1,068	68%	274	17%	180	11%	57	4%	1:16:44	17%
Monterey Park Hospital	415	412	501	427	85%	395	93%	24	6%	6	1%	2	0.5%	0:25:46	2%
Pomona Valley Hospital Medical Center	4,734	4,714	9,214	6,391	69%	4,909	77%	1,109	17%	323	5%	50	0.8%	0:46:44	8%
San Dimas Community Hospital	590	578	1,222	844	69%	725	86%	67	8%	39	5%	13	2%	0:40:01	11%
San Gabriel Valley Medical Center	631	630	826	649	79%	570	88%	52	8%	17	3%	10	2%	0:36:02	5%
USC Arcadia Hospital	3,501	3,476	5,093	4,184	82%	3,471	83%	517	12%	166	4%	30	0.7%	0:40:03	1%
<b>SAN GABRIEL VALLEY TOTAL</b>	<b>23,230</b>	<b>23,083</b>	<b>38,893</b>	<b>28,833</b>	<b>74%</b>	<b>23,507</b>	<b>82%</b>	<b>3,877</b>	<b>13%</b>	<b>1,227</b>	<b>4%</b>	<b>222</b>	<b>0.8%</b>	<b>0:42:36</b>	<b>7%</b>
<b>EAST REGION</b>															
Adventist Health White Memorial Montebello	1,852	1,844	2,524	2,175	86%	1,497	69%	305	14%	231	11%	142	7%	1:28:47	10%
Coast Plaza Hospital	697	693	1,483	1,026	69%	745	73%	174	17%	80	8%	27	3%	1:02:09	2%
Kaiser Foundation Hospital - Downey	1,473	1,468	2,704	1,682	62%	1,023	61%	331	20%	243	14%	85	5%	1:31:00	42%
Norwalk Community Hospital	379	376	730	519	71%	409	79%	72	14%	28	5%	10	2%	0:50:50	10%
PIH Health Downey Hospital	1,682	1,680	2,629	1,994	76%	1,425	71%	314	16%	199	10%	56	3%	1:10:00	15%
PIH Health Whittier Hospital	3,318	3,302	6,318	4,120	65%	2,773	67%	985	24%	308	7%	54	1%	0:56:54	17%
UCI Health - Lakewood	1,675	1,667	2,341	1,985	85%	1,329	67%	323	16%	255	13%	78	4%	1:21:37	9%
Whittier Hospital Medical Center	944	939	1,967	1,378	70%	1,270	92%	91	7%	17	1%			0:26:48	1%
<b>EAST REGION TOTAL</b>	<b>12,020</b>	<b>11,969</b>	<b>20,696</b>	<b>14,879</b>	<b>72%</b>	<b>10,471</b>	<b>70%</b>	<b>2,595</b>	<b>17%</b>	<b>1,361</b>	<b>9%</b>	<b>452</b>	<b>3%</b>	<b>1:07:42</b>	<b>13%</b>
<b>METRO REGION</b>															
Adventist Health White Memorial	632	631	976	737	76%	490	66%	135	18%	75	10%	37	5%	1:18:48	4%
Cedars-Sinai Medical Center	2,923	2,923	4,191	3,574	85%	2,535	71%	785	22%	236	7%	18	0.5%	0:53:03	38%
Children's Hospital Los Angeles	262	262	340	335	99%	333	99%	2	0.6%					0:16:10	3%
Community Hospital of Huntington Park	1,706	1,693	3,428	2,096	61%	1,207	58%	603	29%	236	11%	50	2%	1:08:44	5%
Dignity Health - California Hospital Medical Center	1,523	1,523	1,811	1,810	100%	1,387	77%	278	15%	127	7%	18	1%	0:54:46	23%
East Los Angeles Doctors Hospital	1,181	1,174	2,269	1,442	64%	1,190	83%	178	12%	61	4%	13	1%	0:43:59	1%
Hollywood Presbyterian Medical Center	1,617	1,617	1,957	1,939	99%	1,501	77%	340	18%	87	4%	11	0.6%	0:43:14	1%
Kaiser Foundation Hospital - Los Angeles	1,026	1,026	1,231	1,196	97%	1,016	85%	152	13%	25	2%	3	0.3%	0:37:02	39%
Los Angeles General Medical Center	5,072	5,072	6,390	6,227	97%	5,496	88%	627	10%	91	1%	13	0.2%	0:31:57	16%
PIH Health Good Samaritan Hospital	2,552	2,552	2,882	2,879	100%	2,356	82%	440	15%	77	3%	6	0.2%	0:38:31	5%
<b>METRO REGION TOTAL</b>	<b>18,494</b>	<b>18,473</b>	<b>25,475</b>	<b>22,235</b>	<b>87%</b>	<b>17,511</b>	<b>79%</b>	<b>3,540</b>	<b>16%</b>	<b>1,015</b>	<b>5%</b>	<b>169</b>	<b>0.8%</b>	<b>0:44:45</b>	<b>14%</b>

% total may not equal 100% due to rounding.

Data source: ESO Suite (08/27/2024)

**Los Angeles County Emergency Medical Services Agency  
AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT  
BY 9-1-1 RECEIVING HOSPITAL**

**Time Period April 1, 2024 through June 30, 2024**

**APOT Standard: within 30 minutes, 90% of the time**

HOSPITAL	Filters on*		Total # of records	# of valid records	% of valid records	Q2 2024									
	Total # of records	# of valid records				≤30:00min	30:01 - 60:00min	60:01 - 120:00min	>120:00min	90th percentile (hh:mm:ss)	% of Time on Diversion				
<b>WEST REGION</b>															
Cedars-Sinai Marina Del Rey Hospital	1,229	1,228	1,637	1,425	87%	1,131	79%	223	16%	57	4%	14	1%	0:44:04	39%
Kaiser Foundation Hospital - West LA	1,489	1,486	1,887	1,738	92%	1,226	71%	352	20%	147	8%	13	0.7%	0:58:17	33%
Providence Saint John's Health Center	1,732	1,556	2,458	1,812	74%	1,439	79%	268	15%	97	5%	8	0.4%	0:46:23	11%
Ronald Reagan UCLA Medical Center	1,677	1,634	2,050	1,969	96%	1,692	86%	208	11%	56	3%	13	0.7%	0:35:53	52%
Santa Monica-UCLA Medical Center & Orthopaedic Hospital	773	584	1,265	645	51%	558	87%	59	9%	22	3%	6	1%	0:39:00	22%
Southern California Hospital at Culver City	934	934	1,046	1,041	100%	771	74%	203	20%	55	5%	12	1%	0:50:50	13%
<b>WEST REGION TOTAL</b>	<b>7,834</b>	<b>7,422</b>	<b>10,343</b>	<b>8,630</b>	<b>83%</b>	<b>6,817</b>	<b>79%</b>	<b>1,313</b>	<b>15%</b>	<b>434</b>	<b>5%</b>	<b>66</b>	<b>0.8%</b>	<b>0:46:07</b>	<b>28%</b>
<b>SOUTH REGION</b>															
Catalina Island Medical Center	1	1	102	98	96%	96	98%	1	1%	1	1%			0:17:18	
Centinela Hospital Medical Center	2,163	2,163	6,213	3,825	62%	3,290	86%	489	13%	44	1%	2	0.1%	0:33:39	
College Medical Center	656	656	685	666	97%	545	82%	56	8%	42	6%	23	3%	1:00:00	38%
Dignity Health - St. Mary Medical Center	3,088	3,088	3,112	3,107	100%	2,503	81%	432	14%	155	5%	17	0.5%	0:45:00	15%
Harbor-UCLA Medical Center	1,780	1,753	4,052	2,834	70%	2,444	86%	246	9%	113	4%	31	1%	0:38:33	23%
Kaiser Foundation Hospital - South Bay	924	913	1,672	1,193	71%	1,040	87%	124	10%	24	2%	5	0.4%	0:32:12	14%
Martin Luther King, Jr. Community Hospital	1,981	1,980	3,326	2,358	71%	2,196	93%	123	5%	38	2%	1		0:25:19	36%
Memorial Hospital Of Gardena	1,323	1,319	3,080	2,002	65%	1,891	94%	81	4%	21	1%	9	0.4%	0:23:52	8%
MemorialCare Long Beach Medical Center	3,423	3,422	3,998	3,761	94%	3,156	84%	323	9%	158	4%	124	3%	0:44:55	22%
Providence Little Company of Mary Medical Center San Pedro	646	646	928	832	90%	696	84%	109	13%	23	3%	4	0.5%	0:39:29	16%
Providence Little Company of Mary Medical Center Torrance	1,406	1,272	3,018	1,875	62%	1,429	76%	316	17%	111	6%	19	1%	0:50:42	8%
St. Francis Medical Center	1,872	1,864	5,192	3,230	62%	2,607	81%	357	11%	213	7%	53	2%	0:53:23	11%
Torrance Memorial Medical Center	1,476	1,393	3,130	2,069	66%	1,484	72%	424	20%	149	7%	12	0.6%	0:54:45	36%
<b>SOUTH REGION TOTAL</b>	<b>20,739</b>	<b>20,470</b>	<b>38,508</b>	<b>27,850</b>	<b>72%</b>	<b>23,377</b>	<b>84%</b>	<b>3,081</b>	<b>11%</b>	<b>1,092</b>	<b>4%</b>	<b>300</b>	<b>1%</b>	<b>0:40:56</b>	<b>17%</b>
<b>ALL HOSPITALS</b>	<b>113,159</b>	<b>112,257</b>	<b>180,616</b>	<b>140,608</b>	<b>78%</b>	<b>113,478</b>	<b>81%</b>	<b>19,438</b>	<b>14%</b>	<b>6,298</b>	<b>4%</b>	<b>1,394</b>	<b>1%</b>	<b>0:44:01</b>	<b>16%</b>

**Los Angeles County Emergency Medical Services Agency**  
**AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY PROVIDER**  
**Time Period April 1, 2024 through June 30, 2024**

APOT Standard: within 30 minutes, 90% of the time

EMS Provider Agency	Code	Total # of records	# of valid records	% of valid records	Q2 2024								
					≤30:00min		30:01 - 60:00min		60:01 - 120:00min		>120:00min		90th percentile (hh:mm:ss)
Alhambra Fire Department	AH	966	966	100%	938	97%	24	2%	4	0.4%			00:19:00
Arcadia Fire Department	AF	864	863	100%	780	90%	70	8%	12	1%	1	0.1%	00:30:00
Beverly Hills City Fire Department	BH	680	680	100%	485	71%	150	22%	43	6%	2	0.3%	00:52:00
Burbank Fire Department	BF	1,376	1,375	100%	1,203	87%	154	11%	17	1%	1	0.1%	00:33:00
Compton Fire Department	CM	1,405	1,405	100%	1,394	99%	8	0.6%	2	0.1%	1	0.1%	00:10:00
Culver City Fire Department	CC	925	925	100%	692	75%	162	18%	62	7%	9	1%	00:54:00
Downey Fire Department	DF	1,483	1,483	100%	1,072	72%	236	16%	137	9%	38	3%	01:07:00
El Segundo Fire Department	ES	259	259	100%	215	83%	37	14%	6	2%	1	0.4%	00:38:00
Glendale Fire Department	GL	2,747	2,747	100%	2,254	82%	393	14%	96	3%	4	0.1%	00:41:00
La Habra Heights Fire Department	LH	28	28	100%	26	93%	1	4%	1	4%			00:23:00
La Verne Fire Department	LV	620	620	100%	546	88%	55	9%	13	2%	6	1%	00:34:00
LACoFD	CF	85	85	100%	83	98%	1	1%			1	1%	00:16:39
LAFD	CI	44,831	44,831	100%	37,705	84%	5,686	13%	1,296	3%	144	0.3%	00:37:25
Long Beach Fire Department	LB	7,164	7,164	100%	5,849	82%	800	11%	356	5%	159	2%	00:48:00
Los Angeles County Sheriff's Department	CS	17	17	100%	17	100%							00:21:00
Manhattan Beach Fire Department	MB	361	361	100%	342	95%	17	5%	2	0.6%			00:23:00
Monrovia Fire Department	MF	605	605	100%	597	99%	7	1%	1	0.2%			00:17:00
Montebello Fire Department	MO	926	926	100%	918	99%	6	0.6%	2	0.2%			00:16:00
Monterey Park Fire Department	MP	656	656	100%	648	99%	7	1%			1	0.2%	00:12:00
Pasadena Fire Department	PF	2,431	2,431	100%	2,175	89%	205	8%	48	2%	3	0.1%	00:31:00
Redondo Beach Fire Department	RB	119	2	2%	2	100%							00:00:03
San Gabriel Fire Department	SG	362	362	100%	353	98%	8	2%	1	0.3%			00:14:00
San Marino Fire Department	SA	184	184	100%	167	91%	14	8%	3	2%			00:30:00
Santa Fe Springs Fire Rescue	SS	195	195	100%	193	99%	2	1%					00:11:00
Santa Monica Fire Department	SM	1,265	853	67%	833	98%	17	2%	3	0.4%			00:18:00
Sierra Madre City Fire Department	SI	145	145	100%	134	92%	9	6%	2	1%			00:27:00
South Pasadena Fire Department	SP	226	226	100%	203	90%	18	8%	3	1%	2	0.9%	00:31:00
Torrance Fire Department	TF	1,591	1,449	91%	1,048	72%	305	21%	90	6%	6	0.4%	00:50:36
West Covina Fire Department	WC	1,126	1,126	100%	1,039	92%	70	6%	15	1%	2	0.2%	00:27:00
American Medical Response*	AR	9,085	9,085	100%	5,989	66%	2,289	25%	658	7%	149	2%	00:56:35
Falck Mobile Health Corp. (Care Ambulance)	CA	28,378	28,149	99%	17,811	63%	6,754	24%	2,847	10%	737	3%	01:07:39
Westmed Ambulance Inc. (McCormick Ambulance)*	WM	2,054	2,054	100%	1,081	53%	636	31%	282	14%	55	3%	01:16:56
<b>TOTAL ALL PROVIDERS</b>		<b>113,159</b>	<b>112,257</b>	<b>99%</b>	<b>86,792</b>	<b>77%</b>	<b>18,141</b>	<b>16%</b>	<b>6,002</b>	<b>5%</b>	<b>1,322</b>	<b>1%</b>	<b>00:48:13</b>





**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

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LA County Medical Association

**Mr. Jason Cervantes**

California Professional Firefighters

**Erick H. Cheung, MD**

Southern CA Psychiatric Society

**Chief Paul Espinosa**

Los Angeles County Police Chiefs' Assn.

**Tarina Kang, MD**

Hospital Association of Southern CA

**Ms. Carol Kim**

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

**Captain Kristin Kolenda**

Peace Officers Association of LA County

**Lydia Lam, MD**

American College of Surgeons

**Mr. Kenneth Liebman**

LA County Ambulance Association

**James Lott, PsyD, MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN, Vice Chair**

Public Member (4<sup>th</sup> District)

**Chief Kenneth Powell**

Los Angeles Area Fire Chiefs Association

**Mr. Brian Saeki**

League of Calif. Cities/LA County Division

**Stephen G. Sanko, MD**

American Heart Association

Western States Affiliate

**Carole A. Snyder, RN, Chair**

Emergency Nurses Association

**Saran Tucker, PhD, MPH**

Southern California Public Health Assn.

**Atilla Uner, MD, MPH**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

Public Member (3<sup>rd</sup> District)

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

(562) 378-1610

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

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

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

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

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

(562) 378-1610 FAX (562) 941-5835

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

September 11, 2024

TO: Supervisor Lindsey P. Horvath, Chair  
Supervisor Janice K. Hahn  
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 2023-24**

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.

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

The EMS Commission meets on the third Wednesday of every odd month from 1:00 p.m. to 3:00 p.m. at the EMS Agency

Please feel free to contact me with any questions or concerns you may have at (562) 378-1610 – [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov), or Commission Liaison Denise Watson at (562) 378-1606 – [dwatson@dhs.lacounty.gov](mailto:dwatson@dhs.lacounty.gov).

RT:jr

Attachment

c: Christina R. Ghaly, MD, Director of Los Angeles County Health Services  
Aries Limbaga DNP, MBA, Chief Deputy Director, Operations, 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 2023–24**



**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



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## **MESSAGE FROM THE DIRECTOR**



During Fiscal Year 2023-24, 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 mobil intensive care nurses, and updating EMT Skills testing so that first responders in the prehospital care arena are well-equipped to serve our patients and communities, particularly 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. The Emergency Medical Services Commission's (EMSC) mission complements the County's mission through improving the quality of life for the people and communities of Los Angeles County (LA County).

### **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), 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. They advise on matters related to emergency medical care and practices, EMS policies, programs and standards including paramedic services throughout the County of Los Angeles. The Executive Director and Commission Liaison for the EMSC serve as staff and are LA County employees.

### **FUNCTION AND DUTIES OF 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. 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, and delineates problems and deficiencies and recommends appropriate solutions
- Acquire and analyze the information necessary for measuring the impact and the 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

Meetings are held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, California 90670, from 1:00 PM to 3:00 PM on the third Wednesday of every odd-numbered month, with January as month one.

Regular Meetings in FY 2023-24: July 19, 2023 – September 13, 2023 – November 15, 2023  
January 17, 2024 – March 20, 2024 – May 8, 2024

## ANNUAL WORKPLAN

### GOALS AND OBJECTIVES FOR FY 2024-25

The EMS Commission's goals and objectives for Fiscal Year 2024-25 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 ad hoc committee workgroup on the EMS and Law Enforcement Co-Response (ELCoR)
- Monitor progress from the May 2024 ad hoc committee workgroup on the EMS Evaluation of Suicidal Ideation and Behaviors
- 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
- Monitor progress of ad hoc workgroup on Interfacility Transports (IFTs) related to critical care transports
- Monitor progress of PediDOSE Trial
- Monitor progress of the Pedi-PART Trial
- Monitor progress of Prehospital Blood Transfusion through the EMS Authorities Local Optional Scope of Practice approval process
- Monitor success of EMS Update 2023 on PediDOSE and Pedi-PART Trials
- Review and recommend policies, directives and pilots for adoption by the EMS Agency
- Monitor changes to treatment protocols
- Monitor implementation of Advanced Life Support (ALS) Skills Sheet

- Monitor implementation and usage of the Mobile Protocol Application
- Monitor and support 2024 Office of Traffic Safety (OTS) grants projects
- 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.
- Monitor the progress of the Public Works Alliance EMS Corps Program in LA County
- 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 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
- Support the monitoring of the Emergency Ambulance Transportation Agreements which expire in 2027
- Monitor the progress of the EMSC Ordinance changes
- Monitor progress of General Public Ambulance Rate Increase motion and recommendations

### **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 EMS pilot and trial studies to improve the delivery of emergency medical care and transportation
- Continue
  - 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 an evidence based Suicide Risk Screening protocols and pilot program
- 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* through:
  - 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 an evidence based Suicide Risk Screening protocols and pilot program through the ad hoc committee on the EMS Evaluation of Suicidal Ideation and Behaviors

### **ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR 2023-24**

- Approved the FY 2023-24 EMSC Annual Report at the September 11, 2024 meeting
- Established new EMSC goals and objectives for FY 2024-25
- Recommended Ordinance Changes to the Los Angeles County Ordinance, Chapter 3.20: Emergency Medical Services Commission Section 3.20.040: Composition – Pending
- Recommended establishment of an ad hoc workgroup on EMS Evaluation of Suicidal Ideation and Behavior.
- Endorsed and monitored EMS pilot projects, clinical trials and systems enhancement tools (ECMO, PediDOSE, Pedi-PART, Prehospital Blood Transfusion, Mobile Protocol Application, etc.)
- Monitored legislation related to EMS and Board priorities
- Approved new Chair and Vice Chair selections for 2024
- Recommended approval of Prehospital Care Policies and Medical Control Guidelines:
  - 304: Paramedic Base Hospital Standards

- 316: Emergency Department Approved for Pediatric (EDAP) Standards
  - 318: Pediatric Medical Center (PMC) Standards
  - 324: SART Standards
  - 411: Provider Agency Medical Director
  - 418: Authorization and Classification of EMS Aircraft
  - 420: Private Ambulance Operator Medical Director
  - 424: Triage to Alternate Destination Program
  - 502: Patient Destination
  - 503.1: Diversion Request Requirements for Emergency Department Saturation
  - 516: Cardiac Arrest (Non-Traumatic) Destination
  - 517: Provider Agency Transportation/Response Guidelines
  - 519: Management of Multiple Casualty Incidents (MCI)
  - 606: Documentation
  - 607: Electronic Submission of Prehospital Data
  - 815: Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-in-Dying Drug)
  - 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene
  - 913: Triage to Alternate Destination (TAD) Paramedic Training Program
  - 1102: Disaster Resource Center (DRC) Designation, Activation and Mobilization of Equipment
  - 1114: Hospital EMS Surge Assistance Plan
  - 1128: Decontamination Trailer Deployment for Mass Casualty Event
  - 1138: Burn Resource Center (BRC) Designation and Activation
  - 1140: Mobile Medical System Deployment
  - 1140.1 Mobile Medical System Deployment Summary – Deleted
  - 1143: Medical Oversight During an Infection Disease Surge
  - 1307.4: EMS and Law Enforcement Co-Response
- Reviewed the following legislation:
- 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 LEMSAs to establish prevailing wages.
  - AB 40 Requires LEMSAs to develop a standard APOT time not to exceed 30 minutes, 90% of the time
  - AB 716 Protects health plan members from being balance billed by ambulance service providers not contracted with their health plan
  - AB 2075 Restriction of visitation at long-term facilities – Patients cannot leave/Vistors cannot come in during a public health emergency
  - AB 2348 Reporting of standardized response time exemptions
  - AB 2859 Peer support for EMTs
  - SB 1180 Requires insurers to cover community paramedics, triage to alternate destination and mobile integrated health

**EMERGENCY MEDICAL SERVICES COMMISSIONERS**



Diego Caivano, MD,  
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

VACANT  
Public Member  
Third Supervisorial District



Lydia Lam, MD,  
American College of Surgeons



James Lott, PsyD, MBA  
Public Member  
Second Supervisorial District



Carol Meyer, RN  
Vice Chair 2024  
Public Member  
Fourth Supervisorial District



Brian Saeki, City Manager  
League of California Cities  
Los Angeles County Division

Photo Not Available  
Tarina Kang, MD  
Hospital Association of Southern  
California



Kenneth Powell, Chief  
Los Angeles Area Fire Chiefs'  
Association

Photo Not Available  
Kenneth Liebman  
Los Angeles County Ambulance  
Association

Photo Not Available  
Jason Cervantes, Firefighter,  
California  
Professional Firefighters

Photo Not Available  
Saran Tucker, PhD, MPH  
Southern California Public Health  
Association



Carol Kim  
Public Member  
First Supervisorial District



Carole A. Snyder, RN  
Chair 2024  
Emergency Nurses Association

Photo Not Available  
Steven G. Sanko, MD  
American Heart Association  
Western States Affiliate



Atilla Uner, MD, MPH  
California Chapter – American  
College of Emergency  
Physicians (CAL-ACEP)



Gary Washburn  
Public Member  
Fifth Supervisorial District



Richard Tadeo, RN, BSN  
EMS Agency Director  
EMSC Executive Director



Denise Watson, BSB  
EMSC Secretary  
EMS Commission Liaison



## ALTERNATE DESTINATION VOLUME

	2020~	2021~	2022~	2023~	Jan -June 2024~
Exodus Eastside (USC)- 22 Beds	93	70	253	190	24
Exodus Westside-12 Beds	32	22	100	104	16
Exodus Harbor- 18 Adults	24	24	49	60	17
Exodus MLK -24 Beds- 16 Adult/8 Adolescent	85	56	104	148	31
Star View Long Beach* 12 Adult/6 Adolescent		1	4	3	0
Star View Industry*- 12 Adult/6 Adolescent		26	14	52	53
Star View Lancaster^- 12 Adult/6 Adolescent		24	81	70	20
David L. Murphy Sobering Center#- 36 male/15 female	336	784	1164	66	

\*Star View Long Beach and City of Industry approved February 2021

^Star View Lancaster approved August 2021

# David L. Murphy Sobering Center closed due to COVID May 2020 through March 2021. Suspended EMS services on November 1, 2023

~For 2020 through 2023, volume numbers were reported by the alternate destination site. Starting 2024, transport volumes are verified in TEMIS based upon EMS provider documentation.



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

July 8, 2024

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**Richard Tadeo, RN**  
Director

**Nichole Bosson, MD, MPH**  
Medical Director

**TO:** Distribution

**FROM:** Nichole Bosson, MD, MPH  
Medical Director

**SUBJECT: Provider Impression Agitated Delirium**

The Los Angeles County EMS Agency recognizes that the management of patients with severe agitation is highly complex and entails the risk of harm to both patients and responders due to the chaotic nature of the incident. The terms 'agitated delirium' or 'excited delirium', previously used to denote a potentially fatal syndrome in some patients with severe agitation, are now obsolete. The terms have been used in ways that have resulted in further patient harm, which has negatively impacted minority racial and ethnic groups the most due to implicit bias. Recent data have identified the lack of adequate safety when applying physical restraints and/or chemical sedation to address severe agitation as factors leading to patient deaths after EMS care, rather than an underlying syndrome. Assembly Bill 360, signed into California law in October 2023, prohibits the use of these terms as a valid medical diagnosis or cause of death in the state. The law specifically prohibits their use by law enforcement.

In response, the EMS Agency plans to remove the Provider Impression and Treatment Protocol 'Agitated Delirium'. Instead, treatment for agitated patients will be determined by clinical circumstances, including the safety risk the patient poses to themselves and others. This further aligns with a recommendation from the Emergency Medical Services Directors Association of California (EMDAC) to California EMS Authority to remove the provider impression from the state approved list. We recognize that this change will have broad impact across multiple Treatment Protocols, Medical Control Guidelines, policies and documentation forms. The change will also require systemwide education to inform EMS clinicians and other stakeholders of the rationale for the change and to reinforce safe practices in the management of patients with severe agitation. We will solicit input on these changes at upcoming EMS system meetings and plan to implement the policy changes with EMS Update 2025.

As a reminder, in addition to the Treatment Protocols, current LA County EMS policies include important guidance on the safe management of patients with agitation.

These include:

- [MCG 1307, Care of the Agitated Patient](#)
- [MCG 1307.1 Flow Chart of Initial Approach to Scene Safety](#)
- [MCG 1307.2, Verbal De-escalation](#)
- [MCG 1307.3, Common Etiologies of Agitation](#)
- [MCG 1307.4, EMS and Law Enforcement Co-Response \(new\)](#)
- [Ref 838, Application of Patient Restraints](#)

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Santa Fe Springs, CA 90670

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We encourage you to review these policies, which emphasize strategies for patient and provider safety, the use of verbal de-escalation as the initial strategy whenever possible, and the careful assessment and monitoring of patients for whom physical restraint and/or chemical sedation is needed when verbal de-escalation techniques are ineffective. Patients should never be restrained in the prone position.

Please contact me at [nbosson@dhs.lacounty.gov](mailto:nbosson@dhs.lacounty.gov) if you have any questions regarding this planned change.

**Distribution:**

EMS Provider Agencies  
Prehospital Care Coordinators  
Base Hospital Medical Directors



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**Richard Tadeo RN**  
Director

**Nichole Bosson, MD, MPH**  
Medical Director

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August 1, 2024

Dr. Kevin Andruss  
Premier Medical Transport, Inc. dba Premier Ambulance  
260 North Palm Street suite 200  
Brea, California 92821

Dear Dr. Andruss:

### **EMT AED SERVICE PROVIDER PROGRAM APPROVAL**

The Emergency Medical Services (EMS) Agency has completed the review of documents submitted by Premier Medical Transport, Inc. dba Premier Ambulance (PE) and is pleased to inform you that PE has met the requirements outlined in Reference No. 412, AED Service Provider Program Requirements.

The program is approved effective July 29, 2024, through July 29, 2027. Uninterrupted program approval requires the following:

- Comply with EMS Agency policies for EMT AED Service Provider Programs
- Submit an AED Service Provider Annual Report to the EMS Agency by March 31<sup>st</sup> for the preceding year
- Complete a post-event medical review for each incident
- Maintain a roster of public safety personnel, including a copy of the following:
  1. Basic Life Support for the Healthcare Provider card
  2. Documentation demonstrating competency in CPR and AED annually.

The EMS Agency commends Premier Ambulance for electing to provide AED services. Please contact Greg Klein at [gklein@dhs.lacounty.gov](mailto:gklein@dhs.lacounty.gov) or (562) 378-1685 for any questions or concerns.

Sincerely,

  
Nichole Bosson, MD, MPH  
Medical Director

NB:gk  
07-18

c: Richard Tadeo, Director, EMS Agency  
Paul Scarborough, CEO Premier Ambulance  
Robert Ower, Clinical Director, Premier Ambulance

6.1.3 CORRESPONDENCE



**EMERGENCY MEDICAL SERVICES AGENCY**  
LOS ANGELES COUNTY

August 6, 2024

**Los Angeles County Board of Supervisors**

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**Richard Tadeo, RN**  
Director

**Nichole Bosson, MD, MPH**  
Medical Director

TO: Distribution

**VIA E-MAIL**

FROM: Nichole Bosson, MD  
Medical Director

**SUBJECT: DESIGNATION OF COMPREHENSIVE STROKE CENTER**

The Emergency Medical Services (EMS) Agency is pleased to announce that **Santa Monica—UCLA Medical Center and Orthopaedic Hospital (SMH)** has been designated as a Comprehensive Stroke Center (CSC). Effective Monday, August 12, 2024 at 0700, SMH will operate as a CSC for LA County and can receive 9-1-1 patients with large vessel occlusion (LVO) for potential embolectomy.

LVOs are assessed by paramedics utilizing the Los Angeles Motor Scale (LAMS). A LAMS score of 4 or 5 should be transported to be closest CSC.

The Hospital Status Screen for SMH on ReddiNet® will be updated to reflect the change.

Please visit the EMS Agency website at <http://ems.dhs.lacounty.gov> for information about the new CSC 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.

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Santa Fe Springs, CA 90670

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

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NB:th  
08-07

Distribution: Director, EMS Agency  
Fire Chief, Each Fire Department  
Paramedic Coordinator, Each Provider Agency  
Prehospital Care Coordinator, Each Base Hospital  
Nurse Educator, Each Fire Department  
Stroke Coordinator, Each Approved Stroke Center  
Stroke Medical Director, Each Approved Stroke Center  
Medical Alert Center  
ReddiNet®



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LOS ANGELES COUNTY

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Medical Director

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August 6, 2024

Dr. Charles Drehsen, Medical Director  
American Medical Response of Southern California  
12638 Saticoy Street South  
North Hollywood, California 91605

Dear Dr. Drehsen:

**TRANSCUTANEOUS PACING PROGRAM APPROVAL**

This letter is to confirm American Medical Response of Southern California (AR) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for training and implementation of Transcutaneous Pacing (TCP) utilized in the treatment of symptomatic bradycardia.

Validation of delivery of training, the approved quality improvement process and data requirements required for implementation of TCP will be reviewed during AR's annual program review, or as deemed necessary by the EMS Agency. Additionally, AR may be required to submit data to the EMS Agency on TCP utilization 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,

Nichole Bossen, MD, MPH  
Medical Director

NB:gk  
08-04

- c: Richard Tadeo, Director, EMS Agency
- Ken Liebman, General Manager, AMR
- Tisha Hamilton, QI Coordinator, AMR
- Angel Montes, Paramedic Coordinator AMR



**Health Services**  
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LOS ANGELES COUNTY

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Director

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Medical Director

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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."*

August 12, 2024

Dr Brigeli Westerband  
Firstmed Ambulance Services Inc.  
13915 Saticoy Street  
Panorama City, California 91402

Dear Dr. Westerband:

**INTRAOSSEUS PROGRAM APPROVAL**

This letter is to confirm Firstmed Ambulance Services Inc. (FM) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for training and implementation of intraosseous cannulation (IO) proximal tibial placement for adult and pediatric patients in cardiopulmonary arrest, shock/poor perfusion, severe burns, and extremis.

Validation of delivery of training, the approved quality improvement process and data requirements required for implementation of IO will be reviewed during FM's annual program review, or as deemed necessary by the EMS Agency. Additionally, FM may be required to submit data to the EMS Agency on IO utilization 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,

Nichole Bosson, MD, MPH  
Medical Director

NB:gk  
08-12

- c: Richard Tadeo, Director, EMS Agency
- Kristina Bableyan, CEO Firstmed Ambulance Inc.
- Andranik Bableyan, President Firstmed Ambulance Inc.
- Crystal James, Paramedic Coordinator Firstmed Ambulance Inc.

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



## 7.1 COMMISSIONERS' COMMENTS/REQUESTS

Request at EMS Commission meeting that the LEMSA provide a report to the commission in 2-4 months on the following items:

FOR EACH 9-1-1 PROVIDER AGENCY.....

1. Estimated population served.
2. Number of EMS transports per year (eg. CY 2023)
3. Number of EMS-attended patients that were not transported (release, refusal, AMA or no patient found)
4. Number of EMS-attended OHCAs each year
5. Number of EMS-treated OHCAs each year
6. Number of full time EMTs employed by the provider agency
7. Number of full time PMs employed by the provider agency
8. Number of physicians employed by or contracting with the provider agency
9. Number of nurse educators employed by or contracted with the provider agency
10. Is current ACLS certification required for provider agency paramedics
11. Is current PALS certification required for provider agency paramedics
12. Is your dispatch center currently tracking AHA-recommended T-CPR metrics
13. Is your QI team currently tracking patient rekindles (i.e., patients either released on scene, refused transport or were AMA'd who are run on again within 3 days and found to be critically ill)