COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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

DATE: March 12, 2025
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 Diego Caivano, Chair

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

2.1 EMSAAC Annual Conference, May 28 & 29, 2025 with disaster pre-conference on May 27, 2025 (Conference Brochure).
2.2 LA County EMS System Report (Issue 13)

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 January 15, 2025

3.2 **Committee Reports**
3.2.1 Base Hospital Advisory Committee – February 5, 2025
3.2.2 Provider Agency Advisory Committee – February 12, 2025

3.3 **Policies**
3.3.1 Reference No. 215, EMS and Law Enforcement Co-Response Committee
3.3.2 Reference No. 1116, Hospital – Adopt-A-Shelter Program (For Deletion)
3.3.3 Reference No. 1124, Disaster Preparedness Exercise/Drills
3.3.4 Reference No. 1130, Trauma Center Emergency Preparedness

END OF CONSENT AGENDA

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4. BUSINESS

Business (Old)
4.1 Field Evaluation of Suicidal Ideation and Behavior
4.2 The Public Works Alliance EMS Corps.
4.3 Cardiac Arrest Taskforce

4.4 Interfacility Transfer Taskforce
4.5 Alternate Destination

5. Business (New)
5.1 2025 EMS Commission Goals and Objectives

6. LEGISLATION

7. DIRECTORS' REPORTS
7.1 Richard Tadeo, EMS Agency Director/EMSC Executive Director

Correspondence
7.1.1 (01/16/25) Dextrose 10% (250 ml) Solution – Shortage Mitigation
7.1.2 (02/03/25) Countywide Sidewalk Cardiac Resuscitation Week
7.1.3 (02/04/25) RAPID LA County Medic Mobile Application
7.1.4 (02/20/25) Ref No. 505, Ambulance Patient Offload Time (APOT)
7.1.5 (02/20/25) Rescission of all Ambulance Licensing Waivers and Exemptions Effective Immediately

7.2 Nichole Bosson, MD, EMS Medical Director

8. COMMISSIONERS' COMMENTS / REQUESTS

9. ADJOURNMENT
To the meeting of May 21, 2025

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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MINUTES
January 15, 2025

☒ Diego Caivano, M.D.	LACo Medical Association	Richard Tadeo	Executive Director
☐ *Jason Cervantes	CA Professional Firefighters	Vanessa Gonzalez	Commission Liaison
☒ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Christine Clare	EMS Staff
☐ Paul Espinosa, Chief	LACo Police Chiefs' Assn.	Nichole Bosson, MD	EMS Staff
☒ Tarina Kang, M.D.	Hospital Assn. of So. CA	Christine Clare	EMS Staff
☒ Carol Kim	Public Member, 1st District	Jacqueline Rifenburg	EMS Staff
☐ *Kristin Kolenda, Chief	Peace Officers Association	Natalie Greco	EMS Staff
☒ Lydia Lam, M.D.	American College of Surgeons	Tracy Harada	EMS Staff
☒ Kenneth Liebman	LACo Ambulance Association	Priscilla Ross	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Sara Rasnake	EMS Staff
☒ Carol Meyer, RN	Public Member, 4th District	HanNa Kang	EMS Staff
☒ Kenneth Powell	LA Area Fire Chiefs' Assn.	Mariana Munatones	EMS Staff
☐ *Connie Richey, RN	Public Member 3rd District	Ami Boonjaluksa	EMS Staff
☐ *Brian Saeki	League of CA Cities/LA Co	Christine Zaiser	EMS Staff
☒ Stephen G. Sanko, MD	American Heart Association	Lily Choi	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Gary Watson	EMS Staff
☒ Saran Tucker	So. CA Public Health Assn.	Michael Kim, MD	EMS Staff
☒ Atilla Uner, M.D., MPH	CAL-ACEP	Sam Calderon	EMS Staff
☐ *Gary Washburn	Public Member, 5th District	Denise Whitfield, MD	EMS Staff
		Bijan Arab, MD	EMS Staff
		Jake Toy, MD	EMS Staff

GUESTS

Kelsey Wilhelm, MD – Compton Fire Dept	Nicole Reid - LACoFD	Andy Reno – Long Beach Fire Dept
Brooke Clemmensen - Harbor	Marc Cohen, LAFD	Sam Verga-Gates
Michael Stone – USC	Clayton Kazan, MD - LACoFD	Catherine Borman - SMFD

(*) = 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 1:06 p.m. There was a quorum of 12 commissioners present.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Richard Tadeo, EMS Agency Director/EMSC Executive Director announced that the 2025 Emergency Medical Services Administrators' Association of California (EMSAAC) Conference will host their annual conference May 28 - 29, 2025 in San Diego, CA with a pre-conference on May 27th that will cover

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disaster management. A couple of keynote speakers are Jeff Butler, a workforce strategist who explores human behavior in the working world and John Moon, a former paramedic at Freedom House in Pittsburgh. Freedom House was America's first Emergency Medical Services in the country and was established in 1972.

3. ELECTION OF OFFICERS

3.1 Nominating Committee Nominations for 2025 EMSC Chair/Vice-Chair

The nominating committee, Commissioners Dr. Erick Cheung, Dr. Steve Sanko, and Chief Kenneth Powell held a meeting and made the following nomination recommendations: Commissioners Dr. Diego Caivano and Carol Meyer for Chair and Dr. Stephen Sanko for Co-Chair. Commissioner Sanko presented these recommendations to the Commission. Commissioner Carol Meyer declined the Chair nomination. Commissioners Diego Caivano and Stephen Sanko were elected and Chair Caivano assumed office and resumed the meeting.

Motion/Second by Commissioners Lam/Powell to approve Commissioner Diego Caivano to serve as EMSC Chair for 2025 was approved and carried unanimously.

Motion/Second by Commissioners Snyder/Powell to approve Commissioner Stephen Sanko to serve as EMSC Co-Chair for 2025 was approved and carried unanimously.

3.2 Standing Committee Nominations

The new standing committee assignments were distributed to all Commissioners. Any of the Commissioners are welcome to attend the Base Hospital Advisory Committee and Provider Agency Advisory Committee meetings.

Motion/Second by Commissioners Uner/Lam to approve the Standing Committee Nominations was carried unanimously.

3.3 Measure B Advisory Board Representative

There were two nominees for the Measure B Advisory Board (MBAB) representative, Commissioners Carol Meyer and Stephen Sanko. Carol Meyer was approved and carried by a majority vote (7-4) will serve as the Measure B Advisory Board representative.

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

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

Director Tadeo discussed the changes in Policy No. 505, Ambulance Patient Offload Time (APOT). A process was established in the workflow; the Emergency Department will have a consultation between the transporting crew and the receiving emergency department staff to determine the Facility Equipment Time so that there is a consensus. Having this in place, we can engage the State EMS Authority and let them know we do have a process with real-time validation. This change was brought to the Hospital Association's Emergency Health Services Committee, and the EMSC's Provider Agency Advisory (PAAC) and Base Hospital Advisory (BHAC) committees. All committees endorsed the process.

Director Tadeo also discussed Policy No. 222, Downgrade or Closure of 9-1-1 Receiving Hospital, Perinatal, Inpatient Psychiatric or Emergency Medical Services. The law was signed

and passed by the Governor which includes that it is the responsibility of the EMS Commission to now hold a public hearing for perinatal and inpatient psychiatric services downgrades along with downgrades or closure of emergency services and general acute care hospitals.

Commissioner Uner commented regarding Reference No. 817, Regional Mobile Response Teams, questioning the 30 minutes response time that is listed. Director Tadeo responded that the timeframe for 30 minutes was established based on the availability of the HERT team. There are only two HERT teams in Los Angeles County, LA General and Harbor UCLA, so it would take time to activate their members and simultaneously activate a transport. Generally, we would dispatch an ambulance crew operated by Department of Health Services (DHS). If they are in the Antelope Valley or other area a distance from either hospital, helicopter transport would be activated. That would depend on the availability of a helicopter and how quickly they can get it out to the area.

Commissioner Uner had a question on the language in Reference No. 823, Elder Abuse and Dependent Adult Abuse Reporting, and whether it should be included.
Failure to report abuse, neglect, or self-neglect of an elder or dependent adult if a misdemeanor, punishable by not more than six months in the county jailor by a fine of $1,000 or both. A mandated reporter who willfully fails to report abuse, neglect, or self-abuse of an elder or dependent adult, where that abuse results in death or great bodily injury is punishable by not more than one year in the county jail or by a fine of not more than $5,000 or both.
It was confirmed that it was the statute language and would stay in the policy.

Motion/Second by Commissioners Snyder/Powell to approve the September 11, 2024, meeting minutes was carried unanimously.

Motion/Second by Commissioners Liebman/Powell to approve the November 20, 2024, meeting minutes was carried unanimously.

Motion/Second by Commissioners Uner/Powell to approve the Consent Agenda, except for Item 4.3.2., Reference No. 411, 9-1-1 Provider Agency Medical Director, was carried unanimously.

Commissioner Sanko recommended making two changes to Policy No. 411, 9-1-1 Provider Agency Medical Director. He suggested to add a new item under Role and Responsibilities of the EMS Provider Agency – *Ensure Medical Director has direct access to the Department Manager (ex. Fire Chief), to discuss EMS performance, projects and concerns.*
There are large provider agencies where that isn't always feasible and having that direct access to advocate for the QI items and to advocate for concerns for patients is essential. It doesn't take away from the Fire Chief, but it does help provide access to someone who is a subject matter expert.
Dr. Clayton Kazan, Medical Director, Los Angeles County Fire, addressed the Commission and suggested that it can be added as a recommendation that the Medical Director should either be a member or have direct access to the departments executive team. He also strongly recommends that it be desirable for the Medical Director to have EMS fellowship training, board certification, or at least demonstrated significant experience in EMS.
Dr. Marc Cohen, Medical Director, Los Angeles City Fire, agreed with Dr. Kazan's assessment. He feels that Medical Directors need direct assess to leadership and division heads but mandating that may encroach on the operational side. Director Tadeo would like to have an internal discussion with Los Angeles area Fire Chiefs regarding the recommendation.
Commissioner Sanko's second recommendation for Policy No. 411, was to add the following language to the 9-1-1 Provider Agency Medical Director, Section B. Responsibilities,

Represents the medical needs of his/her 9-1-1 patients by describing EMS activity and advocating for optimal medical care in public health measures with policy decision makers within the jurisdiction of their provider agencies, including meeting directly with policy decision makers to whom a 9-1-1 provider agency reports (Ex. Mayor, public safety committee, etc.) on a semi-annual basis to discuss community health meetings.
Commissioner Sanko tasked with and agreed to send suggested wording changes/additions to the EMS Agency for incorporation into the policy before being sent back to committee for another review.
Commissioner Kim asked how many times a year do clinical medical directors and fire staff meet for conferences or committees to discuss these issues because if they're communicating their needs on a regular basis they wouldn't need the recommendation in the policy, and if it would be possible to meet on a standing basis that might be more sustainable than creating a policy. Director Tadeo responded that they would need to look into regulations and statutory limitations or what is permissible for us to do in order to incorporate it into a policy format.

4.1 Minutes
- 4.1.1 September 11, 2024
- 4.1.2 November 20, 2024

4.2 Committee Reports
- 4.2.1 Base Hospital Advisory Committee – October 9, 2024
- 4.2.2 Provider Agency Advisory Committee – October 16, 2024
- 4.2.3 Base Hospital Advisory Committee – December 11, 2024
- 4.2.4 Provider Agency Advisory Committee – December 18, 2024

4.3 Policies
- 4.3.1 Reference No. 222: Downgrade or Closure of 9-1-1 Receiving Hospital, Perinatal, Inpatient Psychiatric or Emergency Medical Services
- 4.3.2 Reference No. 411: 9-1-1 Provider Agency Medical Director
- 4.3.3 Reference No. 420: Private Ambulance Operator Medical Director
- 4.3.4 Reference No. 505: Ambulance Patient Offload Time (APOT)
- 4.3.5 Reference No. 519: Management of Multiple Casualty Incidents
- 4.3.6 Reference No. 702: Controlled Drugs Carried on ALS, SCT, and APRU Units
- 4.3.7 Reference No. 817: Regional Mobile Response Teams
- 4.3.8 Reference No. 823: Elder Abuse and Dependent Adult Abuse Reporting Guidelines

END OF CONSENT AGENDA

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5. BUSINESS

Business (Old)

5.1 Field Evaluation of Suicidal Ideation and Behavior

5.1.1 Medical Control Guideline: Evaluation and Care of Patients at Risk of Suicide

Director Tadeo reported that the Medical Control Guidelines (MCG) were brought forth to the Base Hospital Advisory, as well as the Provider Agency Advisory. There is controversy in terms of the utilization of the suicide risk screening from the provider agencies. The EMS Agency also consulted with County Counsel, as well as Risk Management and their advice was if there is an available tool, it would be best to have the Medical Control Guidelines to make it available to medical professionals.
Commissioner Erick Cheung gave a summary on the four workgroup meetings. The

purpose of the workgroup, established by the Commission, was to study and evaluate the current processes for disposition and evaluation of individuals who have suicidal ideation and behaviors and who are encountered by EMS personnel in the field and to propose recommendations for improvement or innovation in our policy practices and training. It is abundantly clear from the data that this type of encounter is very common. As much as half of the encounters for mental health or behavioral health are for a patient who may have suicidal ideation or behavior. Los Angeles County and the EMS Agency currently has no standard guidelines for EMS personnel and the absence of these protocols through the committee discussions identified that there is confusion and conflicts that can occur in the decision making, including leaving patients in the field or not transported as AMA, difficulty in the communication with Base hospitals and uncertainty when interacting with law enforcement personnel.

A survey was sent to all EMS personnel within LA County's jurisdiction, with a response rate of over 600 providers. 80% - 90% of respondents agreed or strongly agreed that patient care would be improved by providing clear written guidance on managing law enforcement interactions, definitions of terminology for these encounters, disposition guidance and safety planning. 87% articulated that they would like to have evidence-based protocols available to them to conduct the screening to evaluate the level of suicidal risk of patients in the field. The workgroup strongly considered the risks and liability concerns expressed regarding the use, non-use, required use, or recommended use of a suicide screening tool. The Columbia Suicide Severity Rating (C-SSRS) scale was the recommended screening tool which includes six verbatim questions to delineate low, moderate, and high risk as outlined in the MCG. County Counsel opined the recommended use of the tool would be very appropriate to provide support to the providers who are attempting to evaluate patients in the field.

The committees were provided with a MCG that address the areas of need that were identified from the survey. The MCG incslude definitions of key terminology, principles, competencies, guidelines for interacting with law enforcement, disposition, safety planning and a recommendation to use a screening tool such. The C-SSRS is provided as an example of a screening tool.

Dr. Denise Whitfield provided a summary of the MCG document. It starts with basic definitions and defines suicide risk screening which is the standard method that can be implemented by EMS to assess risk of a patient for suicide. It describes the spectrum of suicidal ideation and how it correlates with the questions on the C-SSRS. It provides guidelines on how EMS/law enforcement/base hospital interactions should take place. It also defines that the LPS evaluator has the legal authority to place a patient on hold. There is a pathway for escalation if a disagreement regarding the placement of a hold and come to an agreement for a final disposition of patients. It also includes safety planning and resources that EMS can provide for patients.

Dr. Marc Cohen, Medical Director Los Angeles Fire Department, brought up concerns that were expressed regarding the Medical Control Guidelines and C-SSRS at both Medical Advisory Council and Provider Agency Advisory Committee, to ensure that the EMS Commission members were aware. Those concerns were that even though there needs to be education surrounding the care of mental health patients and standardization of care, the C-SSRS is not the appropriate means of doing so. Since the number of patients that might need this screening is unknown and it is a narrow group, the expectation of training all personnel is unreasonable and the time could be better used for other things. While standardization of care should be done, it would be better undertaken through education and not a Guideline; particularly since the C-SSRS has not been validated in the prehospital setting. Dr. Cohen suggested that the C-SSRS tool be piloted by a bigger fire department before being put into policy. Additionally, there is tremendous risk that will be

taken by the Provider Agencies if the patient is identified as moderate or high risk and law enforcement determines that the patient does not need to be placed on a hold and the patient is ultimately left in the field.

Director Tadeo addressed the concerns regarding potential liability stating, if everything has been done by the provider and is documented as such and the individual with the authority to place the patient on a hold opts not to, he feels that it actually protects the provider as it shows that the responsibility lies with law enforcement. Dr. Cheung also reiterated that both EMS and DHS County Counsel were consulted regarding this situation and they felt that utilization of a standardized screening tool actually transfers the risk to the agency that has the ability to place the patient on a hold, such as law enforcement.

Chair Caivano asked Dr. Cohen what tool was currently used to assess suicidality, he acknowledged that there currently is no tool being used. Commissioner Snyder asked Dr. Cohen how it was determined if a patient was at high or low risk of suicide currently and Dr. Cohen acknowledge there currently is no means to determine risk of suicidality but that adding the C-SSRS does not change the disposition of the patient but just adds risk to the provider.

Dr. Clayton Kazan, Medical Director Los Angeles County Fire Department, stated that response to a call with potentially suicidal patient is always a dual response with law enforcement, who are historically the subject matter experts on suicidality, which is why law enforcement has the authority to place a patient on a hold, not EMS. Dr. Kazan stated that the proper answer for this is triage to alternate destinations (psychiatric urgent care). Additionally, the way to solve this issue is to educate law enforcement as they are the individuals that can determine if the patient is suicidal and needs to be placed on a hold. Even though the utilization of the tool is optional, once it is in policy it will be used against a provider if it is not used. He feels it is not helpful as there is no change in patient destination but would agree to utilize if destination would change based upon the level of risk the patient had.

Commissioner Uner asked for the results of the Santa Monica Fire Department pilot of the C-SSRS. Kathryn Borman, Nurse Educator for Santa Monica Fire Department, stated that while they wanted the providers to utilize with every mental health patient, it was only used four times. The feedback from the field providers was it was challenging to use in the field- to get a patient experiencing a psychiatric emergency to focus on answering these questions was challenging, additionally it did not change the outcome/destination. Also got feedback that it was nice to have some guidance since the providers don't always know what to ask. Commissioner Uner asked how may times it should have been used, as it was only used four times. Commissioner Cheung responded that 388 patients had psychiatric encounters of which three received the screening tool. This is based upon the information that had previously been reported to the EMS Commission Prehospital Care of Mental Health and Substance Abuse Emergencies EMS Commission Workgroup.

Dr. Cheung expressed strong concerns regarding the statement made by Dr. Kazan that law enforcement should be the expert for the issue of suicidal ideation and that the principle written into the guideline and part of the workgroup since 2016 is that psychiatric emergencies are medical emergencies.

Commissioner Tucker stated that while the tool may not be perfect, we need to start somewhere and with more data it could be refined. Dr. Kazan recommended the Commission advocate increasing the number of psychiatric urgent care centers within LA

County and requesting the State EMS Authority to decrease the requirements for a provider agency to be approved as a triage to alternate destination provider as it relates to the training.

Dr. Sanko suggested an alternative motion to be considered; to do a more robust pilot of this tool in the field before enforcing it on the community. Commissioner Cheung declined the amendment stating, it is very difficult to conduct a pilot, and the current position of this document is to provide a recommendation to utilize the C-SSRS.

Commissioner Meyer asked how much education is included in primary training for paramedics. Dr. Dipesh Patel, Medical Director of the Paramedic Training Institute, responded that according to the National EMS Education Standards and the Committee on Accreditation of Educational Programs for the EMS professions, they are required to cover topics that are within the scope of this committee's discussion. However, there is no firm guideline. Most schools cover about 10 -15 hours, though over the past two years with the revision of the guidelines it is no more than 20 hours.

Motion/Second by Commissioners Cheung/Snyder to approve the Medical Control Guideline. The motion was approved and carried by majority vote.

Aye (9):	*Caivano, Cheung, Kim, Lam, Liebman, Meyer, Snyder, Tucker, Uner*
No (2):	*Powell, Sanko*
Abstain (1):	*Kang*
Absent (7):	*Cervantes, Espinosa, Kolenda, Lott, Richey, Saeki, Washburn*

5.2 Ambulance Patient Offload Time (APOT)

Christine Clare, EMS Agency Nursing Director, presented the 4th quarter 2023 APOT report. The report has been changed so the fields used for our reports match the State APOT report, which has been verified by us for November 2024. Commissioner Snyder asked for future reports to also include the number of records that failed.

Commissioner Meyer asked if the EMS Agency is continuing to meet with hospitals with extended APOT and particularly with the Kaiser system as it appears as though they regularly have higher APOT. Director Tadeo stated that the EMS Agency continues to meet with hospitals that have extended APOT and have regular meetings with Kaiser leadership.

Director Tadeo gave an Update on AB40. Currently all activities at the State level related to the implementation of AB 40 are on hold. There has been a workgroup formed to develop the regulations however it has been put on hold due to budgetary constraints.

5.2.1 Feldmeir, M., et al. (2024). Patterns in California Ambulance Patient Offload Times by Local Emergency Medical Services Agency JAMA Open Network, 7(12) 12), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2828075

Christine Clare, EMS Agency Nursing Director, discussed the above article. This article was an analysis of California statewide LEMSA APOT data. They took the data from June 2021 through June 2023 and did an analysis of the APOT across the state including Los Angeles County. There were over 5.9 million records that were evaluated, and the median time statewide was 42.8 minutes and a little less than half of the LEMSA's did exceed the 30-minute goal. LA County was not the worst LEMSA but not the best.

5.3 The Public Works Alliance – EMS Corps
No updates currently.

5.4 Cardiac Arrest Taskforce
Ms. Clare is working with Commissioner Sanko to find dates so that the taskforce can begin meeting.

Business (New)

5.5 EMSC Workplan (Goals/Objectives for 2025)
The workplan will be brought back up during the March Commission meeting if anyone would like to add any additional projects or alter any of the current goals and objectives.

6. LEGISLATION

Director Tadeo reported on the following legislation:

6.1 EMS Regulations – Chapter 1 (Previously Chapter 13) – The state is moving forward with legislation. They need to resolve the issue regarding grandfather rights and the administration of EMS. It is a very complex issue primarily with emergency transportation.

6.2 Chapter 7, Trauma Care Systems – It is still with the office of administrative law. It will be renumbered and incorporated into the Specialty Care Center Designation regulations along with the STEMI, Stroke, and EMS for Children.

7. DIRECTORS' REPORT

7.1 Richard Tadeo, EMS Agency Director, EMSC Executive Director
Director Tadeo reported on the following:

The EMS Data Report is complete and available online.

We will be implementing Health Data Exchange this year. The contracts are in place, and we will be working with our vendor to start meeting with hospitals to come up with an implementation plan. Our target goals for the first year will be to implement with our trauma and base hospitals and then move on to Stroke and STEMI hospitals. At minimum this will be a three-year process.

The Medical Communication Center (MCC) was activated at the onset of the Palisades and Eaton Fires. As of January 10th, we have transported about 240 patients from Skilled Nursing Facilities (SNF). We transported them into the Pasadena Convention Center or to other SNF's. We were really challenged with obtaining destinations, there were multiple instances where we arrived, and beds were already occupied. Dr. Toy was deployed to the convention center to triage SNF patients. We activated the Field Operations Area Coordination (FOAC), primarily to seek additional ambulances. We requested two ambulance strike teams from the state and each strike team is composed of five units. We also suspended our license requirements for Orange County units, particularly AMR and FALCK Mobile Health to be able to come into the County. At one point we had 70 ambulances ready to transport patients. There are seven shelters that have been activated. The Pasadena Convention Center had close to 900+ patients but as of today it is at 355. EMSA and the California Department of Social Services visited the Strike Team as well as the Cal Med deployment at Zuma Beach and they were happy with our operations.
Two Disaster Recovery Center's (DRC) have been activated. One is at Pasadena City

College and another at the Westwood recreation center. Evacuees can have assistance with recovery, particularly with insurance claims, FEMA, and reimbursement. To support them, Public Health has deployed a physician and four nurses to assist with any other medical needs they may arise. We also have two ambulances stationed per site in case they need assistance with transports.
There is a great need for prescription refills, and we have asked our federal partners to activate the prescription assistance center so that all the uninsured can enroll and receive their prescriptions.
We also have maintained our call-ins with our hospitals, as well as our SNF's. We've sent service level assessments daily to determine the extent of the need for hospitals. So far, the need has been for N-95 masks, and we have deployed our assets to them.
In collaboration with Department Mental Health (DMH) and Department Public Health (DPH), we have requested blanket waivers through the California Department of Public Health to California Medi-Cal Services (CMS). Part of those waivers would include staffing, credentialing existing staffing, as well as allowing non-traditional patient care areas (ex. cafeterias or giftshops) to serve as patient care areas.
As of our briefing this morning, there are no unmet health needs in the County. Our health system has been intact during this disaster.

Correspondence

6.1.1 (11/27/24) Waiver Extension: Private Ambulance Vehicle Age Limit

6.1.2 (12/16/24) Hydroxocobalamin Approval for Local Optional Scope

7.2 Nichole Bosson, MD, EMS Medical Director

7.2.1 Medical Director's Report

Dr. Bosson reported on the following:

Dr. Bosson reported on the OTS funded projects – hoping to release the Protocol App at the end of January or early February. They have been finalizing the medication feature to ensure safe deployment. The trauma dashboard mockup has been completed and a thank you to Dr. Shira Schlesinger for taking the lead on the curriculum. We have received funding from OTS for both projects to continue for another year. Dr. Whitfield will be leading an evaluation of the Protocol App in a simulated environment so we can understand how it impacts the care of our patients and how it is being used. Dr. Schlesinger and Dr. Jake Toy will be continuing to mobilize the trauma dashboard.

We are also continuing to enroll in Pedi-PART, the pediatric airway resuscitation trial and Pedi-DOSE, the seizure study looking at age-based dosing of midazolam. Both are going well, and we continue to be the highest enrolling site.

Dr. Kazan has secured funding for the prehospital blood transfusion pilot, LA DROP (Development and Rapid Operationalization of Prehospital Blood Transfusion). LA County Fire and Compton Fire departments are moving forward with the operational plans with a target launch of April 1st. We are participating with four other LEMSA's in the California DROP pilot. Corona Fire was the first to go live in late November. They have yet to enroll a patient, but we have been meeting monthly and learning a lot of great things.

We are beginning the process of collecting applications for the Extracorporeal Cardiopulmonary Resuscitation (ECPR) Receiving Center Standards, and we will begin designating ECPR centers. We are currently analyzing the data from our pilot; over the course of the four years, we have had about 59 patients who received EPCR and have

a 30% survival rate amongst these patients.

We did get approval for hydroxocobalamin for the treatment of cyanide toxicity and will be including that in our policies and protocols moving forward. LA City Fire will be stocking the medication, and it will be optional for other fire departments.

At the next EMDAC meeting, we will be proposing to the State, a field ultrasound pilot. This pilot will be in collaboration with Burbank Fire Department to evaluate the potential for use of lung ultrasound to improve the identification and treatment of patients with respiratory and cardiovascular emergencies.

The ELCOR Task Force has been productive and valuable to increasing the collaborations and communications with our law enforcement colleagues therefore, we have decided to make that a standing committee.

8 COMMISSIONERS' COMMENTS / REQUESTS

9 ADJOURNMENT:

Adjournment by Chair Caivano at 3:14 p.m. to the meeting of Wednesday, March 12, 2025.

Next Meeting: Wednesday, March 12, 2025, 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:
Vanessa Gonzalez
Management Secretary III

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.

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

February 5, 2025

	REPRESENTATIVES		EMS AGENCY STAFF
☑	Tariana Kang, MD, Chair	EMS Commission	Nichole Bosson, MD
☐	Lydia Lam, MD, Vice Chair	EMS Commission	Shira Schlesinger, MD
☐	Atilla Under, MD, MPH	EMS Commission	Jake Toy, MD
☐	Connie Richey, RN	EMS Commission	Michael Kim, MD
☐	Saran Tucker, PhD, MPH	EMS Commission	Bijan Arab
☐	Carol Synder, RN	EMS Commission	Richard Tadeo
☐	Erick Cheung, MD	EMS Commission	Chris Clare
☐	Brian Saeki	EMS Commission	Jacqueline Rifenburg
☐	Carol Kim	EMS Commission	Christine Zaiser
☐	Rachel Caffey	Northern Region	Sara Rasnake
☑	Jessica Strange	Northern Region	Sam Calderon
☑	Michael Wombold	Northern Region, Alternate	Aldrin Fontela
☑	Samantha Verga-Gates	Southern Region	Hannah Kang
☐	Laurie Donegan	Southern Region	Lorrie Perez
☑	Shelly Trites	Southern Region	Mariana Munatones
☑	Christine Farnham	Southern Region, Alternate	Priscilla Romero
☑	Ryan Burgess	Western Region, Alternate	Laura Leyman
☑	Travis Fisher	Western Region	Ami Boonjaluksa
☑	Lauren Spina	Western Region	Fritz Bottger
☑	Susana Sanchez	Western Region	Paula Cho
☑	Erin Munde	Western Region	Natalie Greco
☑	Laurie Sepke	Eastern Region	Andrea Solorio
☑	Alina Candal	Eastern Region	Gerard Waworundeng
☑	Jenny Van Slyke	Eastern Region, Alternate	Christine Zaiser
☑	Lila Mier	County Region	
☐	Emerson Martell	County Region	
☑	Antoinette Salas	County Region	**GUESTS**
☐	Yvonne Elizarraraz	County Region	Kelsey Wilhem, MD
☑	Gabriel Campion, MD	Base Hospital Medical Director	Shane Cook, LACoFD
☐	Salvador Rios, MD	Base Hospital Medical Director, Alternate	Ashley Sanello, MD
☑	Adam Brown	Provider Agency Advisory Committee	
☐	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
☑	Elizabeth Charter	Pediatric Advisory Committee Representative	
☐	Desiree Noel	Ped AC Representative, Alternate	
☐	John Foster	MICN Representative	
☐	Vacant	MICN Representative, Alternate	

	PREHOSPITAL CARE COORDINATORS		
☑	Melissia Turpin (SMM)	☑	Allison Bozigian (HMN)
☐	Jesika Mejia (QVH)	☐	Brandon Koulabouth (AMH)
☑	Thomas Ryan (SFM)	☑	Annette Mason (AVH)

1. **CALL TO ORDER:** The meeting was called to order at 1:05 p.m. by EMS Commissioner Chair, Tarina Khang, MD.

2. **INTRODUCTIONS/ANNOUNCEMENTS:**

2.1 A brief introduction of the 2025 APCC board members, EMS Agency staff, and the new BHAC Chair, Dr. Tarina Khang.

2.2 EMSAAC 2025 Conference Save the Date Flyer for May 28th– 29th, was provided in the packet. There is a pre-conference on "Disaster Management" scheduled for May 27th, 2025.

2.3 2024 EMS Annual Data Report was presented by Richard Tadeo highlighting the accomplishments of NEMSIS 3.5 data submission to EMSA and National EMS Information System, as well as this year's implementation of the Health Data Exchange.

3. **APPROVAL OF MINUTES**

3.1 The meeting minutes for December 11, 2024, were approved as presented.

M/S/C (Verga-Gates/Wombold)

4. **Old Business: None**

5. **NEW BUSINESS**

Policies for Discussion: Action Required

5.1 Ref. No. 513, ST- Elevation Myocardial Infarction (STEMI) Patient Destination

Approved as presented, M/S/C (Van-Slyke/Farnham)

5.2 Ref. No. 830, EMS Pilots and Scientific Studies

Approved as presented, M/S/C (Spina/ Dr. Campion)

EMS Update Policies

5.3 Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients

Approved as presented, M/S/C (Spina/Sepke)

5.4 Ref. No. 503.2, Diversion Request Quick Reference Guide

Recommendations: "ED Saturation ED BLS" – change; hospital must have at least 3 'ambulance crews' to 'ambulance patients'

Recommendations: "ED Saturation ED BLS" – change; 'Diversion will be for 4 hours' to 'Diversion up to 4 hours'

Approved with the recommended changes, M/S/C (Spina/Sepke)

5.5 Ref. No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination

Approved as presented, M/S/C (Verga-Gates/Sepke)

5.6 Ref. No. 321, Extracorporeal Cardiopulmonary Resuscitation (ECPR) Receiving Center Standards (Informational)
5.7 Ref. No. 1210, Cardiac Arrest (Informational)
5.8 Ref. No. 1318, MCG: ECPR Patient Algorithm (Informational)
5.9 Ref. No. 834, Refusal of Treatment/Transport

Approved as presented, M/S/C (Van-Slyke/Wombold)

5.10 Ref. No. 1200.2, Base Contact Requirements (Informational)
5.11 Ref. No. 1209/1209-P, Behavioral/Psychiatric Crisis (Informational)
5.12 Ref. No. 1306, MCG: Evaluation and Care of Patients at Risk of Suicide (Informational)
5.13 Ref. No. 1306.1, MCG: Columbia Suicide Severity Risk Scale (Informational)
5.14 Ref. No. 1306.2, MCG: Disposition Guidance for Patients at Risk of Suicide (Informational)

6. **Policies for Discussion: No Action**
6.1 Ref. No. 1231-P, Seizure
6.2 Ref. No. 1237/1237-P, Respiratory Distress
6.3 Ref. No. 1302, MCG: Airway Management and Monitoring
6.4 Ref. No. 1242/1242-P, Crush Injury/Syndrome
6.5 Ref. No. MCG 1375: Vascular Access
6.6 Ref. No. 1213-P, Cardiac Dysrhythmia - Tachycardia
6.7 Ref. No. 1244/1244-P, Traumatic Injury
6.8 Ref. No. 1309, MCG: Color Code Drug Doses
6.9 Ref. No. 1317.13, MCG: Drug Reference – Dextrose
6.10 Ref. No. 1333, MCG: Monitoring Transfusion of Blood Products

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7. REPORTS & UPDATES:

7.1 EMS Update 2025

Train the Trainer dates are scheduled for March 23, 24 and 25th from 08:30 -12:00 p.m., If you receive an invite and have not registered with APS, please notify the EMS Agency. EMS Update will be released on March 17, 2025, and should be completed prior to the Train the Trainer session to receive continue education hours.

7.2 EmergiPress

The next edition will be released later this month.

7.3 ITAC Update

This meeting will convene when there is an actionable proposal or when individuals seek to implement a new device or technology within their agency.

7.4 ELCoR Task Force

Filming for ELCoR video for EMS Update has been completed.

7.5 Research Initiatives & Pilot Studies

7.5.1 Prehospital Blood Transfusion Pilot – LA DROP

County Fire has secured funding and is aiming for an official launch date of April 1, 2025,

in collaboration with Compton Fire Department. The target areas will be in the South Bay area, specifically Battalions 7, 18 and 20.

7.5.2 Thorasite Pilot

The analysis of the Thorasite Pilot is currently being completed and once it is published it will be disseminated to the group.

7.6 PediDOSE Trial

Enrollment of PediDOSE continues, and the revised protocols will go into effect on July1, 2025

7.7 Pedi-PART

For the Pedi-PART Study, there are currently 140 patients enrolled in Los Angeles County and 300 nationally. A significant challenge is ensuring adherence to the study protocol, particularly regarding the teenage patients up to their 18th birthday. The collaboration among the different groups focused on patient outcomes has been greatly appreciated.

7.8 California Office of Traffic Safety (OTS) Grants Projects

7.8.1 RAPID LA County Medic Mobile Application

The Mobile Protocol Application has been released and is now available for download, with training on its utilization in the EMS Update.

7.8.2 Trauma Dashboards/Curriculum

A vendor has been selected to move forward with the project, and the EMS Agency is exploring various strategies to expand its scope and the potential for data.

8. OPEN DISCUSSION

- The group inquired whether the IV fluid shortage, which was previously announced, is still in effect. Dr. Bosson indicated that she was not informed of its resolution; however, if the shortage has been resolved, she will issue a memorandum to reflect this update.

- Updates concerning the ongoing D10 shortage with mitigation strategies using D50 for adult patients while conserving D10 for pediatric patients. Agencies with critical D10 shortages should contact the EMS Agency warehouse for assistance.

9. ADJOURNMENT: The meeting was adjourned at 3:00 p.m.

NEXT MEETING: April 9, 2025

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

ACCOUNTABILITY: Laura Leyman

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, February 12, 2025

MEMBERSHIP / ATTENDANCE

MEMBERS IN ATTENDANCE	ORGANIZATION
X Carol Meyer, Chair	EMSC, Commissioner
Paul Espinosa, Vice-Chair	EMSC, Commissioner
Jason Cervantes	EMSC, Commissioner
Kenneth Powell	EMSC, Commissioner
James Lott, PsyD, MBA	EMSC, Commissioner
Gary Washburn	EMSC, Commissioner
Kristin Kolenda	EMSC, Commissioner
Ken Lieberman	EMSC, Commissioner
X Sean Stokes	Area A *(Rep to Medical Council)*
X Patrick Nulty	Area A, Alternate
X Keith Harter	Area B
X Clayton Kazan, MD	Area B, Alternate
Vacant	Area C
X Jeffrey Tsay	Area C, Alternate
X Ryan Jorgensen	Area E
X Geoffrey Dayne	Area E, Alternate
X Joel Davis	Area F
Andrew Reno	Area F, Alternate
X Adam Brown	Area G *(Rep to BHAC)*
X Stefan Viera	Area G, Alternate
X Matthew Conroy	Area H
Tim Wuerfel	Area H, Alternate
David Hahn	Area H, Alternate
X Julian Hernandez	Employed Paramedic Coordinator
X Tisha Hamilton	Employed Paramedic Coordinator, Alt
X Jenny Van Slyke	Prehospital Care Coordinator
Vacant	Prehospital Care Coordinator, Alternate
X Bryan Sua	Public Sector Paramedic Coordinator
Drew Pryor	Public Sector Paramedic Coordinator, Alt
Maurice Guillen	Private Sector Paramedic
Scott Buck	Private Sector Paramedic, Alternate
Tabitha Cheng, MD	Provider Agency Medical Director
X Tiffany Abramson, MD	Provider Agency Medical Director, Alt
X Robert Ower	Private Sector Nurse Staffed Amb Program
Jonathan Lopez	Private Sector Nurse Staffed Amb Program,
Scott Jaeggi	EMT Training Program
Albert Laicans	EMT Training Program, Alternate
X Ray Mosack	Paramedic Training Program
Vacant	Paramedic Training Program, Alternate
X Jennifer Nulty	EMS Educator
Heather Calka	EMS Educator, Alternate

EMS AGENCY STAFF	EMS AGENCY STAFF
Richard Tadeo	Nichole Bosson, MD
Denise Whitfield, MD	Shira Schlesinger, MD
Jake Toy, MD	Michael Kim, MD
Bijan Arab, MD	Jonathan Warren, MD
Chris Clare	Roel Amara
Jacqueline Rifenburg	Frederick Bottger
Jennifer Calderon	Sam Calderon
Paula Cho	Lily Choi
Mark Ferguson	Natalie Greco
Han Na Kang	Gary Watson
Gerard Waworundeng	David Wells
Christine Zaiser	

GUEST	ORGANIZATION
Danielle Ogaz	LACoFD
Benjamin Esparza	LAFD
Jim Goldsworthy	LAFD Air Operations
Jessie Castillo	PRN Ambulance
Joseph Villegos	PRN Ambulance
Michael Stone, MD	USC EMS Fellow
Michelle Evans	West Coast Ambulance
Lyn Riley	Multiple FDs – EMS Educator
Eric Eckels	All Town Ambulance
Alicia Bravo	All Town Ambulance
Kimberly Tan	UCLA Ctr for Prehospital Care
Adrienne Roel	Culver City, El Segundo FDs
Patricia Guerera	Burbank FD, San Gabriel FD
Armando Jurado	Lifeline Ambulance
Jameel Sylvia	UCLA Ctr for Prehospital Care
Marc Cohen, MD	LAFD; Multiple FDs Med Director
Shant Shekherdimian, MD	PRN Ambulance
Duane Anderson	ZOLL Medical
Amir Rombon Rahimian, MD	LAFD

1. CALL TO ORDER – Chair Carol Meyer, called meeting to order at 1:02 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 New PAAC Chair *(Richard Tadeo)*

- EMS Agency Director introduced Commissioner Carol Meyer as the 2025 Committee Chair.

2.2 2024 EMS Annual Data Report *(Richard Tadeo)*

- EMS Agency Director reviewed this Annual report with Committee.

2.3 EMS Agency Roster *(Richard Tadeo)*

- Updated EMS Agency Roster dated January 21, 2025, was distributed to this Committee, listing the contact information for EMS Agency staff.

2.4 Educational Session: E-Bikes and Micromobility *(Shira Schlesinger, MD)*

- Announcement was made for a 1-hour Continuing Education session, scheduled for March 4, 2025, 1145 am-1:00 pm, via ZOOM link. This 1-hr session will be presented between the scheduled PedAC and Medical Advisory Committee meetings.
- Presented by Dr. Lourdes Swentek, Assistant Professor of Surgery, Division of Trauma, Burns, Surgical Critical Care and Acute Care Surgery, University of California, Irvine.
- Information and hand-out with link to this session was provided.

2.5 EMSAAC 2025 Annual Conference *(Carol Meyer)*

- Chair reminded Committee of the upcoming EMSAAC conference scheduled for May 28 & 29, 2025, at the Loews Coronado Bay Resort. A pre-conference titled Disaster Medical Response will be conducted on May 27th.

3. APPROVAL OF MINUTES (Brown/Kazan) December 18, 2024, minutes were approved as written.

4. UNFINISHED BUSINESS

There was no unfinished business.

5. NEW BUSINESS

Policies for Discussion; Action Required:

5.1 Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient Destination *(Nichole Bosson, MD)*

Policy reviewed and approved as written.

M/S/C (Conroy/Brown) Approve: Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient Destination.

5.2 Reference No. 830, EMS Pilots and Scientific Studies *(Jake Toy, MD)*

Policy reviewed and approved with the following recommendation:

- Provide a definition of the term "EMS Clinician" as described in Principle 2.

M/S/C (Kazan/Stokes) Approve: Reference No. 830, EMS Pilots and Scientific Studies, with recommendation.

5.3 Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients *(Nichole Bosson, MD)*

Policy reviewed and approved as written.

M/S/C (Kazan/Brown) Approve: Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients.

5.4 Reference No. 503.2, Diversion Request Quick Reference Guide *(Nichole Bosson, MD)*

Policy reviewed and approved as written.

M/S/C (Kazan/Brown) Approve: Reference No. 503.2, Diversion Request Quick Reference Guide.

5.5 Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination *(Nichole Bosson, MD)*

Policy reviewed and approved as written.

M/S/C (Kazan/Brown) Approve: Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination.

5.6 Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release at Scene *(Denise Whitfield, MD)*

Policy reviewed and approved as written.

M/S/C (Conroy/Kazan) Approve: Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release on Scene.

Policies for Discussion; No Action Required:

The following policies were reviewed as information only:

5.7 Reference No. 321, Extracorporeal Cardiopulmonary Resuscitation (ECPR) Receiving Center Standards *(Nichole Bosson, MD)*
5.8 Reference No. 1210, Treatment Protocol: Cardiac Arrest *(Nichole Bosson, MD)*
5.9 Reference No. 1318, MCG: ECPR Patient Algorithm *(Nichole Bosson, MD)*
5.10 Reference No. 1200.2, Treatment Protocol: Base Contact Requirements *(Denise Whitfield, MD)*
5.11 Reference No. 1209/1209-P, Treatment Protocol: Behavioral / Psychiatric Crisis *(Denise Whitfield, MD)*
5.12 Reference No. 1306, MCG: Evaluation and Care of Patients at Risk of Suicide *(Denise Whitfield, MD)*
Recommendation: Principles 2: Remove wording after the statement "Several suicide risk screening tools are evidence-based and validated."
5.13 Reference No. 1306.1, MCG: Columbia Suicide Severity Risk Scale *(Denise Whitfield, MD)*
5.14 Reference No. 1306.2, MCG: Disposition Guidance for Patients at Risk of Suicide (Denise Whitfield, MD)
5.15 Reference No. 1231-P, Treatment Protocol: Seizures (Pediatric) *(Nichole Bosson, MD)*
5.16 Reference No. 1237 / 1237-P, Treatment Protocol: Respiratory Distress *(Nichole Bosson, MD)*
5.17 Reference No. 1302, MCG: Airway Management and Monitoring *(Nichole Bosson, MD)*
5.18 Reference No. 1242 / 1242-P, Treatment Protocol: Crush Injury / Syndrome *(Nichole Bosson, MD)*
5.19 Reference No. 1375, MCG: Vascular Access *(Nichole Bosson, MD)*
5.20 Reference No. 1213-P, Treatment Protocol: Cardiac Dysrhythmia – Tachycardia *(Nichole Bosson, MD)*
5.21 Reference No. 1244 / 1244-P, Treatment Protocol: Traumatic Injury *(Nichole Bosson, MD)*
5.22 Reference No. 1309, MCG: Color Code Drug Doses *(Nichole Bosson, MD)*
5.23 Reference No. 1317.13, MCG: Drug Reference – Dextrose *(Nichole Bosson, MD)*
5.24 Reference No. 1333, MCG: Monitoring Transfusion of Blood Products *(Nichole Bosson, MD)*
5.25 Reference No. 1240-P, Treatment Protocol: HAZMAT (Pediatric) *(Nichole Bosson, MD)*

6. REPORTS AND UPDATES

6.1 EMS Update 2025 *(Shira Schlesinger, MD)*

- Train-the-Trainer sessions are scheduled for March 24-26, 2025. Please register with Vanessa Gonzalez at vgonzalez3@dhs.lacounty.gov
- Pre-Training module will be available March 17, 2025.
- EMS Agency is seeking assistance from providers who utilize Target Solutions, to test this platform while EMS Update is being built. If available to assist, please contact Dr. Schlesinger.

6.2 EmergiPress *(Shira Schlesinger, MD)*

- January/February EmergiPress will be posted on the EMS Agency's webpage shortly. Topics include pregnancy complications and complicated childbirth.

6.3 ITAC Update *(Shira Schlesinger, MD)*

- There was no meeting in February. Next meeting is scheduled for May 5, 2025.
- Provider agencies wanting to utilize a new product, may schedule a review for a potential presentation to ITAC through Dr. Schlesinger. (sschlesinger2@dhs.lacounty.gov)

6.4 EMS and Law Enforcement Co-Response (ELCOR) Task Force *(Nichole Bosson, MD)*

- Recently formed into an official Committee and will meet quarterly. This Committee's goal is to improve collaboration between the EMS community and law enforcement. More information will follow.

6.5 Research Initiatives and Pilot Studies

6.5.1 Prehospital Blood Transfusion – LA DROP *(Nichole Bosson, MD)*

- Los Angeles County Fire Department will begin this pilot on April 1, 2025. Compton Fire Department is moving forward to implement either simultaneously or shortly thereafter within this pilot.
- Once the 2-year pilot is implemented, the EMS Agency will distribute a memorandum of introduction.

6.5.2 ThoraSite Pilot *(Denise Whitfield, MD)*

- Pilot has completed. Data is currently being collected and once analyzed, will be presented to this Committee.

6.5 PediDOSE Trial *(Nichole Bosson, MD)*

- Starting July 1, 2025, and after completion of EMS Update 2025, this Trial will begin Phase 3, which will reduce the age of enrollment to 12 months of age through 18 years. (Currently, Phase 2 patients are ≥16 months of age through 18 years.)

6.7 Pedi-PART *(Nichole Bosson, MD)*

- Trial continues with more than 140 patients enrolled.
- Biggest challenges identified related to study compliance include:
  - Teenagers being intubated as the primary method of airway management
  - i-gel not being placed on odd calendar days
- Paramedics are encouraged to follow the guidelines of the study.
- Paramedic Self Reporting (PSR) is doing well.
- RALPH recall: due to time advancing too quickly, all the devices were being recalled and sent back for recalibration. Thank you for all your efforts in returning these devices back to the EMS Agency. Once repairs are complete, these devices will be redistributed to the providers. Providers may decide independently if they wish to utilize the devices in the field during this study.

6.8 California Office of Traffic Safety (OTS) Grants Projects

6.8.1 RAPID LA County Medic Mobile Application *(Nichole Bosson, MD and Denise Whitfield, MD)*

- This mobile application has been released and is now active.
- Please encourage all staff to download both the RAPID LA County Medic and Color Code Drug Dosages applications.
- Training will be released during EMS Update 2025. A training video is available on the EMS Agency's website. (see "Updates from the Medical Director")
- EMS Agency policies and procedures within this Application will be updated regularly.

6.8.2 Trauma Dashboards/Curriculum *(Shira Schlesinger, MD)*

- Waiting resolution of contract issues before continuing with creating the live dashboard.

7. OPEN DISCUSSION

7.1 I.V. Fluid Shortages *(Nichole Bosson, MD)*

Medical Director asked if providers were having difficulty with receiving orders for the following intravenous (IV) fluids:

- Normal Saline: Providers responded there were no current issues.
- Dextrose 10%/250mL: The EMS Agency was informed there were a couple of providers experiencing a delay in shipment. Therefore, the Medical Director informed that if providers continue having difficulty, they should utilize D50 for adults and preserve the use of D10 for pediatric patients. *(A Memorandum with these instructions was distributed to all providers on January 16, 2025)*
- Those experiencing a critical low inventory of D10, may contact the EMS Agency for potential assistance from the Disaster Cache.

7.2 Voluntary Stroke Survey *(Nichole Bosson, MD)*

Providers were encouraged to participate in the upcoming Stroke Survey. This survey will be distributed shortly to all providers and is voluntary.

8. **NEXT MEETING –** April 16, 2025

9. **ADJOURNMENT -** Meeting adjourned at 3:05 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS AND LAW ENFORCEMENT CO-RESPONSE COMMITTEE (ELCoR)** REFERENCE NO. 215

PURPOSE: To establish a forum for exchange of ideas to support a collaborative approach between EMS and Law Enforcement by providing recommendations for improvement in EMS policy, practice, and training.

POLICY:

I. Committee Activities:

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

A. Provide operational insights for EMS and Law Enforcement co-response.

B. Identify EMS and Law Enforcement co-response high-risk situations.

C. Develop recommendations for EMS and Law Enforcement co-response in Los Angeles County to inform the EMS Agency Director and Medical Director.

D. Develop education and training resources used to support EMS and Law Enforcement co-response.

II. Meeting Frequency:

The Committee will meet quarterly (additional meetings may be held as determined by the chair).

III. Committee Membership shall include:

A. EMS Agency Medical Director (will act as Chair).

B. Fire Chief or designee from the three largest Public Provider Agencies.

C. Fire Chief or designee as selected by the Los Angeles County Area Fire Chiefs Association (LAAFCA) from a department not represented by section III.B.

D. Police Chief or designee of the three largest Law Enforcement Agencies.

E. Police Chief or designee selected by the Los Angeles County Police Chiefs' Association (LACPCA) from a department not represented by section III.D.

F. Two Public Provider Agency Medical Directors selected by Medical Council.

G. Two Law Enforcement Agency Medical Directors selected by Medical Council.

H. A Prehospital Care Coordinator selected by Association of Prehospital Care Coordinators (APCC).

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

I. A Public Provider Paramedic Coordinator selected by the Los Angeles County Area Fire Chiefs Association (LAAFCA).

J. An EMS educator with current or prior working experience as a public sector Paramedic from a Paramedic or EMT training program selected by the Los Angeles County Area Fire Chiefs Association (LAAFCA) or the EMS Agency.

K. A Law Enforcement Officer currently working as a Paramedic in Los Angeles County, selected by the Los Angeles County Police Chiefs' Association (LACPCA) or the EMS Agency.

L. An EMS educator selected by the California Nurse and EMS Professionals (CAL-NEP) Association.

IV. Workgroups:

A. Workgroups will be developed on the recommendation of the committee to address identified priorities.

B. The EMS Agency and ELCoR committee members will identify subject matter experts to support the workgroup activities.

C. Subject Matter Experts will be invited to join by the Chair and/or committee members on an "as needed" basis.

D. The workgroup products will be brought back to the committee for input and approval.

V. ELCoR Recommendations:

A. ELCoR recommendations of improvement, content, or distribution will be forwarded to the EMS Agency Director and EMS Agency Medical Director once approved by the committee.

B. ELCoR recommendations which extend beyond EMS policy, practice, and training are at the discretion of the respective members and stakeholders.

C. A summary of ELCoR recommendations will be maintained by the EMS Agency and can be accessed by system stakeholders upon request.

CROSS REFERENCES:

Reference No. 1037.4, **MCG: EMS and Law Enforcement Co-Response**

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

REFERENCE NO. 215, EMS and Law Enforcement Co-Response (ELCoR) Committee

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY	Base Hospital Advisory Committee			
EMS ADVISORY	Provider Agency Advisory Committee			
OTHER COMMITTEES / RESOURCES	Medical Council			
OTHER COMMITTEES / RESOURCES	Trauma Hospital Advisory Committee			
OTHER COMMITTEES / RESOURCES	Pediatric Advisory Committee			
OTHER COMMITTEES / RESOURCES	Ambulance Advisory Board			
OTHER COMMITTEES / RESOURCES	EMS QI Committee			
OTHER COMMITTEES / RESOURCES	Hospital Association of Southern California			
OTHER COMMITTEES / RESOURCES	County Counsel			
OTHER COMMITTEES / RESOURCES	Disaster Healthcare Coalition Advisory Committee			
OTHER COMMITTEES / RESOURCES	EMS and Law Enforcement Co-Response (ELCoR) Committee	1/13/25	1/13/25	Y

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

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

REFERENCE NO. *215*, *EMS and Law Enforcement Co-Response (ELCoR) Committee*

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy III	*ELCoR 1-13-25*	*Add a voting member from an EMS training program with current or prior public sector paramedic experience.*	*Change made*
Policy III	*ELCoR 1-13-25*	*Add a voting member of a Law Enforcement officer working as a paramedic*	*Change made*

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSTPITAL)

SUBJECT: **HOSPITAL – ADOPT-A-SHELTER PROGRAM** REFERENCE NO. 1116

PURPOSE: To provide healthcare support to meet the medical and health needs of shelter residents in established disaster shelters.

AUTHORITY: California Health and Safety Code Section 34070-34072
California Health and Safety Code Section 101025, 101030
Hospital Preparedness Program Agreement

PRINCIPLE:

1. The primary responsibility for the general health of a community in a disaster rests with the local public health authorities and local medical, nursing, health, and hospital facilities. The American Red Cross (ARC) as part of the community's emergency response system supplements the existing service delivery system for community health care.

2. By congressional mandate and in accordance with its corporate policy, the ARC has a long-standing disaster relief mission. The ARC is a partner with government in helping to fulfill government's legal responsibility of providing care and shelter for its citizens in a disaster.

3. The Hospitals - "Adopt-a-Shelter" program is designed to supplement existing health-related services, secure resources to meet the health needs of the shelter residents, and mitigate disaster-related illness, injury, and death. The role of the adopting hospitals will include providing medical screening, first aid treatment, medical/nursing care, writing prescriptions/prescription refills, immunizations, TB testing, telemedicine, and other medical care as needed within the functional capacity of the provider.

4. Although the adopting hospitals personnel will be carrying out the aforementioned functions, the ARC will manage the overall shelter operation. Support services for mental health and social services will be provided by the various County departments. Shelter residents who require more advanced health care that cannot be provided at the shelter will be referred, preferably, to the adopting hospitals' services or County services.

5. Hospitals that choose to participate in the Adopt-a-Shelter program are encouraged to meet the health needs of shelter residents and keep track of expenses incurred while participating in this program. The County Emergency Medical Services Agency (EMS) will work closely with the County Office of Emergency Management (OEM) to seek assistance with regard to reimbursement from state and federal disaster funding sources.

POLICY:

I. Role of the Adopting Hospital - the adopting hospitals may:

A. Provide at least one Registered Nurse (RN) to staff the shelter (24 hours a day, 7

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

days a week) during the entire operation of the shelter. On-call response may be evaluated as an option as shelter operations progress.

B. Provide additional medical/health staff as needed (i.e., physicians to oversee the hospital's Adopt-a-Shelter medical functions and write prescriptions, etc.).

C. Hospital staff should perform the following functions for shelter residents:

1. Assess for immediate medical/health needs.

2. Assist in finding healthcare resources including identifying and referring shelter residents to primary care providers.

3. Provide medical care as appropriate.

4. Work with public health personnel to provide education on communicable disease and communicable disease transmission.

II. Role of the Department of Health Services (DHS) - DHS will:

A. Coordinate with the ARC to determine the need to implement the Adopt-a-Shelter program.

B. Work with hospitals to determine which facilities are available to adopt a shelter.

C. Coordinate transportation for residents whose medical needs exceed the capability of the shelter(s).

III. Role of the American Red Cross (ARC) - ARC will:

A. Work with DHS to determine the need to activate the Adopt-a-Shelter program.

B. Provide transportation to residents as needed to appointment or other shelters.

C. Provide an orientation to hospital staff participating in the program. Areas of information to be covered include:

1. ARC Disaster Health Services functions and protocols within shelters.

2. Available ARC pharmacy agreements and other health related resources.

3. Assessment of safety and sanitation issues in the shelter.

4. Appropriate ARC documentation for continuity of care within ARC shelters.

IV. Support Agencies/Organizations:

A. OEM will serve as the coordinating body for all County departments.

B. Department of Public Social Services (DPSS) - DPSS will:

1. Partner with the ARC to support those mass care operations at the shelter that are non-medical, per its role as the lead agency for care and shelter at

the Operational Area.

2. DPSS will provide personnel as needed to assist with running the shelter infrastructure and to fill-non-medical staffing needs – registration, arranging for mass feeding & snacks, disaster welfare inquiries, and securing general shelter supplies.

3. DPSS will also coordinate with the appropriate County departments and other partners to identify specialized staff to address the needs of people with disabilities in mass care shelters including the activation of Personal Assistance Services (PAS) and Functional Assessment Shelter Teams (FAST).

C. Department of Mental Health (DMH) - DMH staff will assess mental health needs and arrange for disaster mental health services. They will also ensure the continuation of care and treatment for those clients within the mental health system who may be in the shelter.

D. Department of Public Health (DPH) - DPH will assist with the provision of public health nurses and healthcare staff to assist with the medical and public health needs of mass care shelters including communicable disease monitoring and education as well as shelter safety and sanitation.

E. Sheriff's Department – Sheriff's Department staff will maintain, manage, and/or coordinate with local law enforcement agencies for security at mass care facilities as needed. They will also coordinate the traffic management during evacuee movement to shelter facilities, and monitor identified registered sex offenders in shelters in accordance with local and state statutes.

PROCEDURE:

1. DHS is notified by DPSS or ARC that shelter(s) have been established and that there is a need for medical support beyond what the ARC provides.

2. DHS Department Operation Center (DOC) will notify hospitals and request participation in the Adopt-a-Shelter program. Hospitals located within the general geographic area of the shelter site(s) will be contacted first via ReddiNet.

3. Once a hospital has expressed its interest in adopting a shelter, the DHS DOC will coordinate participation between the hospital, DPSS, and ARC.

4. The DOC will establish periodic communications with the adopting hospital(s) and/or the shelter site(s) to determine status of shelter operations and ongoing need for health resources.

REFERENCES:

American Red Cross Disaster Cycle Services, Program Essentials, Response Program Essentials, V.1.0.2015.05.27
County Agreement with the American Red Cross Los Angeles Chapter, June 12, 2007
Los Angeles County Operational Area Mass Care and Shelter Annex
The Federal Charter of the American Red Cross National Response Plan
Public Health and Medical Services Annex, Emergency Support Function (ESF) #8

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 1102.1, **Disaster Resource Centers in Los Angeles County**

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

REFERENCE NO. 1116, Hospital Adopt-a-Shelter Program

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	EMS Commission			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee	6/6/2024	2/6/2025	Approved to delete
	Other: DRC Coordinators	2/21/2024	2/21/2024	Approved to delete

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

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL/PARAMEDIC/EMT-I)

SUBJECT: **DISASTER PREPAREDNESS EXERCISE/DRILLS** REFERENCE NO. 1124

PURPOSE: To provide guidelines for conducting system wide disaster preparedness exercises and drills for Emergency Medical Services (EMS) participants in Los Angeles County (LAC). This policy defines the roles of EMS provider agencies, health care facilities and the EMS Agency during disaster preparedness exercises and drills.

PRINCIPLE:

1. Exercises are an important component of preparedness, by providing the whole community with the opportunity to shape planning, assess and validate capabilities,

2. Disaster preparedness exercises/drills should involve but not limited to active participation from Health Care Coalition (HCC) partners which includes: prehospital care personnel, hospital, ancillary healthcare providers (Ambulatory Surgery Centers, Community Clinics, Coroner, Dialysis Centers, Emergency Management Departments, Home Health and Hospice Center, Long Term Care Centers) and EMS Agency staff to improve coordination and communication between all involved entities.

3. Participation in County-facilitated exercises and drills will adhere to the Homeland Security Exercise and Evaluation Program (HSEEP) standard, to ensure a consistent and effective approach to exercise design, conduct, and evaluation.

POLICY:

I. Participation in an annual exercise that includes all HCC partners and governmental agencies. (e.g., Statewide Medical & Health Exercise [SWMHE], Medical Response and Surge Exercise [MRSE], etc.)

   A. Hospitals and clinics participating in the Hospital Preparedness Program (HPP) are required to participate in the annual exercise designated by the HPP exercise planning team.

   B. When invited by a hospital or clinic, provider agencies should participate in the annual exercise designated by the HPP exercise planning team, including exercise planning sessions and after-action debriefings conducted by the hospital or clinic, whenever possible.

   C. In the case of a real incident the annual exercise designated by the HPP exercise planning team may be cancelled.

II. LAC EMS Agency Exercise – drills and exercises sponsored by the EMS Agency. These are conducted with LAC HCC partners.

   A. Satellite Radio Drill

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

1. The EMS Agency will initiate the drill utilizing the satellite radio system. HPP Participants designated as No ED hospitals and representative organization of Clinics and Long Term Care facilities will be polled using a roll call system on the established LA DRC network.

2. This drill will be conducted quarterly on the first Thursday of March, June, September and December. The poll will begin at 3:00 PM and each participating facility will be called.

3. The drill will conclude once all participants have responded to the roll call or after three attempts, whichever comes first.

4. The EMS Agency will contact non-respondents by email or phone after the drill concludes to notify the hospital that they were not connected to the LA DRC network or that a response was not heard.

.

B. HAvBED Drill- See Ref. No. 1122, Bed Availability Report

C. Family Reunification Center exercise - All HPP participants will participate in the annual exercise in conjunction with LAC to ensure preparedness, as per the HPP exhibit.

D. Provider Agency Multiple Casualty Incident (MCI) Drills – designed for provider agencies and the EMS Agency to expediently and efficiently determine patient destinations based on resource availability of hospitals.

1. The provider agency generally initiates the drill by:

   a. Pre-arranged drill – EMS Agency is notified in advance and provided with specific information regarding the date, time and nature of the drill.

   b. Random unannounced drill – EMS Agency is contacted by the provider agency without prior notification. The EMS Agency may poll hospitals for resource availability or provide patient destination as requested by the provider agency.

2. The EMS Agency may request a pre-arranged MCI drill with a provider agency for training purposes of MAC staff.

3. Analysis and evaluation of the drill may be conducted jointly by the provider agency and the MAC.

E. Regional Exercises/Drills – designed to train, test and validate plans and capabilities, and identify areas for improvement amongst the HCC partners.

1. All HPP participants will participate in exercises and drills in conjunction with LAC and community partners to ensure preparedness, as per the HPP exhibit (e.g., Regional decontamination drill, annual Table Top exercise).

2. Any Non-HPP participants may be invited to participate in any or all exercises/drills.

CROSS REFERENCE:

California Civil Code, Section 56.10 (c) (1)

Prehospital Care Manual:
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1122, **Bed Availability Reporting**
Ref. No. 1122.1, **Bed Availability Report**

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

REFERENCE NO. 1124, Disaster Preparedness Exercise/Drills

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	EMS Commission			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee	6/6/2024	2/6/25	Y
	Other: DRC Coordinators	2/21/2024	2/21/24	Y

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2

REFERENCE NO. 1124, Disaster Preparedness Exercise/Drills

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Principles, 1 -3	DCAC 02/6/25	Revised the language to better reflect its designation as a principle rather than a policy and reordered the bullet points for improved flow.	Change made
Policy, I	DRC Coordinators 02/21/24	Renamed the Statewide Medical & Health Exercise (SWMHE) as the "Annual Exercise: to provide more flexibility in participating in exercises determined by the HPP exercise planning team. Included specific examples, such as the SWMHE and Medical Response Surge Exercise (MRSE), as designated exercises for HPP participation.	Change made
Policy I, A, B & C	DRC Coordinators 02/21/24	Added language for consistency and clarity to specify that the annual exercise designated by the "HPP exercise planning team" will be the required exercise for HPP participants, with other coalition partners invited to participate	Change made
Policy II, A. Satellite Radio Drill, 1.	DRC Coordinators 02/21/24	Updated language to specify that this drill pertains to HPP participants, including designated No ED hospitals, as well as representatives from clinics and long-term care facilities.	Change made
Policy II, A. Satellite Radio Drill, 2 & 3.	DRC Coordinators 02/21/24	Reordered for clear flow and removed the names of required participants, as they were already specified in the first bullet point.	Change made
Policy II, C, Family Reunification Center exercise	DRC Coordinators 02/21/24	Added the Family Reunification Center exercise as a required component for all HPP participants	Change made
Policy II, E, 1.	DRC Coordinators 02/21/24	Updated examples to reflect the current requirement for participation in the "Annual Tabletop Exercise" instead of the "HCC Surge Exercise" or "SWMHE	Change made

		Tabletop," as these are too specific and not the current requirements.	

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(TRAUMA CENTER)

SUBJECT: **TRAUMA CENTER EMERGENCY PREPAREDNESS** REFERENCE NO. 1130

PURPOSE: To establish minimum standards and provide guidelines for the development of a comprehensive emergency preparedness plan to enhance surge capacity at Trauma Centers (TC).

AUTHORITY: Pandemic and All-Hazards Preparedness Reauthorization Act of 2013, Section 319C-1
Specialty Care Center Designation Exhibit for Hospital Preparedness Program Participant, Exhibit A-2.4
DEFINITION:

Surge Capacity: The ability to quickly expand capacity and capability beyond normal operations to meet an increased demand for medical care in the event of a multiple casualty incident (MCI), bioterrorism, or other large-scale public health emergencies.

PRINCIPLES:

1. TCs have a significant role in the healthcare community's response to terrorist incidents or natural disasters involving multiple casualties.

2. TCs shall have a comprehensive emergency preparedness plan that includes all essential hospital departments to maximize surge capacity to receive up to 20 critical patients.

3. Emergency preparedness plans shall be a scalable, all-hazards approach with emphasis on management of multiple casualties with traumatic injuries.

4. Emergency preparedness plans shall provide for sustainability of the facility.

5. Functional exercise shall be conducted annually. Corrective measures must be implemented in a timely manner to address deficiencies identified during the exercise.

6. TCs shall adopt a Hospital Incident Command System (HICS) that is compliant with the National Incident Management System (NIMS) and integrate the NIMS Implementation Activities for Hospitals and Healthcare Systems.

POLICY:

TCs shall develop a comprehensive emergency preparedness plan that addresses the following critical elements incorporating guidance set forth in the "Los Angeles County Medical and Health Operational Area Coordination Program: Healthcare Surge Planning Guide and Los Angeles County Emergency Services Agency Communication Plan.":

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

I. Triage – Develop a hospital triage system to identify patients needing intensive care or surgery and patients who can be downgraded from intensive care, transferred to other healthcare facilities, or discharged.

II. Surge Beds – Pre-identify physical space for expansion of intensive care and non-critical services and establish procedures to expand bed capacity for intensive care and general medical-surgical patients.

III. Personnel – Designate hospital personnel and establish procedures to manage the TC's emergency response.

A. Trauma Surge Coordinator – Responsible for the development, implementation, evaluation, and maintenance of all aspects of the TC Emergency Preparedness Plan. The Trauma Surge Coordinator shall participate in the overall emergency preparedness activities of the TC including but not limited to providing on-going trauma and burn surge training to personnel.

B. Support staff – Enhance staffing by implementing surge strategies such as utilizing registry agencies, reassigning administrative clinical staff to clinical settings and accepting licensed professionals from volunteer agencies

C. Develop and maintain decontamination capabilities consistent with the Specialty Care Center Designation Exhibit for Hospital Preparedness Program Participant.

IV. Training – Conduct annual training on emergency preparedness for TC personnel and medical staff. Training shall include participation in a functional disaster exercises.

V. Equipment and Supplies – Establish a process for procurement, storage, and management of the following trauma equipment and supplies sufficient to accommodate a surge:

A. Monitoring equipment with EKG, oxygen saturation, and invasive and non-invasive pressure monitoring capabilities

B. Ventilators

C. Portable ultrasound machine

D. Point-of-Care analyzers

E. Intravenous fluids and pumps

F. Blood products and volume expanders

G. Pharmaceuticals required for critically injured patients

VI. Communications – TCs shall have secure and redundant communication systems that allow connectivity to other TCs, healthcare facilities, and emergency response agencies. Each TC must implement, maintain, update, and regularly test a staff mass notification system which incorporates a response group for trauma team activation.

VII. Patient Tracking - In conjunction with Los Angeles County's regional patient tracking program, participate in the patient identification and family reunification plan.

VIII. Security – Develop policies and procedures to secure the TC and manage the influx of victims, family members, and the press. These procedures will be implemented to prevent the obstruction of patient care delivery.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1102, **Disaster Resource Center (DRC) Designation and Mobilization**

Los Angeles County Medical and Health Operational Area Coordination Program: Healthcare Surge Planning Guide
Los Angeles County Emergency Services Agency Communication Plan

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

REFERENCE NO. 1130, Trauma Center Preparedness

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	Data Advisory Committee			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee	3/27/2024	3/27/2024	N
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee	6/6/2024	2/6/2025	N
	Other: DRC Coordinators	2/21/2024	2/27/2024	Y

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2

REFERENCE NO. 1130,Trauma Center Preparedness

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Authority	DRC Coordinators / 02-21-2024	Replaced “Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Section 319C-1” with “Pandemic and All-Hazards Preparedness Reauthorization Act of 2013, Section 319C-1” and replaced “Hospital Preparedness Program – Trauma Surge and Expanded Participant Agreement” with “Specialty Care Center Designation Exhibit for Hospital Preparedness Program Participant, Exhibit A-2.4”	Change made
Principles, 2.	DRC Coordinators / 02-21-2024	Added this to reflect consistency with Policy Ref 519, “to receive up to 20 critical patients.”	Change made
Policy, III., A	DRC Coordinators / 02-21-2024	Added “but not limited to providing on-going trauma and burn surge training to personnel.” to allow for further expansion of the Trauma Surge Coordinator role beyond trauma and burn surge training.	Change made
Policy, III., B	DRC Coordinators / 02-21-2024	Replaced wording that promoted staff participation in volunteer activities outside of the facility to with wording that promotes strategies needed to increase staffing within the facility during a surge event.	Change made
Policy, III., C	DRC Coordinators / 02-21-2024	Replaced “Hospital Preparedness Program Agreement.” to “Specialty Care Center Designation Exhibit for Hospital Preparedness Program Participant.” To reflect the current name of the agreement	Change made
Policy, VI	DRC Coordinators / 02-21-2024	Added “mass” to reflect the more specific type of communication.	Change made

ALTERNATE DESTINATION VOLUME

	2020~	2021~	2022~	2023~	2024
Exodus Eastside (USC)- 22 Beds	93	70	253	190	40
Exodus Westside-12 Beds	32	22	100	104	35
Exodus Harbor- 18 Adults	24	24	49	60	30
Exodus MLK -24 Beds- 16 Adult/8 Adolescent	85	56	104	148	60
Star View Long Beach* 12 Adult/6 Adolescent		1	4	3	4
Star View Industry*- 12 Adult/6 Adolescent		26	14	52	102
Star View Lancaster^- 12 Adult/6 Adolescent		24	81	70	48
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- 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 COMMISSION (EMSC)

SUGGESTED GOALS/OBJECTIVES FOR 2025

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
1. Work on processes/policies to address and reduce Ambulance Patient Offload Delays (APOD)	Yes		1. Implementation and rollout of FirstWatch real-time data on ambulances waiting to offload. *(Completed)* 2. Develop separate policy addressing APOT and APOD. *(Completed)* 3. Redistribute the CHA APOT Toolkit. *(Completed)* 4. Identify best practices of hospitals. 5. Monitor implementation of Ref. No. 505. 6. AB 40 signed by the Governor, needs emergency regulations from State EMS Authority and revisit Ref. No. 505.
2. Continue working on the recommendations from the *Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies* specifically address Suicide Risk Protocols	Yes	Behavioral Health Workgroup	1. Reconvened Workgroup to be chaired by Commissioner Cheung. 2. Workgroup will focus on field evaluation of suicidal ideation. 3. Develop guidelines and education to address assessment and management of patients experiencing suicidal ideation.

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
4. Interfacility Transport Delays (requested for inclusion at Jan 2023 meeting). Need further discussion by EMSC	Yes	IFT Workgroup	1. Workgroup convened with representation from the EMSC, hospitals, EMS providers and the EMS Agency. 2. IFT transfer worksheet developed for Trauma Re-Triage and STEMI Transfer. 3. Assessment Questionnaire for hospital and EMS provider agencies to determine scope of problem and explore potential solutions.
5. Improve patient-centered outcomes from cardiac arrest across Los Angeles County, to meet or exceed the 2030 targets set by the American Heart Association (AHA).	Yes	Cardiac Arrest Workgroup	1. Develop a workgroup to assess current outcomes of cardiac arrest care and gather potential interventions to improve outcomes. 2. Understand barriers to health equities. 3. Engage key stakeholders. 4. Identify potential partners.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

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

January 16, 2025

TO: **All Public ALS and Private ALS/SCT Providers**

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

SUBJECT: **DEXTROSE 10% (250 mL) SOLUTION – SHORTAGE MITIGATION**

The Emergency Medical Services (EMS) Agency has been notified that provider agencies, hospitals and pharmceutical vendors are experiencing backorders of Dextrose 10%, 250mL (D10) due to being unavailable, with an unknown date for backorder fullfillment. Currently, some provider agencies are reporting they are soon to experience a short of supply and will unable to stock the required amount of D10.

In efforts to reduce the impact of this shortage, the EMS Agency is authorizing the admininstering of Dextrose 50%, 50mL, IVP, for ADULT PATIENTS ONLY as a substitute for D10 infusion when indicated per Treatment Protocols.

The treatment of pediatric patients is to remain unchanged by administering Dextrose 10% and continue to follow Reference No. 1309, Medical Control Guideline: Color Code Drug Doses.

To further assist during this short supply, providers are encouraged to following other mitigation strategies outlined in Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles. The EMS Agency has a small supply of D10 that can be distributed upon request for those experiencing a critical shortage despite these mitigation strategies.

This authorization is only valid during the current manufacturing shortage. Once D10 becomes available, providers are to ensure that all their ALS/SCT units are restocked according to inventory policy requirements.

NB: gw
01-14

c: PCC, All Los Angeles County Base Station Hospitals
Director, EMS Agency

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

SideWalk-CPR
LA County EMS System

February 03, 2025

TO: Distribution List

FROM: Richard Tadeo
Director

SUBJECT: COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION WEEK

The Los Angeles County Emergency Medical Services (EMS) Agency is launching a countywide SideWalk "Hands Only" Cardiopulmonary Resuscitation (CPR) public education event on **Monday, June 2, 2025**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life saving skill.

We respectfully request your facility/agency participation in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (attached). Registration provides contact information to allow for communication by the EMS Agency with your organization and to facilitate distribution of additional resources and rosters/sign-in sheets to track the number of people trained during the event. **Early registration** allows us to list your training site(s) on our SideWalk CPR web page for press coverage and enhanced community awareness.

We encourage you to train any time between June 1-7. At the end of the training week, we ask that each participating organization report the number of citizens trained at each location to the EMS Agency. We will provide a report on the total number trained in Los Angeles County to the American Heart Association, EMS community, and other interested parties.

Through public education and awareness, the number of people receiving bystander CPR and return of spontaneous circulation are steadily improving in Los Angeles County. We hope that you will participate in this year's LA County SideWalk CPR as well as continue to focus on ongoing training opportunities.

For more information, please visit: http://www.heart.org/cpr

Complete the attached registration form and return it to the EMS Agency no later than **April 1, 2025** to allow time for posting your training location on the EMS Agency website.

Please contact Natalie Greco ngreco@dhs.lacounty.gov or Priscilla Ross pross2@dhs.lacounty.gov for questions.

Attachments

RT:pr

Distribution:
Base Medical Directors, Base Hospitals
Prehospital Care Coordinators, Base Hospitals
Fire Chiefs, Fire Departments
CEOs, Ambulance Operators
Operations Managers, Ambulance Operators
Paramedic Coordinators, EMS Providers
Nurse Educators, EMS Providers
SRC Program Medical Director, SRC Designated Hospitals
SRC Program Manager, SRC Designated Hospitals

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LOS ANGELES COUNTY

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Third District

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Fifth District

Richard Tadeo, RN
Director

Nichole Bosson, MD, MPH
Medical Director

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Fax: (562) 941-5835

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

February 4, 2025

MEMORANDUM

TO: Distribution

FROM: Nichole Bosson, MD, MPH
Medical Director, LA County EMS Agency

SUBJECT: RAPID LA COUNTY MEDIC MOBILE APPLICATION

The LA County EMS Agency is excited to announce the new mobile application RAPID LA County Medic, available for download from iOS and Android App Stores. The application is free and will be maintained by the EMS Agency with up-to-date policies and protocols.

Key features include:

1. Rapid Access Treatment Protocols (RATPs) – simplified actions by treatment protocol to facilitate real-time access
2. Quick Reference Guidelines (QRGs) – interactive decision-tools and static quick references to support destination and intervention guidance
3. Just-in-Time videos (JITs) – brief video guides for select low-frequency high-risk procedures
4. Integration with the existing LA County Drug Doses mobile application for access to medication dosing [Please note this linkage is in progress; once complete, the Drug Doses App will automatically become accessible from the RAPID LA County Medic App.]
5. All policies, protocols and guidelines from the EMS Agency website accessible offline via the app

Please access the following links to download <u>both mobile applications</u> from the App stores.

Google Play
RAPID LA County Medic:
https://play.google.com/store/apps/details?id=com.lacounty.rapidmedic.app

LA County Drug Doses:
https://play.google.com/store/apps/details?id=com.lacounty.emsdrugdoses

Apple App Store
RAPID LA County Medic:
https://apps.apple.com/us/app/rapid-la-county-medic/id6698853969

LA County Drug Doses:
https://apps.apple.com/us/app/la-county-ems-drug-doses/id1500636116

They will also be available as applets in FireSync after download, select organization ‘Los Angeles County Fire Department’ to access them. Finally, web access is available via this link: https://rapid-medic.flutterflow.app/home for computer use.

Training on use of the application will be included in EMS Update 2025. In the meantime, you can access an overview of the app features and demo via this link: https://vimeo.com/1029860735/666a49c1a3?share=copy and available on the EMS Agency website Emergipress page under Updates from the Medical Director.

As with any new app, there may be a few bugs. We welcome your feedback. Please use the feedback tool in the app to submit IT issues or content suggestions.

If you have any questions please contact me at nbosson@dhs.lacounty.gov or (562) 378-1600.

C: Fire Chiefs, Public Provider Agencies
Medical Directors, Public Provider Agencies
Paramedic Coordinators, Public Provider Agencies
EMS Educators, Public Provider Agencies
Medical Directors, Ambulance Companies
Paramedic Coordinators, Ambulance Companies
Medical Director, All Paramedic Base Hospitals
Prehospital Care Coordinator, All Paramedic Base Hospitals
Program Directors, Paramedic Training Schools

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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Second District

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Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

Richard Tadeo, RN
Director

Nichole Bosson, MD, MPH
Medical Director

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Santa Fe Springs, CA 90670

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

February 20, 2025 **VIA E-MAIL**

TO: Distribution

FROM: Richard Tadeo
Director

SUBJECT: PREHOSPITAL CARE POLICY REF. NO 505, AMBULANCE PATIENT OFFLOAD TIME (APOT)

This is to provide you a copy of the recently revised Prehospital Care Policy Ref. No. 505, Ambulance Patient Offload Time (APOT). **This policy becomes effective April 1, 2025.**

This policy provides guidelines for EMS Provider Agencies, designated 9-1-1 Receiving Facilities and the EMS Agency to address delays in APOT. The policy also outlines specific mitigating strategies to address hospitals that have consistently demonstrated extensive delays in APOT.

Revisions to the policy are to address specific requirements of the State of California Assembly Bill 40 (AB 40) of 2023. AB 40 requires the accurate collection and reporting of APOT at all 9-1-1 receiving facilities. The revisions include the following:

1. A definition for "Facility Equipment Time" was added. Facility equipment time is the time the patient is transferred to the ED gurney, bed, chair or other acceptable location. This is the "end time" for APOT.
2. Hospital ED personnel shall confirm with EMS personnel the facility equipment time to be documented on the electronic patient care report (ePCR) of the EMS personnel (Policy I.C.). Hospitals should incorporate this process into the ED's workflow when receiving patients from EMS personnel. EMS providers have different ePCR systems and facility equipment time may have a different data name in the ePCR.
3. EMS personnel shall document the facility equipment time on the electronic patient care report (ePCR) to capture the time patient care is transferred to ED personnel. This shall be done in consultation with hospital licensed personnel accepting responsibility for the care of the patient. EMS provides should incorporate this process to its workflow when transferring care to ED personnel.

Please do not hesitate to contact me at (562) 378-1610 or rtadeo@dhs.lacounty.gov if you have any questions.

RT:rt

Attachment (Ref. No. 505)

Distribution:
CEOs, Each 9-1-1 Receiving Facility
ED Administrative Director, Each 9-1-1 Receiving Facility
Fire Chief, Each EMS Provider Agency
CEO, EOA Ambulance Provider
Prehospital Care Coordinators, Each Paramedic Base Hospital
Hospital Association of Southern California
EMS Commission

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME (APOT)** REFERENCE NO. 505

PURPOSE: To establish a policy for the safe and rapid transfer of patient care responsibilities from emergency medical services (EMS) personnel to emergency department (ED) medical personnel.

AUTHORITY: California Health and Safety Code, Division 2.5 Sections 1797.120, 1797.225

DEFINITIONS:

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

Facility Equipment Time: The time the patient is transferred to the ED gurney, bed, chair or other acceptable location.

PRINCIPLES:

1. As per the Emergency Medical Treatment & Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient arrives at the hospital property.

2. Hospitals have the responsibility to ensure policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS personnel. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

3. Extended APOT is a healthcare system and hospital throughput issue. Extended APOT negatively impacts EMS providers' ability to respond to subsequent 9-1-1 calls resulting in delayed response times and may affect public safety and patient outcomes.

4. Each hospital shall have a policy and a multidisciplinary team-based approach to ensure the ability of the facility to remain open to accept patients arriving by ambulance in the ED.

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

6. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT which has been adopted by Los Angeles County.

APPROVED: Richard Tadeo
Director, EMS Agency

Medical Director, EMS Agency

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

POLICY:

I. Responsibilities of Hospital ED Personnel to Mitigate Extended APOT

A. Immediately acknowledge EMS patient arrival and provide visual assessment; receive verbal patient report as soon as possible upon arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the ED to await urgent or emergency care.

B. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 30 minutes of arrival at the ED.

C. Confirm with EMS personnel the “facility equipment time” to be documented on the ePCR of the EMS personnel.

D. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS personnel can temporarily wait while hospital’s patient remains on the ambulance gurney.

E. Inform the ambulance transport crew of the anticipated time for the offload of the patient.

F. For extended APOT, provide information to the onsite supervisor of EMS personnel regarding the steps that are being taken by the hospital to resolve extended APOT.

G. Notify the Nursing Supervisor/Administrator on Duty that the ED is experiencing extended APOT and request assistance with patient throughput challenges.

II. Responsibilities of EMS Personnel to Mitigate Extended APOT

A. Upon arrival at ED, EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).

B. Provide a verbal patient report to assigned ED staff, transfer patient to hospital equipment as directed by ED staff.

C. If the APOT estimate is ≥ 30 minutes, and the patient meets **ALL** criteria listed below, EMS personnel will inform the appropriate ED staff (e.g., charge nurse) that the patient will be offloaded in the waiting room. EMS personnel shall provide a transfer of care report to the appropriate ED staff (e.g., triage nurse).

1. Age 18 years or older; or pediatric patients if accompanied by an adult

2. Normal mental status (GCS 15)

3. Normal vital signs upon arrival to the ED per Ref. No. 1380 for adults
   - SBP ≥ 90mmHg
   - HR 60-100
   - RR 12-20

- O2 Saturation ≥94% on room air
- Or per Ref. No. 1309 for pediatrics

4. Ambulatory with steady gait without assistance (as appropriate for age)

5. Without suicidal ideation or suspected substance abuse and not on psychiatric hold (i.e., 5585 (pediatric), 5150 (adult))

6. No chest pain, syncope, or acute neurologic symptoms (e.g., focal weakness, dizziness/vertigo)

7. No ongoing ALS intervention required

8. Patients who received medications that may require ongoing reassessment (e.g., naloxone, narcotics, epinephrine) shall be discussed with the appropriate ED staff (e.g., triage nurse) prior to being offloaded in the waiting room.

D. If APOT estimate is > 30 minutes and the patient does not meet the criteria listed in II. C., each individual EMS personnel (EMT or Paramedic), in order to facilitate EMS field operations, may observe up to 4 patients within their scope of practice at the discretion of the EMS provider's supervisor, while awaiting patient offload to facility equipment.

1. Coordination will be done by the EMS Provider agency's on-site supervisor to identify the EMS personnel who will monitor patients awaiting transfer of care to ED staff and those that may be released to accept other emergency calls.

2. Hospitals should provide gurneys or cots for these patients, to allow EMS personnel to maintain their field operations.

3. EMS Provider agency's on-site supervisor may authorize the placement of temporary cots to house EMS patients being observed by EMS personnel awaiting transfer of care to ED staff.

E. Document the "facility equipment time" on the electronic patient care record (ePCR) to capture the time patient care is transferred to ED personnel. This shall be done in consultation with hospital licensed personnel accepting responsibility for the care of the patient.

F. Notify EMS Supervisor if Provider ALS Diversion Threshold is met as defined in Ref. No. 503.1.

III. Responsibilities of the EMS Agency

A. The EMS Agency will routinely analyze and report APOT data. Hospitals that do not meet the APOT Standard will be notified and may be requested to develop a corrective action plan.

B. At any given time, the EMS Agency via the Medical Alert Center (MAC) will establish phone notification with hospital administration in instances wherein 3 or more ambulance transport crew are waiting to offload for time periods of 30 minutes or more.

C. After an evaluation of a hospital's status and regional/system resources, the EMS Agency via the MAC may place a hospital on Specialty Care Center Diversion (e.g., Trauma, STEMI, Stroke) in addition to ED ALS and/or ED BLS Diversion in instances wherein the APOT is estimated to exceed 2 hours.

D. In instances whereby extended APOT threatens public health and safety by preventing EMS response to emergency medical incidents, the EMS Agency, with appropriate notification to hospital, may authorize EMS personnel provided the patient meets **ALL** the criteria listed in II.C to:

1. Inform ED medical personnel that they are transitioning patient care **and**

2. Immediately offload patient to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition**.**

In these instances, EMS personnel shall make every attempt to notify ED Charge Nurse that they must immediately return to service. EMS personnel shall provide a verbal transfer of care report to ED medical personnel.

E. Procedure for requesting corrective action plan from hospitals that have persistent delays in APOT

Month	Action 1	Audit Result	Action 2
1st	EMS Agency audits Hospital's compliance with APOT Standard.	Hospital consistently demonstrate prolonged APOT, and EMS Providers have consistently requested to place Hospital on ALS and/or BLS Diversion	EMS Agency notifies hospital's ED Director and ED Nurse Manager, via email or telephone, of audit results, requests corrective action plan and assists in determining solutions.
2nd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital fails to demonstrate incremental improvement in APOT.	EMS Agency sends a written notice to Hospital's ED Director and Nurse Manager notifying them of the audit results and their non-compliance.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
3rd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS Agency notifies Hospital's CEO in writing of audit results and request a corrective action plan be submitted within 15 calendar days.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.

Month	Action 1	Audit Result	Action 2
4th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	Within 15 days of the EMS Agency's receipt of Hospital's corrective action plan, a written approval or request additional modifications to the plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
5th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS will request modification to Hospital's corrective action plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
6th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT	See Policy III.F.
		Hospital's compliance threshold improves.	Monitor to ensure Hospital maintains improvement in APOT.

F. Failure of a hospital to implement corrective action plan to improve APOT six months after initial request from EMS to implement corrective action plan may result in additional action from the EMS Agency, which may include but not limited to:

1. Reduction in 9-1-1 transports to hospital
2. Temporary suspension of Specialty Care Center Designation
3. Others as identified

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**

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

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

February 20, 2025

To: All Los Angeles County Licensed Ambulance Providers

From: Richard Tadeo
Director

Subject: **RESCISSION OF ALL AMBULANCE LICENSING WAIVERS AND EXEMPTIONS EFFECTIVE IMMEDIATELY**

All waivers or exceptions that were granted, verbally, in writing or otherwise communicated prior to and/or related to the COVID-19 Pandemic, except for the current Ambulance Vehicle Age Limit Waiver, are rescinded, effective immediately.

All licensing requirements set forth in County Code Section 7.16, Ambulances, for any ambulance operator business license, ambulance vehicle license, and all current contractual and specialty programs requirements are in full effect, these include the following:

- Transportation Overflow Services (Overflow) Agreement
- EMT-Paramedic Service Provider (Paramedic) Agreement
- Specialty Care Transport (SCT) Provider Program
- Emergency Ambulance Transportation Services 9-1-1 Response (Emergency) Agreement

If you have any questions, please contact David Wells, Prehospital Operations Chief, at (562) 378-1677 or dwells@dhs.lacounty.gov.

RT:kk
02-26a

c: County Counsel, Health Services, Los Angeles County
Contracts and Grants, Health Services Los Angeles County
City Manager, Each Incorporated City in Los Angeles County