SUBJECT: EMS COMMISSION ADVISORY COMMITTEES

PURPOSE: To establish a forum for exchange of ideas regarding prehospital care continuing education programs, training programs, certification and accreditation issues, policy development and operational issues involving prehospital care.

POLICY:

- I. Provider Agency Advisory Committee
 - A. <u>Mission</u>: This committee is responsible for all matters regarding prehospital licensure, certification and accreditation, and policy development pertinent to the practice, primary and continuing EMS education, operation and administration of prehospital care.
 - B. <u>Meeting Frequency</u>: Third Wednesday, even months (additional meetings may be held as determined by the chair).
 - C. <u>Committee Membership Structure</u>:
 - 1. Chaired by an EMS Commissioner.
 - 2. Two or more EMS Commissioners.
 - 3. One representative from each major department and public geographic region:
 - a. Area A Western Region
 - b. Area B Los Angeles County Fire Department
 - c. Area C Northern Region
 - d. Area E Southeast Region
 - e. Area F Long Beach Fire Department
 - f. Area G South Bay Region
 - g. Area H Los Angeles Fire Department
 - 4. One currently employed paramedic coordinator, selected by the Los Angeles County Ambulance Association (LACAA).
 - 5. One prehospital care coordinator selected by the Base Hospital Advisory Committee (BHAC).
 - One public sector paramedic routinely assigned to an Advanced Life Support (ALS) Unit, selected by the Los Angeles Area Fire Chiefs Association (LAAFCA).

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APPROVED: Director, EMS Agency

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Medical Director, EMS Agency

- 7. One private sector paramedic routinely assigned to an ALS Unit selected by the LACAA.
- 8. One provider agency medical director selected by Medical Council.
- 9. One critical care transport (CCT) coordinator from a private sector CCT provider selected by LACAA.
- 10. One representative from a Los Angeles County approved Paramedic Training Program selected by the EMS Agency.
- 11. One representative from a Los Angeles County approved EMT Training Program selected by the EMS Agency based on the highest volume of student enrollment.
- 12. Each standing committee member may have an alternate. The alternate member votes or brings motions only when the regular member is not present.
- II. Base Hospital Advisory Committee
 - A. <u>Mission</u>: This committee is responsible for all matters regarding MICN certification and policy development pertinent to the practice, primary and continuing EMS education, operation and administration of prehospital care.
 - B. <u>Meeting Frequency</u>: Second Wednesday, even months (additional meetings may be held as determined by chair).
 - C. <u>Committee Membership Structure</u>:
 - 1. Chaired by an EMS Commissioner.
 - 2. Two or more EMS Commissioners.
 - 3. Two currently employed base hospital prehospital care coordinators (PCC) from each of the major geographic regions:
 - a. Northern Region
 - b. Southern Region
 - c. Western Region
 - d. Eastern Region
 - e. County Region
 - 4. One provider agency representative selected by the Provider Agency Advisory Committee (PAAC).
 - 5. One base hospital medical director, selected by Medical Council.
 - 6. One currently employed MICN selected by the Association of Prehospital Care Coordinators (APCC).

- 7. One pediatric specialty care center (EDAP/PMC/PTC) representative selected by the Pediatric Advisory Committee.
- 8. Each standing committee member may have an alternate except for the regional representation, which has one alternate member per region. The alternate member votes or brings motions only when the regular member is not present.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 202, Prehospital Care Policy Development and Revision

Ref. No. 206, Emergency Medical Services Commission Ordinance No. 12,332 – Chapter 3.20 of the Los Angeles County Code