

Appendix G

History and Summary of Revisions

History

The initial needs assessment and gap analysis for the Los Angeles County EMS Agency Pediatric Surge Plan were conducted in 2011. The EMS Agency Pediatric Surge Plan was initially approved in May 2013.

Summary of Revisions

September 2015

The following edits were made to the original LAC EMS Agency Pediatric Acute Surge Plan after the completion of the Pediatric Surge Tabletop and Functional Exercises held on April 20, 2015, June 11, 2015 and November 20, 2023, respectively.

- 1) The original Tier 1 hospitals were separated into trauma centers and non-trauma medical centers and are now classified as Tier 1 and Tier 2, respectively. These classifications are assigned based on the resources available at the hospital. This alteration addresses issues of Tier 1 non-trauma hospitals receiving pediatric patients who need specialized trauma care, which became apparent during pre-exercise planning and the exercise in June 2015. The remaining tiers are reorganized to reflect the addition of the non-trauma medical center category, such that the existing Tier 2 becomes Tier 3, and so on.
- 2) The overall surge capacity has changed by five (5) pediatric intensive care unit (PICU) beds and 50 pediatric acute care beds due to the following:
 - a. The loss of EDAP status for Southern California Hospital Culver City and San Gabriel Valley Medical Center. Both of these hospitals are now classified as Tier 5 and each have a pediatric acute surge capacity of five beds. This is a reduction from the Tier 4 capacity of 15 Acute beds per hospital; the total loss of capacity is 20 pediatric acute care surge beds.
- 3) The Pediatric Acute Surge Plan was reorganized so that the plan is more concise.
 - a. The Pediatric Acute Surge Plan was revised into a shorter document for ease of use and revision.
 - b. Tier Descriptions, Hospital Listing by Tiers, Health Care Surge Strategies, Background, Current Status, Initial Needs Assessment, moved to the Appendices.
 - c. The training section, Gap Analysis and suggested supplies lists were removed
- 4) Appendices B, C, D, E, F and G were added.

Ongoing

Individual hospital designations and status changes will be updated annually in **Appendix**

C.