COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 347-1604 FAX (562) 941-5835
http://.ems.dhs.lacounty.gov/

DATE: **January 21, 2015**

TIME: **1:00 – 3:00 pm**

LOCATION: **Los Angeles County EMS Agency**
10100 Pioneer Blvd.
EMS Commission Hearing Room – 1st Floor
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 Commission Chair as time permits.
NOTE: Please SIGN IN if you would like to address the Commission.

AGENDA

CALL TO ORDER – Raymond Mosack, Chairman

INTRODUCTIONS/ANNOUNCEMENTS

CONSENT CALENDAR (Commissioners/Public may request that an item be held for discussion.)

1 MINUTES
- November 19, 2014

2 CORRESPONDENCE

2.1 December 23, 2014, All Licensed Ambulance and Ambulette Providers: Notice For A Public Hearing
2.2 December 22, 2014, Director of Pharmacy, Participating Hospitals: Replacement of Pre-Positioned Antibiotics
2.3 December 22, 2014, Each Participating Entity, Pre-Positioning of Antibiotic Program: Return of Expired Pre-Positioned Antibiotics
2.4 December 16, 2014, EMS Agency Staff: Director of the Paramedic Training Institute Position
2.5 December 8, 2014, Distribution: Biennial Ambulance Rate Adjustment For Advanced Life Support (ALS) and Basic Life Support (BLS) Response To Call
2.6 December 4, 2014, Distribution: South Pasadena Fire Department's Approval As A Standing Field Treatment Protocol Provider

3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee
3.3 Education Advisory Committee
3.4 Provider Agency Advisory Committee

4. POLICIES

4.1 Reference No. 519, Management of Multiple Casualty Incidents
4.2 Reference No. 519.1, MCI – Definitions
4.3 Reference No. 712, Nurse Staffed Critical Care Transport (CCT) Unit Inventory
4.4 Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory
4.5 Reference No. 815, Honoring Prehospital Do Not Resuscitate Orders and Physician Orders For Life Sustaining Treatment
4.6 Reference No. 815.1, Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form

5. BUSINESS

Old:

5.1 Nominating Committee Report *(November 19, 2014)*
5.2 Community Paramedicine *(July 18, 2012)*
5.3 Wall Time *(July 17, 2013)*
5.4 Active Shooter *(March 19, 2014)*
5.4 1+1 Paramedic Staffing Model *(November 21, 2012)*
5.5 911 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines *(November 19, 2014)*
5.6 The Brown Act - Conducting Public Meetings Update *(November 19, 2014)*

New:

5.7 Ratification of Committee Appointments for 2015

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of March 18, 2015)

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 noncompliance exists.

CONSENT CALENDAR
January 21, 2015

1. **MINUTES**
   - November 19, 2014

2. **CORRESPONDENCE**

   2.1 December 23, 2014, All Licensed Ambulance and Ambulette Providers: Notice For A Public Hearing
   2.2 December 22, 2014, Director of Pharmacy, Participating Hospitals: Replacement of Pre-Positioned Antibiotics
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3. **COMMITTEE REPORTS**

   3.1 Base Hospital Advisory Committee
   3.2 Data Advisory Committee
   3.3 Education Advisory Committee
   3.4 Provider Agency Advisory Committee

4. **POLICIES**

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MINUTES
November 19, 2014

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
David Austin (Exc)	LAC Ambulance Assn	Cathy Chidester	Director, EMS
☑ Robert Barnes	LAC Police Chiefs Assn	Marilyn Rideaux	EMSC Liaison
☑ Frank Binch	Public Member, 4th District	Kay Fruhwirth	Asst. Dir,, EMS Agency
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Roel Amara	Staff, EMS Agency
(VACANT)	HASC	John Telmos	"
☑ Robert Flashman, M.D.	L.A. County Medical Assn	Gary Watson	"
☑ James Lott	Public Member, 2nd District	Jacqueline Rifenburg	"
☑ Clayton Kazan, M.D.	CAL/ACEP	David Wells	"
☑ Ray Mosack	CA State Firefighters' Assn.	Angelica Maldonado	"
☑ Daryl Parrish	League of California Cities	Brett Rosen, MD	"
☑ Andres Ramirez	Peace Officers Assn. of LAC	Nicole Bosson, MD	"
☑ Nerses Sanossian, M.D.	American Heart Assn.		
☑ Carole Snyder	Emergency Nurses Assn.		
Jon Thompson (Exc)	LA Chapter/Fire Chiefs Assn		
Areti Tillou, M.D. (Exc)	L.A. Surgical Society		
☑ Gary Washburn	Public Member, 5th District		
Bernard Weintraub (Exc)	S. CA Public Health Assn.		

GUESTS			
Samantha Verga-Gates	APCC-LA County & LBMMC	Mike Sargeant	Long Beach Fire Dept.
Rex Pritchard	Long Beach Fire Association	David Segura	Long Beach Fire Dept.
Paul Cheek	Long Beach Fire Association	Christopher Rowe	Long Beach Fire Dept.
Brian Hudson	Torrance Fire Dept.	Dwayne Preston	Long Beach Fire Dept.
Richard Roman	Compton Fire Dept.	Mike DuRee	Long Beach Fire Dept.
Jeff Elder	Los Angeles Fire Dept.	David Honey	Long Beach Fire Dept.

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

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd, Santa Fe Springs, 90670. The meeting was called to order at 1:04 PM by Chairman, Raymond Mosack. A quorum was declared.

INTRODUCTIONS/ANNOUNCEMENTS:

None

CONSENT CALENDAR:

Chairman Mosack called for approval of the Consent Calendar.

Motion by Commissioner Lott/Sanossian to approve the Consent Calendar, excluding Correspondence 2.6 – 2.12, 2.15, 2.20 and Policies 4.10 – 4.20 as requested by Commissioner Binch for clarification. Motion carried unanimously

2.20	Requested a status report on disposition of expired pre-positioned antibiotics (Kay Fruhwirth) The order was submitted and bids were reviewed yesterday. A bid was accepted and a purchase order should be issued next week. The supply will not be available until February 2015 and will be distributed after delivered.
2.6-2.12	What was the process of deciding on the awards and when, why do the amounts differ substantially, and no awards to no hospitals in the Pomona-San Gabriel Valleys? (Cathy Chidester) Funds for this project come from what is referred to as the Richey Fund(SB1773). For every traffic violation, four dollars is set aside for this fund. The bill was sponsored by then State Senator Alarcon to establish a pediatric trauma center at Northridge Hospital but the bill is written that ten percent of the monies must go to pediatric trauma care; therefore, it is distributed to all pediatric trauma centers in the County based upon the percentage of pediatric trauma cases treated at each facility. There are no pediatric trauma centers in the Pomona San Gabriel Valley. The money is distributed based on the Legislation.
2.15 and 4.10-4.20	Why are these guidelines for information and considered minor amendments or policy changes? (Cathy Chidester) Prehospital Care reference manual policies – All policies are minor amendments but very specific medical issues with medical treatment and care – so do not go through the EMSC for approval but through the Agency's Medical Director after consultation with Medical Council. EMS Agency staff determines which policy amendments are minor or major.

Following discussion on the Items that were held for discussion:

Motion by Commissioner Binch/Snyder to approve Consent Calendar items that were held for discussion. Motion carried unanimously.

5. BUSINESS (Old Business)

5.1 Community Paramedicine

Cathy Chidester, Director, EMS Agency, reported that the Office of Statewide Health Planning and Development (OSHPD) forwarded a letter of approval for the two pilot projects proposed by Los Angeles County, taking patients to alternate care sights and home visits to recently discharged patients with congestive heart disease. The projects have not been fully funded and the letter stated specific requirements that must be met related to patient safety. The curriculum has been developed and the EMS Agency is putting together an oversight committee. It is anticipated that training of selected paramedics will start in January.

5.2 Wall Time

(Nothing to report) Wall Time was placed on hold due to dealing with Ebola.

5.3 Active Shooter

Assembly Bill 1598 has been signed by the Governor to develop a model for an active shooter policy throughout the State. An active shooter committee at the State level is working an acceptable curriculum. Training in Los Angeles County is ongoing.

5.4 Request For Proposal (RFP) for Emergency Ambulance Transportation

The EMS Agency is currently working on the Emergency Ambulance Transportation contract agreement for 2016. Current LA County contracts will expire on May 30, 2016. A description of the RFP process of the Emergency Ambulance Transportation Agreement currently being used was distributed. Ms. Chidester discussed the process and requirements of an ambulance company and advised that the draft RFP could not be shared with the EMS Commission because it is confidential and could not be released until Contracts and Grants approves it. Release to the EMS Commission could compromise the RFP process. The EMS Agency requested that the EMS Commission approve the RFP in concept so that it can be submitted to the State EMS Authority for review and approval in January 2015.

Commissioner Lott inquired about the process used for terminating an ambulance contract when performance is poor and what is the operating standards. Commissioner Lott stated that he would be willing to approve the RFP in theory but would like to see the terms and conditions for terminating a contract.

Chairman Mosack inquired about the penalty for dropping out and does any ambulance company ever drop out.

Old BUSINESS (continued)

Commissioner Binch asked what specifically was the EMS Agency asking the EMSC to approve. Ms. Chidester stated the RFP in concept. Commissioner Binch stated that he was not willing to approve such an important document that he was unable to review. Ms. Chidester offered to inquire with Contracts and Grants to see if a closed session of the EMS Commission would be possible to allow it to review the draft RFP.

Commissioner Ramirez expressed concern regarding resolution of transport of 5150 patient hold by Sheriff Department. Also wanted to know what other things were being addressed in this contract that are new – response time penalties, dispatch fees, and charge for medical supplies.

Motion by Commissioner Binch, second by Commissioner Watson to continue this item until the EMS Agency can schedule a closed session meeting to allow the EMS Commission to review all of the components of the draft RFP.
4 – Yes 8 – No; Motion Defeated

Motion by Commissioner Lott, second by Commissioner Sanossian to approve the Emergency Ambulance Transportation Agreement RFP in concept.
9 – Yes 3 – No (Commissioner Binch, Cheung, Mosack); Motion Carried

5.5 Physician Services for Indigent Program (PSIP) – Proposed Reimbursement

Kay Fruhwirth, Assistant Director, EMS Agency, reported that the increase in the County's reimbursement process has been approved to 10.5 percent effective for the FY 2014-2015. Claims for the new FY will start processing on November 1, 2014. Claims for 2013-2014 may be submitted up until October 31 this year.

Question: How long does it take for a claim to be paid?
Answer: If the claim is clean and all required information is entered on the claim, it takes 90 days to process and 20 days to be paid.

Question: What is the average time that it takes to get a claim serviced?
Ms. Fruhwirth stated that she would forward the information via email because she did not have this information.

Question: What percentage of claims is not clean?
Response will be sent via Email.

Old BUSINESS (continued)

IHP claims will be delayed by six months due to the fact that they are paid at a higher percentage.

5.6 1 + 1 Paramedic Staffing Model

Ms. Chidester provided an overview of the status of Long Beach Fire's RMD pilot project. She stated that EMS Agency is currently focusing on monitoring the two paramedics on scene requirement of the program as defined in Reference 407. Ms. Chidester reported that she notified LBFD by letter that the Department was out of compliance for this requirement. A plan for improvement was requested and has been received.

Commissioner Lott *asked where the three (3) minute standard for a second paramedic on scene came from.*
Answer: It is an ALS unit requirement that two paramedics be on scene and the three (3) minute standard was established by the Governance Committee. Lott: Why is this three minute rule so important? Chidester: Because Long Beach Fire Department stated they could comply with Reference No 407 and this is one of the requirements.

Dr. Nicole Bosson reported that the Data Safety Monitoring Board met a few weeks ago and discussed the Reference 407 standard of three minutes for arrival of a second paramedic. The Board had no concerns regarding any specific threat to patient safety as related to the pilot project.

Commissioner Binch: The EMS Agency should research data to determine what would be a reasonable arrival time for the second paramedic.

Long Beach Fire Chief, Michael DuRee and Chief Mike Sarjeant addressed the EMS Commission by stating that they wanted to address specific data points and that the Reference 407 requirement regarding arrival of the second paramedic had no relevance to scientific fact nor could any agency accomplish this requirement 95% of the time. Chief DuRee advised the EMSC that in the early months, data indicated that the first arriving paramedic on average arrived earlier allowing for faster patient assessment. Chief Mike Sarjeant stated that he felt that the focus should be how quickly ALS arrives on scene and how quickly is the raw data being delivered.

Commissioner Barnes commented that he believed that the three minute rule should not be a factor. Commissioner Cheung commented that he

Old BUSINESS (continued)

did not feel that this standard should be altered or removed now that the project has been in effect for four months.

Mr. Rex Pritchard, President, Long Beach Firefighters Association, commented that he was not in favor of moving the goal post in order to achieve the expected outcome.

Dr. Bosson reported that the DSB is monitoring patient care and outcomes not the requirement of a second paramedic arriving within three minutes of the first paramedic standard.

Commissioner Flashman pointed out Principle number five of Reference No.407 which states, "At any point after the pilot begins, the EMS Agency may order the pilot slowed, stopped, modified and/or reversed. If any such action is ordered by the EMS Agency, the Agency shall state cause(s) for the action(s) in writing."

Following testimony and comments, Chairman Mosack declared that Reference No. 407 would remain in effect as presented.

NEW BUSINESS:

5.7 9-1-1 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines

Roel Amara, EMS Agency, reported on the protocol adopted by LA County for evaluating, reporting, and transporting possible Ebola patients.

5.8 Conducting Public Meetings in Accordance With The Brown Act
(Tabled to January 21, 2015)

5.9 Appointment of a Nominating Committee

Chairman Mosack appointed Commissioner Barnes and Commissioner Parrish as the Nominating Committee for 2015 with Commissioner Barnes serving as Chair.

6. COMMISSIONERS' COMMENTS/REQUESTS

- Commissioner Binch requested that future policies be presented to the EMSC for review in redline format. This makes it easier to look at what changes were made to the policy. Ms. Chidester will discuss with EMS staff.

7. LEGISLATION

(*No update)*

8. EMS DIRECTOR'S REPORT

- Ms. Chidester distributed the latest EMS Data Report, October 2014. Ms. Chidester stated that the report shows how the County EMS is evolving in data abilities.
- The County sent out a Request for Application (RFA) to two hospitals in the East San Gabriel Valley. The deadline for applications is November 19. The evaluation process will begin on December 1.
- Supervisor Mark Ridley-Thomas proposed (by motion) training all County employees in hands-only CPR. County Fire was assigned to respond to this motion and is the lead.
- Supervisor Mark Ridley-Thomas (by motion) requested an assessment of the impact if St. Francis Medical Center closed its trauma service and was no longer designated as a Trauma Center. The report is due back by January 2015. He also requested an evaluation regarding Martin Luther King Jr. Community Hospital becoming a future trauma center.

9. ADJOURNMENT

The Meeting was adjourned by Chairman Mosack at 2:58 PM. The next meeting will be held on January 21, 2015.

Next Meeting: Wednesday, January 21, 2015
EMS Agency
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

Recorded by:
Marilyn E. Rideaux
Commission Liaison

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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Fax: (562) 941-5835

To ensure timely, compassionate, and quality emergency and disaster medical services.

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

CORRESPONDENCE 2.1

December 23, 2014

TO: All Licensed Ambulance and Ambulette Providers

FROM: Cathy Chidester, Director
EMS Agency

SUBJECT: NOTICE FOR A PUBLIC HEARING

The Department of Health Services' Emergency Medical Services (EMS) Agency will hold a public hearing regarding the following Ambulance Operator Business License applications:

- All Town Ambulance, LLC (Continuation)
- Enova Medical Response, Inc. (Appeal)

In accordance with the Los Angeles County Code, Title 7, Chapters 7.16, Sections 7.16.050 and 7.16.060, the applications have been filed and departmental procedures are complete. A public hearing has been set as follows:

Date:	Wednesday, January 7, 2015
Time:	1:00 p.m.
Location:	Los Angeles County EMS Agency First Floor Hearing Room 10100 Pioneer Boulevard Santa Fe Springs, CA 90670

Letters of protest or support should be submitted to my office at 10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670, no later than Monday, January 5, 2015. If you desire to speak at the hearing, you will be required to complete a speaker card prior to being recognized by the Board.

If you have any questions, please contact Luanne Underwood at (562) 347-1681.

CC:lu
12-42a

c: County Counsel
CEO's Office

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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Health Services
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CORRESPONDENCE 2.2

December 22, 2014

TO: Director of Pharmacy
Participating Hospitals

FROM: Cathy Chidester
Director of Emergency Medical Services

SUBJECT: REPLACEMENT OF PRE-POSITIONED ANTIBIOTICS

This letter provides information regarding the Emergency Medical Services (EMS) Agency's plan for replacing Doxycycline caches through the *Pre-Positioning of Antibiotics Program.* As you recall, this program was implemented in response to the United States Department of Homeland Security and the Centers for Disease Control and Prevention *Cities Readiness Initiative*, which was created as a first step in enhancing and increasing readiness of various essential entities/institutions in the event of a terrorist attack. Of foremost concern is the ability to respond in a timely manner to a bioterrorism attack, specifically *Bacillus Anthracis.*

The Los Angeles County EMS Agency is in the process of replacing the Doxycycline caches that were distributed in 2011 and expired between August and December 2014. Due to the decreased availability of Doxycycline and reduced unit cost of Ciprofloxacin, the Doxycycline cache will be replaced with Ciprofloxacin.

Los Angeles County selected Golden State Medical Supply (GSMS) as the vendor for this replacement process. Chris Henry from GSMS will be contacting you in the next several weeks to schedule a convenient time to pick up the expired Doxycycline. It is the responsibility of each facility to provide the expired Doxycycline to the vendor by January 30, 2015. Failure to do so will result in the facility incurring the expense of disposing the expired medication and providing proof of destruction to the EMS Agency no later than February 27, 2015.

GSMS is in the process of purchasing and packaging the replacement Ciprofloxacin. Our grant funding for this project was reduced, therefore the replacement cache will be one-third of your current cache and is designated for the use by essential staff at your facility. The vendor will notify you prior to delivery of the replacement cache. We anticipate delivery to be sometime around the first week in February 2015.

Your facilities continued support, patience, and participation in the *Pre-Positioning of Antibiotics Program* are appreciated. If you have any questions please contact John Ospital at (562) 903-7069 or jospital@dhs.lacounty.gov.

CORRESPONDENCE 2.3

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

William Koenig, MD
Medical Director

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

Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely, compassionate and quality emergency and disaster medical services.

December 22, 2014

TO: Each Participating Entity
Pre-Positioning of Antibiotic Program

FROM: Cathy Chidester
Director of Emergency Medical Services

SUBJECT: RETURN OF EXPIRED PRE-POSITIONED ANTIBIOTICS

This letter provides information regarding the Emergency Medical Services (EMS) Agency's plan for disposing of the Doxycycline caches that your entity received in 2011 through the *Pre-Positioning of Antibiotics Program*. The Doxycycline caches expired between August and December 2014 and they need to be returned to the EMS Agency in order to properly dispose of the expired medication.

Please contact either John Ospital at (562) 903-7069 or jospital@dhs.lacounty.gov or Robert Smock at (562) 941-3907 or rsmock@dhs.lacounty.gov to schedule a convenient time to return the expired Doxycycline to the Disaster Staging Facility (DSF), which is located at 10430 Slusher Drive, Santa Fe Springs, CA 90670.

It is the responsibility of each entity to return their expired cache of Doxycycline to the above location by January 30, 2015. Failure to do so will result in the facility incurring the expense of disposing of the expired medication themselves and providing proof of destruction to the EMS Agency no later than February 27, 2015.

The EMS Agency is working on a plan to replace the cache of expired medication and you will be contacted once replacement medications are available. If you have any questions please contact John Ospital at (562) 903-7069 or jospital@dhs.lacounty.gov.

Distribution:
Chief/Chief Executive Officer Each 9-1-1 Provider Agency
Chief, Each Law Enforcement Agency
Chief, Los Angeles Office, Federal Bureau of Investigation
Sheriff, Los Angeles County Sheriff
Chief Executive Officer Community Clinic Association
Emergency Services Coordinator, Each City
Chief Executive Officer, Los Angeles County
Executive Officer Board of Supervisors, Los Angeles County
Director, Los Angeles County Department of Mental Health
Director and Health Officer, Los Angeles County Department of Public Health
Director, Los Angeles County Department of Coroner
Administrator, Los Angeles County Office of Emergency Management
County Counsel, Los Angeles County
Disaster Management Area Coordinators
Emergency Medical Services Commission

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LOS ANGELES COUNTY

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To ensure timely, compassionate and quality emergency and disaster medical services.

CORRESPONDENCE 2.4

December 16, 2014

TO: EMS Agency Staff

FROM: Cathy Chidester CC
Director

SUBJECT: DIRECTOR OF THE PARAMEDIC TRAINING INSTITUTE POSITION

As you may know, Michele Hanley, Director of the Paramedic Training Institute (PTI), has accepted a new position and will be leaving County service as of January 5, 2015. We appreciate Michele's service and wish her success and happiness in her new job.

The Director of PTI is a key position of the critical program. As such, Mark Ferguson has agreed to take on the addition duties and manage the PTI program until we are able to hire a qualified candidate. Mark has worked for Los Angeles County for 22 years; 14 of these in PTI as Program Coordinator. In his position, Mark worked closely with Michele and covered the program in her absence. He maintains his Registered Nurse license and Mobile Intensive Care Nurse Certification. Mark will begin working with Michele immediately, then take over the Interim Program Director duties on January 5, 2015.

It is difficult to say good bye to Michele but we must look at this as an opportunity to further develop our staff and the PTI program. I know that you will all support PTI and Mark during this transition period.

Let me know if you have any questions.

c: El Camino College, Dean of Industry and Technology
El Camino College, Liaison
COEMPS
Los Angeles County Fire Department
Los Angeles Area Fire Chiefs
Training Program Approval Office

CORRESPONDENCE 2.5

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

William Koenig, MD
Medical Director

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

Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely, compassionate and quality emergency and disaster medical services.

December 8, 2014

TO: Los Angeles County Licensed Ambulance Operators
Fire Chief, Each 9-1-1 Provider Agency

FROM: Cathy Chidester
Director, EMS Agency

SUBJECT: BIENNIAL AMBULANCE RATE ADJUSTMENT FOR ADVANCED LIFE SUPPORT (ALS) AND BASIC LIFE SUPPORT (BLS) RESPONSE TO CALL

Section 7.16.341 of the County Code requires the Director of the Department of Health Services to review the ALS and BLS ambulance rates of all other counties in California on a biennial basis to determine the average rates for those services in effect in those counties as of the review date. If the rates are equal to or above the State average, no adjustments to maximum allowable rates are made. If the maximum allowable rates are lower than the State average, the rates are adjusted to the State average and rounded to the nearest $0.25.

The Department's review was conducted between September 2, 2014 and October 30, 2014. Each county was contacted regarding the ambulance rates in effect as of the date of the call. The final rates are based on an average of all ALS rates (excluding Los Angeles), and all BLS rates (excluding Los Angeles County) of those Counties that regulate ambulance rates, divided by the total number of Counties that regulate rates.

Based on the results of the survey, the following maximum allowable rates will be effective **January 1, 2015**:

Advanced Life Support (ALS) Response to Call – **Increase by 11.35% to $1609.00.**
Basic Life Support (BLS) Response to Call – **Increases by 1.00% to $1043.75.**

All other rates remain the same. Attached is a copy of the General Public Rate Schedule effective January 1, 2015.

If you have any questions, please call John Telmos, Chief Prehospital Operations at (562) 347-1677.

CC:jt
12-07a

Attachment

C: Fiscal Management
Los Angeles County Ambulance Association
City Manager, Each Los Angeles County Based City

CORRESPONDENCE 2.5

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

William Koenig, MD
Medical Director

10100 Pioneer Blvd, Suite 200
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Fax: (562) 941-5835

To ensure timely, compassionate and quality emergency and disaster medical services.

December 8, 2014

TO: Steve Reyes
Yolanda Vera
Elaine Shultz
Richard Espinosa
Fred Leaf

FROM: Cathy Chidester
Director, EMS Agency

SUBJECT: BIENNIAL AMBULANCE RATE ADJUSTMENT FOR ADVANCED LIFE SUPPORT (ALS) AND BASIC LIFE SUPPORT (BLS) RESPONSE TO CALL

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If you have any questions, please call John Telmos, Chief Prehospital Operations at (562) 347-1677.

CC:jt
12-08a

Attachment

C: Board of Supervisors
Contracts and Grants Division
County Counsel
Fiscal Management
Christina Talamontes, Ordinance/Minute and Communications for the Board of Supervisors

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely, compassionate and quality emergency and disaster medical services.

CORRESPONDENCE 2.6

December 4, 2014

TO: Distribution

FROM: Cathy Chidester
Director

SUBJECT: **SOUTH PASADENA FIRE DEPARTMENT'S APPROVAL AS A STANDING FIELD TREATMENT PROTOCOL PROVIDER**

As of January 1, 2015, South Pasadena Fire Department (SP) is approved to utilize Standing Field Treatment Protocols (SFTPs) in lieu of making base hospital contact. SP will be implementing all SFTPs.

For your reference, a current list of the approved SFTPs and a program overview is located on the Emergency Medical Services (EMS) Agency web page and can be accessed via the following link under Prehospital Care Manual: http://dhs.lacounty.gov/wps/portal/dhs/ems.

Please address any field care issues with SP department personnel, supervisors, Prehospital care coordinators/educators as appropriate. The Los Angeles County Situation Report is available on the EMS Agency's web page and should be completed for all patients where SFTPs are utilized inappropriately (e.g., medical patients with poor perfusion or dysrhythmias).

If you have any questions, please contact Gary Watson, Provider Agency/SFTP Program Coordinator at (562) 347-1679.

CC:gw
12-04

Distribution:

Medical Director, EMS Agency
Fire Chief, South Pasadena Fire Department
Medical Director, South Pasadena Fire Department
Emergency Department Director, Huntington Memorial Hospital
Emergency Department Director, Methodist Hospital of Southern California – Arcadia
PCC, Huntington Memorial Hospital
PCC, Methodist Hospital of Southern California - Arcadia

EMERGENCY MEDICAL SERVICES COMMISSION
BASE HOSPITAL ADVISORY COMMITTEE
MINUTES
December 10, 2014

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

REPRESENTATIVES		EMS AGENCY STAFF
☑ Clayton Kazan, MD, Vice Chair	EMS Commission	Richard Tadeo
☐ Frank Binch, r	EMS Commission	Deidre Gorospe
☐ Nerses Sanossian, MD	EMS Commission	Michele Hanley
☑ Lila Mier	County Hospital Region	Lucy Hickey
☐ Emerson Martell	County Hospital Region	Cathy Jennings
☑ Natalia Gamio	County Hospital Region, Alternate	Susan Mori
☑ Jose Garcia	County Hospital Region, Alternate	Carolyn Naylor
☑ Jessica Strange	Northern Region	Erika Reich
☑ Judy Grimaldi	Northern Region	Jacqui Rifenburg
☑ Mark Baltau	Northern Region, Alternate	Gary Watson
☑ Kristina Crews	Southern Region	Michelle Williams
☑ Samantha Verga-Gates	Southern Region	Dr. Brett Rosen
☐ Lindy Galloway	Southern Region, Alternate	Lynne An
☐ Paula Rosenfield	Western Region	
☑ Ryan Burgess	Western Region	
☑ Alex Perez-Sandi	Western Region, Alternate	
☑ Rosie Romero	Western Region, Alternate	
☑ Laurie Sepke	Eastern Region	
☑ Alina Candal	Eastern Region	
☑ Jenny Van Slyke	Eastern Region, Alternate	
☑ Steve Treskes	Provider Agency Advisory Committee	
☐ Isaac Yang	Provider Agency Advisory Committee, Alt.	
☐ Jennifer Webb	MICN Representative	
☐ Jeff Warsler	MICN Representative, Alt.	
☑ Robin Goodman	Pediatric Advisory Committee	
☐ Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	

PREHOSPITAL CARE COORDINATORS		GUESTS
☐ Rachel Caffey (NRH)	☐ Dee Phillips (HMN)	Rocky Allen, Mercy Air Ambulance
☐ Joanne Dolan (SMM)	☑ Jennifer Pickard (SMM)	
☐ Juliette Esswein, (AVH)	☑ Adrienne Roel (AMH)	
☑ Kelly Hauser (QVH)	☐ Heidi Ruff (NRH)	
☐ Kevin Lennox, (AMH)	☐ Robin Smilor (SFM)	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

1. CALL TO ORDER:

The meeting was called to order at 1:12 P.M. by Commissioner, Dr. Clayton Kazan.

2. APPROVAL OF MINUTES – August 13, 2014

M/S/C: (Burgess/Grimaldi) Approve the August 13, 2014 meeting minutes as written.

3. INTRODUCTIONS/ANNOUNCEMENTS

Jennifer Pickard announced the pending resignation of Joanne Dolan as co-Prehospital Care Coordinator (PCC) for St. Mary Medical Center. Joanne will continue as the educator for Long Beach Fire Department.

Lucy Hickey has returned to the EMS Agency after a medical leave. Lynne An was introduced as the EMS Coordinator for nurse and paramedic certifications.

Committee members requested the distribution of an updated EMS Agency roster.

4. REPORTS & UPDATES

4.1 ICD-10 Codes

Beginning January 2015, Trauma hospital will begin utilizing ICD-10 when entering patient information into Trauma Emergency Medicine Information System (TEMIS). Effective October 2015, all systems are mandated by Centers for Medicaid & Medicare Services to use replace the International Classification of Diseases, 9th Revision (ICD-9) with ICD-10 codes for diagnosis and procedural coding. The Trauma Emergency Medicine Information System (TEMIS) will begin utilizing ICD-10 codes on January 1, 2015 in the Trauma database, and on October 1, 2015 in Base.

Committee members requested an updated quick reference list of frequently used ICD-10 codes.

4.2 EMS Update 2015

The development of the curriculum for EMS Update 2015 is progressing. The EMS Agency is requesting feedback related to the selected topics for the Update.

Committee members discussed concerns related to legal aspects of prehospital care.

Richard Tadeo shared the challenges with adapting general legal issues into a beneficial lesson plan. Additionally, it was discussed that broad topics related to legal care issues tend to create confusion among the responders. Therefore, the topic of legal issues will be presented in the format of case study and field care audit.

5. UNFINISHED BUSINESS

6. NEW BUSINESS

6.1 Reference No. 521, Stroke Patient Destination

Reference No. 521, Stroke Patient Destination defines the guidelines for the transport of patients with stroke symptoms.

M/S/C: (Grimaldi/VanSlyke) Approve Reference No. 521, Stroke Patient Destination.

7. OPEN DISCUSSION

7.1 Emergency Medical Technician (EMT) Expanded Scope of Practice

EMTs are now carrying, and may administer aspirin. EMTs may also administer narcan Narcan with approval from the EMS Agency.

7.2 Radio Only Days

The Radio Only Days exercises assisted in the identification of areas with radio communication problems in the Hauser Peak and Rio Hondo areas. Based on plans to incorporate with Los Angeles Regional Interoperable Communications Systems (LA RICS) authority, LA County Internal Services Division will monitor and maintain the services of these sites. Major overhauls to these sites will be suspended pending transition to LA RICS.

8. NEXT MEETING: February 11, 2015

9. ADJOURNMENT: The meeting was adjourned at 1:50 P.M.

EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE
WEDNESDAY, DECEMBER 10, 2014

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

MEMBERSHIP / ATTENDANCE		
MEMBERS	ORGANIZATION	EMS AGENCY
* Erick Cheung, Chair	EMS Commissioner	
☒ Carol Snyder, Vice-Chair	EMS Commissioner	Richard Tadeo
□ Matt Armstrong	Ambulance Advisory Board (LACAA)	Deidre Gorospe
□ Trevor Stonum	Ambulance Advisory Board (alternate)	Michelle Williams
☒ Mark Baltau	Base Hospital Advisory Committee (BHAC)	Susan Mori
□ Alina Candal	BHAC (alternate)	
* Jeanette Abundis	Hospital Association of Southern California (HASC)	
□ VACANT	HASC (alternate)	
* Joanne Dolan	Long Beach Fire Department (LBFD)	
□ Don Gerety	LBFD (alternate)	
□ Dan France	Los Angeles Area Fire Chiefs Association	
* Sean Stokes	LA Area Fire Chiefs Association (alternate)	
☒ Nicole Steeneken	Los Angeles County Fire Department (LACoFD)	
☒ Victoria Hernandez	LACoFD (alternate)	
□ Kathleen Hegwer	Los Angeles Fire Department (LAFD)	
□ John Baccari	LAFD (alternate)	
☒ Nicole Bosson	Medical Council	
□ VACANT	Medical Council (alternate)	
□ Laurie Lee-Brown	Provider Agency Advisory Committee (PAAC)	
□ VACANT	PAAC (alternate)	
☒ Howard Belzberg	Trauma Hospital Advisory Committee (THAC) (MD)	
□ David Hanpeter	THAC (MD) (alternate)	
* Marilyn Cohen	THAC (RN)	
□ VACANT	THAC (RN) (alternate)	

1. **CALL TO ORDER:** The meeting was cancelled at 10:20 am by Commissioner Snyder due to a lack of a quorum.

2. **NEXT MEETING:** February 11, 2015 at 10:00 a.m. (EMS Agency Hearing Room – First Floor)

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION
10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670
(562) 347-1500 FAX (562) 941-5835

EDUCATION ADVISORY COMMITTEE

MEETING CANCELATION NOTICE

DATE: December 11, 2014

TO: Education Advisory Committee Members

CANCELATION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for December 17, 2014, is canceled.

County of Los Angeles
Department of Health Services

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, December 17, 2014

MEMBERSHIP / ATTENDANCE

MEMBERS	ORGANIZATION
☐ David Austin, Chair	EMSC, Commissioner
☐ Robert Barnes, Vice-Chair	EMSC, Commissioner
☑ Jon Thompson, Commissioner	EMSC, Commissioner
☐ Ron Hansen, Commissioner	EMSC, Commissioner
☐ Jodi Nevandro	Area A
☑ Sean Stokes	Area A Alt
☑ Jon O'Brien	Area B
☐ Kevin Klar Area B, Alt.	
☑ Victoria Hernandez	Area B Alt.
☑ Ken Leasure	Area C
☐ Susan Hayward	Area C Alt
☐ Bob Yellen	Area E
☐ Richard Roman	Area E Alt.
☐ Dwayne Preston	Area F
☐ Joanne Dolan	Area F Alt.
☐ Brian Hudson	Area G (PAAC Rep to BHAC)
☐ Michael Murrey	Area G Alt. (PAAC Rep to BHAC, Alt.)
☑ Jeffrey Elder	Area H
☑ Douglas Zabilski	Area H Alt.
☑ Brandon Greene	Employed EMT-P Coordinator (LACAA)
☐ Matthew Chelette	Employed EMT-P Coordinator, Alt. (LACAA)
☑ Tina Crews	Prehospital Care Coordinator (BHAC)
☐ Alina Chandal	Prehospital Care Coordinator, Alt. (BHAC)
☐ Todd Tucker	Public Sector Paramedic (LAAFCA)
☐ James Michael	Public Sector Paramedic, Alt. (LAAFCA)
☐ Maurice Guillen	Private Sector EMT-P (LACAA)
☐ Ernie Foster	Private Sector EMT-P, Alt. (LACAA)
☐ Marc Eckstein, MD	Provider Agency Medical Director (Med Council)
☐ Stephen Shea, MD	Provider Agency Medical Director, Alt. (Med Council)
☑ Diane Baker	Private Sector Nurse Staffed Ambulance Program (LACAA)
☐ Vacant	Private Sector Nurse Staffed Ambulance Program, Alt (LACAA)
☑ Laurie Lee-Brown	Representative to Medical Council and Representative to Data Advisory Committee

EMS AGENCY STAFF PRESENT	
William Koenig, MD	John Telmos
Stephanie Raby	Lucy Hickey
Luanne Underwood	Brett Rosen, MD
Jacqueline Rifenburg	Phillip Santos
Michele Hanley	Susan Mori
Deidre Gorospe	Paula Rashi
Michelle Williams	Cathlyn Jennings
David Wells	Gary Watson

OTHER ATTENDEES	
Michael Barilla	Pasadena FD
Melanie Munns	Upland Fire/Reach Air
Michael Beeghly	Santa Fe Springs FD
Jeff Talmage	Care Ambulance
Matt Hill	Santa Monica FD
Margie Chidley	LA Co FD
Nickie Steeneken	LA Co FD
Terry Millsaps	LA Co FD
Dan France	Montebello FD
Rob Kohlhepp	Culver City FD
Sonia Kumar	
Evan Moritani	

LACAA – *Los Angeles County Ambulance Association* * LAAFCA – *Los Angeles Area Fire Chiefs Association* * BHAC – *Base Hospital Advisory Committee* * DAC – *Data Advisory Committee*

CALL TO ORDER: Commissioner, Jon Thompson called meeting to order at 1:08 p.m.

1. APPROVAL OF MINUTES (O'Brien/Baker) October 15, 2014 minutes were approved.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 Committee Membership Changes

- Commissioner Thompson announced the following membership changes:
  - Area C Representative: Ken Leasure replacing Kevin Costa
  - Area E, Alternate: Richard Roman replacing Ivan Verastegui
- Prehospital Care Coordinator Representative Tina Crews, announced she will be replaced by Ryan Burgess starting January 2015

3. REPORTS & UPDATES

3.1 Radio Days Only *(Jacqueline Rifenburg)*

The EMS Agency thanked providers and hospitals for participating in the second round of Radio Days Only testing. Two issues were identified and are being addressed by the County's Information Systems Department (ISD):

- Two radio tower sites having signaling problems
- Los Angeles County FD radios having programming issues

3.2 Biennial Ambulance Rate Adjustment *(John Telmos)*

- The Los Angeles County General Public Ambulance Rates have been adjusted and will go into effect January 1, 2015. The rate adjustment only affects ambulance base rates and was based on a statewide poll.
- A memo outlining the new rates has been mailed to all provider agencies and is also available on the EMS agency's webpage under the Ambulance Licensing Section. Questions can be directed to John Telmos, jtelmos@dhs.lacounty.gov.

4. UNFINISHED BUSINESS

There was no Unfinished Business.

5. NEW BUSINESS

5.1 Reference No. 519, Management of Multiple Casualty Incidents (Stephanie Raby)

Policy reviewed and approved as presented.

M/S/C (Greene/O'Brien): Approve Reference No. 519, Management of Multiple Casualty Incidents

5.2 Reference No. 519.1, MCI - Definitions *(Stephanie Raby)*

Policy reviewed and approved as presented.

M/S/C (Greene/Elder): Approve Reference No. 519.1, MCI - Definitions

5.3 Reference No. 521, Stoke Patient Destination *(Deidre Gorospe)*

Policy reviewed and approved with the following recommendation:

- Policy I, D.: add wording "if possible" to the first sentence. Paragraph to read:

  "In order to ensure that proper consent for treatment can be obtained by hospital personnel, **if possible,** document the name and contact information of the family member, caregiver, or witness who can help verify the patient's last known well time in the Comments area of the EMS Report Form or ePCR. When practical, transport the witness with the patient."

M/S/C (O'Brien/Elder): Approve Reference No. 521, Stroke Patient Destination, with above recommendation

5.4 Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory *(Jacqueline Rifenburg)*

Policy reviewed and approved as presented.

M/S/C (Green/Baker): Approve Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit

6. OPEN DISCUSSION

6.1 End of Year Thanks *(William Koenig, MD)*

Dr. Koenig thanked all hospitals, providers and Committee members for their time and dedication during the 2014 year. In 2015, there are some upcoming changes in the Los Angeles County EMS system. The first is the new interest with the Stroke Centers and Comprehensive Stroke Centers; the second, is the American Heart Association is showing interest in STEMI Center performances, in terms of recognition programs. The database Los Angeles County has is recognized as one of the best in the system.

6.2 New Staff Member, EMS Agency *(Lucy Hickey)*

Lynne An (not present), was introduced as the new member with Certification/Accreditation Section. Lynne has replaced Yolanda Ramirez and will be assisting with Paramedic Accreditation and MICN Certification.

6.3 ALS Personnel Verification *(Lucy Hickey)*

Beginning January 2015, the EMS Agency will begin a process to verify the names of each paramedic employed by each provider agency. Along with a letter, the EMS Agency will be sending provider agencies a specific list of paramedics to verify their employment.

6.4 Passing of Kathy Egan *(Jacqueline Rifenburg)*

It is with deepest sorrow that the EMS Agency announced the passing of Kathleen Ann Egan on December 14, 2014. Kathy worked with the EMS Agency since 2001, and most recently worked in Disaster Management Section as a Disaster Program Manager. A "Celebration of Life" services will be held on December 19, 2014, from 4-8:00 p.m. at Risher Mortuary, 1316 W. Whittier Blvd., Montebello, CA, US, 90640

7. NEXT MEETING: February 18, 2015

8. ADJOURNMENT: Meeting adjourned at 1:26 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MANAGEMENT OF MULTIPLE CASUALTY INCIDENTS** (EMT, PARAMEDIC, MICN) REFERENCE NO. 519

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

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

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

DEFINITIONS : Refer to Reference No. 519.1, MCI – Definitions.

PRINCIPLES:

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

2. Terminology is standardized.

3. Expedient and accurate documentation is essential.

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

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

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

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

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

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

9. On any MCI in which the need for air transport is identified, early notification to air operations providers is essential in order to ensure rapid access to medical care and preserve life.

POLICY:

I. Role of the Provider Agency

A. Institute ICS as necessary.

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

C. Establish early communication with either the:

1. MAC for 5 or more patients (via VMED28 when possible) for hospital bed availability, authorization of Procedures Prior to Base Contact (Ref. No. 806.1), lifting of trauma catchment and service areas; or

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

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

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

F. Provide the following scene information to the MAC or base hospital:

1. Nature of incident

2. Location of incident

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

4. Agency in charge of incident

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

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

7. Transporting provider, unit number and destination

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

G. Document the following patient information on the appropriate EMS Report Form:

1. Patient name

2. Chief complaint

3. Mechanism of injury

4. Age

5. Sex

6. Brief patient assessment

7. Brief description of treatment provided

8. Sequence number

9. Transporting provider, unit number and destination

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

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

II. Role of the Medical Alert Center

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

B. Assist prehospital care personnel as necessary with patient destinations.

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

D. Coordinate activation of HERT as requested.

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

F. Document, under the authority of the MAC Medical Officer on Duty (MOD) the implementation of Procedures Prior to Base Contact (Ref. No. 806.1). Lifting of trauma catchment and service areas is an EMS Administrator on Duty (AOD) function.

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

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

I. Notify the EMS AOD per MAC policies and procedures.

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

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

III. Role of the Base Hospital

A. Notify the MAC of the MCI as soon as possible, especially for newsworthy events, HAZMAT, multi-jurisdictional response and potential terrorism incidents.

B. Provide prehospital care personnel with emergency department bed availability and diversion status.

C. Assist prehospital care personnel as needed with patient destination.

D. Provide medical direction as needed.

E. Notify receiving facilities of incoming patients.

IV. Role of the Receiving Facility

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

B. Level I Trauma Centers are automatically designated to accept 6 Immediate patients from MCIs that involve 20 victims or more.

C. Level II Trauma Centers are automatically designated to accept 3 Immediate patients from MCIs that involve 20 victims or more

D. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 12 critically burned patients.

E. Accept MCI patients with minimal patient information.

F. Monitor the VMED 28 and ReddiNet.

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

H. Maintain the "Receiving Facility" copy of the EMS Report Form and/or triage tag as part of the patient's medical record.

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

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

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 201, **Medical Direction of Prehospital Care**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 506, **Trauma Triage**
Ref. No. 510 **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 519.1, **MCI Definitions**
Ref. No. 519.2, **MCI Triage Guidelines**
Ref. No. 519.3, **Multiple Casualty Incident Transportation Management**
Ref. No. 519.4, **MCI Transport Priority Guidelines**
Ref. No. 519.5, **MCI Field Decontamination Guidelines**
Ref. No. 519.6, **Regional MCI Maps and Bed Availability Worksheets**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 806.1, **Procedures Prior to Base Contact Field Reference**
Ref. No. 807, **Medical Control During Hazardous Material Exposure**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 814, **Determination/Pronouncement of Death**
Ref. No. 817, **Hospital Emergency Response Team (HERT)**
Ref. No. 842, **Mass Gathering Interface with Emergency Medical Services**

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

Decontamination (Decon): The physical and/or chemical process of removing or reducing contamination from personnel or equipment, or in some other way preventing the spread of contamination by persons and equipment.

Fire Operational Area Coordinator (FOAC): Los Angeles County Fire Department, which is contacted through its Dispatch Center.

Hazardous Material: Any solid, liquid, gas, or mixture thereof that can potentially cause harm to the human body through respiration, ingestion, skin absorption or contact and may pose a substantial threat to life, the environment, or to property.

VMED28: The radio frequency is the designated MCI communication system for paramedic providers to contact the MAC.

Hospital Emergency Response Team (HERT): An organized group of health care providers from a designated Level I Trauma Center, with Emergency Medical Services (EMS) Agency approval as a HERT provider, who are available 24 hours/day to respond and provide a higher level of on-scene surgical expertise.

Incident Command Post (ICP): Location at which the primary command functions are executed and usually coordinated with the incident base.

Incident Command System (ICS): A management system utilized to rapidly and efficiently manage the scene of any type of a large incident. This includes a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

ICS Components (five major management functions):

1. **Incident Command:** Sets the incident objectives, strategies, and priorities and has overall responsibility at the incident or event.

2. **Operations Section:** Conducts tactical operations to carry out the plan. Develops tactical objectives and organization, and directs all tactical resources.

3. **Planning Section:** Prepares and documents the Incident Action Plan to accomplish the objectives, collects and evaluates information, maintains resource status, and maintains documentation for incident records.

4. **Logistics Section:** Provides support, resources, and all other services needed to meet the operational objectives.

5. **Finance/Administration Section:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analysis.

Jump START: A pediatric MCI field triage tool developed to parallel the START triage system, which adequately addresses the unique anatomy and physiology of children.

Medical Alert Center (MAC): Assists provider agencies and base hospitals with patient destination decisions and multiple casualty incidents. It serves as the control point for VMED28 and ReddiNet systems.

Medical and Health Operational Area Coordinator (MHOAC): Responsible for all medical and health operations for the operational area. The EMS Agency administrator is the designated MHOAC and is contacted through the MAC.

Medical Officer on Duty (MOD): Designated medical officer on duty for the MAC.

Multiple Casualty Incident (MCI): The combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

National Incident Management System (NIMS): A comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity. The management system serves to improve coordination and cooperation between public and private entities in a variety of domestic incident management activities.

Rapid Emergency Digital Data Information Network (ReddiNet): An emergency medical communications network linking hospitals, regional EMS agencies, paramedics, dispatch centers, law enforcement, public health officials and other healthcare systems. The system provides participants with tools for managing MCIs, determining hospital bed availability, assessing available healthcare system resources, communicating emergency department diversion status, participating in syndromic surveillance, and sending the network messages.

Simple Triage and Rapid Treatment (START): A triage system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed. Patients are triaged into the following categories:

Deceased: Patients who do not have spontaneous respirations after repositioning the airway.

Immediate: Patients who exhibit severe respiratory, circulatory, or neurological symptoms. Patients who require rapid assessment and medical intervention for survival.

Delayed: Patients who are neither immediate nor minor but will require a gurney upon arrival at the hospital. Delayed patients are the second priority in patient treatment. These patients require aid but injuries are less severe.

Minor: Patients who are ambulatory with injuries requiring simple, rudimentary first-aid.

Standardized Emergency Management System (SEMS): A system required by Government Code 806 (a), for managing responses to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels which are activated as necessary: (1) field response; (2) local government; (3) operational area; (4) regional; and (5) state.

Staging Area: The location where incident personnel and equipment are assigned on a three-minute available status.

Triage: A system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed (see Ref. Nos. 519.2, 519.4 and 519.5).

Triage Tag: A tag used by triage personnel to identify and document the patient's triage category.

Unified Command: A team effort that allows all agencies with jurisdictional responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

Key Incident Command System Positions:

Air Operations Branch Coordinator: Is ground based and is primarily responsible for preparing the air operations portion of the Incident Action Plan and providing logistical support to helicopters operating on the incident.

Ambulance Coordinator: Reports to the Patient Transportation Unit Leader with responsibility to manage the ambulance staging area(s) and to dispatch additional ambulances/transportation resources as needed. Essential duties include establishment of appropriate staging area for ambulances; identify routes of travel for ambulances; and maintain communications with the Air Operations Branch Director regarding air ambulance transportation assignments. The position is to maintain communications with the Medical Communications Coordinator and Patient Loading Coordinator and to provide ambulances upon request. The Ambulance Coordinator is to assure that necessary equipment is available in the ambulance for patient needs during transportation, provide an inventory of medical supplies available at ambulance staging area for use at the scene, and maintain records as required and Unit/Activity Log (ICS Form 214).

Delayed Treatment Area Manager: Responsible for the treatment and re-triage of patients assigned to the Delayed Treatment Area and requesting Medical Teams as necessary. This position assigns treatment personnel to patients received in the Delayed Treatment Area, ensures treatment of patients triaged to the Delayed Treatment Area, ensures that patients are prioritized for transportation and coordinates transportation of patients with Patient Loading Coordinator.

Helicopter Coordinator (Helco): Is often the senior provider agency pilot on scene who is responsible for the overall air traffic control of the incident. This position is responsible for maintaining a position in the air that allows direct visual and radio communications with all helicopters both public and private. Essential duties include establishing arrival and departure routes, communicating with Fire, Law Enforcement and News Media helicopters and coordinating traffic with the Air Operations Branch Director.

Helispot Manager: Located on the ground, reports to the Helibase Manager. Essential functions include maintaining communications with the Air Operations Branch Director regarding air ambulance transportation assignments. The Helispot Manager is to establish and maintain communications with the Medical Communications Coordinator, the Patient Loading Coordinator and to provide air ambulances upon request from the Medical Communications Coordinator. The position is responsible for providing safe and efficient management of air ambulances for patient needs during transportation. The Coordinator is responsible to maintain records as required and Unit/Activity Log (ICS Form 214).

Immediate Treatment Area Manager: Responsible for treatment and re-triage of patients assigned to the Immediate Treatment Area. This position requests medical teams as necessary, assigns treatment personnel to patients, assures that patients are prioritized for transportation and coordinates transportation of patients with the Patient Loading Coordinator. This position is responsible for identifying immediate patients who exhibit severe respiratory, circulatory or neurological symptoms and who meet one or more categories of Trauma Center Criteria. These patients require rapid assessment, medical intervention and transport to a 9-1-1 receiving, Trauma Center or other specialty center whenever system resources allow.

Litter Bearer: Personnel assigned by the Triage Unit Leader who are responsible for the transport of patients to the appropriate treatment areas.

Litter Bearer Manager: Position assigned by Triage Unit Leader, the Litter Bearer Manager is responsible for the management of personnel assigned to transport triaged patients to the appropriate treatment areas.

Medical Communications Coordinator (Med Com): Establishes communications with the Medical Alert Center or designated base hospital to obtain status of available hospital beds. The Med Com assigns appropriate patient destinations based on available resources. This position receives basic patient information and condition from Patient Loading Coordinator and provides the Medical Alert Center or base hospital with information on the assigned patient destinations and transporting ambulance unit.

Medical Group/Division Supervisor: Supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical Supply Coordinator and establishes command and control within a medical group. This position determines the amount and types of additional medical resources and supplies needed to handle the incident (medical caches, backboards, litters, and cots), ensures activation or notification of hospital alert system, local EMS/health agencies and maintains Unit/Activity Log.

Minor Treatment Area Manager: Responsible for the treatment and re-triage of patients assigned to the Minor Treatment Area and requests medical teams as necessary. This position assigns treatment personnel to patients received in the Minor Treatment Area, ensures treatment of patients triaged to the Minor Treatment Area, ensures that patients are prioritized for transportation and coordinates transportation of patients with Patient Loading Coordinator.

Patient Loading Coordinator: Responsible for coordinating with the Patient Transportation Unit Leader (or Group Supervisor if established) the transportation of patients out of the Treatment Areas. This position establishes communications with the Immediate, Delayed, Minor Treatment Area Managers and the Patient Transportation Unit Leader

(or Group Supervisor if established). The position verifies that patients are prioritized for transportation and advises Medical Communications Coordinator of patient readiness and priority for transport. This position coordinates transportation of patients with Medical Communications Coordinator and coordinates ambulance loading with the Treatment Managers and ambulance personnel.

Patient Transportation Unit Leader: Supervises the Medical Communications Coordinator and the Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient's identification, condition, and destination. This position designates the Ambulance Staging Area(s), ensures that patient information and destination are recorded, notifies Ambulance Coordinator of ambulance requests, and coordinates requests for air ambulance transportation through the Helispot Manager.

Triage Personnel: Reports to the Triage Unit Leader, triage patients, tag patients, and assign them to appropriate treatment areas. Triage personnel direct the movement of patients to proper treatment areas and provide appropriate medical treatment to patients prior to movement as incident conditions allow.

Triage Unit Leader: Supervises Triage Personnel, Litter Bearers, Litter Bearer Manager and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. This position implements the triage process, coordinates movement of patients from the triage area to the appropriate treatment area and maintains security and control of the triage area.

Treatment Unit Leader: Assumes responsibility for treatment, preparation for patient transport, and directs movement of patients to loading location(s). This position establishes communications and coordination with Patient Transportation Unit Leader and ensures continual triage of patients throughout Treatment Areas. This position directs movement of patients to ambulance loading area(s) and gives periodic status reports to Medical Group Supervisor.

SUBJECT: **NURSE STAFFED CRITICAL CARE TRANSPORT (CCT) UNIT INVENTORY** REFERENCE NO. 712

PURPOSE: To provide a standardized minimum inventory on all Nurse Staffed Critical Care Transport (CCT) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY: Nurse staffed CCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Reference No. 710, Basic Life Support Ambulance Equipment.

Nurse staffed vehicles performing advanced life support (ALS) level transports do not require the addition of the ALS inventory; however, if nurses are utilized in lieu of respiratory care practitioners (RCPs) for the transport of ventilator patients, all medications and equipment on Reference No. 713, Respiratory Care Practitioner (RCP) Unit Inventory and not included herein, must be added to the CCT unit.

MEDICATIONS* (minimum required amounts)			
Albuterol (pre-mixed with NS)	**20 mgs**	Diphenhydramine	**100 mgs**
Adenosine	**24 mgs**	Dopamine (premix or vials)	**800 mgs**
Amiodarone	**450 mgs**	Epinephrine (1:1,000)	**1 mgs**
Aspirin (chewable 80 mg)	**640 mgs**	Epinephrine (1:10,000)	**4 mgs**
Atropine sulfate (1 mg/10 ml)	**4 mgs**	Lidocaine	**200 mgs**
Calcium chloride	**1 gm**	Naloxone	**2 mgs**
Dextrose 25%	**50 ml**	Nitroglycerin Spray or tablets	**1**
Dextrose 50%	**100 ml**	Vasopressin	**40 units**
Dextrose solution 100gm (glucose paste may be substituted)	**1**		

***All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens**

INTRAVENOUS FLUIDS (minimum required amounts)			
1000 ml normal saline	**2**	250 ml normal saline	**2**

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

SUPPLIES* (minimum required amounts)			
Adhesive dressing (bandaids)	1 box	Gloves Sterile	2 pairs
Airways – Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Gloves Unsterile	1 box
		Glucometer , strips and lancets, automatic retractable	1
Airways – Oropharyngeal Large	1	Hand-held nebulizer pack	2
Medium	1	Hemostats, padded	1
Small Adult/Child	1	Infusion Pump with 3 chamber drip capability	1
Infant	1	Infusion Pump tubing	2 full sets 4 half sets
Neonate	1	Intravenous catheters (14G-22G)	5 each
Alcohol swabs	1 box	Intravenous Tubing Microdrip	2
Backboards	1	Macrodrip	2
Back-up Power source/Adjunct power source (invertor batteries, etc.) Second required if transporting IABP patients	1	Normal saline for irrigation	1 bottle
Bag-valve device with 0_2 inlet and reservoir Adult and Pediatric	1 each	OB pack and bulb syringe	1
Bag-valve mask Large	1	Oxygen cannulas Adult and Pediatric	3
Medium	1	Oxygen Masks Adult and Pediatric	3 each
Small Adult/Child	1	Pediatric Resuscitation Tape	1
Toddler	1	Pulse Oximeter	1
Infant	1	Saline locks	4
Neonate	1	Battery Operated Portable Suction Unit	1
Cardiac Monitor/Defibrillator oscilloscope including End tidal CO2 monitor/waveform capnography, external pacemaker, pulse oximeter, and 12-lead ECG capabilities		Suction Catheters 8F-14F	2 each
Cellular Phone (personal or company supplied)	1	Syringes 1 ml – 10 ml	1
Color Code Drug Doses LA County Kids	1	Sphygmomanometer Adult/pediatric/thigh cuff	1 each
Contaminated Sharps Container*	1	Scissors	1
Defibrillator electrodes (including pediatric) or paste	2	Stethoscope	1
Gauze bandages	2	Tape (various types, must include cloth)	1
4 X 4 Gauze pads (sterile)	4 packages		

MEDICATIONS/SUPPLIES* (approved optional inventory)			
Flumazenril	1 mg	Morphine sulfate	20 mgs
Furosemide	100 mgs	Ondansetron (orally disintegrating tablets)	12 mgs
Levalbuterol HCL	7.5 mgs	Ondansetron (intravenous) 4mgs/2cc	12 mgs
Lidocaine (1 gm/250 ml)	1 bag	Sodium Bicarbonate	50 mls
Lopressor	20 mgs	Mucosal Atomization Device (MAD)	2
Lorazepam	4 mgs	Respiratory Ventilator	1
Midazolam	20 mgs	Impedance Threshold Device	1
Morphine sulfate	20 mgs		

*** All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.**

This policy is intended as a nurse staffed CCT unit inventory only.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 414, **Critical Care Transport (CCT) Provider**
Ref. No. 710, **Basic Life Support Ambulance Equipment**
Ref. No. 713, **Respiratory Care Practitioner (RCP) Staffed Critical Care Transport (CCT) Unit Inventory**

SUBJECT: **RESPIRATORY CARE PRACTITIONER STAFFED CRITICAL CARE TRANSPORT UNIT INVENTORY** REFERENCE NO. 713

PURPOSE: To provide a standardized minimum inventory on all Respiratory Care Practitioner (RCP) transports.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY: RCP transports shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Reference No. 710, Basic Life Support Ambulance Equipment

MEDICATIONS
(minimum required amounts)

Albuterol (pre-mixed with NS)	30mgs	Atrovent	20mgs

SUPPLIES*
(minimum required amounts)

Airways-Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Cellular Phone (personal or company)	1
Airways-Oropharyngeal Large	1 each	Color Code Drug Doses LA County Kids	1
Medium	1	Coupler/Quick Connect (oxygen connection)	2
Small Adult/Child	1	End tidal CO_2 detector (portable)	2
Infant	1	$ETCO_2$ Filterline	6
Neonate	1	Endotracheal tubes with stylets Sizes 2.0-8.0	2 each
Airway Guard (bite blocker)	2	Gloves (Sterile)	2 pairs
Bag-Valve device with O_2 inlet and reservoir Adult and Pediatric	1 each	HME Heat/Moisture Exchange Ventilator Filters	4 adults 2 peds
Bag Valve Mask Large	1 each	King LTS-D (Disposable Supraglottic Airway Device) (Size 3, 4 and 5)	1 each
Medium	1	Laryngoscope Handle Adult and Pediatric	1 each
Small Adult/Child	1	Laryngoscope Blades Adult curved and straight	1 each
Infant	1	Magill Forceps Adult and Pediatric	1 each
Neonate	1	Non-sterile gloves	1 box

EFFECTIVE: 2-01-12
REVISED: xx-xx-xx
SUPERSEDES: 2-01-12

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

SUPPLIES* (minimum required amounts)			
Normal Saline Pillows (ampoules/inhalant)		Sphygmomanometer Adult, pediatric and thigh	1 each
Oxygen Mask Adult and Pediatric	3 each	Suction Catheters 8F-14F	1 each
Oxygen Hose	1	Stethoscope	1
Oxygen Regulator	2		
Oxygen Tree	2		
Oxygen Key	2	Syringes 10ml	2
Pediatric Resuscitation Tape	1	Tape (various types, must include cloth)	1 each
Pediatric Blades Miller 0, 1 and 2	1 each	Tracheostomy Mask Adult and Pediatric	2 each
PEEP Valve Adult and peds	1 each	Ventilator filters	6
Penlight	1	Ventilator Circuits (disposable) Adult and Pediatric	4 adult 2 peds
Portable Suction	1	Ventilator (non-pneumatic)	1
Personal Protective Equipment /Body Substance Isolation Equipment Mask, gown, eye protection	2 each	Venturi Mask	3
Pulse Oximeter Adult and Pediatric probes	2		
SUPPLIES (approved optional equipment)			
Levalbuterol	7.5 mgs	Waveform Capnography (mandatory equipment as of 3/1/2012)	

*** All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.**

This policy is intended as a RCP Inventory only.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**
Ref. No. 710, **Basic Life Support Ambulance Equipment**
Ref. No. 712, **Nurse Staffed Critical Care Unit Inventory**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO. 201.1

Summary of Comments Received on Reference No. 815, Honoring Prehospital DNR and POLST

ISSUE SECTION #	COMMITTEE/DATE	COMMENT	RESPONSE
Supportive Measures	BHAC, 08-13-14	Committee requested adding intravenous (IV) fluid administration as a comfort/supportive measure. The EMS Agency Medical Director and EMS Commission physician representative recommended not adding IV fluids due to the untoward physiological effects to patients receiving end-of-life care.	Not approved
Section II, 4, C, (2)	BHAC, 08-13-14	Committee requested the POLST language mirror the State POLST form.	Approved
Section II, 4, C	Post –BHAC 08-13-14 Meeting	Post-BHAC meeting, BHAC representative requested to strike the POLST language due to redundancy and frequent revisions by the EMS Authority.	Request taken to PAAC and back to BHAC for discussion
Section I, E, (5)	PAAC, 06-18-14	Committee requested to add “when possible” to transporting AHCD with the patient.	Approved
Section II, 4	PAAC , 06-18-14	Committee agreed with removing all POLST language.	Approved
Section I, E, (5)	BHAC, 10-08-14	Discussed PAAC recommendation to add “when possible”.	Approved
Section II, 4	BHAC, 10-08-14	Recommendation to omit POLST language brought back to BHAC for discussion.	Approved

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **HONORING PREHOSPITAL DO NOT RESUSCITATE ORDERS AND PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT** (EMT/PARAMEDIC/MICN) REFERENCE NO. 815

PURPOSE: To allow EMS personnel to honor valid Do Not Resuscitate (DNR) orders or Physician Orders for Life-Sustaining Treatment (POLST) and other patient designated end-of-life directives in the field and act in accordance with the patient's wishes when death appears imminent.

AUTHORITY: California Health and Safety Code, Division 1, Part 1.8, Section 442 – 442.7
California Health and Safety Code, Division 2.5, Section 1797.220 and 1798
California Probate Code, Division 4.7 (Health Care Decisions Law)

DEFINITIONS:

Advance Health Care Directive (AHCD): A written document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions when unable or prefer to have someone speak for them. AHCD is the legal format for healthcare proxy or durable power of attorney for healthcare and living will.

Basic Life Support (BLS) measures: The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- Assisted ventilation via a bag-valve-mask device
- Manual or automated chest compressions
- Automated External Defibrillator (AED) – only if an EMT is on scene prior to the arrival of paramedics

Do Not Resuscitate: DNR is a request to withhold interventions intended to restore cardiac activity and respirations. For example:

- no chest compressions
- no defibrillation
- no endotracheal intubation
- no assisted ventilation
- no cardiotonic drugs

Physician Orders for Life Sustaining Treatment (POLST): A signed, designated physician order form that addresses a patient's wishes about a specific set of medical issues related to end-of-life care.

Resuscitation: Interventions intended to restore cardiac activity and respirations, for example:

- cardiopulmonary resuscitation
- defibrillation

APPROVED: _____ _____
Director Medical Director

- drug therapy
- other life saving measures

Standardized Patient-Designated Directives: Forms or medallion that recognizes and accommodates patient's wish to limit prehospital treatment at home, in long term care facilities or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form, (Ref. No. 815.1)
- Physician Orders for Life-Sustaining Treatment (POLST, Ref. No.815.2)
- State EMS Authority-Approved DNR Medallion

Supportive Measures: Medical interventions used to provide and promote patient comfort, safety, and dignity. Supportive measures may include but are not limited to:

- Airway maneuvers, including removal of foreign body
- Suctioning
- Oxygen administration
- Hemorrhage control
- Oral hydration
- Glucose administration
- Pain control (i.e., morphine)

Valid DNR Order for Patients in a Licensed Health Care Facility:

- A written document in the medical record with the patient's name and the statement "Do Not Resuscitate", "No Code", or "No CPR" that is signed and dated by a physician, or
- A verbal order to withhold resuscitation given by the patient's physician who is physically present at the scene and immediately confirms the DNR order in writing in the patient's medical record, or
- A POLST with DNR checked
- AHCD when the instructions state resuscitation should be withheld/discontinued

Valid DNR Order for Patients at a Location Other Than a Licensed Facility:

- EMSA/CMA Prehospital Do Not Resuscitate Form, fully executed
- DNR medallion, or
- POLST with DNR checked
- AHCD when the instructions state resuscitation should be withheld/discontinued

PRINCIPLES:

1. The right of patients to refuse unwanted medical intervention is supported by California statute.

2. Withhold or discontinue patient resuscitation if a valid AHCD or standardized patient-designated directive is provided.

3. If the patient's personal physician will sign the death certificate, invasive equipment (i.e., intravenous line, endotracheal tube) used on the patient may be removed.

4. Patients are encouraged to utilize one of the standardized patient-designated directives to ensure that end-of-life wishes are easily recognizable. If the patient is in a private home, the DNR or POLST should be readily accessible or clearly posted.

5. Photocopies of all the patient-designated directives are acceptable.

6. After a good faith attempt to identify the patient, EMS personnel should presume that the identity is correct.

7. A competent person may revoke their patient-designated directive at any time.

I. GENERAL PROCEDURES FOR EMS PERSONNEL

A. Confirm the patient is the person named in the patient-designated directive. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.

B. Initiate BLS measures immediately on patients in cardiopulmonary arrest pending verification of a valid patient-designated directive or the criteria for discontinuing resuscitative measures outlined in Reference 814, Determination/Pronouncement of Death in the Field, Policy I, C, have been met.

C. Begin resuscitation immediately and contact the base hospital for further direction if family members/caretakers disagree or object to withholding resuscitation or if EMS personnel have any reservations regarding the validity of the DNR directive.

D. Transport to the facility designated by the physician or family members if the patient‘s condition deteriorates during transport and they have a valid DNR. This includes 9-1-1 and non-9-1-1 transports.

E. Documentation of a DNR incident shall include, but is not limited to, the following:

1. Check the “DNR” box on the EMS Report Form.

2. Describe the care given. Print the base hospital physician’s name, if consulted, and the date of the DNR directive.

3. Note the removal of any invasive equipment.

4. Document DNR orders written in the medical record of a licensed facility, including, the date signed, physician name, and other appropriate information or provide a copy of the DNR with the EMS Report Form.

5. Provide a copy of the AHCD and/or other patient-designated directive with the EMS Report Form, when possible.

II. DIRECTIVE-SPECIFIC PROCEDURES

A. AHCD

1. A valid AHCD must be:

a. Completed by a competent person age 18 or older
b. Signed, dated, and include the patient's name
c. Signed by two witnesses or a notary public
d. Signed by a patient advocate or ombudsman if the patient is in a skilled nursing facility

2. If the situation allows, EMS personnel should make a good faith effort to review the AHCD and/or consult with the patient advocate.

3. Base contact is required for any AHCD instructions other than withholding resuscitation.

4. If the agent or attorney-in-fact is present, they should accompany the patient to the receiving facility.

B. State EMS Authority-Approved DNR Medallion

1. A medallion or bracelet attached to the patient is considered the most accurate form of identification for anyone not in a licensed facility.

2. Medallions are issued only after a copy of the DNR or POLST is received from an applicant. There are two (2) medallion providers approved in California; contact information:

a. Medic Alert Foundation
2323 Colorado Avenue
Turlock, CA 95382
Phone: 24-hour Toll Free Number (888) 633.4298
Toll Free FAX: (800) 863-3429
www.medicalert.org

b. Caring Advocates
2730 Argonauta St
Carlsbad, CA 92009
Phone: 1-800-647-3223
www.caringadvocates.org

3. If the medallion is engraved "DNR", treat in accordance with Ref. No. 815.1, Prehospital Do Not Resuscitate Form.

4. If the medallion is engraved "DNR/POLST" and the POLST is available, treat as indicated on the POLST.

5. If the medallion is engraved "DNR/POLST" and the POLST is **not available**, treat in accordance with the DNR until the valid POLST is produced.

C. Physician Orders for Life Sustaining Treatment (POLST)

1. The POLST must be signed and dated by the physician, and the patient or the legally recognized decisionmaker. No witness to the signatures is necessary.

2. The POLST is designed to supplement, not replace an existing AHCD. If the POLST conflicts with the patient's other health care instructions or advance directive, then the most recent order or instruction governs.

3. In general, EMS personnel should see the written POLST unless the patient's physician is present and issues a DNR order.

4. There are different levels of care in Sections A and B of the POLST. Medical interventions should be initiated, consistent with the provider's scope of practice and POLST instructions.

5. Contact the base hospital for direction in the event of any unusual circumstance.

CROSS REFERENCE:

Prehospital Care Manual
Reference No. 502, **Patient Destination**
Reference No. 606, **Documentation of Prehospital Care**
Reference No. 808, **Base Hospital Contact and Transport Criteria**
Reference No. 814, **Determination/Pronouncement of Death in the Field**
Reference No. 815.1 State **of California, Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form**
Reference No. 815.2 Physician **Orders for Life-Sustaining Treatment (POLST) Form**

Emergency Medical Services Authority #111: Recommended Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) and Other Patient-Designated Directives Limiting Prehospital Care, 4th Revision, October 2013

CMA PUBLICATIONS 1(800) 882-1262 WWW.CMANET.ORG

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

_____ _____
Patient/Legally Recognized Health Care Decisionmaker Signature Date

_____
Legally Recognized Health Care Decisionmaker's Relationship to Patient

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotonic medications are to be initiated.

_____ _____
Physician Signature Date

_____ _____
Print Name Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM

White Copy: To be kept by patient
Yellow Copy: To be kept in patient's permanent medical record
Pink Copy: If authorized DNR medallion desired, submit this form with Medic Alert enrollment form to: Medic Alert Foundation, Turlock, CA 95381

BUSINESS 5.7

EMERGENCY MEDICAL SERVICES COMMISSION

STANDING COMMITTEE APPOINTMENTS

(Proposed Appointments - 2015)

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

COMMITTEE	***2012***	***2013***	***2014***	***2015***
PAAC *(Provider Agency Advisory Committee)*	*Chair: Jon Thompson* *Vice Chair: Ray Mosack* *Commissioner: Robert Barnes* *Staff: Gary Watson*	*Chair: Jon Thompson* *Vice Chair: Dave Austin* *Commissioner: Ray Mosack, Robert Barnes* *Staff: Gary Watson*	*Chair: Dave Austin* *Vice Chair: Robert Barnes* *Commissioners: Jon Thompson, Ron Hansen* *Staff: Gary Watson*	*Chair:* ***Dave Austin*** *Vice Chair:* ***Robert Barnes*** *Commissioners:* ***Jon Thompson*** ***Clayton Kazan*** *Staff:* ***Gary Watson***
BHAC *(Base Hospital Advisory Committee)*	*Chair: Robert Flashman, MD* *Vice Chair: Jerry Clute* *Commissioner: Daryl Parrish* *Staff: Carolyn Naylor*	*Chair: Jerry Clute* *Vice Chair: R. Flashman, M.D.* *Commissioner: Frank Binch* *Staff: Carolyn Naylor*	*Chair: Jerry Clute* *Vice Chair: Clayton Kazan, MD* *Commissioners: Frank Binch, Nerses Sanossian, MD* *Staff: Carolyn Naylor*	*Chair:* ***Carole Snyder*** *Vice Chair:* ***James Lott*** *Commissioners:* ***Margaret Peterson*** ***Erick Cheung*** *Staff:* ***Carolyn Naylor***
DAC *(Data Advisory Committee)*	*Chair: Carole Snyder* *Vice Chair: Frank Binch* *Commissioner: Gary Washburn* *Staff: Christine Clare*	*Chair: Erick Cheung, M.D.* *Vice Chair: Gary Washburn* *Commissioners: Carole Snyder, Bernard Weintraub* *Staff: Christine Clare*	*Chair: Erick Cheung, MD* *Vice Chair: Carole Snyder* *Commissioners: Bernard Weintraub,* *Gary Washburn* *Staff: Christine Clare*	*Chair:* ***Robert Flashman*** *Vice Chair:* ***Raymond Mosack*** *Commissioners:* ***Nerses Sanossian*** ***Areti Tillou*** *Staff:* ***Michelle Williams***
EAC ***(Education Advisory Committee)***	*Chair: Clayton Kazan, MD* *Vice Chair: Andres Ramirez* *Commissioner: D. Margulies* *Staff: David Wells*	*Chair: Clayton Kazan, MD* *Vice Chair: Andy Ramirez* *Commissioner: Areti Tillou* *Daryl Parrish* *Staff: David Wells*	*Chair: Andy Ramirez* *Vice Chair: Robert Flashman, MD* *Commissioner: Areti Tillou, MD, Daryl Parrish* *Staff: David Wells*	*Chair:* ***Andres Ramirez*** *Vice Chair:* ***Frank Binch*** *Commissioners:* ***Gary Washburn*** ***Bernard Weintraub*** *Staff:* ***David Wells***