



Los Angeles County
Board of Supervisors

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Second District

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Michael D. Antonovich
Fifth District

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Chief Robert E. Barnes
Los Angeles County Police Chiefs Assn.

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Southern CA Psychiatric Society

Robert Flashman, M.D.
LA County Medical Association

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Public Member (3rd District)

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*California Chapter-American College of
Emergency Physicians (CAL-ACEP)*

Mr. James Lott
Public Member (2nd District)

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Margaret Peterson, Ph.D.
Hospital Association of Southern CA

Capt. Andres Ramirez
Peace Officers Association of LA County
Nurses Sanossian, MD, FAHA

*American Heart Association
Western States Affiliate*

Carole A. Snyder, RN
Emergency Nurses Association

Chief Jon D. Thompson
LA Chapter-Fire Chiefs Association

Mr. Colin Tudor
League of Calif. Cities/LA County Division

Mr. Gary Washburn
Public Member (5th District)

Mr. Bernard S. Weintraub
Southern California Public Health Assn.

VACANT

Public Member (1st District)
LA Surgical Society

Executive Director

Cathy Chidester, Director, EMS Agency
(562) 347-1604

cchidester@dhs.lacounty.gov

Commission Liaison

Marilyn Rideaux
(323) 890-7392

mrideaux@dhs.lacounty.gov

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: September 16, 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 – Clayton Kazan, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS

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

1 MINUTES

- July 15, 2015

2 CORRESPONDENCE

- 2.1 August 19, 2015, Distribution, Physician Services For Indigents Program Notice of Proposed Reimbursement Rate Increase For Services Provided In Fiscal Year 2015-16
- 2.2 August 10, 2015, SRC ED Medical Directors, Cath Lab Activation Algorithm
- 2.3 August 10, 2015, Distribution, Correction: Martin Luther King, Jr., Community Hospital 9-1-1 Receiving Designation
- 2.4 August 6, 2015, Marc Eckstein, MD, MPH, Medical Director, Los Angeles County Fire Department, New Advanced Life Support (ALS) Unit – Fast Response Unit 1 (FR1)
- 2.5 August 3, 2015, Michael DuRee, Fire Chief, Los Angeles Area Fire Chief's Association President, Provider Agency Quality Improvement Presentations
- 2.6 August 3, 2015, Each Los Angeles County Ambulance Operator, Quality Improvement (QI) and Critical Care Transport (CCT) Program Approvals
- 2.7 July 15, 2015, All Fire Chiefs, 9-1-1 Provider Agencies, Non-Base Hospital STEMI Receiving Center Contact Numbers

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. 420, Private Ambulance Operator Medical Director
- 4.2 Reference No. 451.1a, Private Ambulance Vehicle Essential Medical and Personal Protective Equipment
- 4.3 Reference No. 453, Private Ambulance Licensing Investigations
- 4.4 Reference No. 454, Private Ambulance Vehicle Color Scheme and Insignia Guidelines
- 4.5 Reference No. 455, Private Ambulance Vehicle Age Limit Requirements and Exemptions

5. BUSINESS

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
- 5.2 1+1 Paramedic Staffing Model (*November 21, 2012*)
- 5.3 Public Hearing – Prehospital Management of Behavioral Emergencies (May 20, 2015)
- 5.4 EMSC Representation - American College of Surgeons (*July 15, 2015*)

New:

- 5.5 Public Hearing – Physician Services for Indigents Program
- 5.6 Approval of Annual Report to the Board of Supervisors

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION - Cathy Chidester

8. EMS DIRECTOR'S REPORT - Cathy Chidester

9. ADJOURNMENT

(To the meeting of November 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

September 16, 2015

MINUTES

- July 15, 2015

2. CORRESPONDENCE

- 2.1 August 19, 2015, Distribution, Physician Services For Indigents Program Notice of Proposed Reimbursement Rate Increase For Services Provided In Fiscal Year 2015-16
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10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
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<http://ems.dhs.lacounty.gov/>

JULY 15, 2015

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Commission Liaison

Marilyn Rideaux

(323) 890-7392

mrideaux@dhs.lacounty.gov

| COMMISSIONERS | ORGANIZATION | EMS AGENCY STAFF | POSITION |
|--|---|-----------------------------|-----------------------|
| <input checked="" type="checkbox"/> David Austin | LAC Ambulance Assn | Cathy Chidester | Director, EMS Agency |
| * Robert Barnes | LAC Police Chiefs Assn | Kay Fruhwirth | Asst. Dir, EMS Agency |
| <input checked="" type="checkbox"/> Frank Binch | Public Member, 4 th District | Richard Tadeo | Asst. Dir, EMS Agency |
| * Erick H. Cheung, M.D. | So. CA Psychiatric Society | Marilyn Rideaux | EMSC Liaison |
| <input checked="" type="checkbox"/> Robert Flashman, M.D. | L.A. County Medical Assn | Marianne Gausche-Hill, M.D. | EMS Medical Director |
| <input checked="" type="checkbox"/> John Hisserich | Public Member, 3 rd District | Nichole Bosson, M.D. | EMS Agency |
| <input checked="" type="checkbox"/> James Lott | Public Member, 2 nd District | Lucy Hickey | " |
| <input checked="" type="checkbox"/> Clayton Kazan, M.D. | CAL/ACEP | Michelle Williams | " |
| <input checked="" type="checkbox"/> Ray Mosack | CA State Firefighters' Assn. | Jacqui Rifenburg | " |
| (VACANT) | League of California Cities | | |
| <input checked="" type="checkbox"/> Margaret Peterson, PhD | HASC | | |
| * Andres Ramirez | Peace Officers Assn. of LAC | | |
| <input checked="" type="checkbox"/> Nerses Sanossian, M.D. | American Heart Assn. | | |
| <input checked="" type="checkbox"/> Carole Snyder | Emergency Nurses Assn. | | |
| * Jon Thompson | LA Chapter/Fire Chiefs Assn | | |
| <input checked="" type="checkbox"/> Gary Washburn | Public Member, 5 th District | | |
| * Bernard Weintraub | S. CA Public Health Assn. | | |
| GUESTS | | | |
| Mike Sargeant | Long Beach Fire Dept. | Robert Ower | LACAA |
| Dwayne Preston | LBFD | Alfred Flores | LAFD-EMS QI |
| Jamie Garcia | HASC | Dave Molyneux | Trans Life Ambulance |
| Susan Hollander | Avanti Hospitals | Richard Roman | Compton Fire |
| Victoria Hernandez | LAC-FD | Nicole Steeneken | LAC-FD |
| Mike DuRee | LBFD | Jeff Elder | LAFD |
| Tchaka Shepherd, M.D. | THAC | Laurie Mejia | APCC/LA Cnty/LBMMC |
| Rex Pritchard | LBFF Association | | |

(Ab) = Absent; (*) = 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 1:09 PM by Chairman, Clayton Kazan. A quorum was present.

INTRODUCTIONS/ANNOUNCEMENTS:

- Chairman Kazan acknowledged two potential future members of the Commission, Mr. Colin Tudor, Assistant City Manager, City of Claremont, and Tchaka Shepherd, M.D., from THAC.
- Cathy Chidester, Director, EMS Agency, announced that the Los Angeles Surgical Society, which is represented on the Commission, has ceased formal operations. The EMS Agency is working on an

Ordinance change which must be approved by the Board of Supervisors. This process may take some time.

- Ms. Chidester introduced Dr. Marianne Gausche-Hill, the new EMS Agency Medical Director replacing Dr. Bill Koenig who retired recently.

CONSENT CALENDAR:

Chairman Kazan called for approval of the Consent Calendar.

M/S/C: Commissioner Binch/Washburn to approve the Consent Calendar.

5. OLD BUSINESS

5.1 Community Paramedicine

Cathy Chidester, Director, EMS Agency reported that the Program is moving forward. EMS met with the State EMS Authority and OSHPD personnel at Glendale Fire. The State did a review and spoke with paramedics who had recently taken the Community Paramedic course to see how the program was progressing. Altrans, the alternate transportation program is slated to start in August. The Congestive Heart Failure pilot project was put on hold due to one of the primary players having a medical issue and will be completed later. Detailed issues need to be resolved and then it is expected that the program will start in August.

5.2 1+1 Paramedic Staffing Model

Dr. Nichole Bosson reported that the Data Safety Monitoring Board reviewed available data from the beginning of the program through May this year and concluded that there were no patient safety issues and the Board does not anticipate any change in the study. There were some minor differences noted such as a twelve second differential, slight decrease in time of first paramedic on scene and an increase in the arrival of the second paramedic, increase in the number of cardiac arrest patients with return of spontaneous circulation. While data will continue to be monitored, it will not be on a monthly basis.

Richard Tadeo, Assistant Director, EMS Agency reported that the EMS Agency met with Long Beach Fire Department and discussed operational issues. A comprehensive report will be prepared.

5.3 Public Hearing-transport of 5150 Patients

EMS Agency prepared a list of possible representatives to be on the ad hoc committee to develop a blue print for addressing behavioral emergencies in the prehospital setting. Recommendations from the EMS Agency for the ad hoc committee:

Agencies

- EMS Agency
- EMS Agency Medical Director
- EMSC Chair
- EMSC member Ad Hoc
- Los Angeles County Sheriff Department
- Los Angeles County Fire Department
- Los Angeles County Fire Chiefs Association

- Los Angeles County Police Chiefs Association
- Los Angeles County Department of Mental Health
- Exodus Urgent Care Center
- Los Angeles Ambulance Association
- Hospital Association of Southern California
- National Alliance of Mentally Ill
- Los Angeles County Department of Health Services Psychiatric Emergency Services
- California Chapter of the American College of Emergency Physicians
- Los Angeles County District Attorney's Office

Additional recommendations:

- Cal/ACEP
- Department of Family and Children Services

5.4 Los Angeles Surgical Society

Ms. Chidester stated that as discussed earlier in the meeting, the Los Angeles Surgical Society has ceased formal operations and that the EMS Agency will draft the Ordinance change to fill that position on the EMSC. THAC was approached for a recommendation and in response the Committee felt that the position should be filled with a physician from THAC. Dr. Shepherd, a member of THAC, agreed to attend the EMSC meetings to familiarize himself with the work of the Commission and to answer any questions on the subject. Dr. Shepherd was asked whether or not the position should be filled by a surgeon from the Southern California Chapter of the American College of Surgeons (ACS), or THAC. His response was THAC. Commissioner Lott suggested giving the nominating organization a description of the qualifications and what is needed.

NEW BUSINESS:

(None)

6. Commissioners Comments/Requests

Commissioner Lott commented on the reopening of Martin Luther King, Jr. Hospital. The hospital opened with 21 emergency department beds and about eight fast track beds on July 7. The hospital was overwhelmed with walk in patients on the first night and numbers seem to be tapering off. There are approximately 45-90 walk in per day. MLK is currently working with the EMS Agency to initiate 9-1-1 traffic starting around August 7.

7. Legislation

AB 1223 (O'Donnell) Emergency medical services; ambulance transportation would authorize a local EMS agency to adopt policies and procedures relating to ambulance patient offload time, as defined. The Bill would require the authority to develop a statewide standard methodology for the calculation and reporting by a local EMS agency of ambulance patient offload time.

8. Director's Report

- Ms. Chidester reported that the EMS Agency made a site visit to MLK's emergency department but because they are not quite ready, a second visit will occur on August 11.
- Supervisor Mark Ridley Thomas requested that DHS do a feasibility study on the possibility of developing a level I trauma center in the South L.A. area (Spa 6). The

EMS Agency will be working with level II trauma centers to determine the potential of a level I trauma center in that area.

- Dr. Gausche-Hill commented that with hospitals moving to the EPCR system, it allows for a real time snap shot of what is going on in the EMS system and can be helpful as we are trending.
- Ms. Chidester reported that Pomona Valley Medical Center's predesignation agreement for trauma center status has been approved by the Board of Supervisors. The EMS Agency will work with Pomona over the next year to help them get their designation.
- CPR Day was June 4 and 10,000 bystanders in the County were trained. Along with surrounding Counties, a total of 20,000 were trained.

9. **Adjournment**

The Meeting was adjourned by Chairman Kazan at 1:47 PM. The next meeting will be held on September 16, 2015.

Next Meeting: Wednesday, September 16, 2015
EMS Agency
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

Recorded by:
Marilyn E. Rideaux
EMS Agency



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

CORRESPONDENCE 2.1

August 19, 2015

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: See Distribution

FROM: Cathy Chidester 
Director

SUBJECT: **PHYSICIAN SERVICES FOR INDIGENTS PROGRAM
NOTICE OF PROPOSED REIMBURSEMENT RATE
INCREASE FOR SERVICES PROVIDED IN FISCAL
YEAR 2015-16**

The Department of Health Services is proposing to increase the Physician Services for Indigents Program Emergency Room reimbursement rate based on the projected revenue available for the program and the projected claims. This rate increase will be effective for claims submitted for Fiscal Year 2015-16 (July 1, 2015 to June 30, 2016 services).

A Public Hearing will be held as part of the Emergency Medical Services Commission meeting at the EMS Agency on:

Date: September 16, 2015
Time: 1:00 p.m.
Location: EMS Agency
10100 Pioneer Boulevard
Santa Fe Springs, CA 90670
Hearing Room – First Floor

If you have any questions please contact Kay Fruhwirth, Assistant Director at (562) 347-1596.

CC:kf

Distribution:
Board of Supervisor Health Deputies
County Auditor-Controller
Department of Health Services Director
Hospital Association of Southern California
Physician Reimbursement Advisory Committee Members
PSIP Enrolled Physicians

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

*To ensure timely,
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medical services.*

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





August 10, 2015

Los Angeles County
Board of Supervisors

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To ensure timely,
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TO: SRC ED Medical Directors

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: CATH LAB ACTIVATION ALGORITHM

As stated in a previous letter dated June 1, 2015, Los Angeles County Emergency Medical Services (EMS) Agency will be implementing a systemwide cath lab activation algorithm beginning September 1, 2015, in an effort to reduce inappropriate cath lab activations from the field. As our paramedic and MICN training is nearly complete, a web-based video has been developed. We encourage all ED physicians at ST-Elevation Myocardial Infarction (STEMI) Receiving Centers (SRC) to view this informational video at the following link <https://www.youtube.com/watch?v=R9JNeFboBi4&feature=youtu.be>

PRINCIPLES OF THE ALGORITHM:

- The algorithm pertains to FIELD cath lab activation
- Paramedics will perform the ECG according to EMS Ref. No. 1302: 12-Lead Electrocardiogram (*no change*)
- All identified STEMI patients will continue to be triaged to an SRC (*no change*)
- ECG transmission should occur for every ECG with 1mm of ST-Elevation or STEMI, but should not delay transport
- The paramedic and the SRC ED Physician will have a direct discussion regarding the patient and findings
 - Attempts to contact the physician should not delay transport
- This communication should result in a **Field Activation** of the cath lab, or an **Expedited ED Exam** upon patient's arrival
- Application of the algorithm may eliminate over 80% of false positive activations

Paramedic Responsibilities:

- If 12-Lead ECG, shows 1mm ST-Elevation in 2 contiguous leads, AND/OR there is a positive software interpretation of STEMI, then:
 - Initiate transmission of ECG and begin transport
 - Contact Base hospital for medical orders per EMS treatment protocols
 - Contact SRC physician to discuss Cath Lab Activation Criteria
 - Proceed to ED bed or cath lab, as directed by SRC physician

Health Services
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EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

August 10, 2015

Los Angeles County Board of Supervisors

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Fax: (562) 941-5835

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

TO: Distribution VIA EMAIL/FAX
FROM: Cathy Chidester 
Director
SUBJECT: CORRECTION: MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL 9-1-1 RECEIVING DESIGNATION

This is to inform you that Martin Luther King, Jr. Community Hospital (MLK) located at 1680 East 120th Street, Los Angeles, CA, 90059, has been licensed by the State to operate as an acute care facility with basic emergency department services, and approved by the Emergency Medical Services (EMS) Agency as a 9-1-1 Receiving Hospital.

Effective, Tuesday, August 11, 2015, at 8:00 A.M., MLK is approved as a 9-1-1 Receiving Hospital and a Perinatal Center only. At this time, MLK is not approved for pediatrics or any other specialty center designation. Please review the attached Ref. No. 505, MLK Community Hospital Transitional Transport Guidelines. This policy is being put into place to allow the hospital to provide optimum care in a timely manner during the transitional phase and replaces the Round Robin Patient Destination policy.

The dedicated telephone number to be used by base hospitals and/or provider agencies is: **(424) 338-8181**

Please ensure that all hospital and prehospital personnel are informed of this new 9-1-1 Receiving Hospital. If you have further questions, or need additional information, please contact Deidre Gorospe, Chief, Hospital Programs at (562) 347-1661, or dgorospe@dhs.lacounty.gov.

CC:DG:cn

- c: Medical Director, EMS Agency
- Chief Executive Officer, MLK
- Emergency Services Medical Director, MLK
- Emergency Services Nursing Director, MLK
- Emergency Medical Services Commission
- Operations Manager, Medical Alert Center
- Hospital Association of Southern California
- Eric Stone, CA Department of Public Health
- Compton Fire Department
- Los Angeles Fire Department
- Los Angeles County Fire Department
- Prehospital Care Coordinators

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EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

August 6, 2015

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

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Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Marc Eckstein, MD, MPH
Medical Director
Los Angeles Fire Department
200 N. Main Street
Los Angeles, California 90012

Dear Dr. Eckstein:

NEW ADVANCED LIFE SUPPORT (ALS) UNIT – FAST RESPONSE UNIT 1 (FR1)

This is in response to your letter, dated July 24, 2015, requesting approval to place into service Los Angeles Fire Department's (CI), Fast Response Unit 1 (FR1), effective September 1, 2015.

The Emergency Medical Services (EMS) Agency has concern with controlled substance security since this unit will be operational 10 hours per day 4 days per week as opposed to the currently approved ALS RAs and EMS captains vehicles that are operational 24/7.

In order to proceed with this unit's approval process, the EMS Agency is requesting CI to provide information on how CI will ensure what effective controls will be in place to guard against theft and diversion of the controlled substances carried on this new unit. This process should be memorialized in CI's current Controlled Drugs Policy or, as a stand-alone process/procedure.

Once CI provides necessary information on how the controlled substances will be effectively secured (24 hours/day), the EMS Agency will proceed with the final approval process by conducting a unit inspection.

Any questions or concerns may be directed to John Telmos at (562) 347-1677 or Gary Watson at (562) 347-1679.

Sincerely,

Cathy Chidester
Director

CC:gw
8-13

c. Timothy Ernst, Assistant Chief, EMS Division, CI

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

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

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August 3, 2015

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Michael D. Antonovich
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Michael DuRee, Fire Chief
Los Angeles Area Fire Chief's Association President
Long Beach Fire Department
3205 Lakewood Blvd.
Long Beach, CA 90808-1733

Dear Chief DuRee:

PROVIDER AGENCY QUALITY IMPROVEMENT PRESENTATIONS

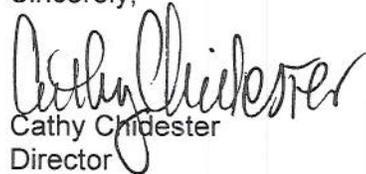
Thank you for your letter requesting clarification regarding the EMS Quality Improvement (QI) Committee participation requirements. The Emergency Medical Services (EMS) Agency appreciates the opportunity to explain the foundation for adding the QI presentations to the EMS QI Committee meetings.

The California Code of Regulations, Division 9 and Health and Safety Code, Division 2.5 provides the authority for the local EMS Agency Medical Director to implement QI activities under their direction for purposes of system improvement. During Dr. William Koenig's tenure as the EMS Agency Medical Director, the concept of members sharing information on their QI Program was introduced for purposes of fostering collaboration and enhancing quality management in our system.

With the recent retirement of Dr. William Koenig, the EMS Agency is transitioning to a new Medical Director, Dr. Marianne Gausche-Hill. The QI presentation mandatory requirement will be suspended during this transition period in order to allow for evaluation of the QI Program and related activities.

Please contact me at (562) 347-1604 for any questions or concerns.

Sincerely,


Cathy Chidester
Director

CC:sm
8-14

c: Medical Director, EMS Agency
Assistant Director, EMS Agency

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

CORRESPONDENCE 2.6

August 3, 2015

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TO: Each Los Angeles County Ambulance Operator

FROM: Cathy Chidester, Director

SUBJECT: QUALITY IMPROVEMENT (QI) AND CRITICAL CARE TRANSPORT (CCT) PROGRAM APPROVALS

This is to advise you that the Emergency Medical Services (EMS) Agency does not approved QI Plan/Programs or CCT Programs for independent contractors that do not have an established affiliation with a licensed Los Angeles County ambulance provider.

It was recently brought to the attention of the EMS Agency that some ambulance operators in Los Angeles County believe that the EMS Agency has approved one or more independent contractors for such programs, which is inaccurate.

Pursuant to Reference No. 620, Quality Improvement Program, each ambulance operator/EMS provider agency, must *"implement and maintain a QI program approved by the EMS Agency that reflects organization's current QI process (es)."* Although there is nothing that precludes an ambulance operator from contracting for such services, the QI Program approval is specific to the ambulance operator, not any one individual who developed a QI Program for the ambulance operator.

Similarly, EMS Agency's approval of a CCT program, nurse staffed and/or respiratory care practitioner staffed, is specific to the ambulance operator, regardless of whether or not such services are handled by in-house personnel or contracted personnel. Pursuant to Reference No. 414, Critical Care Transport (CCT) Provider, *"A private ambulance company must be licensed by the County of Los Angeles as a basic life support (BLS) provider in order to be eligible for approval as a critical care transport provider."* Therefore, even if a contractor is currently providing services for a licensed ambulance operator with an approved CCT Program, that approval is not transferable to another licensed provider.

Ambulance operators with pending Los Angeles County Ambulance Operator Business License (Business License) Applications, which have existing CCT Programs, will be required to submit an application for approval as a CCT provider within 30 days of the Business License approval.

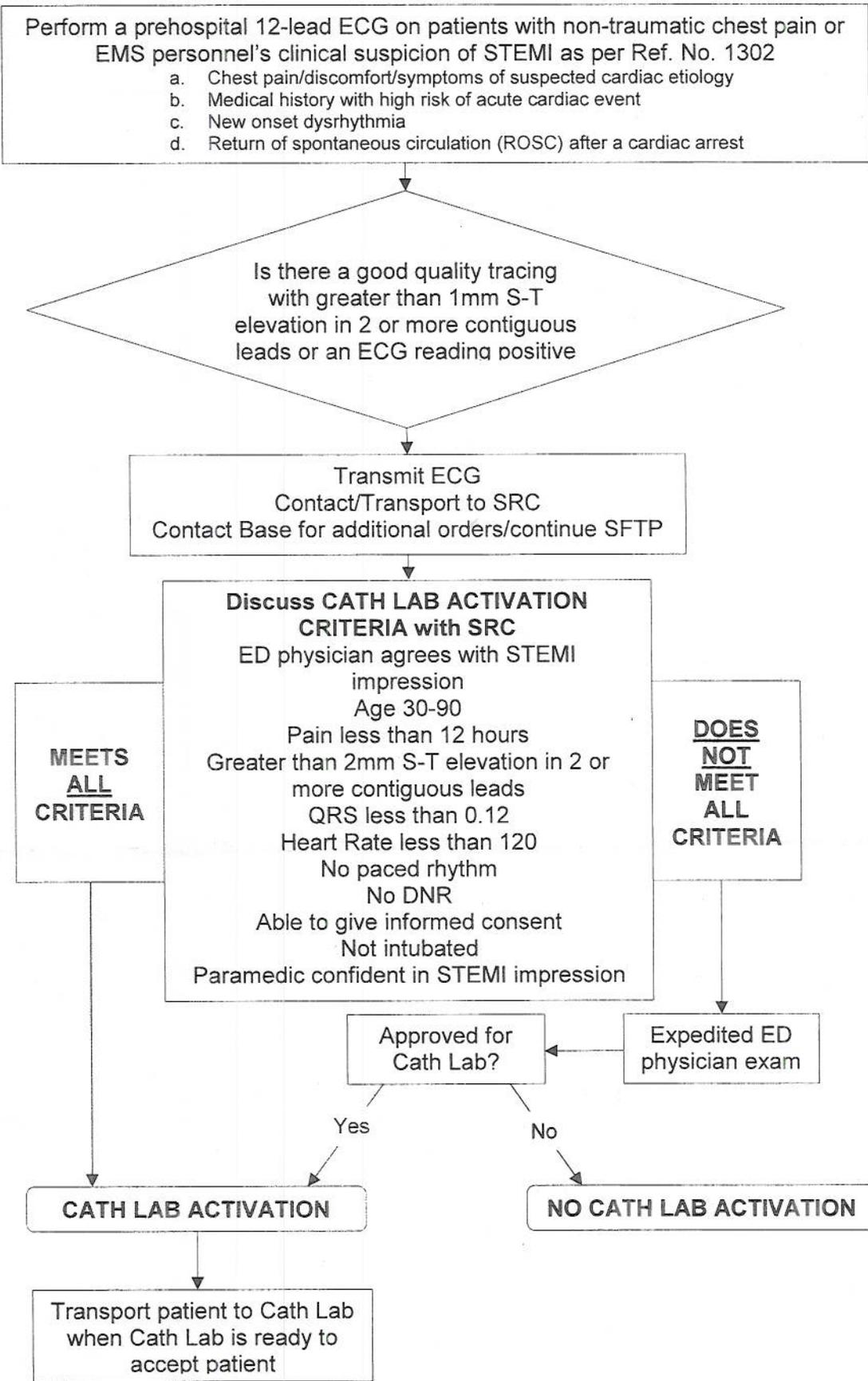
If you have any questions or require additional information, please contact John Telmos, Chief Prehospital Operations, at (562) 347-1677.

CC:jt
07-51a



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

MEDICAL CONTROL GUIDELINE: CATH LAB ACTIVATION ALGORITHM





EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

July 15, 2015

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, 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.*

TO: All Fire Chiefs, 9-1-1 Provider Agencies

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: NON-BASE HOSPITAL STEMI RECEIVING CENTER CONTACT NUMBERS

In preparation for the September 1, 2015 implementation of the STEMI Cardiac Catheter Laboratory Activation Algorithm, the contact numbers for the non-base STEMI Receiving Centers (SRC) are attached.

Per Ref. No. 1303, Cath Lab Activation Algorithm, the paramedics will be contacting the receiving SRC directly in the following situations:

- A good quality electrocardiogram (ECG) tracing showing greater than 1mm ST-elevation in 2 or more contiguous leads, or
- A prehospital ECG reading positive for STEMI

Non-base SRCs will be contacted at the numbers provided. SRCs that are also base hospitals will be contacted via the customary base station phone line or radio. The SRC ED physicians will be receiving online education as to these new changes, and notified that paramedics will be contacting them regarding Cath Lab activation criteria as outlined in the policy.

If you have any questions please feel free to contact me at (562) 347-1600 or Paula Rashi, SRC Programs Manager, at (562) 347-1656.

MGH:pr
(07-09)

Attachment

- c. Director, EMS Agency
Paramedic Coordinator, Each 9-1-1 Provider Agency
Nurse Educator, Each 9-1-1 Provider Agency
Prehospital Care Coordinator, Each Base Hospital



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



COMMITTEE REPORT 3.1



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES BASE HOSPITAL ADVISORY COMMITTEE

MEETING NOTICE

Date: August 12, 2015
Time: 1:00 P.M.
Location: EMS Headquarters
EMS Commission Hearing Room 1st Floor
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

The Base Hospital Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.

**BASE HOSPITAL ADVISORY COMMITTEE
DARK FOR August 12, 2015**

COMMITTEE REPORTS 3.2



EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE WEDNESDAY, August 12, 2015



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

| MEMBERSHIP / ATTENDANCE | | |
|--|--|----------------------------------|
| MEMBERS | ORGANIZATION | EMS AGENCY |
| * Robert Flashman, Chair | EMS Commissioner (MD) | Nichole Bosson |
| * Raymond Mosack, Vice-Chair | EMS Commissioner (Asst. Fire Chief) | Richard Tadeo |
| <input checked="" type="checkbox"/> Nerses Sanossian | EMS Commissioner (MD) | Deidre Gorospe |
| * John Hisserich | EMS Commissioner (DrPH) | Michelle Williams |
| <input type="checkbox"/> Matt Armstrong | Ambulance Advisory Board (LACAA) | Susan Mori |
| <input checked="" type="checkbox"/> Trevor Stoum | Ambulance Advisory Board (alternate) | April Rameli |
| <input checked="" type="checkbox"/> Mark Baltau | Base Hospital Advisory Committee (BHAC) (RN) | |
| <input type="checkbox"/> Alina Candal | BHAC (alternate) | |
| <input checked="" type="checkbox"/> Ryan Burgess | Hospital Association of Southern California (HASC) | |
| * Nathan McNeil | HASC (alternate) | |
| <input type="checkbox"/> Joanne Dolan | Long Beach Fire Department (LBFD) (RN) | OTHERS |
| <input type="checkbox"/> Don Gerety | LBFD (alternate) | Brenda Sadler- LBFD |
| <input checked="" type="checkbox"/> Dan France | Los Angeles Area Fire Chiefs Association | Representative for Joanne Dolan |
| * Sean Stokes | LA Area Fire Chiefs Association (alternate) | |
| <input checked="" type="checkbox"/> Nicole Steeneken | Los Angeles County Fire Department (LACoFD) | Doug Zabalski – PAAC |
| <input checked="" type="checkbox"/> Victoria Hernandez | LACoFD (alternate) | Representative for Jeffrey Elder |
| <input checked="" type="checkbox"/> Al Flores | Los Angeles Fire Department (LAFD) | |
| * John Smith | LAFD (alternate) | |
| <input checked="" type="checkbox"/> Dipesh Patel | Medical Council (MD) | |
| <input type="checkbox"/> VACANT | Medical Council (alternate) | |
| * Jeffrey Elder | Provider Agency Advisory Committee (PAAC) | |
| <input type="checkbox"/> VACANT | PAAC (alternate) | |
| * Howard Belzberg | Trauma Hospital Advisory Committee (THAC) (MD) | |
| <input type="checkbox"/> David Hanpeter | THAC (MD) (alternate) | |
| * Marilyn Cohen | THAC (RN) | |
| <input type="checkbox"/> VACANT | THAC (RN) (alternate) | |
| <input checked="" type="checkbox"/> Present *Excused <input type="checkbox"/> Absent | | |

1. **CALL TO ORDER:** The meeting was called to order at 10:04 am by Commissioner Sanossian.
2. **APPROVAL OF MINUTES:** The minutes of the June 10, 2015 were approved as written.
3. **INTRODUCTIONS/ANNOUNCEMENTS** (Michelle Williams/Richard Tadeo)
 - Dr. Gausche-Hill started as the EMS Agency’s new medical director as of July 1, 2015.
 - Reminder to disperse information presented at the meetings to all appropriate parties.
 - Pre-designation agreement was signed with Pomona Valley Hospital Medical Center, estimated to be designated as a Level II trauma center in Summer 2016.
 - Distribution of Measure B money for ePCR implementation/augmentation was approved for the thirteen providers who applied.
4. **REPORTS AND UPDATES**
 - 4.1. TEMIS Update (Michelle Williams)
 - 4.1.1. County Fire (CF) Update: CF records for 2011 and 2012 have been imported, EMS Agency should begin receiving fourth quarter of 2014 to present within a week
 - 4.2. Electronic Data Systems: (Michelle Williams)
 - 4.2.1. Alhambra Fire went live with their ePCR on July 20th.
 - 4.2.2. Redondo Beach Fire completed their ePCR trial with Source Code 3 and secured them as their full time vendor

4.3. Service Changes (Richard Tadeo)

- 4.3.1. MLK opened to 9-1-1 traffic August 11, 2015, current daily ED census approximately 60-80 patients/day.

5. UNFINISHED BUSINESS

5.1. Standardized TEMIS Reports (Michelle Williams)

- Request at the June meeting was to look at diversion of psych patients due to PD request, but EMS was unable to do so due to inadequate documentation of this information.
- Reports for “Percent of Cardiac Arrest Patients with Chief Complaint=CA and Rigor” and “Percent of Cardiac Arrest Patients With Chief Complaints=CA and DO” by Provider for 2014 were presented.

6. NEW BUSINESS

6.1. Data Use Agreement (Richard Tadeo)

- Currently no standard data use agreement exists for DHS at this time. A draft is being devised with the goal of ensuring confidentiality and appropriate use of data when data is distributed as a result of a data request. No objections were received from the committee so the draft will proceed through County Counsel and the Board of Supervisors.

6.2. Dashboard Reports (Richard Tadeo)

- Ideas for future dash board reports were discussed, possibilities include:
 - False positive ECGs
 - PCI data
 - Wall time
 - Non-transports by provider
 - ALS/BLS transports by provider
 - Treatment times for stroke patients
 - Secondary stroke patient transports

7. NEXT MEETING: October 14, 2015 at 10:00 a.m. (EMS Agency Hearing Room – First Floor)

8. ADJOURNMENT: The meeting was adjourned at 10:34 a.m. by Commissioner Sanossian.



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

COMMITTEE REPORTS 3.3



EDUCATION ADVISORY COMMITTEE

MEETING CANCELTION NOTICE

DATE: August 10, 2015
TO: Education Advisory Committee Members
SUBJECT: CANCELTION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for August 19, 2015 is canceled.



EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, August 19, 2015

MEMBERSHIP / ATTENDANCE

MEMBERS

- David Austin, Chair
- Robert Barnes, Vice-Chair
- Jon Thompson, Commissioner
- Clayton Kazan, MD, Commissioner
- Jodi Nevandro
 - Sean Stokes
- Jon O'Brien
 - Kevin Klar
 - Victoria Hernandez
- Ken Leasure
 - Susan Hayward
- Bob Yellen
 - Richard Roman
- Dwayne Preston
 - Joanne Dolan
- Brian Hudson
 - Michael Murrey
- Jeffrey Elder
 - Douglas Zabalski
- Brandon Greene
 - Matthew Chelette
- Ryan Burgess
 - Alina Chandan
- Todd Tucker
 - James Michael
- Maurice Guillen
 - Ernie Foster
- Marc Eckstein, MD
 - Stephen Shea, MD
- Diane Baker
 - Vacant

ORGANIZATION

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- Area A
 - Area A Alt (Rep to Med Council, Alt)
- Area B
 - Area B, Alt.
 - Area B Alt. (Rep to Med Council)
- Area C
 - Area C, Alt
- Area E
 - Area E, Alt.
- Area F
 - Area F, Alt.
- Area G (Rep to BHAC)
 - Area G, Alt. (Rep to BHAC, Alt.)
- Area H (Rep to DAC)
 - Area H, Alt.
- Employed EMT-P Coordinator (LACAA)
- Employed EMT-P Coordinator, Alt. (LACAA)
- Prehospital Care Coordinator (BHAC)
- Prehospital Care Coordinator, Alt. (BHAC)
- Public Sector Paramedic (LAAFCA)
- Public Sector Paramedic, Alt. (LAAFCA)
- Private Sector EMT-P (LACAA)
- Private Sector EMT-P, Alt. (LACAA)
- Provider Agency Medical Director (Med Council)
- Provider Agency Medical Director, Alt. (Med Council)
- Private Sector Nurse Staffed Ambulance Program (LACAA)
- Private Sector Nurse Staffed Ambulance Program, Alt (LACAA)

EMS AGENCY STAFF PRESENT

- | | |
|--------------------|-------------------|
| Nichole Bosson, MD | Roel Amara |
| Christy Preston | Stephanie Raby |
| April Ramelli, MD | Paula Rashi |
| Erica Reich | Karen Rodgers |
| Phillip Santos | Michelle Williams |
| Carolyn Naylor | Christine Zaiser |
| Mark Ferguson | Gary Watson |

OTHER ATTENDEES

- | | |
|------------------|---------------------|
| Scott Martinez | El Segundo FD |
| Evie Anguian | LACo FD |
| Nicole Steeneken | LACo FD |
| Terry Millsaps | LACo FD |
| Mike Barilla | Pasadena FD |
| Chad Richardson | La Habra Heights |
| Michael Beeghly | Santa Fe Springs FD |
| Matt Hill | Santa Monica FD |
| Trevor Stonum | MedCoast Amb |
| Carter Wystrach | UCLA |
| Jesse Cardoza | AMR Ambulance |
| Gary Cevello | AMR Ambulance |
| Chad Brewster | Gentle Ride Amb |
| Ian Wilson | PRN Ambulance |
| David Konieczny | McCormick Amb |
| Dennis Smith | Royalty Amb |
| Tisha Hamilton | Bowers Amb |
| Caroline Jack | Care Amb |
| Sean Allen | Liberty Amb |
| Rocky Allen | Mercy Air Amb |
| Robert Ower | LACAA |

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: Chair, Commissioner David Austin called meeting to order at 1:05 p.m.

1. APPROVAL OF MINUTES (Hernandez/Baker) June 17, 2015 minutes were approved.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 New Medical Director, EMS Agency (John Telmos)

Effective July 1, 2015, Marianne Gausche-Hill, M.D., became the Los Angeles County EMS Agency's Medical Director.

2.2 Martin Luther King, Jr. Community Hospital (MLK) 9-1-1 Receiving Designation (John Telmos)

- On August 11, 2015, MLK began receiving ambulance patients. Since opening, MLK has been receiving approximately 10-15 BLS and ALS patients per day. There have been approximately 80 walk-in patients per day.

- The EMS Agency's plan is to monitor the number of patients MLK receives and possibly to expand MLK's Transitional Transport Guideline boundaries to allow more ambulance transports into the emergency department.

2.3 Middle Eastern Respiratory Syndrome (MERS) – Transportation Guidelines (Roel Amara)

- The following two Guideline charts were distributed and reviewed:
 - LAX Suspect Middle Eastern Respiratory Syndrome – Corona Virus (MERS-CoV): Patient Assessment and Transport Guidelines.
 - Suspect Middle Eastern Respiratory Syndrome – Corona Virus (MERS-CoV): Patient Assessment and Transportation Guidelines.
- Providers were advised, when contacting patients with suspected MERS, to utilize their body substance isolation equipment and to contact Public Health Department for MERS confirmation and patient destination. Phone numbers for Public Health varies, depending on day of the week and time of the week. See Guideline charts listed above for details.
- There is no need to utilize the specially prepared “communicable disease” ambulances for transport.
- Questions or concerns may be directed to Roel Amara at ramara@dhs.lacounty.gov.

3. REPORTS & UPDATES

There were no Reports & Updates.

4. UNFINISHED BUSINESS

4.1 Reference No. 1244, Treatment Protocol: Chest Pain

Policy remains tabled. There was no discussion.

Tabled Reference No. 1244, Treatment Protocol: Chest Pain

5. NEW BUSINESS

5.1 Reference No. 420, Private Ambulance Operator Medical Director (Stephanie Raby)

Policy reviewed and approved as written.

M/S/C (Guillen/Nevandro): Approve Reference No. 420, Private Ambulance Operator Medical Director

5.2 Reference No. 451.1a, Ambulance Vehicle Essential Medical and Personal Protective Equipment (Stephanie Raby)

Policy reviewed and approved with the following recommendations:

- SUBJECT and throughout policy: Add word “Private” to specify that this policy is intended for private ambulance companies
- PURPOSE: Rephrase the description to be more clear
- Page 2: Add “head immobilizers” to inventory
- Page 3: Change quantity of Adenosine to “18 mg”
- Page 4: Change quantity of Epinephrine 1:1000 to “5 mg”
- Page 4: Add “Benadryl” and quantity
- Page 4: Add “Odansetron” and quantity
- Page 6: Change the Needle Thoracostomy size to “3.0 – 3.5 inch”
- Page 7: Remove “Sodium bicarbonate”

M/S/C (Klar/Kazon): Approve Reference No. 451.1a, Ambulance Vehicle Essential Medical and Personal Protective Equipment, with the above recommendations

5.3 Reference No. 453, Ambulance Licensing Investigations (Stephanie Raby)

Policy reviewed and approved with the following recommendation:

- SUBJECT and throughout policy: Add word "Private" to specify that this policy is intended for private ambulance companies

M/S/C (Hudson/Preston): Approve Reference No. 804, Fireline Emergency Medical Technician – Paramedic (FEMP), with the above recommendation.

5.4 Reference No. 453.1, Ambulance Licensing Enforcement Officers (Stephanie Raby)

Policy tabled until reviewed by County Council.

Tabled Reference No. 453.1, Ambulance Licensing Enforcement Officers.

5.5 Reference No. 454, Ambulance Vehicle Color Scheme and Insignia Guidelines (Stephanie Raby)

Policy reviewed and approved with the following recommendation:

- SUBJECT and throughout policy: Add word "Private" to specify that this policy is intended for private ambulance companies

M/S/C (Hudson/Hernandez): Approve Reference No. 454, Ambulance Vehicle Color Scheme and Insignia Guidelines, with the above recommendation.

5.6 Reference No. 455, Ambulance Vehicle Age Limit Requirements and Exemptions (Stephanie Raby)

Policy reviewed and approved with the following recommendation:

- SUBJECT and throughout policy: Add word "Private" to specify that this policy is intended for private ambulance companies

M/S/C (Baker/Hudson): Approve Reference No. 455, Ambulance Vehicle Age Limit Requirements and Exemptions, with the above recommendation.

5.7 Reference No. 712, Nurse Staffed Critical Care Transport (CCT) Unit Inventory (John Telmos)

Policy presented as "Information Only".

6. OPEN DISCUSSION

There were no further discussion topics.

7. NEXT MEETING: October 21, 2015

8. ADJOURNMENT: Meeting adjourned at 1:40 p.m.

POLICIES 4.1

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE OPERATOR
MEDICAL DIRECTOR**

REFERENCE NO. 420

PURPOSE: To describe the role and responsibilities of Medical Directors of licensed Los Angeles County Private Ambulance Operators.

DEFINITION:

Private Ambulance Operator Medical Director: A physician designated by an approved EMS Private Ambulance Operator and approved by the Los Angeles County EMS Agency Medical Director, to provide medical oversight and coordinate the medical aspects of field care as defined by the Los Angeles County EMS Agency. The Private Ambulance Operator Medical Director shall:

1. Be board certified by the American Board of Emergency Medicine.
2. Be engaged in the clinical practice of emergency medicine.
3. Be knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
4. Attend an EMS system orientation provided by the EMS Agency within six (6) months of hire.

PRINCIPLE: Medical Directors enhance the quality of prehospital care by providing medical expertise in EMS and serve as a liaison between the EMS Agency Medical Director, hospitals, and other Private and Public Ambulance Operator Medical Directors to ensure the delivery of safe and effective medical care.

POLICY

- I. Role And Responsibilities Of The Private Operator Medical Director
 - A. Medical Direction and Supervision of Patient Care
 1. Advises the private ambulance operator in planning and evaluating the delivery of prehospital medical care by EMTs and, if applicable, paramedics, nurses, and respiratory therapists.
 2. Reviews and approves the medical content of all EMS training performed by the private ambulance operator. If approved as a continuing education provider in Los Angeles County, ensures compliance with State and local EMS Agency continuing education requirements.
 3. Reviews and approves the medical components of the private ambulance operator's dispatch policies and procedures as demonstrated by a dated

EFFECTIVE: 01-01-16
REVISED: XX-XX-XX
SUPERSEDES: XX-XX-XX

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

signature or other mechanism in place for approval, such as electronic signature.

4. Assists in the development of procedures to optimize patient care.
5. Evaluates compliance with the legal documentation requirements of patient care.
6. Provides oversight and participates in the private ambulance operator's Quality Improvement program.
7. Ensures private ambulance operator compliance with Los Angeles County EMS Agency controlled substance policies and procedures, if applicable.

B. Audit and Evaluation of Patient Care

1. Assists the private ambulance operator in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.
2. Evaluates private ambulance operator medical personnel for adherence to medical policies, procedures and protocols of the Los Angeles County EMS Agency. Provides ongoing periodic review of dispatch and patient care records for identification of potential patient care issues.
3. Reviews the delivery and evaluation of patient care with base and receiving hospitals, as applicable.

C. Investigation of Medical Care Issues

1. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
2. Evaluates medical performance and appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.
3. Ensures that appropriate actions (e.g., training, counseling, etc.) are taken related to patient care issues with adverse outcomes, near misses, etc.

II. Role And Responsibilities Of The Private Ambulance Operator

- A. Designates and maintains a Medical Director at all times.
- B. Ensures Medical Director involvement in all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.

- C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.

- D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**
Reference No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**
Reference No. 517, **Private Provider Agency Transport/Response Guidelines**
Reference No. 620, **EMS Quality Improvement Program**
Reference No. 621, **Notification of Personnel Change**
Reference No. 621.1, **Notification of Personnel Change Form**
Reference No. 816, **Physician at the Scene**
Reference No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**
Reference No. 702, **Controlled Drugs Carried on ALS Units**

POLICIES 4.2

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **PRIVATE AMBULANCE VEHICLE ESSENTIAL MEDICAL
AND PERSONAL PROTECTIVE EQUIPMENT** REFERENCE NO. 451.1a

PURPOSE: To establish the minimum essential medical and personal protective equipment that must be maintained on an in-service ambulance vehicle in order for the vehicle to remain in-service for the provision of patient care.

AUTHORITY: Los Angeles County Code, Title 7, Chapter 7.16

PRINCIPLES:

1. The essential medical equipment identified herein is the minimal amount of medical equipment, medical supplies and personal protective equipment (PPE) that an ambulance vehicle must have in order to remain in-service and continue to provide patient care. This policy does not supersede Reference No. 710, Basic Life Support Ambulance Equipment, which establishes the minimum equipment required for a basic life support (BLS) ambulance to be approved for licensing.
2. Failure to maintain the following quantity of essential medical equipment, medical supplies, and personal protective equipment on an ambulance vehicle that is in service shall result in a notice of violation and an administrative fine may be issued to the ambulance operator.
3. If an ambulance operator can demonstrate that an ambulance vehicle which does not meet these requirements is enroute to restock equipment and/or supplies the notice of violation and administrative fine will not be issued.
4. Expired medications, contaminated and/or compromised medications or medical supplies and/or equipment is considered not stocked for the purposes of this policy.

BASIC LIFE SUPPORT (BLS) UNIT

| MEDICAL EQUIPMENT & SUPPLIES | QUANTITY |
|--|----------|
| Ankle and wrist restraints <ul style="list-style-type: none">• If soft ties are used, they should be at least three (3) inches wide (before tying) to maintain a two (2) inch width while in use | 1 set |
| Bag-valve device with O ₂ inlet and reservoir: <ul style="list-style-type: none">• Adult• Pediatric | 1 each |
| Bag-valve mask: <ul style="list-style-type: none">• Large• Medium• Small adult/child• Toddler• Infant• Neonate | 1 each |
| Blood pressure manometer, cuff and stethoscope: <ul style="list-style-type: none">• Thigh• Adult | 1 each |

EFFECTIVE: 08-01-12
REVISED: 01-01-16
SUPERSEDES: 12-01-14

**SUBJECT: PRIVATE AMBULANCE VEHICLE ESSENTIAL
MEDICAL AND PERSONAL
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

| MEDICAL EQUIPMENT & SUPPLIES | QUANTITY |
|--|----------|
| <ul style="list-style-type: none"> • Child • Infant | |
| Cervical collars, rigid: <ul style="list-style-type: none"> • Adult • Child • Infant | 1 each |
| Immobilizer, Head: <ul style="list-style-type: none"> • Disposable or Reusable | 1 |
| Linen Supplies | 1 set |
| Oropharyngeal airways: <ul style="list-style-type: none"> • adult • children • infant • newborn | 1 each |
| Oxygen cannulas: <ul style="list-style-type: none"> • Adult • Child | 1 each |
| Oxygen masks, transparent: <ul style="list-style-type: none"> • Adult • Child • Infant | 1 each |
| Oxygen, portable <ul style="list-style-type: none"> • Minimum of 2000 psi in a “D” or larger oxygen cylinder | 1 |
| Oxygen, vehicle (house) <ul style="list-style-type: none"> • Minimum 500 psi in an “M” or larger oxygen cylinder | 1 |
| Body Substance Isolation Equipment: <ul style="list-style-type: none"> • Mask • Gown • Eye protection | 2 each |
| Spine boards, rigid, approximately 14 inches in width: <ul style="list-style-type: none"> • One approximately 72 inches in length with straps for immobilization of suspected spinal or back injuries | 1 |
| Stretchers: <ul style="list-style-type: none"> • Stretcher with wheels and the following: <ul style="list-style-type: none"> ○ mattress covered with impervious plastic material or the equivalent ○ capability to elevate both the head and foot ○ straps to secure the patient to the stretcher and a means of securing the stretcher in the vehicle ○ be adjustable to at least four different levels | 1 |
| Suction equipment, portable <ul style="list-style-type: none"> • Mechanical portable suction must achieve a negative pressure equivalent to 300 mm of mercury; and • 30 liter per minute air flow rate for 30 minutes of operation | 1 |
| Suction equipment, vehicle (house), capable of at least: <ul style="list-style-type: none"> • a negative pressure equivalent to 300 mm of mercury • 30 liter per minute air flow rate for 30 minutes of operation | 1 |

| MEDICAL EQUIPMENT & SUPPLIES | QUANTITY |
|--|-----------------|
| Suction tubing: <ul style="list-style-type: none"> • Non-collapsible, plastic, semi-rigid, whistle tipped, finger controlled type is preferred • Flexible catheters for tracheostomy suctioning (8Fr.-12Fr.) | 1 each |
| Tourniquets (commercial, for control of bleeding) | 2 |
| PERSONAL PROTECTION EQUIPMENT (PPE) | QUANTITY |
| Gloves, work (multiple use, leather) | 2 pairs |
| Hearing Protection (includes foam ear plugs) | 2 sets |
| Jacket, EMS, with reflective stripes* | 2 |
| Rescue Helmet | 2 |
| Respiratory protection mask (N95) and general purpose mask | 2 each |
| Safety vest meeting ANSI standards or equivalent* *Jackets meeting ANSI standards may be used in lieu of the Safety vest | 2 |

ADVANCED LIFE SUPPORT (ALS) UNIT

An ALS unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

| MEDICATIONS | QUANTITY |
|--|-----------------|
| Albuterol (pre-mixed with NS) | 10 mgs |
| Adenosine | 18 mgs |
| Amiodarone | 450 mgs |
| Aspirin (chewable 81 mg) | 162 mgs |
| Atropine sulfate (1mg/10ml) | 2 mgs |
| Calcium chloride | 1 gm |
| Dextrose 50% | 100 mls |
| Dextrose solution 100 gm (glucose paste may be substituted) | 1 |
| Diphenhydramine | 50 mgs |
| Epinephrine (1:1,000) | 4 mgs |
| Epinephrine (1:10,000) | 5 mgs |
| Fentanyl* *Either Fentanyl or Morphine must be carried, may not stock both | 400 mcgs |
| Glucagon | 1 mg |
| Midazolam | 10 mgs |
| Morphine sulfate * *Either Fentanyl or Morphine must be carried, may not stock both | 20 mgs |
| Naloxone | 4 2 mgs |
| Normal saline (for injection) | 2 vials |
| Nitroglycerin spray or tablets | 1 bottle |
| Ondansetron ODT | 8 mg |
| Ondansetron IV | 8 mg |
| Sodium bicarbonate | 50 mls |

| INTRAVENOUS FLUIDS | QUANTITY |
|---|-----------------|
| 1000 ml normal saline | 2 |
| 250 or 500 ml normal saline | 2 |
| SUPPLIES | QUANTITY |
| Airways – Nasopharyngeal <ul style="list-style-type: none"> • Large (34-36) • Medium (26-28) • Small (20-22) | 1 each |
| Burn pack or burn sheets | 1 |
| Contaminated needle container | 1 |
| Defibrillator with oscilloscope | 1 |
| Defibrillator electrodes (including pediatric) or paste | 2 |
| ECG electrodes (adult and pediatric) | 3 each |
| Endotracheal tubes with stylettes <ul style="list-style-type: none"> • Sizes 6.0-8.0 | 1 each |
| End Tidal CO ₂ detector and aspirator (adult) | 1 each |
| Gloves (sterile) | 1 pairs |
| Gloves (unsterile) | 1 box |
| Glucometer with strips | 1 |
| Hand-held nebulizer pack | 1 |
| Hemostats, padded | 1 |
| Intravenous catheters (14G-22G) | 1 each |
| Intravenous tubing <ul style="list-style-type: none"> • Microdrip • Macro drip | 2 each |
| King LTS-D (Disposable Supraglottic Airway device) <ul style="list-style-type: none"> • Small adult (size 3) • Adult (size 4) • Large Adult (size 5) | 1 each |
| Lancets, automatic retractable | 2 |
| Laryngoscope Handle (adult) | 1 |
| Laryngoscope blades <ul style="list-style-type: none"> • Adult (curved and straight) • Pediatric (Miller #1 and #2) | 1 each |
| Magill Forceps (adult and pediatric) | 1 each |
| Mucosal Atomization Device (MAD) | 1 |
| Normal saline for irrigation | 1 bottle |
| Needle thoracostomy kit or 14 G 3 ½" angiocath | 2 |
| Pediatric resuscitation tape | 1 |
| Procedures Prior to Base Contact Field Reference No. 806.1 | 1 |
| Pulse Oximeter | 1 |
| Saline locks | 2 |
| Syringes (1 ml – 60 ml) | Assorted |
| Tube introducer | 1 |
| Vaseline gauze | 2 |

NURSE STAFFED CRITICAL CARE TRANSPORT (CCT) UNIT

A nurse staffed CCT unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

| MEDICATIONS | QUANTITY |
|--|-----------------|
| Albuterol (pre-mixed with NS) | 10 mgs |
| Adenosine | 12 mgs |
| Amiodarone | 450 mgs |
| Aspirin (chewable 80 mg) | 162 mgs |
| Atropine sulfate (1mg/10ml) | 6 mgs |
| Calcium chloride | 1 gm |
| Dextrose 50% | 100 ml |
| Dextrose solution 100 gm (glucose paste may be substituted) | 1 |
| Diphenhydramine | 50 mgs |
| Dopamine (premix or vials) | 400 mgs |
| Epinephrine (1:1,000) | 4 mgs |
| Epinephrine (1:10,000) | 5 mgs |
| Lidocaine (1 gm/250 ml) | 1 bag |
| Lidocaine | 150 mgs |
| Naloxone | 2 mgs |
| Nitroglycerin spray or tablets | 1 bottle |
| INTRAVENOUS FLUIDS | QUANTITY |
| 1000 ml normal saline | 1 |
| 250 normal saline | 1 |
| SUPPLIES | QUANTITY |
| Airways – Nasopharyngeal <ul style="list-style-type: none"> • Large (34-36) • Medium (26-28) • Small (20-22) | 1 each |
| Back-up power source/adjunct power source (inverter, batteries, etc.). Second source required if transporting IABP patients. | 1 |
| Cardiac monitor/defibrillator oscilloscope including end tidal CO ₂ detector, external pacemaker, pulse oximeter and optional 12 lead EKG capabilities | 1 |
| Cellular phone | 1 |
| Glucometer, strips and lancets, automatic retractable | 1 |
| Hand-held nebulizer pack | 1 |
| Hemostats, padded | 1 |
| Infusion pump(s) with the capability of a minimum of 3 chamber drip and associated tubing | 1 |
| Intravenous Tubing <ul style="list-style-type: none"> • Microdrip • Macrodrip | 2 each |
| Normal Saline for irrigation | 1 bottle |
| Pediatric Resuscitation Tape | 1 |
| Pulse Oximeter | 1 |
| Saline Locks | 2 |

RESPIRATORY CARE PRACTITIONER (RCP) STAFFED CCT UNIT

An RCP staffed CCT unit must maintain all of the medical equipment and medical supplies listed for a BLS unit, plus the following additional items:

| MEDICATIONS | QUANTITY |
|--|-----------------|
| Albuterol (pre-mixed with NS) | 10 mgs |
| Atrovent | 20 mgs |
| SUPPLIES | QUANTITY |
| Airways – Nasopharyngeal <ul style="list-style-type: none"> • Large (34-36) • Medium (26-28) • Small (20-22) | 1 each |
| Airway Guard (bite blocker) | 1 |
| Cellular Phone | 1 |
| Color Code Drug Doses LA County Kids | 1 |
| Coupler/Quick Connect (oxygen connection) | 1 |
| End tidal CO ₂ Detector (portable) | 1 |
| ETCO ₂ Filterline | 2 |
| Endotracheal tubes with stylets <ul style="list-style-type: none"> • Sizes 2.0-8.0 | 1 each |
| Gloves (sterile) | 1 pair |
| Heat/Moisture Exchange Ventilator Filters <ul style="list-style-type: none"> • Adult • Peds • 2 universals may be carried in lieu of one adult and one pediatric | 1 each |
| King LTS-D (Disposable Supraglottic Airway device) <ul style="list-style-type: none"> • Small adult (size 3) • Adult (size 4) • Large Adult (size 5) | 1 each |
| Laryngoscope Handle <ul style="list-style-type: none"> • Adult • Pediatric | 1 each |
| Laryngoscope Blades <ul style="list-style-type: none"> • Adult Curved • Adult Straight • Pediatric Miller 0 • Pediatric Miller 1 • Pediatric Miller 2 | 1 each |
| Magill Forceps <ul style="list-style-type: none"> • Adult • Pediatric | 1 each |
| Pediatric Resuscitation Tape | 1 |
| PEEP Valve <ul style="list-style-type: none"> • Adult • Pediatric | 1 each |

**SUBJECT: PRIVATE AMBULANCE VEHICLE ESSENTIAL
MEDICAL AND PERSONAL
PROTECTIVE EQUIPMENT**

REFERENCE NO. 451.1a

| SUPPLIES | QUANTITY |
|--|-----------------|
| Pulse Oximeter <ul style="list-style-type: none">• Adult Probe• Pediatric Probe | 1 each |
| Tracheostomy Mask <ul style="list-style-type: none">• Adult• Pediatric | 1 each |
| Ventilator Filters | 2 |
| Ventilator Circuits (disposable) <ul style="list-style-type: none">• Adult• Pediatric | 1 each |
| Ventilator (non-pneumatic) | 1 |
| Venturi Mask | 1 |

POLICIES 4.3

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE LICENSING
INVESTIGATIONS**

REFERENCE NO. 453

PURPOSE: To outline a process for investigating complaints about, or violations related to, ambulance operations in Los Angeles County.

AUTHORITY: Los Angeles County Code, Title 7, Business Licenses, Ambulance Ordinance 7.16.020
Health & Safety Code 1797.170, 1797.172, 1797.204, 1797.224
California Code of Regulations, Title 22, Sections 100062, 100063, 100145, 100169

PRINCIPLES:

1. Ambulance transport is an essential healthcare service and the public depends on the system's integrity and quality when they are sick or injured.
2. Any complaint, including anonymous complaints, received by the EMS Agency will be reviewed and, if appropriate, investigated to determine if a violation has occurred.
3. Investigations are initiated based on tips from citizens, EMS providers, healthcare facilities, etc., or they may result from direct observations or audits by an enforcement officer.
4. All investigation documents and associated materials are confidential and cannot be obtained with a public record request. The EMS Agency will make every possible effort to maintain the confidentiality of informants.

POLICY:

- I. Initiation of an Investigation
 - A. Any private citizen, patient, provider agency personnel or healthcare facility personnel believe, or has reason to believe, that inadequate services were provided or that they have observed an ambulance operator commit violations of the Los Angeles County Code (County Code) or any other applicable federal, state or local rules, regulations and laws, including Los Angeles County prehospital care policies, may submit a request for an investigation to the EMS Agency as follows:
 1. On a Los Angeles County EMS Agency Situation Report (preferred method and the form can be found on the EMS Agency website at <http://ems.dhs.lacounty.gov/AmbulanceLicensing/AmbLic.htm>) which may be mailed to the address listed for item (c.) below, or completed and submitted online; or
 2. Sending an e-mail to ambulanceviolations@dhs.lacounty.gov; or

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Medical Director, EMS Agency

3. Calling the EMS Agency, Ambulance Programs Section, at (562) 347-1500; or
4. Sending a letter addressed to:

Los Angeles County EMS Agency
ATTN: Ambulance Programs Section
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

5. The EMS Agency may notify the ambulance operator identified in the complaint and, if applicable, will provide all relevant non-confidential information related to the allegations received. However, the complaint source will not be identified at any time during or after the investigation process.

B. Investigations may also be initiated by a designated enforcement officer (refer to Reference No. 456.1, Ambulance Licensing Enforcement Officers) if they believe, or have reason to believe, that inadequate services were provided by an ambulance operator.

1. If an enforcement officer observes a violation of the County Code, or any other applicable federal, state or local rules, regulations or laws, including Los Angeles County prehospital care policies, a Notice of Violation may be issued and further investigation is not required (Refer to Reference No. 451, Ambulance Licensing Notices of Violation and Administrative Fines).
2. The Notice of violation may specify a correction period if, in the enforcement officer's judgment, a correction period is warranted.

C. Investigation Procedures

1. The EMS Agency shall independently investigate and verify, if possible, the allegations described in the complaint. Techniques and information sources that may be utilized as part of the investigation process include, but are not limited to, the following:
 - a. EMS Agency records
 - b. Patient care records
 - c. Personnel interviews
 - d. City and county business license records
 - e. Law enforcement records
 - f. Secretary of State records
 - g. Internet / websites / social media
 - h. Telephone directories
 - i. Previous investigation records
 - j. Onsite inspection and/or surveillance
 - k. Other EMS providers
 - l. Investigations from other agencies
 - m. Newspaper and/or magazine articles
2. Personnel interviews may be part of the investigation process when indicated and such interviews will be coordinated and scheduled with the ambulance operator associated with the complaint.

3. The written complaint and all pertinent documents and information obtained shall be reviewed for potential violation of the County Code, or any other applicable federal, state or local rules, regulations or laws, including Los Angeles County prehospital care policies.
4. EMS Agency enforcement officers and staff shall review all available information and prepare a confidential written report to include, but not limited to:
 - a. Identification of the information sources reviewed and/or individuals interviewed.
 - b. A brief description of the violation or incident and the allegations submitted and/or observed and a summary of the findings of the investigation. Identification of the specific sections of the County Code or regulations violated and/or the specific prehospital care policy violated, if applicable, is also included as part of the findings.
 - c. Recommended actions as a result of the investigation, e.g. issue a Notice of Violation, personnel education, policy changes, require corrective action plan (CAP) refer to other regulatory agency, etc.

D. Investigation Outcomes

1. If the allegations are not verified or found to be inaccurate, the complainant and the ambulance operator/ambulance personnel investigated shall be notified of the outcome and no further action is indicated.
2. If the allegations are verified and a violation is identified as outlined in Reference No. 451, Ambulance Licensing Notices of Violation and Administrative Fines and Reference No. 451.1, Ambulance Licensing Administrative Fines, a Notice of Violation will be issued and, if applicable, a Notice of Administrative Fine.
3. When indicated, complaints will also be referred to other appropriate regulatory agencies for follow-up, e.g., other local EMS Agency, Medicare, law enforcement, Office of Prehospital Certification, etc.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 450, **Los Angeles County Code, Title 7, Business Licenses (Ambulance Ordinance)**
- Ref. No. 451, **Ambulance Licensing Notices of Violation and Administrative Fines**
- Ref. No. 451.1, **Ambulance Licensing Administrative Fines**
- Ref. No. 451.2, **Notice of Violation – Administrative**
- Ref. No. 451.3, **Notice of Violation - Operational**
- Ref. No. 451.4, **Notice of Violation - Personnel**
- Ref. No. 452, **Ambulance Licensing Administrative Fine Hearing Process**
- Ref. No. 453.1 **Ambulance Enforcement Officers**

POLICIES 4.4

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE VEHICLE COLOR SCHEME
AND INSIGNIA GUIDELINES**

REFERENCE NO. 454

PURPOSE: To provide guidelines for the approval of color scheme, insignia, and vehicle wraps used to identify ambulance vehicles licensed to operate in the County of Los Angeles.

AUTHORITY: Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16. California Code of Regulations, Title 13, Chapter 5. Special Vehicles, Article 1, Ambulances, Section 1100.4 Ambulance Identification.

DEFINITIONS:

Color Scheme: A distinctive color or combination of colors associated with the ambulance operator and, used on all ambulance vehicles, signs, etc.

Insignia: The distinctive logotype or emblem that identifies the ambulance operator and maybe used on its ambulance vehicles.

Vehicle Wraps: A graphic design applied to the ambulance for the express purpose of mobile advertisement used to enhance the appearance of the vehicle.

PRINCIPLES:

1. As part of the ambulance operator Business License Application approval process, applicants must identify their company color scheme, insignia, and vehicle wraps designated for use on ambulance(s) submitted for licensure.
2. The color scheme, insignia and vehicle wraps must provide easy identification by the public and include the business entity operating the ambulance service or the name under which the ambulance licensee is doing business or providing service.
3. Ambulance operators who contract with a healthcare facility to provide specialized transport services may incorporate the healthcare facility's color scheme and/or insignia to the approved color scheme and insignia of the ambulance.

POLICY:

- I. The color scheme, insignia, and vehicle wraps displayed on licensed ambulances must receive approval from the Ambulance Licensing Hearing Board during the licensure process. Subsequent changes must receive approval from the EMS Agency prior to implementation.

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II. Basic Requirements

- A. Ambulances operated under a single license shall display the same company insignia on both sides and the rear of the vehicle that conforms with the following requirements:
1. Lettering must distinctly contrast with the background color and be visible during daylight.
 2. Lettering must be a minimum of four (4) inches in height and proportionate in width.
 3. Lowercase letters must be three-fourths ($\frac{3}{4}$) the height of uppercase letters.
 4. Appearance of the operator name on other areas of the vehicle (e.g. roof or front), must be consistent.
- B. Acceptable vehicle wraps must include the name of the operating entity, be readily identifiable, and meet the following additional requirements:
1. Vehicle wraps must be designed to avoid distracting other drivers, and potential risks to road safety.
 2. Vehicle wrap designs used for the purpose of public service announcements must readily identify the name of the operating entity.
 3. Vehicles with wrap designs must include the lettering "Ambulance" across the front of the vehicle.
- C. Signage on vehicles authorized for advanced life support (ALS) or critical care transport (CCT) must meet the following additional requirements:
1. Lettering such as "Mobile Intensive Care Unit," "Paramedic," "Specialty Transport," "Critical Care Unit," etc., must receive EMS Agency approval and be staffed at the level indicated on the vehicle (e.g., paramedic or nurse and/or respiratory care practitioner) to operate under this designation in Los Angeles County. Ambulance vehicles must obtain EMS Agency approval as an advanced life support (ALS) unit or critical care transport (CCT) unit prior to operating under this designation.
 2. The EMS Agency does not authorize the use of the word "Emergency" on a private ambulance unless it is included in the name of the operating entity.

III. Procedures for Obtaining Approval to Change Existing Color Scheme / Insignia / Vehicle Wraps

- A. The EMS Agency must approve any changes to existing color schemes, insignias, and/or vehicle wraps prior to implementation.

- B. Submit requests to change the existing color scheme, insignia and/or vehicle wraps in writing signed by the President/Chief Executive Officer of the ambulance operator to the EMS Agency's, Ambulance Program Head and include:
 - a. A color photograph or drawing of the proposed color scheme, insignia, and/or vehicle wraps.
 - b. Specify whether the proposed changes are for ambulances contracted with a healthcare facility or the operator's entire fleet.
- C. The EMS Agency is not responsible for any costs associated with changes to the color scheme, insignia, and/or vehicle wraps resulting from recommended changes or denials.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 450, **Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16 Ambulances**

Ref. No. 455, **Ambulance Vehicle Age Limit Requirements and Exemption**

POLICIES 4.5

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PRIVATE AMBULANCE VEHICLE AGE LIMIT
REQUIREMENTS AND EXEMPTIONS**

REFERENCE NO. 455

PURPOSE: To establish a procedure that defines the maximum age limit requirements for an ambulance vehicle to be licensed for operation in Los Angeles County and be granted an exemption beyond the defined age limit.

AUTHORITY: Los Angeles County Code, Title 7, Business Licenses Chapter 7.16 Ambulance, Section 7.16.210, Ambulance – Mechanical requirements.

PRINCIPLES:

1. The EMS Agency may grant or issue a vehicle license for an ambulance that is no more than eight-years-old as determined by the date the vehicle was first placed in service (“First Sold”) date, provided this date is not greater than one (1) year from the manufacture (“Model Year”) date listed on the vehicle registration.
2. The EMS Agency Director may make individual exceptions to extend the age limit up to two (2) years beyond the eight-year age limitation (known as a vehicle exemption) to meet the needs of public convenience and necessity.
3. Vehicles must meet all inspection requirements for business licensure in order to qualify for an exemption.

POLICY:

I. Basic Requirements

- A. The EMS Agency, Ambulance Programs Section will not issue an initial/new ambulance business license to any vehicle over eight-years of age.
- B. An Ambulance Operator may obtain a two (2)-year extension for currently licensed ambulance vehicles over eight years of age.

II. Procedure for Obtaining Vehicle Exemptions

- A. The Ambulance Operator must submit a written request for an exemption to the EMS Agency Director thirty (30) calendar days prior to the date in which the vehicle is scheduled to reach the eight-year age limit, as defined by the greater “Model Year,” or “First Sold” date listed on the vehicle registration. Requests for multiple vehicles exemptions may be included in one letter.
- B. The letter requesting an exemption must include the following information for each vehicle:
 1. Identification (Unit number)

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2. "Model Year" and "Year First Sold," whichever is greater
 3. Make, Model, and type (i.e., Ford, Leader E350)
 4. License plate number
 5. Vehicle Identification Number (VIN)
 6. Current mileage
- C. Copies of the following vehicle documents must be submitted with the letter requesting an exemption and all vehicle documents must be current at the time of submission to qualify for a vehicle exemption:
1. Registration
 2. Weights and Measures—Certificate of Inspection
 3. California Highway Patrol (CHP) Inspection Report
 4. CHP Identification (ID) Card
 5. Insurance Identification Card, or comparable (as proof of vehicle insurance coverage)
- D. Upon receipt, the EMS Agency will review the exemption request and all supporting documents for compliance.
- E. Vehicles that meet the conditions referenced above will receive a two (2)-year exemption to the eight (8) year age limit. The exemption expires 10 years from the date that the vehicle was first placed in service ("First Sold") date, provided the date is not greater than one (1) year from the manufacture ("Model Year") date listed on the vehicle registration.
- F. Upon exemption approval, the Ambulance Operator will receive a letter from the EMS Agency authorizing the vehicle(s) to operate an additional two (2) years beyond the 8-year age limit.
- G. The Ambulance Operator shall maintain a copy of the exemption letter in their administrative files, and in each applicable vehicle granted an exemption.
- H. A vehicle has "aged out" when it reaches its 10-year anniversary and is no longer eligible to operate in Los Angeles County. Following this date, the Ambulance Operator must:
1. Remove the vehicle from service in Los Angeles County.
 2. Remove the Los Angeles County issued seal from the vehicle and return it to the EMS Agency.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 450, **Los Angeles County Code, Title 7, Business Licenses, Division 2, Chapter 7.16 Ambulances**

Ref. No. 454, **Ambulance Vehicle Color Scheme and Insignia Guidelines**