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Mr. Robert Ower

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Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Mr. Frank Binch

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Robert Flashman, M.D.

LA County Medical Association

Mr. John Hisserich

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California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Mr. James Lott, Psy.D.

Public Member (2nd District)

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CA State Firefighters' Association

Margaret Peterson, Ph.D.

Hospital Association of Southern CA

Lt. Brian Scott Bixler

Peace Officers Association of LA County

Nurses Sanossian, MD, FAHA

American Heart Association

Western States Affiliate

Carole A. Snyder, RN

Emergency Nurses Association

Chief David White

LA Area Fire Chiefs' Association

Mr. Colin Tudor

League of CA Cities/LA County Division

Mr. Gary Washburn

Public Member (5th District)

VACANT

Public Member (1st District)

LA Surgical Society

Southern California Public Health Assn.

Executive Director

Cathy Chidester, Director, EMS Agency

(562) 347-1604

cchidester@dhs.lacounty.gov

Commission Liaison

Marilyn Rideaux

(323) 890-7392

mr Rideaux@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: May 18, 2016

TIME: 1:00 – 3:00 PM

LOCATION: Los Angeles County EMS Agency
10100 Pioneer Blvd., EMSC Hearing Room – 1st Fl
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/PRESENTATIONS

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

1 MINUTES

- March 16, 2016

2 CORRESPONDENCE

- 2.1 (4-12-2016) Ralph M. Terrazas, Fire Chief, Los Angeles Fire Department: Fast Response Vehicle 401 – Regular Service Approval
- 2.2 (4-7-2016) Prehospital Care Coordinators, Paramedic Coordinators, EMS Coordinators: 9-1-1 Receiving Facility Patient Refusal
- 2.3 (3-17-2016) Distribution: ONDANSETRON

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. 304, Role of the Base Hospital
- 4.2 Reference No. 622, Release of EMS Data
 - 622.1, Data Request Form and Levels of Support
 - 622.2, Limited Data Set Information
 - 622.3, Intended Use of Limited Data Set Information

(Policies continued)

- 622.4, Data Use Agreement
- 622.5, Confidentiality Agreement
- 4.3 Reference No. 832, Treatment/Transport of Minors
- 4.4 Reference No. 842, Mass Gathering and Special Events Interface with Emergency Medical Services
 - 842.1, EMS Resource Guidelines For Mass Gatherings and Special Events
 - 842.2, Mass Gathering and Special Events Medical Action Plan
 - 842.3, Mass Gatherings and Special Events-Event Staffing Roster
 - 842.4, Mass Gatherings and Special Events-Patient Care Log

5. BUSINESS

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
- 5.2 EMSC Ad Hoc Committee (*May 20, 2015*)

New:

- 5.3 Los Angeles City Pilot Projects (Marc Eckstein, M.D.)

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of July 20, 2016)

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

May 18, 2016

MINUTES

- March 16, 2016

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Mr. Bernard S. Weintraub
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cchidester@dhs.lacounty.gov

Commission Liaison

Marilyn Rideaux
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mr Rideaux@dhs.lacounty.gov

March 16, 2016

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
☑ Robert Ower	LAC Ambulance Assn	Richard Tadeo	Asst. Dir, EMS Agency
* Robert Barnes	LAC Police Chiefs Assn	M. Gausche-Hill, MD	Medical Director, EMS
☑ Frank Binch	Public Member, 4 th District	Amelia Chavez	EMS Staff
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Lucy Hickey	"
☑ Robert Flashman, M.D.	L.A. County Medical Assn	Susan Mori	"
☑ John Hisserich	Public Member, 3 rd District	Jacqui Rifenburg	"
* James Lott	Public Member, 2 nd District	Nicole Bosson, MD	"
☑ Clayton Kazan, M.D.	CAL/ACEP		
☑ Paul S. Rodriguez	CA State Firefighters' Assn.		
☑ Colin Tudor	League of California Cities		
* Margaret Peterson, PhD	HASC		
* Lt. Brian S. Bixler	Peace Officers Assn. of LAC		
☑ Nerses Sanossian, M.D.	American Heart Assn.		
☑ Carole Snyder	Emergency Nurses Assn.		
☑ Chief David White	<i>LA Chapter-Fire Chiefs Association</i>		
☑ Gary Washburn	Public Member, 5 th District		
* Bernard Weintraub	S. CA Public Health Assn.		

GUESTS

Michael Murrey	Manhattan Beach FD	Sam. Verga Gates	APCC
David Baumann	LACoFD	Laurie Mejia	APCC
Richard Roman	Compton Fire	Josh Hogan	LBFD
Victoria Hernandez	LACoFD		

(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 1:07 PM by Vice-Chairman, Erick Cheung. A quorum was present with 11 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:

The EMS Agency provided a presentation on the California Department of Public Health Executive Toolkit. Richard Tadeo gave a background on Toolkit which was started in Los Angeles County by Disaster Services section. The project was funded through various grants and is identified as one of the best practices.

CONSENT CALENDAR:

Richard Tadeo, Assistant Director, EMS Agency highlighted the following items included in the Agenda's correspondence:

- ALS Unit, Assessment Unit and ALS EMS Aircraft Unit Medical Supply Inventories
Commissioner Flashman asked if all providers had 12-lead ECG capability for transmitting to the STEMI Receiving Centers
R. Tadeo: While conducting annual surveys, it was noted that some smaller providers did not have 12-lead capability. By July 1, all provider agencies should have the required equipment in place.
- New State EMS Data System Requirements
Commissioner Rodriguez asked if there was a deadline for implementing requirements directed by AB1129
R. Tadeo: January 2017
- Countywide Sidewalk CPR Day-Thursday, June 2, 2016
Commissioner Binch requested that the EMSC be provided the list of sites that the training will take place.
Action: Provide list of Sidewalk CPR training sites to the EMSC
Responsibility: EMS Agency
- San Gabriel Fire Department-Newly Appointed Medical Director-Grace Ting, MD

M/S/C: Commissioner Flashman/Snyder to approve the Consent Calendar.

5. OLD BUSINESS

5.1 Community Paramedicine (July 18, 2012)

Since the start date of the study in September 2015, the CHF project is doing well. To date, there has been a total of 96 enrollees, 66 home visits conducted, 62 follow-up calls, and 9 readmissions. Nine patients have been enrolled in the ALTRANS program. There is ongoing discussion on enhancing the program.

OSHPD will be conducting a site review at the end of this month. EMS will provide a report of the review to the EMSC. Five patients have been transported to alternate care sites since the start of the pilot program.

5.2 EMSC Ad Hoc Committee Report

The EMSC Ad Hoc Committee on Behavioral Emergencies met two months ago at the EMS Agency and during that meeting a subcommittee was created to map the current process of 9-1-1 field response to behavioral emergencies. Two follow-up meetings are anticipated. Recommendations to the EMSC will be forthcoming on how to improve the process of responding to behavioral emergencies.

Commissioner Binch: Delighted with the progress of the workgroup and the Committee. Requested that future agendas and written correspondence list the full name of the Committee, EMSC Ad Hoc Committee on Behavioral Emergencies rather than referring to it as the EMSC Ad Hoc Committee for the benefit of interested parties.

Additional discussion on the training program for law enforcement on handling behavioral emergencies, need for collaboration with other mental health (MET) emergency response teams, contracted bed availability in private hospitals, wall time while waiting for available beds, availability of 24 hour transport to psych facilities, and adolescent vs adult beds.

NEW BUSINESS

5.3 EMS Update 2016

The first train-the-Trainer class was held on Monday, March 7 which was successful. The next one will be on March 22. There are various training sites throughout the County. Currently there is one in Antelope Valley, Los Angeles City Fire-Hodgkins Center, Torrance and Alhambra. There are nine major topics to be covered: Provider Impressions, Anaphylaxis, Comprehensive Stroke Centers, Documentation-stroke assessments, Wall Time, Ventricular Device, Pre-eclampsia, Needle Thoracotomy, and 9-1-1 Triage. Training will be held from April 1 through June 30 and the changes will be in effect by July 1.

6. Commissioners Comments/Requests

None

7. Legislation

EMS is currently watching SB 867-Roth (stemmed from SB1173-Ritchie bill), sponsored by CAL/ACEP. The existing law, which expires on January 1, 2017, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. The existing law, until January 1, 2017, requires 15% of the funds collected pursuant to that provision to be used to provide funding for pediatric trauma centers. SB 867 would extend the operative date of these provisions indefinitely. Also being watched closely, SB 1163: Firefighters' rights and protections; would amend the law to impact on-duty violations only of firefighters but not off-duty violations. SB 1337 up for consideration would allow firefighter/EMT personnel to carry firearms and be licensed peace officers.

8. Director's Report

- The new L.A. County – Health Agency organizational chart approved by the Board of Supervisors was distributed to the EMSC. Three County Departments, Department of Health Services, Department of Mental Health, and Department of Public Health have been consolidated under the Health Agency and is headed up by Dr. Mitch Katz. The EMS Agency has been moved from the organizational structure of DHS and is now categorized as an Agency Initiative. Agency Initiatives reach across the County.
- The Exclusive Operating Area – emergency ambulance transportation RFP has been released. A Bidder's Conference was held recently with good attendance. The County is in the process of answering questions posted by the attendees of the Bidder's Conference. The proposals are due in May.
- The Board of Supervisors requested a report on disparities of trauma care and designation of a Level 1 trauma center in SPA 6 (South Los Angeles). The report addressed trauma prevention, development of a Level 1 trauma center in SPA 6, and training for emergency medical staff to be able to manage a trauma incident well.

- The State EMS Authority solicited the American College of Surgeons to hold an assessment consultation on March 22 through March 25 in San Diego. Cathy Chidester and Dr. Marianne Gausche-Hill will attend to represent Los Angeles County.
- At the direction of the Board of Supervisors, EMS developed a report in conjunction with County Fire regarding the feasibility of utilizing drones to deliver automatic external defibrillators (AED). The report is available online.
- A pilot project regarding the elimination of the EMS services area for Memorial Hospital of Gardena was started in January 4, 2016. EMS met with stakeholders today and it was decided to continue the study for a few more months. Current data that has been collected does not show a negative impact on the system, surrounding hospitals and provider agencies. Data does not show excessive wall time or ED diversion.

9. Adjournment

The Meeting was adjourned by Vice Chairman Erick Chueng at 2:07 PM. The next meeting will be held on May 18, 2016.

**Next Meeting: Wednesday, May18, 2016
 EMS Agency
 10100 Pioneer Blvd.
 Santa Fe Springs, CA 90670**

Recorded by:
Amelia Chavez
Marilyn Rideaux
EMS Agency Staff



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

Tel: (562) 347-1500
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compassionate and quality
emergency and disaster
medical services.*



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

April 12, 2016

Ralph M. Terrazas, Fire Chief
Los Angeles Fire Department
200 N. Main Street
Los Angeles, California 90012

Dear Chief Terrazas:

FAST RESPONSE VEHICLE 401 – REGULAR SERVICE APPROVAL

The Emergency Medical Services (EMS) Agency has received your letter dated March 23, 2016, reporting the successful results of Los Angeles Fire Department's (CI) pilot program with the Fast Response Vehicle (FR) 401.

With the outline positive results, this program can be removed from the pilot status. We look forward to seeing CI continue with the expansion of the Fast Response Vehicle program.

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

Sincerely,

Cathy Chidester
Director

CC:gw
4-03

c: Marc Eckstein, MD, Medical Director, CI
Timothy Ernst, Assistant Chief, EMS Division, CI
Mark Baltau, PCC, Providence Holy Cross Medical Center



CORRESPONDENCE 2.2

April 7, 2016

**Los Angeles County
Board of Supervisors**

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First District

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Fourth District

Michael D. Antonovich
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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TO: Prehospital Care Coordinators
Paramedic Coordinators
EMS Coordinators

FROM: Marianne Gausche-Hill, MD, Medical Director

SUBJECT: 9-1-1 RECEIVING FACILITY PATIENT REFUSAL

The Emergency Medical Services (EMS) Agency has recently noted an increase in 9-1-1 receiving facilities refusing to accept care of patients arriving by paramedics, and not providing a medical screening exam.

All 9-1-1 receiving facilities must provide a medical screening exam to all patients arriving via the 9-1-1 system. Failure to provide a medical screening exam and patient stabilization delays patient care, may result in poor patient outcome and is a violation of the Emergency Medical Treatment and Active Labor Act (EMTALA).

EMS personnel encountering a facility that is refusing to accept a patient once on their hospital grounds should establish base contact and request that the physician or mobile intensive care nurse (MICN) at the base hospital speak directly with either the charge nurse or the physician at the receiving facility to discuss the potential consequences of patient refusal.

Thank you for your attention to this matter. If you or your staff have any questions, please contact John Telmos, Chief Prehospital Operations at (562) 347-1677.

MGH:jt
04-06

c. Director, EMS Agency



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



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

CORRESPONDENCE 2.3

VIA FAX/EMAIL

March 17, 2016

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
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Third District

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Michael D. Antonovich
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

TO: Distribution

FROM: Marianne Gausche-Hill, MD. FACEP, FAAP
Medical Director, LA County EMS Agency

SUBJECT: **ONDANSETRON**

This is to provide you with an update on the indications/contraindications for the use of ondansetron. There have been recent reports implicating ondansetron use in early pregnancy with increase risk of birth defects. For this reason, until more definitive recommendations are present, we would like to modify our use of ondansetron for nausea and vomiting, to exclude ALL pregnant patients.

The attached Reference No. 1202, General ALS Treatment Protocol has been revised to avoid the administration of Ondansetron to pregnant patients. Please inform your paramedics and MICNs immediately of this change.

If you have any questions or need additional information, please do not hesitate to contact me or Dr. Nichole Bosson, Assistant Medical Director, at (562) 347-1602.

Attachment

MGH:rt

To ensure timely,
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c. Director, EMS Agency
Assistant Medical Director, EMS Agency

Distribution:

Fire Chief, Each Fire Department
CEO/President, Each Ambulance Company
Medical Director, Each EMS Provider Agency
Nurse Educator, Each EMS Provider Agency
Prehospital Care Coordinator, Each Base Hospital
Base Hospital Medical Director, Each Base Hospital



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



**EMERGENCY MEDICAL SERVICES COMMISSION
BASE HOSPITAL ADVISORY COMMITTEE
MINUTES
April 13, 2016**



REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Carole Snyder, RN, Chair	EMS Commission	Dr. Marianne Gausche-Hill
* <input checked="" type="checkbox"/> Margaret Peterson, Ph.D., Vice Chair	EMS Commission	Dr. Nichole Bosson
<input checked="" type="checkbox"/> Robert Flashman, M.D.	EMS Commission	Richard Tadeo
<input type="checkbox"/> Erick Cheung, Ph.D.	EMS Commission	Christine Clare
<input checked="" type="checkbox"/> Lila Mier	County Hospital Region	Lucy Hickey
<input checked="" type="checkbox"/> Emerson Martell	County Hospital Region	Cathy Jennings
<input checked="" type="checkbox"/> Jose Garcia	County Hospital Region, Alternate	Susan Mori
<input type="checkbox"/> Yvonne Elizarraraz	County Hospital Region, Alternate	Christy Preston
<input type="checkbox"/> Jessica Strange	Northern Region	Paula Rashi
<input checked="" type="checkbox"/> Karyn Robinson	Northern Region	Karen Rodgers
<input type="checkbox"/> Mark Baltau	Northern Region, Alternate	John Telmos
<input checked="" type="checkbox"/> Kristina Crews	Southern Region	Gary Watson
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	David Wells
<input type="checkbox"/> Laurie Mejia	Southern Region	Michelle Williams
<input checked="" type="checkbox"/> Lindy Galloway	Southern Region, Alternate	Dr. April Ramelli
<input checked="" type="checkbox"/> Paula Rosenfield	Western Region	
<input checked="" type="checkbox"/> Ryan Burgess	Western Region	
<input checked="" type="checkbox"/> Alejandro Perez-Sandi	Western Region, Alternate	
<input type="checkbox"/> Rosie Romero	Western Region, Alternate	
<input checked="" type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input type="checkbox"/> Jenny Van Slyke	Eastern Region, Alternate	
<input checked="" type="checkbox"/> Mike Hansen	Provider Agency Advisory Committee	
<input type="checkbox"/> Isaac Yang	Provider Agency Advisory Committee, Alt.	
<input type="checkbox"/> Jazmin Gonzalez	MICN Representative	
<input type="checkbox"/> Jeff Warsler	MICN Representative, Alt.	
<input type="checkbox"/> Robin Goodman	Pediatric Advisory Committee	
<input type="checkbox"/> Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	
PREHOSPITAL CARE COORDINATORS		GUESTS
<input checked="" type="checkbox"/> Jennifer Hunt (SMM)	<input checked="" type="checkbox"/> Adrienne Roel (AMH)	Nichole Steeneken, LACoFD
<input checked="" type="checkbox"/> Heidi Ruff (NRH)	<input checked="" type="checkbox"/> Rachel Caffey (NRH)	E. Jean Kirby, LACoFD
<input checked="" type="checkbox"/> Kristina Hong (AVH)	<input checked="" type="checkbox"/> Gloria Guerra (QVH)	
<input checked="" type="checkbox"/> Deanna Josing (HMN)		

1. **CALL TO ORDER:** The meeting was called to order at 1:01 P.M. by Carole Snyder, Chairperson.
2. **APPROVAL OF MINUTES** - The February 10, 2016 meeting minutes were approved as written.

M/S/C (Burgess/Galloway) Approve the February 10, 2016 meeting minutes as written.

3. **INTRODUCTIONS/ANNOUNCEMENTS**

No announcements

4. **REPORTS & UPDATES**

4.1 Memorial Hospital of Gardena Service Area Pilot Project

Richard Tadeo reported that no negative impact was noted for the surrounding hospitals or providers with the removal of the east and south Service Area boundaries. Will continue to monitor for an additional three to four months. If no

issues identified, will move forward with permanent removal of the east and south service area boundaries.

4.2 EMS Update 2016

The training DVDs have been distributed. If unable to play the DVD, contact the EMS Agency and a replacement will be provided. There are a few identified issues with CD ROM. PTI will be sending out updates on addressing these issues.

Office of Certification has sent out an excel spreadsheet to all Base Hospitals with the names of the staff that they sponsor. PCCs are to utilize this spreadsheet to document who has attended EMS Update. The individual CE rosters are not to be sent to the EMS Agency unless requested for auditing purposes.

4.3 Summary of Base Hospital Form Changes

Summary of Base Hospital Form changes was distributed. Revised Base Hospital Form was effective April 1, 2016.

Members had questions regarding the mandatory documentation requirement of 12-Lead interpretation for both Software and EMS, for the non-STEMI patient. The EMS Agency will evaluate the wording in the Base Hospital Form Instructions Manual and will report back.

Members requested to have additional mandatory items highlighted in the future.

4.4 Summary of EMS Form Changes

Summary of EMS Form changes was distributed. Revised EMS Forms are currently being printed and will be distributed in May. For providers with an electronic patient care record, the changes will be effective July 1, 2016.

4.5 Reference 1200, Treatment Protocols

Wide open fluid resuscitation was discussed at Trauma Hospital Advisory Committee (THAC) in March. The consensus was to remove the wording "wide open" for fluid resuscitation and change to 250ml increments, with reassessment after each bolus.

5. UNFINISHED BUSINESS

5.1 Electronic Base Form Documentation

Ryan Burgess reported that the development and testing of a real-time base form (e-form) are continuing. Once development is complete the e-form will be presented at the APCC electronic form workgroup to determine if it is a viable option.

Due to the time being spent by Lancet, without charge, developing the e-form the EMS Agency requested assurance that the majority of base hospitals would move

forward with the e-form if it was determined to be functional. This was affirmative. Some members were wondering if it was possible to move to a different vendor for Base Hospital data entry. By contract the Base Hospitals must use the provided software as it links into the TEMIS database. Currently there is a Request for Information (RFI) being completed to request interest in contracting to manage the TEMIS database, as the current contract has expired and is on a year-to-year extension.

6. NEW BUSINESS

6.1 Reference No. 304, Role of Base Hospital

Reference No. 304, added language to make consistent with Base Hospital contract for physician experience. Recommended adding the wording "Board Eligible".

M/S/C (Perez-Sandi/Sepke) Approve Reference No. 304, Role of Base Hospital with recommended changes.

6.2 Reference No. 622 – 622.5, Release of Emergency Medical Services Agency Data

Reference No. 622, expanded data request form; addition of: data use agreement, confidentiality agreement and intended use form. Recommended adding Receiving Hospital Data to 622.2.

M/S/C (Burgess/Sepke) Approve Reference No. 622 – 622.5, Release of Emergency Medical Services Agency Data with recommended changes.

6.3 Reference No. 842 – 842.4, Mass Gathering and Special Events Interface with Emergency Medical Services

Reference No. 842 – 842.4, expanded responsibilities of Event Medical Provider. Recommended adding EMS before the word provider to Policy VI, D.

M/S/C (Van Slyke/Galloway) Approve Reference No. 842 – 842.4, Mass Gathering and Special Events Interface with Emergency Medical Services with recommended changes.

7. OPEN DISCUSSION

CDPH Drug Overdose Health Alert

An alert from CDPH was sent electronically to all members addressing concerns with overdoses and deaths resulting to consumption of an opioid drug that strongly resembles the prescription drug Norco®, but actually contains an undetermined amount of fentanyl.

Discussion regarding the short half-life of naloxone which may result in patient's signing out Against Medical Advice because they are now alert however the drug effects may recur after EMS leaves.

EMTALA Concerns

The EMS Agency will be sending a memo to all 9-1-1 receiving hospitals regarding concerns that hospitals are “refusing” patients when the providers arrive by stating they are “too busy to take the patient”. If the Base Hospital receives a call from the provider with this type of situation, please contact the ED directly and speak to the Charge Nurse or other individual in charge, and inform them that this could be considered an EMTALA violation as the patient is already on their property and they have not performed a Medical Screening Exam, before allowing the EMS provider to transport the patient to another facility.

9-1-1 Interfacility Transfer (IFT) for Stroke

Concern that 9-1-1 is being called for IFT for stroke patients. This has been discussed at Hospital Association of Southern California (HASC) twice in the recent past and is not an appropriate utilization of 9-1-1. Request made for Base Hospitals to notify EMS when this occurs so that the EMS Agency can address it directly with the transferring facility.

Teaching Cases

Request made to forward any good teaching cases to Dr. Bosson. The EMS Agency is trying to make a repository of teaching cases for future use. All hospital, provider and patient identifiers are removed prior to use.

New Base Medical Director

Providence Little Company of Mary – Torrance, Dr. Jaime Kahn
Pomona Valley Hospital Medical Center – Dr. Lisa Mc Afee

- 8. NEXT MEETING: June 8, 2016**
- 9. ADJOURNMENT: The meeting was adjourned at 2:45 P.M.**



EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE WEDNESDAY, April 13, 2016



MEMBERSHIP / ATTENDANCE		
MEMBERS	ORGANIZATION	EMS AGENCY
* Nerses Sanossian , Chair	EMS Commissioner (MD)	Nichole Bosson
<input checked="" type="checkbox"/> John Hisserich, Vice Chair	EMS Commissioner (Community Member)	Richard Tadeo
<input type="checkbox"/> Clayton Kazan	EMS Commissioner (MD)	Christine Clare
<input type="checkbox"/> Colin Tudor	EMS Commissioner (League of CA Cities)	Michelle Williams
<input checked="" type="checkbox"/> Matt Armstrong	Ambulance Advisory Board (LACAA)	John Telmos
* Trevor Stonum	Ambulance Advisory Board (alternate)	Susan Mori
* Mark Baltau	Base Hospital Advisory Committee (BHAC) (RN)	April Ramelli
<input checked="" type="checkbox"/> Alina Candal	BHAC (alternate)	
<input checked="" type="checkbox"/> Ryan Burgess	Hospital Association of Southern California (HASC)	
<input type="checkbox"/> Nathan McNeil	HASC (alternate)	
<input type="checkbox"/> Joanne Dolan	Long Beach Fire Department (LBFD) (RN)	
<input checked="" type="checkbox"/> Don Gerety	LBFD (alternate)	
* Dan France	Los Angeles Area Fire Chiefs Association	
* Sean Stokes	LA Area Fire Chiefs Association (alternate)	
<input checked="" type="checkbox"/> Nicole Steeneken	Los Angeles County Fire Department (LACoFD)	
<input type="checkbox"/> Victoria Hernandez	LACoFD (alternate)	
<input checked="" type="checkbox"/> Al Flores	Los Angeles Fire Department (LAFD)	
<input type="checkbox"/> John Smith	LAFD (alternate)	
<input checked="" type="checkbox"/> Dipesh Patel	Medical Council (MD)	
<input type="checkbox"/> VACANT	Medical Council (alternate)	
<input type="checkbox"/> Jeffrey Elder	Provider Agency Advisory Committee (PAAC)	
<input type="checkbox"/> VACANT	PAAC (alternate)	
<input type="checkbox"/> 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 10:05 am by Commissioner Hisserich.
- 2. APPROVAL OF MINUTES:** The minutes of the December 9, 2015 and February 10, 2016 meetings were approved as written.

3. INTRODUCTIONS/ANNOUNCEMENTS

- None

4. REPORTS AND UPDATES

4.1. TEMIS Update (Michelle Williams)

County Fire (CF) Update: All of CF's records through November of 2015 have been imported. Currently importing December 2015.

4.2. Service Changes (Michelle Williams)

Primary Stroke Centers (PSCs)

Encino Hospital Medical Center became an ASC on February 24, 2016.
Sherman Oaks Hospital became an ASC on March 14, 2016.

Perinatal Centers

College Medical Center (formally known as Pacific Hospital of Long Beach) is no longer a perinatal center as of February 24, 2016.

4.3 EMS Update 2016 (*Richard Tadeo*)

Areas of documentation highlighted in EMS Update will be closely monitored for signs of improvement.

4.5 Wall Time Report (*Richard Tadeo*)

No new report was presented. The 'Fac Equip' field will be added to the data audit for the provider site surveys within the next month. Once compliance is between 70-80%, the report will be run individually by hospital.

4.6 Data Cleanup (*Michelle Williams*)

The reports presented at the February meeting will be sent to each provider agency's paramedic coordinator, nurse educator, and quality improvement coordinator, starting within the next month. The consensus of the committee is that they prefer to receive data or education updates via email.

5. UNFINISHED BUSINESS

- None

6. NEW BUSINESS

6.1. EMS and Base Hospital Form Revision (*Michelle Williams*)

The summary of changes for the EMS and Base Hospital Forms was presented. There was concern from the prehospital care coordinators (PCCs) on making the new field regarding EMS personnel's interpretation of a 12-lead ECG a mandatory data entry field. EMS Agency staff will review the field and provide the PCCs with a decision.

6.2 State EMS Data Systems Requirement (*Richard Tadeo*)

On March 24, 2016, the letter that was sent to the fire chiefs regarding the EMS Agency's plan to comply with new state EMS data system requirements that all LEMSAs be NEMSIS compliant was distributed to the committee electronically. More updates will be provided to the committee as they arise.

6.3 Provider Impression

Draft list of possible provider impressions developed by the Emergency Medical Directors Association of California was reviewed. The concept of provider impression is being introduced in EMS Update 2016, the process of how provider impressions will be implemented throughout the County is still being developed.

6.4 Reference No. 622-622.5, Release of EMS Data

The Prehospital Care Manual is now only available electronically, therefore the data use agreement, along with the data dictionaries for all of the specialty center databases, will be incorporated into the Prehospital Care Manual to make it more widely available for the various stakeholders.

Policy reviewed and approved with the following recommendation:

- For Reference 622.2, add the 9-1-1 Receiving Hospital data dictionary as a data source for the limited data set.

7. NEXT MEETING: June 8, 2016 at 10:00 a.m. (EMS Agency Hearing Room – First Floor)

8. ADJOURNMENT: The meeting was adjourned at 10:40 a.m. by Commissioner Hisserich



**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 CANCELLATION NOTICE

DATE: April 18, 2016
TO: Education Advisory Committee Members
SUBJECT: CANCELLATION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for April 20, 2016, has been cancelled.

INFORMATION IN LIEU OF MEETING:

1. EMS Update 2016 system-wide training is underway. The deadline for Los Angeles County certified MICNs and accredited Paramedics is June 30, 2016. The topics for the update include: Provider Impression, Anaphylaxis, Comprehensive Stroke Centers, Documentation, Cardiac Arrest, LVAD, Pregnancy/Eclampsia, Surge Plans, Hemostatic Dressings, Needle Thoracostomy, and 9-1-1 Trauma Re-triage. See attached memo.
2. Sidewalk CPR is scheduled for June 2, 2016. Please review the attached letter for participation information.
3. The 2016 EMSAAC conference is scheduled for May 10 & 11, 2016 in San Diego. Conference information is available at emsaac.org.
4. The 2016 CFED West 10th Anniversary Conference is scheduled for May 22 – 26, 2016 in Palm Springs. Conference information is available at cfedwest.com.
5. According to EMSA, the EMT regulations will be posted for public comment in the near future.
6. EMS Week is May 15-21, 2016

NEXT MEETING:

Date: Wednesday, June 15, 2016
Time: 10:00 am
Location: EMS Agency Headquarters
EMS Commission Hearing Room
10100 Pioneer Blvd, Room 128
Santa Fe Springs, CA 90670

If you have any questions, please contact David Wells at dwells@dhs.lacounty.gov.



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

**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

March 31, 2016

ELECTRONIC MAIL

TO: All Paramedic Coordinators
All Prehospital Care Coordinators

FROM: *jh* Lucy Hickey, MPA, BSN
Chief, Certification and Program Approvals

SUBJECT: EMS UPDATE 2016

EMS Update 2016 training begins April 1, 2016 and is mandatory for all Los Angeles County certified MICNs and accredited paramedics.

THE DEADLINE TO OBTAIN EMS UPDATE 2016 TRAINING IS:

JUNE 30, 2016

Failure to obtain EMS Update 2016 by the deadline will result in suspension of the ability to work as an MICN or paramedic in Los Angeles County until EMS Update 2016 is completed and the Coordinator is notified that the suspension is lifted. Training is available from instructors who attended a "Train the Trainer" session conducted by the EMS Agency.

This year, each Coordinator is being provided with a roster listing their active, sponsored personnel by email in Excel format from Nicholas Todd, Certification Manager. We ask that you enter the date and Continuing Education (CE) provider of EMS Update 2016 training for each employee in the columns provided. **DO NOT** modify or add to the roster other than completing the two fields identified. Attached is your Excel roster listing active, sponsored personnel.

Upon completion of EMS Update 2016 by the personnel listed or the June 30, 2016 deadline, whichever occurs first, return your roster to Mr. Todd by email in Excel format. Each Coordinator should submit their completed roster **ONE TIME ONLY**. For personnel that will not be able to complete EMS Update for any reason, leave the two fields on the right side blank. EMS Update training information will be directly uploaded into the EMS Agency's database. CE rosters or certificates will only be requested for personnel not on the roster and for auditing purposes.

EMS Update classes open to the public have been posted on the EMS Agency website at ems.dhs.lacounty.gov. Select "EMS Continuing Education" under resources to view a listing of scheduled classes.

For questions, please contact Nicholas Todd at (562) 347-1632 or ntodd@dhs.lacounty.gov

Attached – Active Sponsored Personnel Roster

c: Director, EMS Agency
Medical Director, EMS Agency

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.*



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



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

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

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medical services.*



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

February 8, 2016

TO: Distribution

FROM: Cathy Chidester
Director

Handwritten: Rodu for CC

**SUBJECT: COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION
DAY – THURSDAY, JUNE 2, 2016**

Los Angeles (LA) County Emergency Medical Services (EMS) Agency, in collaboration with the American Heart Association (AHA), is coordinating a countywide SideWalk Cardio Pulmonary Resuscitation (CPR) public education event on Thursday, **June 2, 2016**. June 1st through June 7th, has been designated as National CPR Week and provides a perfect opportunity for public education on this vital skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (Attached). Registration provides a contact for us to distribute the basic curriculum, sample press release, program ideas, and rosters/sign-in sheets to track the number of persons trained for the day. **Early registration** allows us to list your training site on our informational web page for press coverage and community information.

The EMS Agency and AHA will coordinate press releases, but each participating entity will also need to publicize the time and location for their training to the local community. You may choose to have one or more CPR training stations and utilize an area in or close to your facility. Instructors do not need a CPR instructor card, but will need to be comfortable performing CPR and utilize the curriculum provided by the EMS Agency. CPR Anytime Kits (Attachment) are available for purchase through the AHA at the cost of \$38.50 if your facility does not have manikins available.

Training sites may choose their hours of operation. At the end of the day, the number of people trained at each site will be reported to the EMS Agency. The EMS Agency will tabulate the total number of people trained in LA County and report back to the AHA and interested parties. Last year approximately 10,000 people in LA County were trained in one day.

We hope that you will choose to participate in the LA County Sidewalk CPR event. Please complete the attached registration form and return it to the EMS Agency by May 30, 2016.

Attachment



SIDEWALK CPR DAY



REGISTRATION FORM

DATE: Thursday, June 2, 2016

TIME: To be determined by agency providing the training

Please complete the following registration form and submit it to the EMS Agency by **May 30, 2016**.

PLEASE PRINT

Facility/Provider Name

Name of Designated Coordinator

Mailing Address

Email Address

Phone Number

Location(s) of Sidewalk CPR Training

Site(s) name and address:

Time that Sidewalk CPR Training will occur

**Order disposable CPR manikins from the AHA by contacting Sylvia Beanes at
Sylvia.Beanes@Heart.org or (213) 291-7079**

**Email or fax completed forms to: Marilyn Rideaux at
Mrideaux@dhs.lacounty.gov or Fax No. (562) 941-5835**



County of Los Angeles
Department of Health Services

Committee Reports 3.4



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, April 20, 2016

MEMBERSHIP / ATTENDANCE

MEMBERS

- ☒ Dave White, Chair
- ☒ Robert Ower, Vice-Chair
- ☐ LAC Ambulance Association
- ☐ LAC Police Chiefs' Association
- ☐ Jodi Nevandro
 - ☒ Sean Stokes
- ☒ Nick Berkuta
 - ☐ Kevin Klar
 - ☒ Clayton Kazan, MD
 - ☐ Victoria Hernandez
- ☒ Ken Leasure
 - ☐ Susan Hayward
- ☒ Richard Roman
 - ☒ Mike Beeghly
- ☒ Josh Hogan
 - ☐ Joanne Dolan
- ☒ Mike Hansen
 - ☐ Michael Murrey
- ☒ Corey Rose
 - ☒ Douglas Zabitski
- ☒ Brandon Greene
 - ☒ Jesus Cardoza
- ☒ Lindy Galloway
 - ☐ Alina Chandal
- ☐ Todd Tucker
 - ☐ James Michael
- ☒ Maurice Guillen
 - ☒ Scott Buck
- ☐ 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.
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	Richard Tadeo
Lucy Hickey	Cathlyn Jennings
Susan Mori	Paula Rashi
Karen Rodgers	John Telmos
Michelle Williams	David Wells
Chris Clare	Christy Preston
April Ramelli, MD	Olester Santos
Christine Zaiser	Greg Klein

OTHER ATTENDEES

Ivan Orloff	Downey FD
Angelica Loza-Gomez, MD	Glendale FD
Al Flores	LAFD
Miguel Escobedo	LAFD
Andy Medina	Antelope Amb
Ian Wilson	PRN Amb
Geron Sheppard, MD	Compton FD
Roger Braum	Culver City FD
Trevor Stonum	MedCoast Amb
Monica Bradley	Culver City FD
Jeffrey Tsay	San Marino FD
Scott Martinez	El Segundo FD
Alex Wilkie	GCTI Amb
Mike Barilla	Pasadena FD
Stephanie Raby	Pomona Valley MC
Dierdra Cohen	MedReach Amb
Nicole Steeneken	LACoFD
Paul Pearson	MedResponse Amb
Gonzalo Casab	MedResponse Amb

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 Dave White called meeting to order at 1:03 p.m.

1. **APPROVAL OF MINUTES: (Berkuta/Leasure)** February 17, 2016 minutes were approved as written.

2. **INTRODUCTIONS / ANNOUNCEMENTS**

No announcements

3. **REPORTS & UPDATES**

3.1 EMS Update 2016 (Richard Tadeo)

- Training through base hospitals and selected provider agencies.

- MICNs/paramedics who receive EMS Update training at locations other than sponsored providers, must present certificate of completion to their sponsoring agency.
- Corrections to the training CD has been distributed to train-the-trainers. If you have not received the updated corrections, please contact Mark Ferguson, at maferguson@dhs.lacounty.gov
- Deadline to complete EMS Update 2016 is June 30, 2016.

3.2 Summary of EMS Report Form Changes (*Michelle Williams*)

- Changes to EMS Report Form were reviewed.
- Special attention was given to:
 - Added Software and EMS 12-lead interpretation to 1st and 2nd 12-lead fields

3.3 Memorial Hospital of Gardena (*Richard Tadeo*)

- During recent meeting with stakeholders, it was found that wall-times have not been excessive
- Memorial Hospital of Gardena has requested a 2-3 month extension of their pilot program

3.4 Wall-Time Report (*Richard Tadeo*)

- The EMS Agency continues to review provider documentation of "FAC EQUIP" times (the time patient is placed on hospital equipment). Results include:
 - 3rd Quarter 2015 – 20% documentation compliance
 - 4th Quarter 2015 – 25-30% documentation compliance
- Once provider documentation reaches 70-80%, the EMS Agency will begin reviewing specific hospital wall-times.
- FAC EQUIP times will be added as part of the provider agencies annual program review.

4. UNFINISHED BUSINESS

There were no unfinished business.

5. NEW BUSINESS

5.1 Reference Nos. 622 – 622.5, Release of EMS Data (*Richard Tadeo*)

Policies reviewed and approved as presented.

M/S/C (Berkuta/Leasure): Approve Reference Nos. 622 – 622.5, Release of EMS Data.

5.2 Reference No. 842 – 842.4, Mass Gathering and Special Events Interface with Emergency Medical Services (*John Telmos*)

Policies reviewed and approved as presented.

M/S/C (Zabalski/Greene): Approve Reference Nos. 842 – 842.4, Mass Gathering and Special Events Interface with Emergency Medical Services.

6. OPEN DISCUSSION

6.1 Fentanyl Notice (*Nichole Bosson, MD*)

On April 13, 2016, the EMS Agency sent out an email and notice from the California Public Health Department regarding increase incidences of drug overdose with fentanyl-contaminated street Norco. Naloxone is an effective reversal agent but may require repeated doses over several hours to adequately treat the overdose. For this reason, thorough explanation should be provided to any patient that is requesting to sign out AMA, and discouraged against doing so.

Prehospital care personnel are alerted:

- Overdose treatments may require repeated narcan administration.

6.2 Hospitals Refusing Patients

On April 7, 2016, the EMS Agency distributed an email and letter, addressing the concern of 9-1-1 receiving facilities refusing patients.

- There was a concern that emergency department physicians were meeting ambulance personnel at the ED doors, refusing to accept patients to their facility.
- Dr. Kazan pointed out that each ED physician is well aware of EMTALA regulations.
- In conclusion, it was felt that there must be dialog between the paramedic and receiving hospital staff as well as base hospital and hospital staff, to ensure that the hospital is aware of the EMTALA regulations as it relates to refusing patients.

6.3 Transporting ALS Patients during Event Stand-By

- Paul Pearson (MedResponse Ambulance) posed the question: "Can a private ambulance company, providing paramedic stand-by at a public event, provide hospital transport of an ALS patient from the event?"
- After lengthy discussion, it was determined that the jurisdictional provider where the event is taking place should consult with their City's attorney to determine if this practice could potentially affect their 1797.224 rights.

7. NEXT MEETING: June 15, 2016

8. ADJOURNMENT: Meeting adjourned at 2:05 p.m.

Policies 4.1*Los Angeles County EMS Agency***POLICY REVIEW SUMMARY BY COMMITTEE****Reference No. 304, Role Of The Base Hospital**

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee			
	Base Hospital Advisory Committee	4/13/16	4/13/16	Y
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

* See attached **Summary of Comments Received**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 304, Role Of The Base Hospital

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Specific Responsibilities VIII	BHAC/ April 13, 2016	Add (Board-eligible) after word 'examination'	Change made as requested

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **ROLE OF THE BASE HOSPITAL**

REFERENCE NO. 304

PURPOSE: To define the role of the base hospital in the Los Angeles County emergency medical services (EMS) system.

AUTHORITY: Health & Safety Code, Division 2.5, 1797.56, 1797.58, 1797.59
California Code of Regulations, Title 22, Section 100168
Paramedic Base Hospital Agreement

DEFINITION:

Base Hospital: A base hospital is one of a limited number of hospitals which, upon designation by and completion of a written contractual agreement with the EMS Agency, is responsible for providing medical direction and destination to prehospital care personnel within the Los Angeles County EMS system according to standardized procedures consistent with statewide guidelines.

Mobile Intensive Care Nurse (MICN): A registered nurse who has been authorized by the medical director of the EMS Agency as qualified to provide prehospital advanced life support or to issue instructions to EMS personnel within the Los Angeles County EMS system according to standardized procedures consistent with statewide guidelines.

SPECIFIC RESPONSIBILITIES:

A designated base hospital shall:

- I. Be licensed by the California State Department of Public Health as a general acute care hospital.
- II. Have a special permit for basic or comprehensive emergency medicine service.
- III. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations or any accreditation deemed acceptable by the Centers for Medicare and Medicaid Services (CMS).
- IV. Meet or exceed standards for Emergency Departments Approved for Pediatrics, unless exempted in writing by the Medical Director of the Los Angeles County EMS Agency.
- V. Have a written contractual agreement with the local EMS Agency indicating concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified by the California Code of Regulations Section 100168.
- VI. Implement and monitor the policies, procedures, protocols and guidelines approved by the Los Angeles County EMS Agency for prehospital medical direction.
- VII. Designate a Base Hospital Medical Director who shall be responsible for functions of the base hospital. The Base Hospital Medical Director shall be a physician on the hospital staff, licensed in the State of California and Board Certified in Emergency Medicine by

EFFECTIVE: 6-1-1979
REVISED: XX-XX-XXXX
SUPERSEDES: 07-01-2013

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

the American Board of Emergency Medicine or the American College of Osteopathic Emergency Physicians.

- VIII. Have a physician, licensed in the State of California and be board certified in emergency Medicine or have satisfied the requirements to take the emergency medical board examination (board-eligible), or have completed the Advanced Cardiac Life Support training program, assigned to the emergency department and available at all times to provide immediate medical direction to mobile intensive care nurses (MICNs) or paramedic personnel.
- IX. Designate an MICN, certified in the County of Los Angeles, as a Prehospital Care Coordinator to assist the Base Hospital Medical Director in the medical control, supervision of prehospital emergency medical care personnel and maintains the daily operations of the base hospital.
- X. Ensure that all base hospital physicians and MICNs who provide medical direction and supervision meet all the requirements set forth in the Paramedic Base Hospital Agreement.
- XI. Provide immediate medical control and supervision of prehospital triage, treatment, advanced life support, and transport via direct voice communication with the paramedics by a base hospital physician or MICN who is certified in the County of Los Angeles.
- XII. Order only those medical procedures and drugs authorized by the Los Angeles County EMS Agency. The base hospital physician has the ultimate responsibility for determining the patient's treatment and disposition.
- XIII. Provide formal education programs for prehospital care personnel in collaboration with assigned provider agencies as outlined in the Paramedic Base Hospital Agreement and Reference No. 1013, EMS Continuing Education Provider Approval and Program Requirements.
- XIV. Ensure retention of all prehospital care records.
- XV. Participate in the data collection process outlined in the Paramedic Base Hospital Agreement.
- XVI. Review the quality of prehospital care rendered for appropriateness and adequacy, and participates in the local EMS Agency's quality improvement program, which may include making available all relevant records for program monitoring and evaluation.
- XVII. Comply with the specifications for hospital-owned Paramedic Communications System (PCS) equipment as outlined in the Paramedic Base Hospital Agreement in effect.
- XVIII. Comply with program monitoring by the Los Angeles County EMS Agency.
- XIX. Report any action of certified or licensed prehospital personnel which may potentially constitute a violation under Section 1798.200 of the Health and Safety Code. Any other items of concern resulting from an apparent deficiency in medical care may also be reported.
- XX. Participate in the ReddiNet communication system.

XXI. Comply with all provisions set forth in the Paramedic Base Hospital Agreement in effect.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 201, **Medical Management of Prehospital Care**
Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**
Ref. No. 308, **Base Hospital Medical Director**
Ref. No. 310, **Prehospital Care Coordinator**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 610, **Retention of Prehospital Care Records**
Ref. No. 620, **EMS Quality Improvement Program**
Ref. No. 716, **Paramedic Communications System**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 1013 **EMS Continuing Education Provider Approval and Program Requirements**
Ref. Nos. 1200, **Treatment Protocols**
Ref. Nos. 1300, **Medical Control Guidelines**

Policies 4.2*Los Angeles County EMS Agency***POLICY REVIEW SUMMARY BY COMMITTEE****Reference No. 622, Release of EMS Data****Reference No. 622.1, Data Request Form and Levels of Support****Reference No. 622.2, Limited Data Set Information****Reference No. 622.3, Intended Use of Limited Data Set Information****Reference No. 622.4, Data Use Agreement****Reference No. 622.5, Confidentiality Agreement**

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	4/20/16	4/20/16	
	Base Hospital Advisory Committee	4/13/16	4/13/16	
	Data Advisory Committee	4/13/16	4/13/16	Y
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel	10/21/15	3/24/16	
	Other:			

* See attached **Summary of Comments Received**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 622, Release of EMS Data
Reference No. 622.1, Data Request Form and Levels of Support
Reference No. 622.2, Limited Data Set Information
Reference No. 622.3, Intended Use of Limited Data Set Information
Reference No. 622.4, Data Use Agreement
Reference No. 622.5, Confidentiality Agreement

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Reference No. 622.2, Section 1	Data Advisory Committee – April 13, 2016 meeting	Add “9-1-1 Receiving Hospital Data Dictionary” as a picklist choice	Change made as requested

PURPOSE: To outline the appropriate process for obtaining Emergency Medical Services (EMS) Agency data.

AUTHORITY: Health Information Technology for Economic and Clinical Health (HITECH) Act
Healthcare Information Portability and Accountability Act (HIPAA), Public Law 104-191
Title 45, Code of Federal Regulations, Section 164.154

DEFINITIONS:

Covered Entities: Healthcare providers, health plans, and healthcare clearing houses that electronically transmit health information.

Limited Data Set Information: Information that does not include standard identifiers so as to ensure that remaining health information is not identifiable to an individual or incident. Some of the specific links include but are not limited to the following:

- Names
- Postal Address, information other than town or city, state, and zip code
- Dates including birth date, admission date, discharge date, date of death, and all ages over 89
- Telephone and fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical records numbers
- Health plan beneficiary numbers
- Account numbers
- Certification/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger or voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic or code

Health Insurance Portability and Accountability Act (HIPAA): A federal law passed in 1996, which established a set of national standards for the electronic transmission of health information, including research subjects. Covered entities are required to comply with HIPAA regulations.

Institutional Review Board (IRB): An Institutional Review Board, also known as an independent ethics committee, ethical review board, or research ethics board, is a type of committee used in the medical research that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans. IRBs often conduct some form of risk-benefit analysis in an attempt to determine whether or not research should be done. The purpose of the IRB is to

assure that the appropriate steps are taken to protect the rights and welfare of humans participating as subjects in a research study.

Protected Health Information (PHI): Individually identifiable health information that is held or transmitted in any form or media, whether electronic, paper or oral which can identify an individual or there is reasonable basis to believe it can be used to identify an individual.

PRINCIPLES:

1. EMS data contains patient information which is protected under HIPAA. Without specific authorization, the EMS Agency will only release Limited Data Set Information.
2. Local EMS stakeholders and healthcare researchers are encouraged to utilize EMS data to evaluate patient care and outcomes and to answer other healthcare related questions that may lead to system improvements. Research studies will require approval from the appropriate IRBs.
3. All release of data will be approved by the Director of the EMS Agency (or designee). When applicable, the EMS Agency will seek the recommendation of the appropriate EMS Agency Advisory Committee.
4. Neither provider (i.e., hospital or prehospital care provider) nor the EMS Agency shall release another entity's identifiable information to any entity for public use without first receiving written permission from the entity's Executive Officer, except as permitted by required statute, regulation, or court order.

POLICY:

- I. Requests for EMS Data:
 - A. Information that does not disclose the identity of the provider
 1. Requesting party shall submit a written request utilizing Reference No. 622.1, Data Request Form and Levels of Support, to the Director of the EMS Agency (or designee). Augmentation to an original requests may be considered a new data request.
 2. The EMS Agency will:
 - a. Review the request and inform the requesting party of the approval/disapproval decision within 4 weeks of receiving the request.
 - b. Advise the requesting party of the anticipated timeframe for completion of the data request.
 - c. Prepare the data in the format requested by the requesting party. If the data format has not been specified by the requesting party, an appropriate format will be utilized (i.e., graph, tables, etc.).
 - d. Release the data following approval of the Director of the EMS Agency (or designee).

B. Information that discloses the identity of the provider

1. Requesting party shall submit a written request, along with Reference No. 622.1, Data Request Form and Levels of Support, to the Director of the EMS Agency (or designee). Augmentation to an original requests may be considered a new data request.
2. The EMS Agency will:
 - a. Notify the requesting party that it is their responsibility to obtain written permission from the involved agency's Executive Officer authorizing the EMS Agency to release agency identifiable data. Data will only be released for agencies that have provided written authorization permitting release of their data.
 - b. Provide a copy of the request to the appropriate committee(s) for comment and recommendation.
 - c. Notify the requesting party of the anticipated timeframe in determining the approval/disapproval of their request (depending on committee meeting schedules, recommendations, etc.).
 - d. Notify the requesting party of the approval/disapproval of their request as soon as responses are received from the involved agencies and committees.
 - e. Advise the requesting party of the anticipated timeframe for completion of the request for data.
 - f. Prepare the data in the agreed upon format. If no particular data format has been specified by the requesting party, an appropriate format will be utilized (i.e., graph, tables, etc.).
 - g. Release the data following approval of the Director of the EMS Agency (or designee).

II. Appeals:**A. Disapproval of data that does not disclose the identity of the provider:**

Requesting party shall submit a written request for a review of the decision to the Director of the Los Angeles County Department of Health Services.

B. Disapproval of data that discloses the identity of the provider:

There is no appeal for data release decisions regarding data that discloses the identity of the provider.

III. Fees:

- A. The EMS Agency and/or its information technology vendor may charge the requesting party a data retrieval fee.

- B. Fees will be determined following review of the application form, taking into account the complexity of the request, the anticipated time necessary to complete the request, and the level (s) of support requested.
- C. Fees will be discussed with the requesting party prior to generating the requested data.
- D. Fees will be collected prior to release of the requested data.

CROSS REFERENCE:Prehospital Care Manual:Reference No. 602, **Confidentiality of Patient Information**Reference No. 622.1, **Data Request Form and Levels of Support**Reference No. 622.2, **Limited Data Set Information**Reference No. 622.3, **Intended Use of Limited Data Set Information**Reference No. 622.4, **Data Use Agreement**Reference No. 622.5, **Confidentiality Agreement**

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Complete all requested information below and submit applicable documents. Review Ref. No. 622. Release of EMS Data, prior to completion.

1. Date:
2. Date by which data is requested:
3. Data Recipient (person submitting request)
 - a. **Name:**
 - b. **Title/Position:**
 - c. **Facility/Agency/Organization/Affiliation:**
 - d. **Mailing Address:**
 - e. **Telephone number:**
 - f. **E-mail address:**
4. Indicate preference on how the data should be provided:
 - a. ☐ E-Mail
 - b. ☐ U.S. Mail
 - c. ☐ Phone
 - d. ☐ Fax () ____ - ____
 - e. ☐ Other (specify) _____
5. Indicate documents submitted with this request
 - a. ☐ Data Use Agreement (Reference No. 622.2)
 - b. ☐ Limited Data Set Information (Reference No. 622.3)
 - c. ☐ Intended Use of Limited Data Set Information (Reference No. 622.4)
 - d. ☐ Confidentiality Agreement (Reference No. 622.5)
6. Indicate the level(s) of support requested from the EMS Agency (check all that apply):
 - a. ☐ Support in concept – letter of support or verbal accord of project
 - b. ☐ Guidance – provide feedback on methodology, analysis, manuscript, etc.

- c. ☐ Data Abstraction – provide raw data from EMS Agency data registries
 - d. ☐ Data Analysis – provide summary data, statistical analysis, tables, figures, etc.
 - e. ☐ Other (this may include manuscript revision, operations/system resources, grant support, etc.) – please describe other support requested
-

7. Submit completed data request and applicable documents to:

Christine Clare, Chief, EMS System Data Management
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Phone: (562) 347-1661
Fax: (562) 946-6701
E-Mail: cclare@dhs.lacounty.gov

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient (name): _____

1. Indicate the data source(s) for the Limited Data Set:

- a. ☐ EMS Provider Data (hyperlink Data Dictionary)
- b. ☐ Paramedic Base Hospital (hyperlink Data Dictionary)
- c. ☐ Trauma Registry (hyperlink Data Dictionary)
- d. ☐ STEMI Registry (hyperlink Data Dictionary)
- e. ☐ Stroke Data (hyperlink Data Dictionary)
- f. ☐ 9-1-1 Receiving Hospital Data (hyperlink Data Dictionary)
- g. ☐ Other (specify):

2. Specify the date range:

3. List the data elements to be abstracted:

a.

Check the applicable intended use:

- ☐ Quality Improvement
- ☐ Research (intent to publish)
- ☐ Education
- ☐ Background Statistics

IRB: Approved ☐ Number: _____ Pending Review ☐

List intended disclosure of Limited Data Set Information to third parties (e.g., research assistants, collaborators):

Brief description of project (For research proposals, also attach the complete study protocol)

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient (name): _____

This Data Use Agreement ("Agreement") is entered into as of _____ (the "Effective Date") by and between _____ ("Data Recipient") and the Los Angeles County Emergency Medical Services (EMS) Agency ("Data Provider").

The federal Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (collectively referred to as the "Privacy Rule") permit the use and disclosure by health care providers of certain information that may include Protected Health Information ("PHI") in connection with research activities.

Whereas, Data Recipient desires to access from Data Provider certain limited de-identified PHI (Limited Data Set) for the purposes of conducting research and/or quality improvement activities in a manner that protects the privacy and security of such information.

Whereas, Data Recipient and Data Provider are committed to compliance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder.

This Agreement is required by the Privacy Rule and sets forth the terms and conditions pursuant to which Data Recipient may access this Limited Data Set information ("LDS Information") from Data Provider in accordance with and as allowed by the Privacy Rule.

1. Definitions

Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Privacy Rule.

- 1.1 "Direct Identifiers" shall mean those items listed in the 45 C.F.R. §164.514(b)(2)(i) that identify an individual or relative, employer, or household member of the individual, and shall include names, telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, account numbers, full face photographs, and other identifying numbers, characteristics or codes.
- 1.2 "Limited Data Set" is a data set of Protected Health Information ("PHI") that excludes the following Direct Identifiers:
 - a. Names
 - b. Postal address, information, other than town or city, state, and zip code
 - c. Dates including birth date, admission date, date of death, and all ages over 89
 - d. Telephone and fax numbers
 - e. Electronic mail addresses
 - f. Social security numbers
 - g. Medical record numbers
 - h. Health plan beneficiary numbers
 - i. Account numbers

- j. Certificate/license numbers
- k. Vehicle identifiers and serial numbers, including license plate numbers
- l. Device identifiers and serial numbers
- m. Web Universal Resource Locators (URLs)
- n. Internet Protocol (IP) address numbers
- o. Biometric identifiers, including finger and voice prints
- p. Full face photographic images and any comparable images
- q. Any other unique identifying number, characteristic or code

- 1.3 “Protected Health Information” or “PHI” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 C.F.R. §164.501.

2. Use of Limited Data Set (LDS) Information

- 2.1 Requested LDS Information - Data Recipient requests copies of the LDS Information identified in Reference No. 622.3, Limited Data Set Information.
- 2.2 Intended Use of LDS Information - Under the Privacy Rule, the use and disclosure of a limited data set in connection with research, public health or health care operations is permitted without the patient’s written authorization. The intended use of the LDS Information for the research purposes shall be further described in Reference No. 622.4, Intended Use of Limited Data Set Information.

3. Release of Information

- 3.1 Procedure - Data Provider shall either: (a) provide the LDS Information to the Data Recipient; or (b) make available the information necessary for the Data Recipient to create the requested Limited Data Set.
- 3.2 Creation of the LDS - In accordance with the requirements contained in the Privacy Rule, the LDS created and/or provided to the Data Recipient under this Agreement shall not include any of the Direct Identifiers identified in Section 1.2 above.
- (a) By Data Provider - Data Provider will create the LDS containing the information identified in Reference No. 622.3 when the data is available in abstracted format from currently existing Data Provider databases.
 - (b) By Data Recipient - If the data is not available in an electronic format, the Data Recipient may create the LDS from a manual abstraction process from paper records. Data Recipient acknowledges and agrees that neither the Data Recipient nor any person assisting Data Recipient in the abstraction process shall be provided access to PHI unless they have completed all applicable HIPAA training.

4. Responsibilities of Data Recipient

- 4.1 Safeguards - Data Recipient shall use appropriate administrative, technical and physical safeguards to prevent any use or disclosure of the Information other than as provided for by the Agreement. Data Recipient shall comply with HIPAA regulations and must obtain Institutional Review Board (IRB) approval to publish. The intent to publish must be clearly stated in the Reference No. 622.4.
- 4.2 No Further Use - Data Recipient is not authorized and shall not use or further disclose the information other than as permitted under the Agreement or as required by law or regulation.
- 4.3 Permitted Uses and Disclosures - Data Recipient may use the LDS Information received from Data Provider pursuant to the Agreement solely for the purpose identified on Ref. no. 622.4. Data Recipient will not use or disclose the Information other than as permitted by this Agreement or as required by law.
- 4.4 Reporting of Disclosures - Data Recipient shall notify Data Provider in writing within five (5) working days of its discovery of any use or disclosure of the LDS information not permitted by the Agreement of which Data Recipient, its employees or agents become aware. Data Recipient further agrees to mitigate, to the extent feasible and allowable by law, any harmful effect that is known or becomes known to Data Recipient that arises from a use or disclosure of the LDS by Data Recipient or its agents in violation of this Agreement or the Privacy Rule.
- 4.5 Re-disclosure of Limited Data Set - Data Recipient shall ensure that any person or entity to whom it provides the LDS information, which may include but is not limited to, research assistants, shall agree with the Data Recipient in writing, by signing a confidentiality agreement attached hereto as Reference No. 622.5, Confidentiality Agreement or Data Recipient shall obtain and maintain a written agreement with each agent or subcontractor that has or will have access to the LDS through Data Recipient, pursuant to each agent or subcontractor shall agree to be bound by the same restrictions, terms and conditions that apply to the Data Recipient under this Agreement with respect to the LDS.
- 4.6 Notice of Request for Data - Data Recipient agrees to notify Data Provider promptly upon receipt of any request for production or subpoena of the LDS, in connection with any governmental investigation or governmental or civil proceeding.
- 4.7 No Identification or Contact - Data Recipient agrees that it shall not use the LDS information in such a way to identify any individual and shall not use any LDS information to contact any individual(s) to whom the Information relates.
- 4.8 Compliance with Law and Los Angeles County EMS Agency Policies and Procedures - Data Recipient shall comply with all applicable federal and state laws and regulations, including the Standards for Electronic Transactions, 45 CFR Parts 160 and 164, if applicable under the terms and requirements of this Agreement. Data Recipient shall also comply with all applicable Los Angeles County EMS Agency and IRB policies and procedures.
- 4.9 Reasonable Inspection - Within thirty (30) business days of a written request by Data Provider, Data Recipient shall allow Data Provider, during Data Recipient's regular business hours, to conduct a reasonable inspection of Data Recipient's books, records, agreements, and policies and procedures relating to the use or disclosure of

the LDS for the purpose of determining Data Recipient's compliance with this Agreement.

5. Term and Termination

5.1 Term - The provisions of this Agreement shall be effective as of the date this Agreement is signed by both parties and shall terminate when all of the LDS provided by Data Provider to Data Recipient is destroyed or returned to Data Provider, or, if it is infeasible to return or destroy the LDS, Data Recipient shall continue to protect/safeguard such information in accordance with the termination provisions in this section.

5.2 Effect of Termination - Upon termination of the Agreement for any reason, Data Recipient shall return or, at the option of Data Provider, destroy all PHI received from Data Provider under this Data Use Agreement. If return or destruction is not feasible, Data Recipient shall continue to extend indefinitely the protections of this Amendment to such information, and immediately terminate any further use or disclosure of such PHI.

5.3 This Agreement supersedes all previous representations, understanding or agreements regarding the LDS and shall prevail notwithstanding any variance with terms and conditions of any document submitted by or on behalf of Data Recipient or Data Provider regarding the LDS

6. Material Breach - A breach by Data Recipient of any material provision of this Amendment shall constitute a material breach of the Agreement, and shall provide grounds for immediate termination of this Agreement by Data Provider

7. Indemnification - Data Recipient shall indemnify, defend, and hold harmless Data Provider and any of the providing entities affiliates, and their respective trustees, officers, directors, employees and agents from and against any claim, cause of action, liability, damage, cost or expense (including, without limitation, reasonable attorney's fees and court costs) arising out of or in connection with any unauthorized or prohibited use or disclosure of the LDS or any other breach of this Agreement by the Data Recipient or any agent or person under its control

8. This Agreement may be amended by mutual written agreement of the Data Recipient and Data Provider.

9. If any provision in this Agreement should be held illegal or unenforceable by a court having jurisdiction, such provision shall be modified to the extent necessary to render it enforceable without losing its intent, or severed from this Agreement if no such modification is possible, and other provisions of this Agreement shall remain in full force and effect.

10. The relationship between the Data Recipient and Data Provider is that of independent contractors and neither party nor its agents shall have any authority to bind the other party in any way.

11. All notices shall be in writing and may be delivered in person, by courier, or sent by receipt e-mail or facsimile, or by 1st class, postage prepaid US mail to the parties, which notice shall

be deemed given upon receipt or three (3) day following deposit in the US mail. Either party may change the address for notices hereunder by providing written notice thereof to the other party in accordance with the terms of this section.

This Agreement, together with Reference Nos. 622.1, 622.3, 622.4, and 622.5, constitutes the entire agreement between us.

If the terms and conditions of this Agreement are acceptable to you, please sign a copy of this Agreement in the space below and return a copy to us.

Sincerely,

Cathy Chidester
Director, Los Angeles County EMS Agency
("Data Provider")

ACCEPTED AND AGREED TO BY:

("Data Recipient")

(Print Name)

(Signature)

(Date)

Data Request Tracking Number: (To be completed by the EMS Agency) _____

Data Recipient: _____

This Confidentiality Agreement must be completed by any person or entity (which may include but not limited to, research assistants) to whom the Data Recipient provides the Limited Data Set Information.

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient.

1. I understand that I may be working with confidential medical and other sensitive or private information. This information may include, but is not limited to, medical records, personnel information, ledgers, verbal discussions, and electronic communications including e-mail.
2. I understand and acknowledge that HIPAA requires that I obtain training on the requirements of HIPAA and I agree to obtain all required training before I access, use or disclose any confidential patient information.
3. I acknowledge that it is my responsibility to respect the privacy and confidentiality of patient and other confidential information. I will not access, use or disclose patient or other confidential information unless I do so in the course and scope of fulfilling my duties with the Data Recipient. I understand that I am required to immediately report any information about unauthorized access, use or disclosure of confidential patient information to the Data Recipient and the LA County EMS Agency.
4. I understand and acknowledge that, should I breach any provision of this agreement, I may be subject to civil or criminal liability concerning access, use and disclosure of such information.
5. The limited data set was created using protected health information and requires that certain individual identifiers including names, all addresses other than town, city, and zip code, and all unique identifying numbers have been removed.
6. I understand that I may not use or further disclose the limited data set for purposes other than to those persons indicated by the Intended Use of the Limited Data Set (622.3) for the current proposal as specified. I will use appropriate safeguards to prevent use or disclosure of the information other than as provided for in this agreement. I will report to the Data Recipient and to the LA County EMS Agency any use or disclosure of the information not provided for in this agreement. I will not attempt to identify the information or contact the subjects of the information.

(Signature)

(Print Name)

(Date)

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 832, TREATMENT/TRANSPORT OF MINORS

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	October 21, 2015	October 21, 2015	Y
	Base Hospital Advisory Committee	October 14, 2015	October 14, 2015	Y
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council	December 8, 2015	December 8, 2015	N
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other: Pediatric Advisory Committee	December 8, 2015	December 8, 2015	N

* See attached **Summary of Comments Received**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 832, TREATMENT/TRANSPORT OF MINORS

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Reference No. 832	Base Hospital Advisory Committee – October 14, 2015 meeting	Recommended change: Correct the page numbers.	Change made as requested
Page 1,	Provider Agency Advisory Committee – October 21, 2015 meeting	Policy approved with the following recommendation: DEFINITIONS: Minor not requiring parental consent is a person who is: move “2. Married or was previously married” to number 1.	Change made as requested

SUBJECT: **TREATMENT/TRANSPORT OF MINORS**

PURPOSE: To describe the guidelines for treatment and/or transport of a patient under the age of eighteen.

AUTHORITY: Health and Safety Code Section 124260
California Family Code 6922, 6925, 6926, 6927, 6929(, 7002, 7050, 7122, 7140
Business and Professions Code 2397

DEFINITIONS:

Emergency Medical Condition: Situation in which an individual has a need for immediate medical attention or where the potential for need is perceived by EMS personnel or a public safety agency.

Implied Consent: In the absence of a parent or legal representative, emergency treatment and/or transport of a minor may be initiated without consent.

Legal Representative: A person who is granted custody or conservatorship of another person by a court of law.

Minor: A person less than eighteen years of age.

Minor not requiring parental consent is a person who is:

1. Married or was previously married.
2. Not married and has an emergency medical condition and parent is not available.
3. On active duty with the Armed Forces.
4. Self-sufficient 15 years of age or older, living separate and apart from his/her parents, and managing his/her own financial affairs.
5. An emancipated minor with a declaration by the court or an identification card from the Department of Motor Vehicles.
6. Not married and requires care related to the treatment or prevention of pregnancy.
7. In need of care for sexual assault or rape.
8. Not married and seeking care related to an abortion.
9. 12 years of age or older and in need of care for communicable reportable disease, prevention of a sexually transmitted disease (STD), alcohol or substance abuse, or outpatient mental health.

EFFECTIVE: 01-08-93
REVISED: 05-03-16
SUPERSEDES: 12-10-08

PAGE 1 OF 3

APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

Voluntary Consent: Treatment or transport of a minor child shall be with the verbal or written consent of the parents or legal representative.

PROCEDURES:

I. Treatment/Transport of Minors

- A. In the absence of a parent or legal representative, minors with an emergency medical condition shall be treated and transported to the appropriate receiving facility or a specialty care center (e.g. EDAP, PMC, PTC, SART Center, Trauma Center, etc.).
- B. Hospital or provider agency personnel shall make every effort to inform a parent or legal representative where their child has been transported.
- C. If prehospital care personnel believe a parent or other legal representative of a minor is making a decision which appears to be endangering the health and welfare of the minor by refusing indicated immediate care or transport, law enforcement authorities should be involved.
- D. Infants \leq 12 months of age shall be transported, regardless of chief complaint and /or mechanism of injury, in accordance with Reference No. 808.

II. Minors **Not** Requiring Transport

- A. A minor child (excluding children \leq twelve (12) months of age) who is evaluated by EMS personnel and determined not to be injured, to have sustained only minor injuries, or to have illnesses or injuries not requiring immediate treatment or transportation, may be released to:
 - 1. Self (consideration should be given to age, maturity, environment and other factors that may be pertinent to the situation)
 - 2. Parent or legal representative
 - 3. A responsible adult at the scene
 - 4. Designated care giver
 - 5. Law enforcement
- B. Children 13 - 36 months of age require base hospital contact and/or transport, except isolated minor extremity injury, in accordance with Reference No. 808.
- C. Prehospital care personnel shall document on the EMS Report Form to whom the patient was released.

CROSS REFERENCE:

Prehospital Care Manual

Ref. No. 508, **Sexual Assault Patient Destination**

Ref. No. 508.1, **SART Center Roster**

Ref. No. 510, **Pediatric Patient Destination**

Ref. No. 808, **Base Contact and Transport Criteria**

Ref. No. 822, **Suspected Child Abuse Reporting Guidelines**

Ref. No. 834, **Patient Refusal of Treatment or Transport**

Policies 4.4*Los Angeles County EMS Agency***POLICY REVIEW SUMMARY BY COMMITTEE****Reference No. 842, Mass Gathering and Special Events Interface with
Emergency Medical Services**

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	4/20/16	4/20/16	NO
	Base Hospital Advisory Committee	4/13/16	4/13/16	YES
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

* See attached **Summary of Comments Received**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 842-Mass Gathering and Special Events Interface with Emergency Medical Services

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
VI-D	BHAC 4/13/16	4 th sentence and EMS in front of providers. Sentence will read "if medical staffing levels do not include a physician, EMS providers will follow Reference No. 808, Base Hospital Contact and Transport Criteria."	Change made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERING AND SPECIAL
EVENTS INTERFACE WITH
EMERGENCY MEDICAL SERVICES**

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842

PURPOSE: To establish guidelines for the delivery of Emergency Medical Services (EMS) to protect the health and safety of the participants during mass gatherings and special events of various size and intensity so that participants have access to the appropriate level of care and to minimize the impact of these events on the local EMS system.

AUTHORITY: Health & Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798, 1798.6(a)
Health Insurance portability and Accountability Act 164.501
California Code of Regulations, Title 22, Sections 100063, 100144, 100167(a), 100169
Los Angeles County Code Title 7, Business Licenses, Chapter 7.16, Ambulances

DEFINITIONS:

After Action Review/Report (AAR): A structured review or de-briefing process for analyzing what happened, why it happened, and how it can be done better by those responsible for an event.

Build in/build out plan (also known as “set-up” and “strike out”): Refers to terminology related to special events for the “set up” of a permitted and approved floor plan on/in a stadium, field, building or other structure. “Strike out” is the process in set construction of dismantling, storing or discarding the materials used.

Event Action Plan: A plan that contains objectives that reflect the event strategy and specific control actions for the event. The Medical Action Plan is the part of the Event Action Plan that is specific to medical resources and assignments.

Event Footprint: The area(s) that is within the control of the event promoter, which may include the venue, the parking lot, and any extended area in which an event is being held.

Event Medical Facility: The main medical facility in which medical care is being provided and/or being directed during a mass gathering or special event. This may include a first aid station, medical station, or any combination thereof.

Harm Reduction: Policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences, such as alcohol and drug education pamphlets etc.

Intensity of Event: The level of intensity (low, medium, or high) as designated by jurisdictional provider agency, is based on the number of attendees, weather considerations, geography, the propensity for alcohol and/or drug use, physical exertion, duration, and history of like events.

EFFECTIVE: XX-XX-XX
REVISED:
SUPERSEDES: 5-31-11

PAGE 1 OF 7

APPROVED: _____

Director, EMS Agency

Medical Director, EMS Agency

Jurisdictional Provider Agency: The local fire department.

Mass Gathering: An organized assembly of 5,000 or more people.

Medical Action Plan (MAP): a plan that explains the medical resources, services, and coordination that will be provided during an event that is provided by the promoter/venue.

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.

Participant: Any person attending or working at the event.

Recurring Events: A mass gathering that occurs on a daily, weekly, monthly, seasonally, or annual basis at a fixed venue and with an existing developed (proven/successful) plan to manage the health and safety of participants and type of event. Examples include professional sport event, the annual county fair, etc.

Special Event: A mass gathering that does not meet the definition of recurring event although it may occur at a set interval and may or may not take place in a fixed facility or venue. Examples could include a parade, one time concert, etc.

PRINCIPLE:

1. A Medical Action Plan (MAP) shall be created for every mass gathering or special event at the request/discretion of the jurisdictional provider agency.

POLICY:

- I. The Medical Action Plan (MAP) shall include, but not be limited to, the following considerations:
 - A. Event description, including event name and expected number of participants.
 - B. Participant safety (may include an extended footprint) including harm reduction.
 - C. Communications Plan that secures a mechanism for direct, two-way communication between the jurisdictional provider agency and medical staff.
Consider the following:
 - Two-way radios
 - Cellular service may be overwhelmed
 - Coordination with the MAC
 - D. Medical resources that are appropriate to the number of participants – to include quantities, locations, hours of operation and staffing levels (Advanced Life Support (ALS), Basic Life Support (BLS), Medical Doctor (MD), Registered Nurse (RN), Volunteers for the following:
 - Transport ambulances
 - Fixed resources –first aid stations, event medical facility
 - Mobile resources- mobile teams/carts, foot/cycle teams

- Contingency plan if resources become overwhelmed
- E. Weather related plans
- F. Evacuation plan
- G. Build in/build out plan

II. Responsibility of the Promoter/Event Venue

- A. Notify the jurisdictional provider agency of the event, participate in the permitting process, develop and review the event MAP with the event medical staff and the jurisdictional provider agency.
- B. Submit the MAP for approval to the jurisdictional provider agency at a minimum of twenty-one (21) calendar days prior to the event.
- C. Submit any final changes to the MAP to the jurisdictional provider agency at a minimum of seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.
- D. Utilize Los Angeles County licensed ambulance companies that have, at minimum, approval as an Emergency Medical Technician (EMT) Automated External Defibrillator (AED) service provider in the State of California and Los Angeles County.
- E. Incorporate and utilize harm reduction programs for events when applicable.
- F. Participate in an AAR upon the request of the jurisdictional provider agency or the Los Angeles County EMS Agency. AARs shall be held within fourteen (14) days post-event unless otherwise approved by the jurisdictional provider agency.

III. Responsibility of the Jurisdictional Provider Agency

- A. Review and respond to EAP and the MAP within fourteen (14) calendar days prior to the event. Respond to any final changes to the MAP within twenty-four (24) hours.
- B. Verify EMS personnel utilized in the event are appropriately licensed, accredited and/or certified in Los Angeles County.

To verify an EMT/Paramedic:

<http://www.centralregistry.ca.gov/Verification/Search.aspx>

To verify a registered nurse/licensed vocational nurse/physician:

<https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=A0ABEAD7FDB91561F438672AD221DF96.vo24>

To verify a physician is Board Certified or Board Eligible in Emergency Medicine:

<https://www.certificationmatters.org/is-your-doctor-board-certified/search-now.aspx>

- C. When necessary to protect health and safety, may require additional or more stringent requirements than listed in this policy (i.e., medical staffing requirements).
- D. Educate the event promoter/venue regarding licensed ambulance company capabilities and hospital resources.
- E. Notify the Los Angeles County EMS Agency MAC at 866-940-4401 or via email at lemsadutyofficer@dhs.lacounty.gov of the event as soon as possible, if there is an anticipated impact to the EMS system.
- F. Assist with the coordination of the AAR for any event that meets the definition of Multiple Casualty Incident (MCI) as outlined in Reference No. 519, Management of Multiple Casualty Incidents.

IV. Responsibility of the Emergency Medical Services (EMS) Agency

- A. The EMS Agency Medical Director, upon request
 - 1. Will coordinate a review of the MAP and provide recommendations to the event medical provider and the jurisdictional provider agency.
 - 2. Will respond within three (3) business days.Reference No. 842.2, Mass Gathering and Special Events Medical Action Plan
- B. Medical Alert Center (MAC), upon request
 - 1. Notify the hospitals surrounding the event at least seven (7) calendar days prior to the event.
 - 2. Assign personnel to staff the event command center upon request of the jurisdictional provider agency.
 - 3. Poll area hospitals for emergency department capacity as needed.
 - 4. Monitor the number of patient transports during the event.
 - 5. Open an MCI on the ReddiNet when the number of patients and types of illnesses/injuries are expected to exceed the capabilities of the nearest hospitals.
 - a. Provide patient destination.
 - b. Authorize the use of Reference No. 806.1, Procedures Prior to Base Contact.
 - c. Notify the Medical Officer on Duty (MOD) and the Administrator on Duty (AOD).
 - d. Provide a summary of incident with final disposition of all patients to the jurisdictional provider agency and EMS Agency Administration within 72 hours post event.
 - 6. In accordance with Reference No. 519, Management of Multiple Casualty Incidents, assist with an AAR as needed or requested.

V. Responsibility of the Event Medical Provider

- A. Provide adequate equipment and supplies to manage care based on the level of service (BLS,ALS) and number of participants.
- B. Identify the event medical facility and ambulance staging locations.
- C. Submit a list of event medical personnel to the jurisdictional provider agency at least ten (10) calendar days prior to the event to include:
 - Name of person
 - Type of license or certification (EMT, Paramedic, Nurse, or Physician), number and expiration date
 - Include all volunteers or non-licensed personnel or students that will be attending the event.

A sample roster is included in Reference No. 842.3, Mass Gathering and Special Events Event Roster.

- D. Submit any changes to previously approved event personnel to the jurisdictional provider agency at least seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.
- E. Maintain a patient care log, to be submitted to the EMS Agency and the jurisdictional provider agency within seventy-two (72) hours after the conclusion of the event, to which shall include at a minimum:
 - Patient information or patient identifier
 - Age
 - Chief complaint
 - Treatment
 - Disposition
 - Diagnosis, if a physician is on site
 - Destination, if transported

A sample patient care log is included in Reference No. 842.4, Mass Gathering and Special Event Patient Care Log

- F. A patient care record (PCR) shall be generated for each patient that receives an assessment and/or treatment at a mass gathering or special event. All patient care should be documented in accordance to Ref. No. 606, Documentation of Prehospital Care.
- G. Provide patient care records (PCRs) for review by the EMS Agency or jurisdictional provider agency when requested.
- H. Participate in the After Action Review/Report (AAR) as requested.

VI. Responsibility of the Prehospital Providers

- A. Nurses shall be licensed by the State of California and preferably have experience in emergency medical care and triage of seriously ill or injured patients.
- B. Paramedics shall be licensed by the State of California and accredited in Los Angeles County.
- C. EMTs shall be certified by the State of California and have successfully completed the Los Angeles County Scope of Practice training.
- D. Assess participants and escort them to the event medical facility, as appropriate, and per the event's MAP. Following assessment, the participant shall be referred to the event physician on scene, if applicable. If medical staffing levels do not include a physician, EMS providers will follow Reference No. 808, Base Hospital Contact and Transport Criteria.
- E. Participants must be medically appropriate to be transported to the event medical facility that is staffed with a physician. Medically appropriate patients may include altered level of consciousness (ALOC) without evidence of head trauma or history of recent seizure or active seizure. Any patient meeting Reference No. 506, Trauma Triage criteria shall be transported directly to a trauma center coordinated through MAC without delay, or if MAC not present, contact the designated base hospital.
- F. Once the event has been declared an MCI, the paramedics shall take direction from the MAC for patient destination and treatment per Reference No. 806.1, Procedures Prior to Base Contact. If patient care needs exceed Reference No. 806.1, then refer to Reference No. 808, Base Hospital Contact and Transport Criteria and make base station contact for further medical direction.

VII. Responsibility of the Primary Contracted Physician at the Event, if applicable

- A. Be Board Certified in Emergency Medicine and familiar with the Los Angeles County Paramedic and EMT scopes of practice. Additional physicians must be Board Certified or Board Eligible in Emergency Medicine.
- B. Be familiar with the Los Angeles County prehospital care policies.
- C. Maintain communication with the jurisdictional incident commander, event coordinator and other medical staff.
- D. Take responsibility for medical oversight of all licensed or certified health care professionals providing patient care at the event.
- E. Take responsibility for the care and disposition for all patients at the designated event medical facility.

SUBJECT: **MASS GATHERING AND SPECIAL
EVENTS INTERFACE WITH
EMERGENCY MEDICAL SERVICES**

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 412, **EMT Automated External Defibrillator (AED) Service Provider Program Requirements**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 519, **Management of Multiple Casualty Incidents**
- Ref. No. 606, **Documentation of Prehospital Care**
- Ref. No. 802, **EMT Scope of Practice**
- Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
- Ref. No. 806.1, **Procedures Prior to Base Contact Treatment Protocols**
- Ref. No. 808, **Base Hospital Contact and Transport Criteria**
- Ref. No. 816, **Physician at the Scene**
- Ref. No. 842.1, **Resource Guidelines for Mass Gatherings and Special Events**
- Ref. No. 842.2, **Mass Gathering and Special Events Medical Action Plan (MAP)**
- Ref. No. 842.3, **Mass Gathering and Special Events Event Roster**
- Ref. No. 842.4, **Mass Gathering and Special Events Patient Care Log**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS RESOURCE GUIDELINES
FOR MASS GATHERINGS AND
SPECIAL EVENTS**

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842.1

PURPOSE: To establish resource guidelines for Emergency Medical Services (EMS) during mass gatherings and special events of various sizes and intensity.

AUTHORITY: Health & Safety Code, Section 1797.220
Los Angeles County Code Title 7, Business Licenses, Chapter 7.16,
Ambulances

DEFINITIONS:

Cooling Station: an air-conditioned public facility or shelter where people may go for relief during periods of extreme heat.

First Aid Station: A temporary location with the ability to provide first aid and/or basic medical care.

Event Medical Facility/Medical Station: A temporary location with the ability to provide basic and advanced medical care.

An Event Medical Facility/Medical Station/First Aid Station may be staffed with a:

First Responder (F.R.): a person who is trained to provide first aid

EMT: to provide first aid level care within the scope of practice of an Emergency Medical Technician (EMT) that is currently licensed by the State of California and LA County accredited.

EMT-P: to provide advanced first aid level care within the scope of practice of a paramedic that is currently licensed by the State of California and LA County accredited.

Nurse: The nurse must hold a current California license. It is preferred that the nurse have experience in emergency medical care and triage of seriously ill or injured patients.

Physician: The physician must hold a current California license and be Board Certified in Emergency Medicine.

Medical Cart: A motorized, drivable mode of transportation (e.g. golf cart or all-terrain vehicle (ATV) that is able to transport a patient in the supine position and is staffed with a mobile team.

Mobile Cart: A motorized, drivable mode of transportation (e.g. golf cart or ATV) that is able to transport a patient in a sitting position and is staffed with a mobile team.

EFFECTIVE: XX-XX-XX
REVISED:
SUPERSEDES:

PAGE 1 OF 4

APPROVED: _____

Director, EMS Agency

Medical Director, EMS Agency

Mobile Teams: A team of two or more EMT or higher medical personnel that has appropriate treatment supplies commensurate to the provider's skill level, and has communications capability with, at a minimum, the First Aid Station. Mobile teams are separate from ambulance personnel.

Warming Station: a shelter where people can go to stay warm and dry.

PRINCIPLE:

1. Mass gathering events should have event-specific medical action plans (MAP) that meet guidelines outlined in this policy. Some events, such as high intensity events, may require additional resources in order to protect health and safety beyond these recommendations. Final approval of a MAP is at the discretion of the jurisdictional provider agency.
2. Staffing modifications may be required by the jurisdictional provider agency based on the type of event.

POLICY:

1. The jurisdictional provider agency may require the event venue/promoter to make free drinking water readily available.
2. Event venue/promoter must provide adequate signage to direct participants to medical/first aid stations, water, and cooling/warming stations.
3. Depending on history and size of an event, the jurisdictional provider agency and/or EMS Agency may require additional medical resources in order to safely provide services at an event. Additionally, the event medical aid facility may be required to provide services four or more hours post event to ensure continuation of medical care and to provide ongoing medical coverage for event participants.
4. All on site medical personnel shall be accredited/certified/licensed and follow Los Angeles County Prehospital Care Policies and Protocols.
5. All medical equipment and supplies must be equivalent to the level of service (BLS, ALS) being provided.
6. Event medical providers must have radio communication with the jurisdictional provider agency at all times during the event.
7. Event provider, in conjunction with the Department of Public Health, should provide harm reduction and education about specific hazards, which may include, but not limited to, alcohol and drugs that may be present at an event.
8. Mass gatherings and special events have been placed into categories as identified below. Each of these categories are then broken down by "levels" with the medical staffing recommendations specified for each level as follows:

**Los Angeles County, Emergency Medical Services Agency
Prehospital Care Policy, Reference 842.1
Mass Gatherings & Special Event Staffing Level Recommendations
(Based on Peak Attendance Estimates)**

**Medical Faculty (Fac.) to have AED certified member with device.
Mobile and Medical Facility Personnel must have radio communications with Command Staff.
Mobile and Medical Carts may be staffed by Medical Facility or Mobile Personnel as needed.**

SPECIAL EVENT Low Intensity (no alcohol)	SPECIAL EVENT Low Intensity (alcohol permitted)	SPECIAL EVENT Moderate Intensity (alcohol permitted)	SPECIAL EVENT High Intensity (alcohol permitted)
5k to 10k.....Level 1 10k to 20k.....Level 2 20k to 30k.....Level 3 30k to 40k.....Level 4 40k to 50k.....Level 5 >50k.....Level 6	5k to 10k.....Level 5 10k to 25k.....Level 6 25k to 40k.....Level 7 40k to 50k.....Level 8 >50k.....Level 9	5k to 10k.....Level 5 10k to 20k.....Level 6 20k to 30k.....Level 7 30k to 40.....Level 8 40k to 50k.....Level 9 >50k.....Level 10	<=3K.....Level 6 3k to 15k.....Level 8 15k to 30k.....Level 9 30k to 40k.....Level 10 40k to 50k.....Level 11 >50k.....Level 12

Participants	1 st Aid Tent (F.R.)	Med Fac. EMT	Med Fac. PM	Med Fac. RN	Med Fac. MD	Mobile EMT (F.R.)	Mobile PM/EMT (1 each)	Mobile Cart	Medical Cart with gurney	BLS Amb	ALS Ambulance
Level 1	1										
Level 2	1	1				1					
Level 3	1	1				1					
Level 4	1	1				1	1			1	
Level 5		2				1	1	1		1	
Level 6		2	1	1			2	1			1
Level 7		2	1	1		1	2	1		1	1
Level 8		1	2	1	1	1	1		1	1	2
Level 9		1	2	2	1	1	2	1	1	1	3
Level 10		1	2	2	1	2	2	1	1	1	3
Level 11		1	2	3	2	2	3	1	1	1	3
Level 12		2	2	4	2	2	4	2	1	1	3

9. Event venue/promoter must provide the following outdoor weather contingency requirements:

A. Hot Weather

1. 80 to 89 Degrees

- Free drinking water readily available with signage.
- Cooling station(s) suitable to the number of participants.

2. 90 to 94 Degrees

- Free drinking water readily available with signage.
- Cooling station(s) suitable to the number of participants.
- Minimum of one shade area to include misters/cooling station(s)
- Mobile cart added to Levels 5 & 6.
- One additional ALS Ambulance or MD for Level 10 events

3. 95 Degrees and Above

- Free drinking water readily available with signage.
- Cooling station(s) suitable to the number of participants.
- Half of canopy shade areas to include misters (one minimum)/cooling station(s)
- Mobile cart added to Levels 5 & 6.
- Second mobile cart added for Level 7 or greater.
- One additional ALS Ambulance or MD for Level 9 or greater events.
- MD treatment tent(s) to include portable air conditioning.

B. Cold Weather

1. Rain

- Disposable (aluminum/mylar) blankets suitable to the number of participants.

2. Below 60 Degrees

- Portable heaters and disposable (aluminum/mylar) blankets suitable for number of participants.
- Consider warming stations, if needed.

CROSS REFERENCES:

Ref. No. 842, **Mass Gathering and Special Events Interface with Emergency Medical Services**

DEPARTMENT OF HEALTH SERVICES

COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERING AND SPECIAL
EVENTS MEDICAL ACTION PLAN**EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842.2

EMS Medical Action Plan (MAP)						
1. Event/Incident Name:						
2. Date Prepared:				3. Operational Period:		
4. Event/Incident Medical Facility						
Triage point	Station location	# of MD's	# of RN's	# of EMT's	# Defibrillators	
5. Number of Mobile Teams			Location of Mobile Teams			
6. EMS Communication						
Company Name/Agency		Location			Phone/Radio Channel	
7. Transportation						
Ambulance Provider Name	Address	Dispatch Phone	# of BLS ambulances		# of ALS ambulances	
			Dedicated ¹	Courtesy ²	Dedicated	Courtesy
8. Hospitals						
Name	Address	Phone	Travel Time	Specialty Care ³		
9. Medical Emergency Procedures ⁴						
(CONTINUE ON REVERSE SIDE)						
10. Prepared by: _____						
Contact information: _____ Signature: _____						

¹ Dedicated - Ambulance is at the event for event participants/observers only² Courtesy - Ambulance is at the event but responds to nearby 9-1-1 system or other calls outside the perimeter of the event³ Specialty Care – i.e. trauma center, pediatric critical care, burn center, etc.- please list⁴ Describe the roles of the physician, mobile teams, and medical facility personnel as appropriate for emergency medical incidents

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES
SUBJECT: **MASS GATHERINGS AND
EVENT STAFFING ROSTER**

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842.3

[illegible]

All personnel must be listed and include volunteers and/or unlicensed students and submitted for approval 10 days prior to the event

Completed by: _____ Contact Number: _____

EMT, PARAMEDIC, HOSPITALS
REFERENCE NO. 842.4

Date of Event/Incident:

[illegible]

Must be submitted within 72 hours after event