



Emergency Medical Care Committee



Friday, April 11, 2025 - 9:00 a.m.
CAN Multipurpose Room
County Administration North
400 West Civic Center Drive, First Floor, Room 101
Santa Ana, CA 92701

Use parking lot P4 off of Broadway or P8 across the street off Santa Ana Blvd.

Mission Statement: "to act in an advisory capacity to the County Board of Supervisors and to Orange County Emergency Medical Services on all matters relating to emergency medical services in Orange County."

EMERGENCY MEDICAL CARE COMMITTEE MEETINGS ARE OPEN TO THE PUBLIC. YOU MAY SPEAK ON ANY AGENDA ITEM OR ON A MATTER NOT APPEARING ON THE AGENDA, BUT WHICH IS WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

AGENDA

1. **CALL TO ORDER** - Ted Heyming, MD

2. **INTRODUCTIONS/ANNOUNCEMENTS**

- EMS Director Update
- Stephanie King accepted Prehospital/CQI Coordinator position at EMS
- Appointed nominee, Alan Albright, MS, LMFT, to the Orange County Emergency Medical Care Committee effective October 22, 2024 and ending June 30, 2026.

3. **APPROVAL OF MINUTES** – January 10, 2025

(Attachment #1)

Recommended Action: Approve January 10, 2025, minutes.

4. **OCEMS REPORT/CORRESPONDENCE**

- Medical Director's Report by Carl Schultz, MD
- Health Disaster Preparedness Report by Gagandeep Grewal, MD
- Ambulance Patient Off-load Time/Diversion Data Report by Laurent Repass, NRP (Attachment #2)
- Correspondence by Carl Schultz, MD (Attachment #3)
 - Memo #5359 EMS Director Update
 - Memo #5391 King Prehospital CQI Coordinator

EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS (Hear Reports)

- Facilities Advisory Committee (March 11, 2025) by Genise Silva, RN
- County Prehospital Advisory Committee (March 12, 2025) by Stephanie King, RN
- Transportation Advisory Committee (April 2, 2025) by Matt Armstrong, SCAA

5. **UNFINISHED BUSINESS**

Recommended Action: Approve Triage to Alternate Destination Project

- Update on the Triage to Alternate Destination project by Carl Schultz, MD
Policy 360.00 TAD Psych 4-2025 (Attachment #4)

6. **NEW BUSINESS**

Recommended Action: Approvals

- **UCI Health - Los Alamitos ERC, SNRC, and CVRC Designation**
by Genise Silva, RN (Attachment #5)
- **Children's Hospital of Orange County Pediatric Trauma Center Redesignation**
by Ruth Clark, RN (Attachment #6)

Informational:

- #5390 Policy Update April 1, 2025 (Attachment #7)

7. **MEMBER COMMENTS**

8. **PUBLIC FORUM**

At this time, members of the public may address the Chairman regarding any items within the subject matter of this advisory committee's authority provided that NO action may be taken on off-agenda items unless authorized by law. Comments are limited to three minutes per person; unless different time limits are set by the Chairman; subject to the approval of the Committee.

9. **NEXT MEETING** – Friday, July 11, 2025, at 9:00am (CAN MPR 101)

County Administration North, 400 West Civic Center Drive, First Floor, Room 101, Santa Ana, CA

- **ADJOURNMENT**

Attachment #1

EMCC Minutes
January 10, 2025



EMERGENCY MEDICAL CARE COMMITTEE



REGULAR MEETING

Friday, January 10, 2025 – 9:00 a.m.

Location: County Administration North (CAN) Multipurpose Room
400 West Civic Center Drive, First Floor, Room 101, Santa Ana, CA 92701

MINUTES

Name	Representing	Health Care Agency Staff
<input checked="" type="checkbox"/> Michael S. Ritter, MD	– Orange County Medical Assn. (SOCEP)	Mindy Winterswyk, DPT, PCS – Director, Specialized Med. Serv.
<input type="checkbox"/> Patrick Cichon, MD (exc)	– Board of Supervisors, First District	Almaas Shaikh, MD – Deputy Health Officer
<input type="checkbox"/> Larry Grihalva, MICP	– Board of Supervisors, Second District	Carl Schultz, MD – EMS Medical Director
<input checked="" type="checkbox"/> Timothy Munzing, MD	– Board of Supervisors, Third District	Gagandeep Grewal, MD – Associate EMS Medical Director
<input type="checkbox"/> Luis Estevez	– Board of Supervisors, Fourth District	Mike Noone, NRP – Assistant EMS Director
<input checked="" type="checkbox"/> Ted Heyming, MD	– Board of Supervisors, Fifth District	Laurent Repass, NRP – EMS Analytics Chief
<input checked="" type="checkbox"/> Matt Armstrong	– Ambulance Association of Orange County	Kristen Karpow, RN – EMS Clinical Chief
<input type="checkbox"/> Rebecca Firey (Excused)	– American Red Cross	Adrian Rodriguez – Ambulance Performance Chief
<input type="checkbox"/> Vacant	– City Selection Committee	Drew Bernard, EMT – EMS Specialist
<input checked="" type="checkbox"/> Mike Killebrew	– Orange County City Managers Association	Genise Silva, RN – EMS Facilities Coordinator
<input checked="" type="checkbox"/> Chief Adam Loeser	– Orange County Fire Chief Association	Erica Moojen – EMS Office Supervisor
<input checked="" type="checkbox"/> David Gibbs, MD	– Orange County Medical Association	Eileen Endo – Office Specialist
<input type="checkbox"/> Chief Stu Greenberg	– Orange County Police Chiefs' & Sheriffs Assn.	Ruth Clark, RN – EMS Trauma Coordinator
		Lisa Wilson – Information Processing Technician
		Elise Johnson – Program Coordinator
Guests Present		
Julia Afrasiabi, RN	– UCI Medical Center	Kim Zaky, RN – UCI, OCENA
Luke Schademan	– Memorial Care	Rhonda Rosati, RN – Fullerton Fire Department
Amanda Collins	– CHOC	Jenael Rosenberg, RN – HOAG
Laura Cross, RN	– Mission Hospital	Abigail Baur – OC Global Medical Center

1. CALL TO ORDER

The meeting was called to order at 09:01am by the Chair, Dr. Michael Ritter.

There was a moment of silence and reflection for Kevin Skinner, a Southern California Orange County Fire Fighter who suffered a cardiac arrest while on the job fighting a house fire. He passed away and left his wife, family and colleagues.

2. INTRODUCTIONS/ANNOUNCEMENTS

Announcement of New Appointed EMS Analytics Coordinator (Anjan Purohit) by Laurent Repass

3. APPROVAL OF MINUTES

Minutes from the October 11, 2024 meeting were approved as submitted.

4. OCEMS REPORT

• Medical Director's Report by Dr. Carl Schultz

Dr. Schultz reflected on the loss of Dr. Matt Hunt, who died suddenly. He was a UCI resident. Dr. Hunt's signification contribution was acknowledged.

Issue with patients who should go to Kaiser ED because they are not a Kaiser patient. ERC is like any other in Orange County. Any patient can go to Kaiser. They will provide the same care as anyone else.

Dr. Schultz will reach out for the next three months with the same thing.

Close out issue of all special policies regarding the IV fluid shortage to provide coverage for 30 days then cease to exist. We are back to standard procedures.

Triage moving forward. Psyche 911 direct to psyche facility wait on wall. ER is worst place in CSU. Anaheim Fire for train the trainer. Maybe by April first get this rolling, or close to that to provide active care for patients.

Fire EMS is aware no impact on OCEMS. Indirect impact reach in Orange County. Fire department to keep 911 staff running.

- **Health Disaster Preparedness Report**

Dr. Grewal reported on exercises this year.

SWMHE is in April with topic on water contamination/disruption. Planning to hire a contractor to help with that exercise.

NDMS (National Disaster Medical System) exercise planned to take place in the mid to late summer at Los Alamitos Joint Forces Training Base. This will be developed by the FCC (Federal Coordinating Center) from Camp Pendleton. Will use volunteers and involve multiple stakeholders.

Health Care Coalition of Orange County (HCCOC) meeting is coming up January 30th.

Dr. Ritter asked a question about the numbers for Flu and COVID.

Dr. Grewal replied that RSV and Flu increased over December. CDC peak around now and hope to go down. Models show RSV latest one is going down. This season was not as bad as prior season, yet still overwhelms the system.

- **Ambulance Patient Off-Load Time (APOT) Report and Hospital Diversion Report**

APOT is up. September was unremarkable. Diversion is up as well 37 minutes over benchmark now. Hospitals have more traffic. December 30, 2024 was the biggest day with 550 transports. Diversion last month is at the 15.9% benchmark, which is typical for this time of year.

- **Bi-Directional Data Exchange – Final Report**

Laurent Repass did a power point presentation about the Bi-Directional Data Exchange Final Report.

It is remarkable to get the majority of hospitals on board with live data exchange happening at 83%. Average 911 transports 511 Now averaging 423 of those items successful exchange. Benefits streamlined data process and allowed to use meaningful data.

Although the Bi-Directional Data Exchange project is over, we're still trying to achieve OCFA. They would like to onboard next week. OCFA has a dynamic complicated system that requires ongoing management and support. We waited to make OCFA onboarded after all the kinks were effectively working. We are working with Anaheim Regional and Orange Coast Memorial to engage.

UCI has a new system have to go live on ePCR due to a change in system. Training staff takes time and effort. There is a QR code with training videos.

Upcoming Challenge Award 1 of 16 award recipients out of 400 + submissions. It's nice to be recognized for all the time and effort.

Dr. Almaas Shaik recognized the tremendous effort and gave accolades for the team who worked on this huge project.

Dr. Carl Schultz acknowledged that this could not have been done by anyone as smart as Laurent. Laurent

and his team pulled off an impossible feat.

5. **EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS**

- **Facilities Advisory Committee** met on November 12, 2024:
Genise Silva, RN Most items discussed at this meeting were discussed at the last FAC meeting. The Stroke CQI 2024 was successful. Implementing STEMI CQI meeting on Tuesday, February 25, 2025.
- **County Prehospital Advisory Committee (CPAC)** met on January 8, 2025:
Kristen Karpow, RN commented on the agenda to update the incorrect last meeting date of November 13, 2024 to January 8, 2025. Los Angeles County disseminate message to Facilities APOT off load time can utilize policy 310.96.
- **Transportation Advisory Committee** met on January 7, 2025:
Matt Armstrong, SCAA reported that Drew provided information 20 ambulance provider units 403, 3 aircraft, 5 720 policies out for review for 50-day comment period. Next meeting is April 2, 2025.

6. **UNFINISHED BUSINESS** – None

7. **NEW BUSINESS** – *Recommended Action: Approvals*

- **West Anaheim Center ERC and CVRC Redesignation by Genise Silva, RN**
Genise Silva motion for approval on Attachment #5 West Anaheim Medical Center 3 year conditional for ERC due to poor conditions back in September extended APOT – ReddiNet MCI Response. Non-compliant with specialties call handle. Corrected action plans were reviewed and will stay as conditional.
- **Orange County Global Medical Center ERC, CVRC, SNRC and Base Hospital Redesignation by Genise Silva, RN**
West Anaheim Medical Center CVRC conditional. Received corrective action plans and will keep as 3-year conditional. OCGMC site survey in October 2024. 3-year unconditional.
- **OC Global Medical Center Trauma Center Redesignation by Ruth Clark, RN**
8-month conditional redesignation 2 non-compliant have one year to turn in action plan to ACS. 24/7 ED coverage all the time so physician goes to code blue. Action plan EMS 5/1/25 revised remodel. OCEMS non-compliant. Diversion reduction plan and goals to decrease diversion. Will resume when they turn in action plan. After ACS accepts plan. Do not know if it will be a site visit or via email. We have not had anyone not turn in plans to EMS.

All three Motions approved by David Gibbs, MD OCMA and Chief Adam Loeser, OCFCA

8. **MEMBER COMMENTS** by Chief Adam Loeser

Impacts provided by this group of professionals, Agency, Family, number of transports by crews, transports, pre-hospital care speaks of relationship and partnership.

Fullerton airplane crash FAC 19 patients. MCI scenarios from boots on ground to hospital transportation. The whole system worked well. 300 people work in FAC. Professionalism and system itself worked as intended to work. The system works.

Fire director appreciates concern and acknowledgement. Resources available. Devastating winds were unbelievable. 60 mph winds fortunate no immediate deaths. Evacuated quickly. Response helped with that. Thanks for all work in jurisdictions Los Angeles County appreciates Orange County Support. Winds here were nothing like in Los Angeles surged north. As we move into recovery phase elongated keep them in thoughts as they work through this.

9. PUBLIC FORUM

Eileen Endo thanked Chief Loeser and the Orange County Fire Chief Association for the plaque she received for her retirement of working at EMS for 38 years. She announced that EMSA is recognizing EMTs, Paramedics and MICNs on January 31, 2025.

Dr. Michael Ritter thanked Eileen Endo for a long and distinguished career here.

10. NEXT MEETING – The next meeting is scheduled for Friday, April 11, 2025, at 9:00 a.m.

11. ADJOURNMENT – With no further business, meeting was adjourned at 09:42.

Attachment #2

APOT & Diversion
December 2024 – February 2025



Ambulance Patient Offload Time (APOT-1) Report
December 2024

Hospital	2024 Totals			December 2024				
	Transports	90th Percentile APOT (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT (Min:Sec)	Mean APOT (Min:Sec)	Median APOT (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	3,352	33:25	219	289	31:40	14:06	10:02	70
Anaheim Regional Medical Center	7,801	32:56	124	755	37:30	16:04	11:55	10
Children's Hospital of Orange County	4,554	13:34	0	468	13:58	7:26	5:55	0
Foothill Regional Medical Center	1,060	39:55	391	127	56:49	24:49	16:15	66
Garden Grove Hosp and MC	4,990	43:50	614	450	56:17	25:20	17:40	87
Hoag Hospital Irvine	9,380	18:44	848	811	16:09	10:00	9:05	134
Hoag Memorial Hosp Presbyterian	19,970	14:16	567	1,810	13:53	8:38	8:05	74
Huntington Beach Hospital	5,358	32:20	334	470	42:12	19:53	12:49	54
Kaiser Permanente - Anaheim MC	5,273	37:37	639	405	41:55	19:52	14:41	146
Kaiser Permanente - Irvine MC	5,700	31:09	288	537	34:53	17:47	13:50	76
La Palma Intercommunity Hospital	3,304	34:13	148	450	19:43	10:52	8:23	34
Mission Hospital - Laguna Beach	3,762	27:43	185	329	34:03	19:05	13:54	58
Mission Hospital Regional MC	19,021	24:46	468	1,709	25:22	13:30	11:49	97
Orange Coast Memorial MC	6,472	22:49	1474	583	22:32	14:10	12:28	187
Orange County Global MC	8,206	26:11	1613	650	29:15	12:33	6:45	257
Saddleback Memorial MC	10,011	21:53	880	937	24:06	14:11	12:07	111
South Coast Global Medical Center	3,220	32:37	462	267	34:05	18:40	14:25	87
St. Joseph Hospital	15,717	27:59	919	1,412	26:18	13:06	9:24	181
St. Jude Medical Center	15,838	34:05	492	1,370	40:20	19:41	14:33	128
UCI Health - Fountain Valley	9,660	32:49	457	804	31:59	16:28	12:32	141
UCI Health - Los Alamitos	6,856	57:00	1034	508	59:31	26:24	19:09	239
UCI Health - Placentia Linda	5,746	22:58	76	641	38:52	15:09	8:21	58
UCI Medical Center	11,605	34:34	2508	1,057	35:24	14:12	7:01	231
West Anaheim Medical Center	10,223	44:29	386	995	52:52	23:40	17:36	37

Median Hospital 90th Percentile APOT Time 32:29
InterQuartile Range 24:19, 34:18

34:04
25:03, 40:43

OC EMS System Total (Aggregate)	197,079	28:54
OCEMS System Mean APOT Time		14:27
Standard Deviation		+/- 14:28
OCEMS System Median APOT Time		10:29
InterQuartile Range		6:04, 17:23

17,834	31:20
	15:20
	+/- 15:32
	10:51
	6:13, 18:29

Diversion Hours 2561
Diversion Days 31 of 31
Hospitals/Day Range 4-22/day
Transports w/ APOT 30-60min 1426
Transports w/ APOT >60min 437

County of Orange
Health Care Agency
Emergency Medical Services



Ambulance Patient Offload Time (APOT-1) Report
January 2025

Hospital	2025 Totals			January 2025				
	Transports	90th Percentile APOT (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT (Min:Sec)	Mean APOT (Min:Sec)	Median APOT (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	327	51:09	36	327	51:09	19:31	10:48	36
Anaheim Regional Medical Center	883	44:23	22	883	44:23	18:33	11:56	22
Children's Hospital of Orange County	511	14:07	0	511	14:07	7:35	6:16	0
Foothill Regional Medical Center	142	52:32	70	142	52:32	25:16	19:05	70
Garden Grove Hosp and MC	401	87:01	210	401	87:01	36:05	22:07	210
Hoag Hospital Irvine	845	17:40	187	845	17:40	10:38	9:37	187
Hoag Memorial Hosp Presbyterian	1,670	14:44	191	1,670	14:44	9:17	8:24	191
Huntington Beach Hospital	616	47:06	171	616	47:06	20:51	12:53	171
Kaiser Permanente - Anaheim MC	456	39:25	156	456	39:25	20:11	16:07	156
Kaiser Permanente - Irvine MC	567	39:00	108	567	39:00	19:43	15:11	108
La Palma Intercommunity Hospital	544	28:15	64	544	28:15	14:42	11:36	64
Mission Hospital - Laguna Beach	413	39:17	80	413	39:17	18:58	14:48	80
Mission Hospital Regional MC	1,736	27:00	185	1,736	27:00	14:06	12:31	185
Orange Coast Memorial MC	572	24:26	338	572	24:26	15:46	13:24	338
Orange County Global MC	679	27:00	316	679	27:00	13:02	7:00	316
Saddleback Memorial MC	872	25:56	255	872	25:56	14:35	12:06	255
South Coast Global Medical Center	362	37:23	64	362	37:23	19:48	16:03	64
St. Joseph Hospital	1,347	23:40	240	1,347	23:40	12:16	9:14	240
St. Jude Medical Center	1,250	39:41	198	1,250	39:41	19:15	13:59	198
UCI Health - Fountain Valley	807	47:41	297	807	47:41	21:36	14:42	297
UCI Health - Los Alamitos	461	56:18	338	461	56:18	26:08	19:11	338
UCI Health - Placentia Linda	667	47:34	96	667	47:34	18:34	10:15	96
UCI Medical Center	1,012	33:39	305	1,012	33:39	13:51	6:40	305
West Anaheim Medical Center	968	57:52	169	968	57:52	25:25	17:18	169

Median Hospital 90th Percentile APOT Time 39:08
InterQuartile Range 26:44, 47:36

39:08
26:44, 47:36

OC EMS System Total (Aggregate)	18,108	34:42
OCEMS System Mean APOT Time		16:36
Standard Deviation	+/-	17:53
OCEMS System Median APOT Time		11:16
InterQuartile Range	6:25, 19:36	

18,108	34:42
	16:36
+/-	17:53
	11:16
6:25, 19:36	

Diversion Hours 4095
Diverted Transports 1768
Hospitals/Day Range 8-23/day
Transports w/ APOT 30-60min 1660
Transports w/ APOT >60min 616



Ambulance Patient Offload Time (APOT-1) Report
February 2025

Hospital	2025 Totals			February 2025				
	Transports	90th Percentile APOT (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT (Min:Sec)	Mean APOT (Min:Sec)	Median APOT (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	581	45:39	46	254	39:02	16:37	9:59	10
Anaheim Regional Medical Center	1,520	40:29	24	637	35:29	14:51	10:12	2
Children's Hospital of Orange County	881	14:22	0	370	15:05	7:14	5:37	0
Foothill Regional Medical Center	239	46:19	109	97	33:48	19:37	15:28	39
Garden Grove Hosp and MC	782	74:51	316	381	59:28	27:30	18:17	107
Hoag Hospital Irvine	1,611	17:14	282	766	16:16	9:40	8:48	95
Hoag Memorial Hosp Presbyterian	3,238	14:25	245	1,568	14:02	8:55	8:16	54
Huntington Beach Hospital	1,068	43:35	259	452	40:24	18:10	11:52	87
Kaiser Permanente - Anaheim MC	889	39:37	265	433	40:22	19:30	14:54	109
Kaiser Permanente - Irvine MC	1,016	38:53	154	449	37:55	18:49	14:07	46
La Palma Intercommunity Hospital	923	26:17	96	379	21:57	12:04	10:00	32
Mission Hospital - Laguna Beach	776	35:01	89	363	31:45	15:57	12:39	9
Mission Hospital Regional MC	3,142	25:39	262	1,406	24:00	12:51	11:20	77
Orange Coast Memorial MC	1,034	24:35	554	462	24:35	15:31	12:48	216
Orange County Global MC	1,325	28:12	427	646	28:59	12:23	7:16	111
Saddleback Memorial MC	1,666	23:30	354	794	21:31	12:30	11:08	100
South Coast Global Medical Center	631	37:09	100	269	36:39	18:21	15:08	36
St. Joseph Hospital	2,639	24:34	345	1,292	25:42	13:10	10:00	105
St. Jude Medical Center	2,335	39:50	328	1,085	40:17	19:05	13:46	131
UCI Health - Fountain Valley	1,546	41:58	455	739	39:05	18:13	13:07	158
UCI Health - Los Alamitos	942	55:26	509	481	54:36	25:08	18:10	171
UCI Health - Placentia Linda	1,233	40:45	132	566	32:15	14:20	9:10	36
UCI Medical Center	1,848	34:15	564	836	35:28	13:18	6:33	259
West Anaheim Medical Center	1,809	52:53	251	841	48:16	21:47	15:07	81

Median Hospital 90th Percentile APOT Time 38:01
InterQuartile Range 25:23, 42:22

34:38
24:26, 39:23

OC EMS System Total (Aggregate)	33,674	32:55
OCEMS System Mean APOT Time	15:53	
Standard Deviation	+/- 16:47	
OCEMS System Median APOT Time	10:57	
InterQuartile Range	6:17, 18:53	

15,566	30:41
15:02	
+/- 15:22	
10:37	
6:06, 18:01	

Diversion Hours 2071
Diverted Transports 867
Hospitals/Day Range 5-19/day
Transports w/ APOT 30-60min 1241
Transports w/ APOT >60min 345



County of Orange
Health Care Agency
Emergency Medical Services

Emergency Receiving Center Diversion Report
December 2024

Hospital	2024 Totals							December 2024						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
North Region	32,264	32:02	1473 (3.4%)	421 (1.0%)	626 (3.6%)	498 (5.7%)	NA	2,819	37:16	354 (9.5%)	0 (0.0%)	139 (9.4%)	129 (17.4%)	NA
Anaheim Global Medical Center	3,352	33:25	219 (2.5%)	373 (4.2%)	NA	NA	NA	289	31:40	70 (9.4%)	0 (0.0%)	NA	NA	NA
Anaheim Regional Medical Center	7,801	32:56	124 (1.4%)	45 (0.5%)	124 (1.4%)	NA	NA	755	37:30	10 (1.3%)	0 (0.0%)	10 (1.4%)	NA	NA
Kaiser Permanente - Anaheim MC	5,273	37:37	639 (7.3%)	0 (0.0%)	NA	NA	NA	405	41:55	146 (19.6%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	15,838	34:05	492 (5.6%)	3 (0.0%)	501 (5.7%)	498 (5.7%)	NA	1,370	40:20	128 (17.2%)	0 (0.0%)	129 (17.4%)	129 (17.4%)	NA
UCI Health - Placentia Linda	5,746	22:58	76 (0.9%)	1 (0.0%)	NA	NA	NA	641	38:52	58 (7.8%)	0 (0.0%)	NA	NA	NA
South Region	47,874	23:50	2668 (6.1%)	16 (0.0%)	2246 (8.5%)	1514 (8.6%)	0 (0.0%)	4,323	24:55	476 (12.8%)	0 (0.0%)	347 (15.6%)	209 (14.1%)	0 (0.0%)
Hoag Hospital Irvine	9,380	18:44	848 (9.7%)	0 (0.0%)	860 (9.8%)	NA	NA	811	16:09	134 (18.0%)	0 (0.0%)	135 (18.1%)	NA	NA
Kaiser Permanente - Irvine MC	5,700	31:09	288 (3.3%)	0 (0.0%)	NA	NA	NA	537	34:53	76 (10.2%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	3,762	27:43	185 (2.1%)	16 (0.2%)	NA	NA	NA	329	34:03	58 (7.8%)	0 (0.0%)	NA	NA	NA
Mission Hospital Regional MC	19,021	24:46	468 (5.3%)	0 (0.0%)	502 (5.7%)	470 (5.4%)	0 (0.0%)	1,709	25:22	97 (13.1%)	0 (0.0%)	101 (13.6%)	98 (13.1%)	0 (0.0%)
Saddleback Memorial MC	10,011	21:53	880 (10.0%)	0 (0.0%)	884 (10.1%)	1043 (11.9%)	NA	937	24:06	111 (14.9%)	0 (0.0%)	111 (15.0%)	111 (15.0%)	NA
West Region	20,383	44:48	1569 (6.0%)	3 (0.0%)	1500 (8.5%)	1044 (11.9%)	NA	1,953	43:50	309 (13.8%)	0 (0.0%)	281 (18.9%)	240 (32.3%)	NA
La Palma Intercommunity Hospital	3,304	34:13	148 (1.7%)	2 (0.0%)	NA	NA	NA	450	19:43	34 (4.5%)	0 (0.0%)	NA	NA	NA
UCI Health - Los Alamitos	6,856	57:00	1034 (11.8%)	0 (0.0%)	1040 (11.8%)	1044 (11.9%)	NA	508	59:31	239 (32.1%)	0 (0.0%)	240 (32.3%)	240 (32.3%)	NA
West Anaheim Medical Center	10,223	44:29	386 (4.4%)	1 (0.0%)	461 (5.2%)	NA	NA	995	52:52	37 (4.9%)	0 (0.0%)	41 (5.5%)	NA	NA
Central Region	54,732	29:58	6111 (11.6%)	190 (2.2%)	5756 (16.4%)	5892 (16.8%)	457 (1.7%)	4,841	30:39	897 (20.1%)	22 (0.5%)	870 (29.2%)	844 (28.3%)	85 (3.8%)
Children's Hospital of OC	4,554	13:34	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	468	13:58	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Garden Grove Hosp and MC	4,990	43:50	614 (7.0%)	28 (0.3%)	NA	NA	NA	450	56:17	87 (11.7%)	2 (0.3%)	NA	NA	NA
Orange County Global MC	8,206	26:11	1613 (18.4%)	10 (0.1%)	1672 (19.0%)	1632 (18.6%)	278 (3.2%)	650	29:15	257 (34.6%)	2 (0.2%)	259 (34.8%)	259 (34.8%)	48 (6.5%)
St. Joseph Hospital	15,717	27:59	919 (10.5%)	144 (1.6%)	928 (10.6%)	1124 (12.8%)	NA	1,412	26:18	181 (24.4%)	9 (1.3%)	182 (24.5%)	191 (25.7%)	NA
UCI Health - Fountain Valley	9,660	32:49	457 (5.2%)	0 (0.0%)	634 (7.2%)	606 (6.9%)	NA	804	31:59	141 (19.0%)	0 (0.0%)	197 (26.4%)	153 (20.6%)	NA
UCI Medical Center	11,605	34:34	2508 (28.6%)	9 (0.1%)	2522 (28.7%)	2531 (28.8%)	178 (2.0%)	1,057	35:24	231 (31.0%)	9 (1.2%)	232 (31.2%)	240 (32.3%)	37 (4.9%)
Coastal Region	36,080	20:23	3227 (7.3%)	303 (3.4%)	2108 (12.0%)	571 (6.5%)	NA	3,257	22:14	467 (12.6%)	4 (0.1%)	269 (18.1%)	75 (10.0%)	NA
Foothill Regional Medical Center	1,060	39:55	391 (4.5%)	78 (0.9%)	NA	NA	NA	127	56:49	66 (8.8%)	0 (0.0%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	19,970	14:16	567 (6.4%)	1 (0.0%)	573 (6.5%)	571 (6.5%)	NA	1,810	13:53	74 (10.0%)	0 (0.0%)	75 (10.0%)	75 (10.0%)	NA
Huntington Beach Hospital	5,358	32:20	334 (3.8%)	3 (0.0%)	NA	NA	NA	470	42:12	54 (7.2%)	0 (0.0%)	NA	NA	NA
Orange Coast Memorial MC	6,472	22:49	1474 (16.8%)	0 (0.0%)	1536 (17.5%)	NA	NA	583	22:32	187 (25.1%)	0 (0.0%)	195 (26.2%)	NA	NA
South Coast Global MC	3,220	32:37	462 (5.3%)	221 (2.5%)	NA	NA	NA	267	34:05	87 (11.7%)	4 (0.6%)	NA	NA	NA
Orange County EMS System	197,079	28:54	15125 (7.2%)	934 (0.4%)	12236 (10.0%)	9519 (12.0%)	457 (1.3%)	17,834	31:20	2561 (14.3%)	27 (0.1%)	1906 (18.3%)	1497 (22.4%)	85 (2.9%)



Emergency Receiving Center Diversion Report
January 2025

Hospital	2025 Totals							January 2025						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
North Region	2,916	42:04	412 (11.1%)	9 (0.3%)	221 (14.9%)	201 (27.0%)	NA	2,916	40:44	412 (11.1%)	9 (0.3%)	221 (14.9%)	201 (27.0%)	NA
Anaheim Global Medical Center	327	51:09	36 (4.8%)	2 (0.3%)	NA	NA	NA	327	51:09	36 (4.8%)	2 (0.3%)	NA	NA	NA
Anaheim Regional Medical Center	883	44:23	22 (3.0%)	7 (1.0%)	22 (3.0%)	NA	NA	883	44:23	22 (3.0%)	7 (1.0%)	22 (3.0%)	NA	NA
Kaiser Permanente - Anaheim MC	456	39:25	156 (21.0%)	0 (0.0%)	NA	NA	NA	456	39:25	156 (21.0%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	1,250	39:41	198 (26.6%)	0 (0.0%)	199 (26.8%)	201 (27.0%)	NA	1,250	39:41	198 (26.6%)	0 (0.0%)	199 (26.8%)	201 (27.0%)	NA
UCI Health - Placentia Linda	667	47:34	96 (12.9%)	0 (0.0%)	NA	NA	NA	667	47:34	96 (12.9%)	0 (0.0%)	NA	NA	NA
South Region	4,433	27:54	815 (21.9%)	45 (1.2%)	631 (28.3%)	443 (29.8%)	0 (0.0%)	4,433	27:54	815 (21.9%)	45 (1.2%)	631 (28.3%)	443 (29.8%)	0 (0.0%)
Hoag Hospital Irvine	845	17:40	187 (25.2%)	0 (0.0%)	189 (25.3%)	NA	NA	845	17:40	187 (25.2%)	0 (0.0%)	189 (25.3%)	NA	NA
Kaiser Permanente - Irvine MC	567	39:00	108 (14.5%)	0 (0.0%)	NA	NA	NA	567	39:00	108 (14.5%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	413	39:17	80 (10.7%)	45 (6.1%)	NA	NA	NA	413	39:17	80 (10.7%)	45 (6.1%)	NA	NA	NA
Mission Hospital Regional MC	1,736	27:00	185 (24.9%)	0 (0.0%)	186 (25.0%)	186 (25.0%)	0 (0.0%)	1,736	27:00	185 (24.9%)	0 (0.0%)	186 (25.0%)	186 (25.0%)	0 (0.0%)
Saddleback Memorial MC	872	25:56	255 (34.2%)	0 (0.0%)	256 (34.5%)	257 (34.6%)	NA	872	25:56	255 (34.2%)	0 (0.0%)	256 (34.5%)	257 (34.6%)	NA
West Region	1,973	48:23	572 (25.6%)	19 (0.8%)	518 (34.8%)	340 (45.7%)	NA	1,973	46:44	572 (25.6%)	19 (0.8%)	518 (34.8%)	340 (45.7%)	NA
La Palma Intercommunity Hospital	544	28:15	64 (8.6%)	1 (0.1%)	NA	NA	NA	544	28:15	64 (8.6%)	1 (0.1%)	NA	NA	NA
UCI Health - Los Alamitos	461	56:18	338 (45.5%)	0 (0.0%)	340 (45.7%)	340 (45.7%)	NA	461	56:18	338 (45.5%)	0 (0.0%)	340 (45.7%)	340 (45.7%)	NA
West Anaheim Medical Center	968	57:52	169 (22.8%)	18 (2.4%)	178 (23.9%)	NA	NA	968	57:52	169 (22.8%)	18 (2.4%)	178 (23.9%)	NA	NA
Central Region	4,757	35:08	1367 (30.6%)	4 (0.5%)	1176 (39.5%)	1174 (39.5%)	81 (3.6%)	4,757	32:26	1367 (30.6%)	4 (0.1%)	1176 (39.5%)	1174 (39.5%)	81 (3.6%)
Children's Hospital of OC	511	14:07	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	511	14:07	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Garden Grove Hosp and MC	401	87:01	210 (28.2%)	0 (0.0%)	NA	NA	NA	401	87:01	210 (28.2%)	0 (0.0%)	NA	NA	NA
Orange County Global MC	679	27:00	316 (42.4%)	4 (0.5%)	317 (42.7%)	322 (43.2%)	41 (5.5%)	679	27:00	316 (42.4%)	4 (0.5%)	317 (42.7%)	322 (43.2%)	41 (5.5%)
St. Joseph Hospital	1,347	23:40	240 (32.3%)	0 (0.0%)	242 (32.5%)	242 (32.5%)	NA	1,347	23:40	240 (32.3%)	0 (0.0%)	242 (32.5%)	242 (32.5%)	NA
UCI Health - Fountain Valley	807	47:41	297 (39.9%)	0 (0.0%)	310 (41.6%)	304 (40.8%)	NA	807	47:41	297 (39.9%)	0 (0.0%)	310 (41.6%)	304 (40.8%)	NA
UCI Medical Center	1,012	33:39	305 (41.0%)	0 (0.0%)	307 (41.3%)	307 (41.3%)	40 (5.4%)	1,012	33:39	305 (41.0%)	0 (0.0%)	307 (41.3%)	307 (41.3%)	40 (5.4%)
Coastal Region	3,362	25:35	833 (22.4%)	0 (0.0%)	536 (36.0%)	193 (25.9%)	NA	3,362	25:35	833 (22.4%)	0 (0.0%)	536 (36.0%)	193 (25.9%)	NA
Foothill Regional Medical Center	142	52:32	70 (9.4%)	0 (0.0%)	NA	NA	NA	142	52:32	70 (9.4%)	0 (0.0%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	1,670	14:44	191 (25.7%)	0 (0.0%)	193 (25.9%)	193 (25.9%)	NA	1,670	14:44	191 (25.7%)	0 (0.0%)	193 (25.9%)	193 (25.9%)	NA
Huntington Beach Hospital	616	47:06	171 (23.0%)	0 (0.0%)	NA	NA	NA	616	47:06	171 (23.0%)	0 (0.0%)	NA	NA	NA
Orange Coast Memorial MC	572	24:26	338 (45.4%)	0 (0.0%)	343 (46.1%)	NA	NA	572	24:26	338 (45.4%)	0 (0.0%)	343 (46.1%)	NA	NA
South Coast Global MC	362	37:23	64 (8.6%)	0 (0.0%)	NA	NA	NA	362	37:23	64 (8.6%)	0 (0.0%)	NA	NA	NA
Orange County EMS System	18,108	34:42	4095 (22.9%)	77 (0.4%)	3082 (29.6%)	2351 (35.1%)	81 (2.7%)	18,108	34:42	4095 (22.9%)	77 (0.4%)	3082 (29.6%)	2351 (35.1%)	81 (2.7%)



Emergency Receiving Center Diversion Report
February 2025

Hospital	2025 Totals							February 2025						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
North Region	5,325	39:35	664 (9.4%)	19 (0.3%)	356 (12.6%)	335 (23.7%)	NA	2,409	37:25	252 (7.5%)	9 (0.3%)	134 (10.0%)	134 (20.0%)	NA
Anaheim Global Medical Center	581	45:39	46 (3.2%)	2 (0.1%)	NA	NA	NA	254	39:02	10 (1.5%)	0 (0.0%)	NA	NA	NA
Anaheim Regional Medical Center	1,520	40:29	24 (1.7%)	17 (1.2%)	24 (1.7%)	NA	NA	637	35:29	2 (0.3%)	9 (1.4%)	2 (0.3%)	NA	NA
Kaiser Permanente - Anaheim MC	889	39:37	265 (18.7%)	0 (0.0%)	NA	NA	NA	433	40:22	109 (16.2%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	2,335	39:50	328 (23.2%)	0 (0.0%)	331 (23.4%)	335 (23.7%)	NA	1,085	40:17	131 (19.4%)	0 (0.0%)	132 (19.7%)	134 (20.0%)	NA
UCI Health - Placentia Linda	1,233	40:45	132 (9.3%)	0 (0.0%)	NA	NA	NA	566	32:15	36 (5.3%)	0 (0.0%)	NA	NA	NA
South Region	8,211	25:56	1141 (16.1%)	45 (0.6%)	904 (21.3%)	621 (21.9%)	0 (0.0%)	3,778	23:42	326 (9.7%)	0 (0.0%)	273 (13.5%)	178 (13.2%)	0 (0.0%)
Hoag Hospital Irvine	1,611	17:14	282 (19.9%)	0 (0.0%)	284 (20.1%)	NA	NA	766	16:16	95 (14.1%)	0 (0.0%)	95 (14.2%)	NA	NA
Kaiser Permanente - Irvine MC	1,016	38:53	154 (10.9%)	0 (0.0%)	NA	NA	NA	449	37:55	46 (6.9%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	776	35:01	89 (6.3%)	45 (3.2%)	NA	NA	NA	363	31:45	9 (1.3%)	0 (0.0%)	NA	NA	NA
Mission Hospital Regional MC	3,142	25:39	262 (18.5%)	0 (0.0%)	263 (18.6%)	263 (18.6%)	0 (0.0%)	1,406	24:00	77 (11.4%)	0 (0.0%)	77 (11.5%)	77 (11.5%)	0 (0.0%)
Saddleback Memorial MC	1,666	23:30	354 (25.0%)	0 (0.0%)	356 (25.2%)	357 (25.2%)	NA	794	21:31	100 (14.8%)	0 (0.0%)	100 (14.9%)	100 (14.9%)	NA
West Region	3,674	45:50	856 (20.1%)	19 (0.4%)	805 (28.4%)	512 (36.2%)	NA	1,701	38:12	284 (14.1%)	0 (0.0%)	287 (21.4%)	172 (25.6%)	NA
La Palma Intercommunity Hospital	923	26:17	96 (6.8%)	1 (0.1%)	NA	NA	NA	379	21:57	32 (4.8%)	0 (0.0%)	NA	NA	NA
UCI Health - Los Alamitos	942	55:26	509 (35.9%)	0 (0.0%)	512 (36.2%)	512 (36.2%)	NA	481	54:36	171 (25.4%)	0 (0.0%)	172 (25.6%)	172 (25.6%)	NA
West Anaheim Medical Center	1,809	52:53	251 (17.7%)	18 (1.3%)	293 (20.7%)	NA	NA	841	48:16	81 (12.1%)	0 (0.0%)	115 (17.2%)	NA	NA
Central Region	9,021	33:58	2108 (24.8%)	19 (1.3%)	1833 (32.4%)	1820 (32.1%)	188 (4.4%)	4,264	30:52	740 (18.4%)	15 (0.4%)	657 (24.5%)	646 (24.0%)	107 (5.3%)
Children's Hospital of OC	881	14:22	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	370	15:05	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Garden Grove Hosp and MC	782	74:51	316 (22.3%)	12 (0.8%)	NA	NA	NA	381	59:28	107 (15.9%)	12 (1.8%)	NA	NA	NA
Orange County Global MC	1,325	28:12	427 (30.2%)	7 (0.5%)	436 (30.8%)	440 (31.1%)	70 (4.9%)	646	28:59	111 (16.6%)	3 (0.4%)	119 (17.7%)	118 (17.6%)	29 (4.3%)
St. Joseph Hospital	2,639	24:34	345 (24.4%)	0 (0.0%)	347 (24.5%)	347 (24.5%)	NA	1,292	25:42	105 (15.6%)	0 (0.0%)	106 (15.7%)	106 (15.7%)	NA
UCI Health - Fountain Valley	1,546	41:58	455 (32.1%)	0 (0.0%)	480 (33.9%)	466 (32.9%)	NA	739	39:05	158 (23.6%)	0 (0.0%)	170 (25.3%)	162 (24.1%)	NA
UCI Medical Center	1,848	34:15	564 (39.8%)	0 (0.0%)	570 (40.3%)	568 (40.1%)	118 (8.3%)	836	35:28	259 (38.5%)	0 (0.0%)	263 (39.1%)	260 (38.7%)	78 (11.6%)
Coastal Region	6,210	24:15	1266 (17.9%)	20 (1.4%)	814 (28.7%)	247 (17.4%)	NA	2,848	22:30	433 (12.9%)	20 (0.6%)	278 (20.7%)	54 (8.0%)	NA
Foothill Regional Medical Center	239	46:19	109 (7.7%)	3 (0.2%)	NA	NA	NA	97	33:48	39 (5.8%)	3 (0.5%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	3,238	14:25	245 (17.3%)	0 (0.0%)	247 (17.4%)	247 (17.4%)	NA	1,568	14:02	54 (8.0%)	0 (0.0%)	54 (8.0%)	54 (8.0%)	NA
Huntington Beach Hospital	1,068	43:35	259 (18.3%)	0 (0.0%)	NA	NA	NA	452	40:24	87 (13.0%)	0 (0.0%)	NA	NA	NA
Orange Coast Memorial MC	1,034	24:35	554 (39.1%)	0 (0.0%)	567 (40.0%)	NA	NA	462	24:35	216 (32.2%)	0 (0.0%)	224 (33.3%)	NA	NA
South Coast Global MC	631	37:09	100 (7.0%)	16 (1.2%)	NA	NA	NA	269	36:39	36 (5.4%)	16 (2.4%)	NA	NA	NA
Orange County EMS System	33,674	32:55	6166 (18.1%)	121 (0.3%)	4712 (23.8%)	3535 (27.7%)	188 (3.3%)	15,566	30:41	2071 (12.8%)	44 (0.3%)	1630 (17.3%)	1184 (19.6%)	107 (4.0%)

Attachment #3


Correspondence

Memo #5359 EMS Director Update

Memo #5391 Prehospital/CQI Coordinator

**County of Orange Memo Recommended at
Large Nomination to the OC EMCC**



Date: February 19, 2025
To: ALL EMS Distribution
From: MIKE NOONE, NRP
Assistant EMS Administrator 
Subject: EMS DIRECTOR UPDATE

On February 20, 2025, Tammi McConnell will resign from the Orange County Health Care Agency after 15 years of service to the OC EMS Agency as EMS Director. We congratulate and thank her for her dedication, innovation, and hard work.

Effective immediately, Mike Noone, Assistant Administrator, will be assuming EMS administrative leadership responsibilities while a new EMS director is chosen. Dr. Carl Schultz remains our EMS medical director.

Going forward, please contact Mike Noone for any EMS issues.

Mike's contact information has not changed:

Mike Noone, NRP
mnoone@ochca.com
714-834-5032
EMS Duty Officer: 714-415-8980



VERONICA KELLEY, DSW, LCSW
AGENCY DIRECTOR

LORRAINE DANIEL, MPA
ASSISTANT AGENCY DIRECTOR

MINDY WINTERSWYK, DPT, PCS
DIRECTOR OF SPECIALIZED MEDICAL
SERVICES

MIKE NOONE, NRP
EMERGENCY MEDICAL SERVICES
ASSISTANT DIRECTOR

405 W. 5th STREET, SUITE 301-A
SANTA ANA, CA 92701
PHONE: 714-834-5032
FAX: 714-834-3125
Email: mnoone@ochca.com

SPECIALIZED MEDICAL SERVICES EMERGENCY MEDICAL SERVICES

MEMO

DATE: March 13, 2025

TO: EMS System

FROM: Mike Noone, BS, NRP, Assistant EMS Director



SUBJECT: OCEMS Prehospital/CQI Coordinator

Orange County Emergency Medical Services (OCEMS) is pleased to announce Stephanie King, BSN, RN as the new EMS Prehospital/CQI Coordinator, formerly titled as the ALS Coordinator. Stephanie will be responsible for overseeing and helping to improve the effectiveness, quality, and appropriateness of prehospital patient care in the Orange County EMS system. She will collaborate with partners, such as EMS providers, Base Hospital Coordinators, internal OCEMS staff and other stakeholders, by establishing and participating in CQI programs, compiling and analyzing data, evaluating policies and procedures, helping coordinate EMS disaster preparedness, helping train MICNs and ensuring EMS collaboration with facilities.

Stephanie comes to OCEMS after a variety of experiences in the healthcare world. After working as a hospital patient transporter, CNA, and then LVN, she received her RN and joined Orange County Global Medical Center in 2014 as an emergency department nurse and a nurse preceptor. Stephanie earned her BSN and then joined Mission Hospital, Mission Viejo in 2016 where she expanded her professional growth, becoming an MICN, charge nurse, disaster trainer, ED/Trauma nurse educator, house supervisor and finally the interim ED Nurse Manager. More recently, Stephanie stepped back to become a case manager to help coordinate and ensure patient care; she returns to the EMS world to begin a new challenge.

Please join us in welcoming Stephanie to her new role to ensure continued excellent prehospital patient care in Orange County.

Stephanie King, BSN, RN, CEN, CPEN, MICN
OCEMS Prehospital/CQI Coordinator
Orange County Emergency Medical Services
405 W. 5th Street, Suite 301A
Santa Ana, CA 92701
714-602-0169
stking@ochca.com




County of Orange

Memorandum

March 20, 2025

To: Chair Doug Chaffee, Supervisor, Fourth District

From: Veronica Kelley, Director, Health Care Agency 

Subject: Recommended At Large Nomination to the Orange County Emergency Medical Care Committee

Pursuant to Board of Supervisors Rule of Procedure 16 amended on July 13, 2021, the Health Care Agency recommends the following at large appointment to the Orange County Emergency Medical Care Committee for placement on the April 8, 2025 Board meeting agenda:

1. Appoint the following one nominee to the Orange County Emergency Medical Care Committee effective October 22, 2024 and ending Date: June 30, 2026.
 - Alan V. Albright, MS, LMFT

Information on the recommended at large nominations is contained in the attached Agenda Staff Report and candidate applications.

If you have any questions or concerns, please contact Mindy Winterswyk, Director Specialized Medical Services at (714) 834-5052 or mwinterswyk@ochca.com.

Thank you.

Attachments

Cc: Clerk of the Board

Attachment #4

EMS Policy/Procedure 360.00
Paramedic Triage to Alternate Destination
(TAD) – Behavioral Health
April 1, 2025



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



I. AUTHORITY:

*Health and Safety Code, Division 2.5, Sections 1797.220, 1798; Chapter 13, effective January 1, 2022.
California Code of Regulations, Title 22, Division 9, Chapters 4 & 5.*

II. APPLICATION:

This policy defines the approach and requirements for establishing a paramedic triage to alternate destination (TAD) program for behavioral health patients. It applies only to the current test project involving the Anaheim Fire Department paramedics and the Orange County Behavioral Health Crisis Stabilization Unit (CSU) in Santa Ana. However, if successful, the pilot project will be expanded to include all of Orange County.

III. POLICY:

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5 and applies to individuals currently licensed as paramedics by the State of California and accredited to practice in Orange County by the Orange County Emergency Medical Services Agency (OCEMS). A paramedic with these qualifications may be designated as a TAD paramedic in Orange County upon successfully completing the qualifications and requirements of the accreditation process. Failure by TAD paramedics or TAD facilities to comply with the HSC § 1317, CCR, and EMS policy may result in denial, probation, suspension, or revocation of approval. Procedure for non-compliance shall be in accordance with CCR 100118.01.

IV. REQUEST FOR EMSA APPROVAL OF OCEMS TAD PROGRAM – BEHAVIORAL HEALTH

A. OCEMS DOCUMENTATION

OCEMS is submitting this formal request to the Emergency Medical Services Authority (EMSA) for approval of a triage to alternate destination program targeting behavioral health. Our request includes the documentation described in this section (IV) plus additional material provided in the pages below.

1. Community Need and Solution

Orange County has struggled with the excessive boarding of mental health patients in emergency departments (EDs) for over 30 years. Multiple attempts have been made by various county agencies over the years to address the problem, all of which have failed. It is now common for mental health patients to wait in EDs for over 24 hours before they are transferred to facilities that can provide mental health care. These individuals typically have no medical problems and are forced to wait in EDs that have no capacity to treat their condition.

Implementation of the Triage to Alternate Destination – Behavioral Health program offers a new first-of-its-kind solution to this problem. By enrolling trained 911 providers and partnering with CSUs, OCEMS can potentially avoid transport of mental health patients who call 911 to EDs all together. Instead, such individuals can be sent to mental health facilities with trained staff who can immediately begin treatment, thus avoiding a needless ED visit. CSUs have the ability to treat most behavioral health emergencies on-site and release the individuals back to the community. For those that require longer stays, the CSUs have relationships with in-patient providers that can continue patient care.

2. All program medical protocols/policies (data collection, transport, patient safety, QA/QI process, etc)



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH

All the policies, procedures, and standing orders associated with the TAD program will be listed on the EMS website. No local optional scope approval will be needed. Data collection requirements are listed in Attachments 1-2 at the end of this document. All patients transported to CSUs will be flagged for review. This will ensure patient safety and rapid QA/QI processes. By reviewing all cases sent to a CSU, OCEMS can remain vigilant and rapidly intervene if problems are identified.

3. All program service provider approval documentation, including written agreements, if any and all relevant alternate destination facility approval documentation will be attached (see Attachments 3 & 9).
4. Curriculum for TAD behavioral health program focused training:

See Section X. TAD TRAINING PROGRAM REQUIREMENTS FOR ADMINISTRATION, FACULTY, AND CURRICULUM

B. APPROVAL PERIOD AND RENEWAL

OCEMS authorization of the triage to alternate destination program shall be for twelve (12) months from the date of approval. Renewal of the program shall be completed annually through submission of the Triage to Alternate Destination Annex of the EMS plan process found in section 100117.01.

C. QUALITY IMPROVEMENT

OCEMS will notify EMSA of any reported complaints or unusual occurrences for the approved triage to alternate destination program within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

All TAD program participants and OCEMS shall include the triage to alternate destinations program in their existing Quality Improvement assessments. In addition, they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations describing EMS system quality improvement.

V. OCEMS OVERSIGHT OF TAD PROGRAM PARTICIPANTS

A. OVERSIGHT AUTHORITY

Oversight authority for the TAD program is vested in OCEMS by statute. The agency can conduct onsite visits, inspect, investigate, and discipline approved TAD program participants (alternate destination facilities, TAD training programs, and TAD providers) for failure to comply with or fulfill provisions of statute, regulation or additional requirements established by OCEMS. This may result in denial, probation, suspension, or revocation of the approval provided by OCEMS.

OCEMS shall approve and annually review all participants in the triage to alternate destination program, including the TAD providers, training programs, and alternate destination facilities.

B. EMERGENCY MEDICAL CARE COMMITTEE MEMBERSHIP

The existing Emergency Medical Care Committee will advise OCEMS on the development of the TAD program and other matters relating to emergency medical services. California HSC 1797.273(b) requires that the membership of the Emergency Medical Care Committee includes all of the following members to advise the local EMS agency regarding TAD-Behavioral Health. The following checklist indicates that OCEMS is compliant.

**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**

Committee Members	Yes/No
1. One emergency medicine physician who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.	Yes. Society of Orange County Emergency Physicians
2. One registered nurse practicing within the jurisdiction of the local EMS agency	Yes. Orange Coast Emergency Nurses Association
3. One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency.	Yes. Orange County Fire Chiefs Association
4. One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.	Yes. Hospital Association of Southern California
5. Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialty or other specialties described in 1815 and 1819.	Yes. Orange County Behavioral Health Advisory Board

C. NONCOMPLIANCE NOTIFICATION

The following are the procedures for notifying TAD program participants of noncompliance and subsequent actions.

1. OCEMS shall provide written notification of noncompliance with any state or local standard or requirement to the TAD program provider within ten (10) days of discovery. The notice will include the specific requirements they failed to meet. The notification shall be sent by certified mail to the TAD program participant director.
2. Within fifteen (15) days from receipt of the noncompliance notification, the TAD program participant shall submit in writing, by certified mail, to the LEMSA one of the following:
 - a. Evidence of compliance with the provisions of the state or local standards and requirements, as applicable, or
 - b. A plan to comply with the provisions of the state or the local standards and requirements, as applicable, within sixty (60) days from the day of receipt of the notification of noncompliance.
3. Within fifteen (15) days from receipt of the TAD program participant's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the TAD participant, OCEMS shall issue a decision letter by certified mail to



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH

EMSA and the TAD program participant. The letter shall identify OCEMS's decision to take one or more of the following actions:

- a. Accept the evidence of compliance provided.
 - b. Accept the plan for meeting compliance provided.
 - c. Place the training program on probation.
 - d. Suspend or revoke the TAD program participant's approval, but such action will not occur for at least five (5) days after the decision by OCEMS .
4. The decision letter shall also include, but not be limited to, the following information:
- a. Date of decision by OCEMS.
 - b. Specific provisions found noncompliant by OCEMS, if applicable.
 - c. The probation or suspension effective and ending date, if applicable.
 - d. The terms and conditions of the probation or suspension, if applicable.
 - e. The revocation effective date, if applicable.
5. OCEMS shall establish the probation, suspension, or revocation effective dates but no sooner than five (5) days after the date of the TAD program participant notification under section II.C of this policy.
6. EMSA retains authority to take any necessary action against a triage to alternate destination program participant for failure to meet the requirements of Title 22, Division 9, Chapter 5 or the triage to alternate destination program requirements of OCEMS. Such action may be taken in addition to any actions taken by OCEMS and may include immediate suspension or revocation.

VI. DESIGNATION CRITERIA FOR TAD BEHAVIORAL HEALTH AUTHORIZED FACILITY

Establishes standards for the designation of CSUs or other facilities as formal destinations for behavioral health patients identified by triage paramedics as eligible for transport to such facilities.

The local EMS Agency has designated the Orange County Behavioral Health Agency's Crisis Stabilization Unit (CSU) as the initial authorized facility to receive prehospital behavioral health patients. This facility is located at 1030 West Warner Avenue, Santa Ana, CA 93707.

A behavioral health facility may apply to the Orange County EMS Agency (OCEMS) to become an authorized receiving facility for participation in the paramedic TAD program when the test project is successfully concluded. An authorized receiving facility shall be a facility that meets the requirements of CCR 100115.02. The criteria for designation as an authorized facility follow.

A. GENERAL REQUIREMENTS FOR CSUs

1. Current certification by the California Department of Health Care Services Behavioral Health Licensing and Certification Division.
2. Operates 24 hours a day, 7 days a week, 365 days a year.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



3. Execute an agreement with Orange County EMS (OCEMS) to participate in the TAD program accepting behavioral health patients from the field triaged by trained 911 paramedics. OCEMS will approve and annually review CSU participation to ensure compliance with all requirements.
4. Provide adequate space to insure access by ambulance vehicles to the CSU.
5. Designate a Liaison Officer to serve as the point of contact between OCEMS and the CSU.
 - a. This person will be Sarah Vu, RN
6. Accept patients triaged by paramedics without regard to their ability to pay. This includes individuals with private or commercial insurance, Medi-Cal, Medicare, and the uninsured.
7. Notify OCEMS within 24 hours after a functional change in status occurs regarding protocols or ability to provide patient care.
8. Maintain General Liability Insurance as follows or document such coverage provided by a government agency. Orange County Health Care Agency will provide:
 - a. General aggregate: \$2 million
 - b. Products/completed operations aggregate: \$1 million
 - c. Personal and advertising injury: \$1 million
 - d. Each occurrence: \$1 million
 - e. Sexual Misconduct: \$2 million per claim and \$2 million aggregate
 - f. Worker's Compensation and Employers Liability: \$1 million per accident
9. Operate in accordance with Section 1317 of the Health and Safety Code. Failure to operate in accordance with Section 1317 of the Health and Safety Code shall result in the immediate termination of use of the facility as part of the triage to alternate destination program.

B. CSU POLICIES AND PROCEDURES

CSUs shall develop and implement policies and procedures to address the following topics.

1. Expeditiously receive, evaluate, and initiate treatment of patients who meet TAD criteria for behavioral health.
2. Timely transfer of patients who require a higher level of care to an acute care hospital using non-911 ambulance providers.
3. Immediate transfer of patients that develop an emergency medical condition to the most accessible 911 emergency receiving center using the 911 system.
4. Capacity to accept electronic Patient Care Record (PCR) from paramedics.
5. Submission of the following data to OCEMS on a quarterly basis:
 - a. Total number of patients transported to the CSU by EMS paramedics
 - b. Total number of patients transported to the CSU by EMS paramedics who



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



were treated and released.

- c. Total number of patients transported to the CSU by EMS paramedics who required transfer to an acute care hospital/emergency department within 12 hours of arrival.
 - d. Total number of patients transported to the CSU by EMS paramedics who required transfer to another care facility.
 - e. Total number of complaints and unusual/adverse events resulting from treatment of TAD patients at this facility
6. Process for notifying OCEMS of patient transfers requiring 911 transport from the CSU for an emergency medical condition within 24 hours of the occurrence.
 7. Transfer of medical records with the patient who goes to an acute care hospital, to the extent possible. These should include:
 - a. Current medical findings
 - b. Diagnosis
 - c. Laboratory results
 - d. Medications provided prior to transfer
 - e. Summary of treatment course
 - f. Ambulatory status
 - g. Nursing/dietary notes
 - h. Name/contact information for treating provider
 - i. Patient name and date of birth

C. CSU LEADERSHIP AND STAFFING

1. EMS Liaison Officer

Ms. Sarah Vu, RN
Supervising CCN
Orange County CSU
Office: 714-834-7001 Cell: 714-296-1590

- a. Responsibilities:
 - i. Implement and ensure compliance with OCEMS facility requirements
 - ii. Maintain direct involvement in the development, implementation and review of facility policies and procedures related to receiving patients triaged by paramedics through the Triage to Alternate Destination program.
 - iii. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics to the facility.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



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- iv. Liaison with EMS Provider Agencies and law enforcement agencies
 - v. Serve as the contact person for the EMS Agency and be available to respond to County business.
2. The facility shall be staffed on-site at all times with at least one registered nurse.
 3. A physician licensed by the State of California shall be on-call at all times.
 4. All medical and nursing staff shall have current certification on Cardiopulmonary Resuscitation (CPR) through the American Heart Association or Red Cross.
 5. The facility certifies it maintains adequate licensed and qualified medical and professional staff to care for the degree of a patient's needs.
 - a. The facility maintains standardized medical and nursing procedures for nursing staff.

D. CSU EQUIPMENT AND RESOURCES

The facility certifies that the necessary equipment and services are available on site to care for patients, including, but not limited to:

1. Dedicated telephone line to facilitate direct communication between CSU and EMS personnel
2. Use CSU bedboard or phone line access (714-834-6900) to communicate facility's real-time capacity status
3. Automated External Defibrillator on site with staff trained on its proper use
4. At least one bed/recliner/mat is available per licensed patient space.
5. An up-to-date community referral list of services and facilities available to patients

E. PROCEDURE FOR CSU DESIGNATION AS TAD SITE

1. Submit a written request for TAD site designation to the OCEMS Medical Director and include:
 - a. An explanation for requesting designation as a TAD facility.
 - b. A document verifying that the facility has been approved as a CSU as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Health Care Services.
 - c. The proposed date the facility will open to accept patients triaged by paramedics.
 - d. Copies of the policies and procedures required in Section VI.B.
 - e. Names of the facility's Medical Director, Administrator, and EMS Liaison.
2. Site Visit
 - a. Once the facility has attested to meeting all requirements for designation, OCEMS will coordinate a site visit to verify compliance with the items in this policy.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



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- b. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information and become familiar with the physical layout of the facility.

VII. DESIGNATION CRITERIA FOR TAD 911 ALS SERVICE PROVIDER

An approved Orange County Advanced Life Support program wishing to receive designation as a TAD provider for behavioral health may apply to OCEMS in writing. The letter submitted to OCEMS should express interest in participating and include the following documentation:

- A. The application letter requesting designation shall include a statement affirming that the ALS program leadership has reviewed Policy # 360.00 and will comply with its requirements.
- B. Each paramedic completing the TAD training course will sign an OCEMS approved TAD Paramedic Accreditation Application (see Attachment 4) providing proof of eligibility.
- C. The ALS program leadership shall attest that all active paramedics have submitted a TAD Paramedic Accreditation Application.
- D. OCEMS will approve and annually review these agreements to ensure compliance with all requirements.
- E. Verification of training and accreditation for behavioral health triage paramedics will use Section VIII below.
- F. The ALS program leadership shall attest that participants within their organization shall comply with all aspects of Section 1317 of the Health and Safety Code.

VIII. TAD TRIAGE PARAMEDIC ACCREDITATION REQUIREMENTS

TRIAGE PARAMEDIC SCOPE OF PRACTICE

- A. A triage paramedic for behavioral health shall utilize the standard paramedic scope of practice as approved by OCEMS. They will not require any additional local optional or trial study scopes of practice. This includes utilizing their general paramedic scope and other approved scopes while participating in the approved triage to alternate destination program.
- B. Additional policies, procedures, and standing orders may apply only to triage paramedics in Orange County, but these will fall within their standard scope of practice.

TAD PARAMEDIC ACCREDITATION PROCESS

A. Initial Accreditation Requirements

- 1. A triage paramedic shall only utilize triage to alternate destination skills when accredited by OCEMS as a triage paramedic within OCEMS's jurisdiction and when associated with OCEMS's approved triage to alternate destination service program. The applicant shall submit to OCEMS a triage paramedic program application containing the following eligibility criteria for review:
 - a. Proof of an active, unrestricted California issued paramedic license and current accreditation to function as a paramedic in Orange County
 - b. Social Security Number or Individual Tax Identification Number
 - c. OCEMS approved triage paramedicine course completion certificate.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



2. An initial triage paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database (<https://emsverification.emsa.ca.gov/Verification/>). OCEMS has five (5) business days to register the accreditation.
3. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).
4. Accreditation expires on the last day of the month, two (2) years from the effective date of the initial accreditation.

B. Renewal Eligibility

1. To be eligible for renewal, the applicant shall submit to the OCEMS triage paramedicine program, an application with the following eligibility criteria for review:
 - a. Proof of a current, unrestricted California issued paramedic license, and
 - b. Proof of completion of four (4) hours approved triage paramedicine related continuing education (CE)
2. OCEMS has 30 business days to respond to the application. It shall issue either a written approval or denial (including right to appeal if denied).
3. Renewal is required every two (2) years to maintain accreditation.

C. Reinstatement Eligibility – Expiration Date within last 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for a period of twelve (12) months or less, the applicant shall submit to the OCEMS triage paramedic program an application with the following eligibility criteria for review:
 - a. Proof of a current, unrestricted California issued paramedic license, and
 - b. Proof of completion of four (4) hours of approved local triage paramedic related continuing education (CE).
2. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).

D. Reinstatement Eligibility - Expiration Date Greater than 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for more than twelve (12) months, the applicant shall submit to the OCEMS triage paramedicine program, the following eligibility criteria for review:
 - a. Proof of a current, unrestricted California issued paramedic license
 - b. Proof of successful completion of an OCEMS approved triage to alternate destination training course within the last year from the submission date of the reinstatement application.
2. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).

E. Fee Schedule



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



OCEMS does not plan on establishing a schedule of fees for triage paramedic initial, renewal, or reinstatement accreditation at this time.

DATA REPORTING CRITERIA

OCEMS shall submit a summary data report of the number of authorized triage paramedic personnel to EMSA no later than the thirtieth (30) calendar day of January, April, July, and October.

DISCIPLINARY PROCEDURES

The disciplinary procedures for a community paramedic or triage paramedic shall be consistent with subsection (d) of Section 1797.194 of the Health and Safety Code.

IX. TAD TRAINING PROGRAM DOCUMENTS REQUIRED FOR PROGRAM APPROVAL

- A. Training program applicants shall submit a written request to OCEMS for approval as a paramedic triage to alternate destination for behavioral health training program (see Attachment 5 and Attachment 6).
- B. The following documentation must be submitted to OCEMS along with the request for approval and will be reviewed before any decision is made.
 1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National EMS Education Standards.
 2. An outline of course objectives.
 3. A list of performance objectives for each skill.
 4. The names and qualifications of the training program director, program medical director, and instructors.
 5. The proposed location(s) and date(s) for courses.
 6. If applicable, written contracts or agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.
 7. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.
 8. Samples of written and skills examinations administered by the training program.
 9. Evidence that training program facilities, equipment, examination securities, and student record keeping comply with state statute, regulation, and OCEMS requirements.
- C. OCEMS notifications to the training programs
 1. After the program satisfactorily meets and documents compliance with all program requirements, OCEMS shall approve and establish the effective date of program approval in writing (see Attachment 7).
 2. Notification of program approval or application deficiencies shall be made in writing by OCEMS to the requesting training program within ninety (90) days of receiving the training program's request for approval.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



3. Training program approval shall be valid for four (4) years, ending on the last day of the month in which it was issued. Program approval may be renewed every four (4) years.
4. OCEMS shall notify the EMSA in writing of the training program approval, including the name and contact information of the program director, medical director, and effective date of the program (see Attachment 8).

X. TAD TRAINING PROGRAM REQUIREMENTS FOR ADMINISTRATION, FACULTY, AND CURRICULUM

A. TAD TRAINING PROGRAM STAFF

Program Medical Director

1. Each training program shall have a program medical director with the following qualifications:
 - a. Board certified or board eligible emergency physician
 - b. Currently licensed in the State of California
 - c. Experience in emergency medicine
 - d. Education or experience in methods of instruction.
2. Duties of the program medical director shall include, but not be limited to:
 - a. Review and approve educational content, standards, and curriculum. Should include training objectives and local protocols and policies for the clinical and field instruction. Certify its ongoing appropriateness and medical accuracy.
 - b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
 - c. Approval of hospital clinical and field internship experience provisions.
 - d. Approval of instructor(s).
 - e. The program medical director will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

Program Director

1. Each training program shall have a program director who shall meet the following requirements:
 - a. Knowledge or experience in local EMS protocol and policy.
 - b. Board certified or board eligible California licensed emergency physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education.
 - c. Education and experience in methods, materials, and evaluation of instruction including:
 - i. A minimum of one (1) year experience in an administrative or management level position, and



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH

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- ii. A minimum of three (3) years academic or clinical experience in prehospital care education.
-
- 2. Duties of the program director shall include, but not be limited to the following:
 - a. Administration, organization, and supervision of the educational program.
 - b. In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation.
 - c. Ensure training program compliance with this chapter and other related laws.
 - d. Ensure that all course completion records include a signature verification.
 - e. Ensure the preceptor(s) are trained according to the subject matter being taught.

Instructors

- 1. Instructors are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall:
 - a. Be a physician, registered nurse, physician assistant, nurse practitioner, or paramedic who is currently certified or licensed in the State of California.
 - b. Have six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree, or two (2) years of experience in an allied health field and a baccalaureate degree.
 - c. Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards.
 - d. Demonstrate expertise and have a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual.
 - e. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
 - f. An instructor may also be the program medical director or program administrative director.

B. MINIMUM TAD TRAINING AND CURRICULUM REQUIREMENTS

- 1. The triage to alternate destination training program medical director shall certify that all delineated triage to alternate destination education standards are met. In addition, EMSA and OCEMS shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.
- 2. Triage paramedic training curriculum shall include at a minimum the following:
 - a. Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



- b. Mental health conditions.
 - c. Assessment and treatment of intoxicated patients.
 - d. The prevalence and causes of substance use disorders and associated public health impacts.
 - e. Suicide risk factors.
 - f. Alcohol and substance use disorders.
 - g. Triage and transport parameters.
 - h. Health risks and interventions in stabilizing acutely intoxicated patients.
 - i. Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.
 - j. Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.
 - k. OCEMS policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.
 - l. The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric and substance use disorder-related emergencies.
3. OCEMS shall verify that the participating triage paramedic has completed training in all the following topics meeting the standards of the United States Department of Transportation National Highway Traffic Safety Administration National Emergency Medical Services Education Standards:
- a. Psychiatric disorders.
 - b. Neuropharmacology.
 - c. Alcohol and substance abuse.
 - d. Patient consent.
 - e. Patient documentation.
 - f. Medical quality improvement.

C. TRIAGE PARAMEDIC REQUIRED TESTING

- 1. Triage paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.
- 2. Documentation of successful student clinical and field internship performance, if applicable.
- 3. Utilization of OCEMS approved Triage Paramedicine course completion certificate.



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



D. TAD TRAINING PROGRAM MEDICAL DIRECTOR ATTESTATION

1. The training program medical director attests to utilizing an appropriate training program facility and equipment.
2. The training program medical director attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

XI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SCREENING PROTOCOL

This section provides field screening criteria for any patient who has been or will be placed on a 5150 hold for psychiatric evaluation or is voluntarily requesting a behavioral health evaluation for a potential psychiatric illness.

The use of this triage/assessment protocol or the triage paramedic's decision to authorize transport to an alternate destination facility will not be based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subsection (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

In instances where a patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, EMS personnel shall transport the patient to the emergency department of a general acute care hospital designated as an ERC.

A. CRITERIA

Behavioral health patients considered appropriate for triage to a crisis stabilization unit (CSU) must meet **ALL** of the inclusion criteria and **NONE** of the exclusion criteria. Patients **MISSING ANY** inclusion criteria or **MEETING ANY** exclusion criteria cannot go to a CSU.

INCLUSION CRITERIA (must meet **all**):

Age: Patient ≥ 18 years old and ≤ 65 years old

Provider
Impression: Behavioral/Psychiatric Crisis

Vital Signs: Systolic BP ≥ 90 but ≤ 160 mmHg
Diastolic BP ≥ 60 but ≤ 110 mmHg
Pulse sustained ≥ 60 but ≤ 110 beats/min
Pulse Oximeter ≥ 95% on room air
Temperature ≤ 38.0°C (100.4°F)

Blood glucose: Field glucose ≥ 80 mg/dL and ≤ 250 mg/dL
Not on insulin

EXCLUSION CRITERIA (must meet **none**):

Drugs: Suspected alcohol intoxication/drug OD or severe withdrawal symptoms
Suspected overdose of medication

Medical: History of seizures
History of intellectual/developmental disability



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



Pregnant

Requires use of special medical equipment, large casts/splints

Suspected acute medical/traumatic condition requiring attention in an ED:

Patients with potential life-threatening injury/illness

Patients with:

Altered mental status or GCS < 15

Syncope

Chest pain

Shortness of breath

Abdominal/flank/pelvic pain

Significant bleeding

Suspected shock/sepsis

Inability to walk or requiring a wheelchair

Diaphoresis

Combative or agitated patients requiring sedation or preventing
accurate assessment

Complex open wounds

B. DISPOSITION

Patients cleared by this protocol may be transported to a CSU. Paramedics need to contact the CSU prior to leaving the scene to ensure the patient can be accepted (714-834-6900). Once cleared for transport to the CSU, the patient may be dispositioned as a BLS case.

In instances where a patient who is transported to an alternate destination facility and, upon initial assessment, is found to no longer meet the criteria for admission to an alternate destination facility, EMS personnel shall transport the patient immediately to the emergency department of a general acute care hospital designated as an ERC.

C. POTENTIAL PROTOCOL ERROR

Defined as re-transport of patients to a medical ED within 12 hours of initial transport to CSU by EMS. The CSU must notify OCEMS of this event within 24 hours of its occurrence.

XII. DATA COLLECTION

CCR 100119.01 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving facility and also each of the authorized service providers. All data outlined in CCR 100119.01 shall be submitted to the State EMS Authority on a quarterly basis. Quarterly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

XIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by OCEMS as part of its Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Units, local hospitals, and the EMS Medical Director.

OCEMS shall notify the State EMS Authority of any reported complaints or unusual occurrences related to the Triage to Alternate Destination program within 72 hours, which shall include any supporting or explanatory documentation.

XIV. FEES

OCEMS has not established any fees related to the Triage of Alternate Destination Program.



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



Approved:

A handwritten signature in blue ink, reading "Carl Schultz, MD".

Carl H. Schultz, MD
OCEMS Medical Director

A handwritten signature in blue ink, reading "Michael Noone".

Michael Noone, NRP
OCEMS Assistant Administrator

Original Date: 12/28/2023
Reviewed Date(s):
Effective Date: 04/01/2025



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 1

**QUARTERLY CSU DATA SUMMARY SUBMITTED TO ORANGE COUNTY EMS FOR
TAD PROJECT – BEHAVIORAL HEALTH**

CSU to file quarterly by January 30, April 30, July 30, and October 30 of each year

CSU QUARTERLY PATIENT OUTCOMES SUBMITTED TO OCEMS	Q1	Q2	Q3	Q4
Total # of patients transported by EMS				
Total # of transported & accepted patients treated and released				
Total # of transported & accepted patients transferred to an ED within 12 hours of arrival				
Total # of transported & accepted patients transferred to another facility				
Total # of transported & accepted patients experiencing an adverse event at CSU				

**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH****ATTACHMENT 2****QUARTERLY OCEMS DATA SUMMARY SUBMITTED TO EMSA FOR
TAD PROJECT – BEHAVIORAL HEALTH**

OCEMS to file quarterly by January 30, April 30, July 30, and October 30 of each year

OCEMS QUARTERLY DATA REPORTS SUBMITTED TO EMSA	Q1	Q2	Q3	Q4
90% APOT for CSU				
Total # of EMS transports to CSU				
Total # of transported patients to CSU diverted or refused				
Total # of transported & accepted patients to CSU transferred to an ED within 12 hours				
Primary reasons for diverting, refusing, or transferring patients to an ED from the CSU				
Summary of program feedback from the EMCC				
CSU summary of patient outcomes (see ATTACHMENT 1)				
# of OCEMS authorized TAD paramedics and summary of disciplinary activities				



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 3

**ANNUAL OCEMS DOCUMENTATION OF CSU SUMMARY AND CERTIFICATION
TAD PROJECT – BEHAVIORAL HEALTH**

Filed annually by January 30 of each year

OCEMS ANNUAL DOCUMENTATION OF CSU SUMMARY AND CERTIFICATION SUBMITTED TO EMSA	
ALTERNATE DESTINATION FACILITY	CERTIFICATION COMPLETE?
Orange County Health Care Agency CSU 1030 W. Warner Avenue Santa Ana, CA 92707 714-834-6900	Yes
Adequate licensed medical and professional staff	Yes
Standardized medical and nursing procedures for nursing staff	Yes
Necessary equipment and services are available, including AED and one bed equivalent per patient	Yes

I certify that the above facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of Title 22 Chapter 5.

Printed Name (LEMSA Representative)

Signature

Date



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 4

INITIAL TAD PARAMEDIC ACCREDITATION APPLICATION REQUIREMENTS

By signing this document, I certify that I meet and comply with the requirements of the TAD Paramedic Accreditation requirements as outlined in Title 22 Chapter 4 Section 100112.01 Paramedic Scope of Practice, Accreditation and Discipline Requirements. As proof of compliance, I will submit copies of the following:

- a. An active, unrestricted California issued paramedic license
- b. Social Security Number or Individual Tax Identification Number, and
- c. An OCEMS approved triage paramedicine course completion certificate.

Printed Name (Triage Paramedic)

Signature

Date

Please submit this document with all other required TAD ALS provider application materials to the TAD Behavioral Health Program at OCEMS.



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 5

**APPLICATION COVERSHEET FOR APPROVAL AS A TAD TRAINING PROGRAM FOR
BEHAVIORAL HEALTH**

- I. PROGRAM NAME:

- II. MAIN COURSE LOCATION/OFFICE:

- III. CONTACT PERSON:

- IV. EMAIL:

- V. PHONE NUMBER:

DATE SUBMITTED: _____



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 6

APPLICATION FOR APPROVAL AS A TAD TRAINING PROGRAM

Submit with application coversheet and all other documentation to OCEMS

1. TAD Training Program Provider Agency Name and Location:

Agency Name: _____ Phone No: _____

Street: _____ Fax No: _____

City: _____ State: _____ ZIP Code: _____

2. Provider Mailing Address: (if different than above)

Street/PO Box: _____

City: _____ State: _____ ZIP Code: _____

3. TAD Program Medical Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

4. TAD Program Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

5. TAD Primary Instructor (Full Name & Title)

Name: _____ Email: _____

Title: _____

6. Provider is A/AN: (check ONE)

Hospital

Base Hospital

Pre-Hospital Services Provider

EMT-P/EMT-I Training Program

College/University

Other School

Other Governmental Agency

Individual

Other CE Provider



PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH



7. Attach:

1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards.
2. An outline of course objectives and Performance objectives for each skill.
3. The names and qualifications of the training program director, program medical director, and instructors.
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Triage Paramedic students; and monitoring of preceptors by the training program shall be included.
5. If applicable, provisions for supervised field internship including Triage Paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program.
6. The proposed location(s) and date(s) for courses.
7. If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.
9. Samples of written and skills examinations administered by the training program.
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

I certify that I have read and understand the California Title 22 regulations and the County of Orange policies on education, including Policy #360, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

TAD Training Program Director

Date

TAD Training Program Medical Director

Date



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 7

NOTIFICATION OF APPROVAL FOR TAD TRAINING PROGRAMS

Dear (Training Program Name)

Thank you for your application and request for approval as a triage paramedic training program. Upon review of your application materials, I/this agency has determined that:

- | | | |
|---|-----|----|
| 1. Training Program application satisfactorily meets and documents compliance with all program requirements. | YES | NO |
| 2. There are deficiencies with the application
(If yes, a separate document detailing deficiencies will be attached and the statement below will not appear) | YES | NO |

I/OCEMS Agency certify that the above Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

OCEMS

Date

Effective Date of Training Program Approval: _____

Expiration Date of Training Program Approval: _____
*Last day of the month four (4) years from the date on
which approval was issued*



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 8

NOTIFICATION TO EMSA OF TAD TRAINING PROGRAM APPROVAL

I/OCEMS Agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services. I/OCEMS Agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

OCEMS

Date

Training Program Name: _____

The name and contact information of the training program director and medical director are:

1. TAD Training Program Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

2. TAD Training Program Medical Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

Effective Date of Training Program Approval: _____

Expiration Date of Training Program Approval: _____

*Last day of the month four (4) years from the date on
which approval was issued*



**PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) -
BEHAVIORAL HEALTH**



ATTACHMENT 9

NOTIFICATION OF APPROVAL AS A TAD PARAMEDIC SERVICE PROVIDER

Dear (Service Provider Name)

Thank you for your application and request for approval as a TAD Paramedic Service Provider in Orange County. After review of your application materials, the OCEMS Agency has determined that you satisfactorily meet, and are in compliance with, all program requirements.

As such, OCEMS designates the (Service Provider Name) as a TAD Paramedic Service Provider and authorizes your department and paramedics to participate in the TAD for Behavioral Health Program.

This designation expires at the end of the year but can be renewed annually if you wish to continue participation.

Congratulations and thank you again for your support of this project.

Carl H. Schultz, MD
EMS Medical Director
Orange County Health Care Agency

Date

Attachment #5

UCI Health – Los Alamitos
ERC, SNRC and CVRC Designation



EMERGENCY MEDICAL SERVICES
Santa Ana, CA 92701



FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS

March 11, 2025

The following hospitals have applied to Orange County Emergency Medical Services (OCEMS) for Emergency Receiving Center (ERC) and/or Specialty status (Cardiovascular Receiving Center/CVRC, Stroke Neurology Receiving Center/SNRC, and Comprehensive Children's Emergency Receiving Center/CCERC) designation or re-designation. This report summarizes the OCEMS review of their applications noting deficiencies, conditions and recommendations. Today, it is presented to the Facilities Advisory Committee for committee endorsement.

General Findings: The following facilities currently meet the designation requirements for Emergency Receiving Center and Specialty Center designation, when applicable. Endorsement considerations of designation are for one to three-year terms or otherwise specified as recommended by committee.

FACILITIES – CONTINUING DESIGNATIONS

UCI Health- Los Alamitos

Emergency Receiving Center (ERC)

ERC DQ Completed: 01/13/2025
Site Survey Conducted: 02/20/2025
Program Review Dates: 02/2022-02/2025

Criteria Deficiencies:

The following conditions must be completed to satisfy criteria for designation as an Orange County Emergency Receiving Center.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	APOT not to exceed 30 minutes per state and county regulation	UCI Health-Los Alamitos 90 th percentile for 2023 was 66:07 and for 2024 was 57:00.	Hospital will submit corrective action plan, including protocol/policy, to decrease APOT in compliance with OCEMS policy #310.96 which states, "the APOT standard for OCEMS is set at 30 minutes".	05/15/2025
2	ReddiNet Response Rate for MCIs, HAvBED, and Hospital Patient Census, as well as H.E.A.R. response rate must be <90% compliance.	UCI Health- Los Alamitos had an average response rate to MCIs in 2023 of 63%, HAvBED 52%, Hospital Patient Census 78%, and H.E.A.R. 85%. For 2024, response rates for MCIs 55%, HAvBED 27%, Hospital Patient Census 49% and H.E.A.R. 78%.	Hospital will submit a corrective action plan to reach compliance of >90% on all ReddiNet and H.E.A.R. responses.	05/15/2025



EMERGENCY MEDICAL SERVICES
Santa Ana, CA 92701



The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
2	Continue efforts to improve Pediatric Readiness, including designating a Pediatric Emergency Care Coordinator (PECC).
3	Continue to work on hospital throughput.
4	Consider implementing having RN/medical personnel as first contact for all ED patients.
5	Continue to strengthen relationships with Fire Departments and ambulance companies.

Endorsement Consideration: Three (3) years (02/2025-02/2028) – conditional

Cardiovascular Receiving Center (CVRC)

CVRC DQ Completed: 01/13/2025
Site Survey Conducted: 02/20/2025
Program Review Dates: 02/2022-02/2025

Criteria Deficiencies:

The following conditions must be completed to satisfy criteria for designation as an Orange County Base Hospital.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Noncompliance with OCEMS Policy #630.00: Receiving field transmitted EKGs	UCI Health- Los Alamitos reported inability to receive transmitted field EKGs prior to EMS arrival.	Hospital will submit a corrective action plan to acquire and maintain ability to receive field transmitted EKGs, including setting up generic account for the ED.	06/15/2025
2	Noncompliance with OCEMS Policy #630.00: Outreach/Education	No outreach or education, provided to EMS or community.	Hospital will submit a corrective action plan to institute regular outreach and education to EMS and surrounding community.	05/15/2025



EMERGENCY MEDICAL SERVICES
Santa Ana, CA 92701



The following are recommendations for improvement. Action is expected but not contingent on current redesignation.

RECOMMENDATIONS	
1	Improve door to EKG times to meet facility goal and AHA guideline.
2	Improve data submission and maintain consistency.
3	Improve patient discharge and out-of-network follow-up process.
4	Increase staffing to resolve need for consistent registry use.

Endorsement Consideration: Three (3) years (02/2022-02/2025) – conditional

Stroke-Neurology Receiving Center (SNRC)

BH DQ Completed: 01/13/2025
Site Survey Conducted: 02/20/2025
Program Review Dates: 02/2022-02/2025

Criteria Deficiencies:

No deficiencies identified.

The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Continue to increase outreach and education to EMS with collaboration of your assigned base hospital coordinator.

Endorsement Consideration: Three (3) years (02/2025-02/2028) – unconditional

Attachment #6

CHOC Pediatric Trauma Center Redesignation



EMERGENCY MEDICAL SERVICES
Santa Ana, CA 92701



FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS

January 14, 2025

The following hospitals have applied to Orange County Emergency Medical Services (OCEMS) for Emergency Receiving Center (ERC) and/or Specialty status (Trauma Center/TC, Pediatric Trauma Center (Ped TC), Cardiovascular Receiving Center/CVRC, Stroke Neurology Receiving Center/SNRC, and Comprehensive Children's Emergency Receiving Center/CCERC) designation or re-designation. This report summarizes the OCEMS review of their applications noting deficiencies, conditions and recommendations. Today, it is presented to the Facilities Advisory Committee for committee endorsement.

General Findings: The following facilities currently meet the designation requirements for Emergency Receiving Center and Specialty Center designation, when applicable. Endorsement considerations of designation are for one to three-year terms or otherwise specified as recommended by committee.

FACILITIES – CONTINUING DESIGNATIONS

Children's Hospital of Orange County

Pediatric Trauma Center

Program Review Period: 06/2023-05/2024
ACS PRQ Shared with OCEMS: 08/16/2024
ACS Site Survey Conducted: 09/18 – 09/19/2024
ACS Notification Received: 11/20/2024 -- verified for one year through 10/5/2025
ACS Summary Report Received: 12/16/2024

Criteria Deficiencies: American College of Surgeons (ACS) identified one non-compliant standard. No OCEMS deficiencies were identified.

	ACS CONDITION	STANDARD DEFINITION	DUE DATE
1	Non-Compliant with Standard 4.32	In all trauma centers, at least one registrar must be a current Certified Abbreviated Injury Scale Specialist (CAISS).	09/18/25

In addition to the opportunities for improvement provided by ACS, OCEMS also recommends and reinforces the following. Action is expected; however, current redesignation is not contingent on these actions.

Recommendation 1: Improve internal system for managing complex pelvic fractures.

Recommendation 2: Include and involve your Base Hospital Coordinator during the site survey visit.

Endorsement Consideration: **Three (3) years (10/1/2024 – 10/1/2027) – conditional.**

Attachment #7

#5390 Policy Update
April 1, 2025



VERONICA KELLEY, DSW, LCSW
AGENCY DIRECTOR

LORRAINE DANIEL, MPA
ASSISTANT AGENCY DIRECTOR

MINDY WINTERSWYK, DPT, PCS
DIRECTOR OF SPECIALIZED MEDICAL
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MIKE NOONE, NRP
EMERGENCY MEDICAL SERVICES
ASSISTANT DIRECTOR

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Email: mnoone@ochca.com

SPECIALIZED MEDICAL SERVICES EMERGENCY MEDICAL SERVICES

DATE: March 12, 2025

TO: Base Hospital Coordinators
ERC Medical Directors
911 Provider EMS Coordinators/Managers
IFT-ALS Nurse Coordinators
Paramedic Training Centers
BLS Ambulance Providers

FROM: Carl H. Schultz, MD
EMS Medical Director
Orange County Health Care Agency

CAS

SUBJECT: NEW AND UPDATED EMS POLICIES, PROCEDURES, AND STANDING ORDERS

Typically, the Orange County EMS Agency reviews, updates, and edits its policies, procedures, and standing orders on a biannual basis. New policies may also be added. It is now time to publish our next scheduled update. I am listing, immediately below, the documents that will be added to the Upcoming section of our website (<https://www.ochcahealthinfo.com/ems>) for April 1, 2025. These will be optional until October 1, 2025, when they become mandatory.

APRIL 1, 2025 NEW EMS DOCUMENTS

POLICIES

360.00 Paramedic Triage to Alternate Destination (TAD) – Behavioral Health: This is a new policy that permits specially trained paramedics to evaluate behavioral health patients who call 911. If they meet specific triage criteria, they can be transported directly to a Crisis Stabilization Unit (CSU) that can immediately begin treatment of their mental health issue. Paramedics do not need to take these patients first to an emergency department for evaluation.

PROCEDURES

PR-75 Ketorolac for Patient Analgesia: This is a new procedure authorizing the use of ketorolac for the treatment of moderate to severe pain in selected adults and children by paramedics.

APRIL 1, 2025 EMS UPDATES TO EXISTING DOCUMENTS

POLICIES

- 310.00 911 Advanced Life Support Base Contact, Standing Order, and Transport Criteria: Previously, Section VII required base hospital contact when the 3 closest ERCs to the field scene were all on diversion and paramedics needed to select one to receive their patient. Now the policy makes base hospital contact optional. It also standardizes the language describing distances as "nearest" or "closest".
- Additionally, corrections were made to the trauma center diversion language. The previous sentence stated, "If all adult trauma centers are on diversion status...". It has now been corrected to read, "If the two closest adult trauma centers are on diversion status....".
- 310.96 Guidelines for Diversion Status and APOT Standard: In Section V.C, the term "most accessible" has been replaced by either the word "nearest" or "closest". This effects the language in bulleted items 1. and 4.
- 325.00 Advanced Life Support (ALS) Provider Unit Minimum Inventory: Under Section VII, the required Pharmaceutical Inventory, OCEMS has added Ketorolac (Toradol) as a 15 mg/ 1mL vial for use as a pain medication.
- 650.05 Community (Spoke) Hospital Assignments to Adult Stroke-Neurology Receiving Centers: An administrative change was made to the spoke hospitals for St. Jude and UCI Orange SNRCs. Anaheim Regional Medical Center will be moved from UCI Orange to St. Jude and UCI Health Placentia Linda will be moved from St. Jude to UCI Orange.
- 730.10 Ambulance Rules and Regulations – Air Ambulance Service Provider Criteria: Under Section IV.B.5.a, language was added permitting flight paramedics to operate under the air ambulance's scope of practice developed by the company's medical director. However, the protocols must first be submitted to the OCEMS medical director for review and approval prior to implementation.

STANDING ORDERS:

- SO-AMA Signing Against Medical Advice (AMA) in the Field: Under Section II., item #2 has been added. This new item requires base hospital contact for a patient less than 60 days old with a fever if the parents or legal guardians wish to sign out AMA.
- SO-C-40 Wide QRS complex Tachycardia with a Pulse – Adult/Adolescent: Additional language has been added to include the use and dose of lidocaine in addition to amiodarone. This new language can be found under Item 3.