

RIVERSIDE COUNTY  
EMERGENCY MEDICAL SERVICES  
PLAN



1994

*Prepared By*

*Riverside County Health Services Agency*

*Department of Public Health*

*Emergency Medical Services Agency*

# RIVERSIDE COUNTY EMS PLAN

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## EXECUTIVE SUMMARY

**The Mission of the Riverside County EMS Plan is to ensure the timely and compassionate delivery of the highest quality emergency medical services to the people of Riverside County.**

The Riverside County Emergency Medical Services Agency is dedicated to maintaining and improving the level of prehospital care within the community. Toward this end, EMS will regulate and coordinate the continuum of needed emergency services including:

- Manpower and Training
- Communication
- Transportation
- Assessment of Hospitals and Critical Care Centers
- System Organization and Management
- Data Collection and Evaluation
- Public Information and Education
- Disaster Response

The principles that will govern the operation of the EMS Agency are:

- Excellence and continuous improvement in the quality of prehospital care and services.
- Service excellence in meeting the needs of the community, patients, and EMS care providers.
- Economic value in achieving the mission in an economically responsible manner in order to conserve community resources.

The ultimate goal of the Plan is to define an effective and efficient EMS System which can assure consistent high-quality emergency medical services to the residents and visitors of Riverside County.

Establishing this System within available resources is a major consideration. Other considerations also are important.

These include:

1. The establishment of a fiscally stable and responsible System.
2. Provision for community involvement in defining the level of emergency medical services.

3. Development of a stable System which can withstand challenges and thrive in a future where there are increased fiscal pressures on political jurisdictions and health care reform initiatives on National and State levels.

To meet the goals, the EMS Plan recommends specific objectives with timeframes for accomplishment. Each objective is linked to an issue that is prioritized according to importance. The specific issues are presented as position papers with the problem, recommended solutions, proposed action steps, timeframe for completion, and prioritization.

Implementation activities are aimed at stabilizing the structure of the EMS System, establishing appropriate levels of authority for the oversight EMS Agency, increasing the cooperative efforts of the various System participants, and enhancing communication and awareness of EMS System activities throughout the County.

Accomplishment of the objectives in the Plan is going to depend largely upon voluntary assistance and support from the multitude of EMS providers and agencies and the success of the EMS Agency in fostering enhanced communications and cooperation.

The EMS Plan provides recommendations and a working structure for accomplishing implementation. It must be recognized that all EMS collaborating participants will take part in resolving issues identified by the Plan and will act to finalize the means by which goals will be achieved. After the State approves the EMS Plan, cities, fire departments, law enforcement, ambulance companies, physicians, paramedics, EMTs, MICNs, and hospitals will take part in the EMS Agency process of decision resolution and implementation of the Plan.

The EMS Plan addresses specific issues, activities, and options for the implementation of objectives and achievement of goals for the EMS System. An attempt has been made to identify the most important, complex, and controversial issues.

Many of the issues presented are interrelated. In fact, some must be implemented concurrently or sequentially in order to achieve the desired outcomes.

More specific information can be found in the Plan, pages 1-17.

**RIVERSIDE COUNTY EMS AGENCY  
TABLE 1: Summary of System Status**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director			X		

**Planning Activities**

1.05 System Plan		X			
1.06 Annual Plan Update		N/A			
1.07 Trauma Planning*			X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources	X			X	
1.10 Special Populations	X				X
1.11 System Participants		X			

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

### **System Finance**

1.16 Funding Mechanism		X			
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### **Medical Direction**

1.17 Medical Direction*		X			
1.18 QA / QI	X			X	
1.19 Policies, Procedures, Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

### **Enhanced Level: Advanced Life Support**

1.24 ALS Systems			X		
1.25 On-Line Medical Direction			X		

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan			X		

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan	X			X	
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X			
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## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

### Dispatchers

2.04 Dispatch Training		X			
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### First Responders (non-transporting)

2.05 First Responder Training		X			
2.06 Response	X			X	
2.07 Medical Control		X			

### Transporting Personnel

2.08 EMT-I Training		X			
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### Hospital

2.09 CPR Training	X			X	
2.10 Advanced Life Support		X			

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

### C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*			X		
3.02 Radios			X		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center	X				X
3.05 Hospitals			X		
3.06 MCI/Disasters		X			

#### Public Access

3.07 9-1-1 Planning/Coordination			X		
3.08 9-1-1 Public Education		X			

#### Resource Management

3.09 Dispatch Triage	X				X
3.10 Integrated Dispatch		X			

## D. RESPONSE / TRANSPORTATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*			X		
4.06 Staffing		X			
4.07 First Responder Agencies	X			X	
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*	X			X	
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response*	X			X	
4.14 Incident Command System		X			
4.15 MCI Plans		X			

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing			X		
4.17 ALS Equipment		X			

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
4.18 Compliance		X			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X			
4.20 Grandfathering		X			
4.21 Compliance		X			
4.22 Evaluation		X			

## E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*	X			X	
5.03 Transfer Guidelines*	X			X	
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management			X		
5.06 Hospital Evaluation*		X			

### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
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### Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			
5.09 Public Input		X			

### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design	X			X	
5.11 Emergency Departments	X			X	
5.12 Public Input	X			X	

### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		N/A			
5.14 Public Input		N/A			

## F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
6.01 QA/QI Program	X			X	
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits	X			X	
6.04 Medical Dispatch	X			X	
6.05 Data Management System*	X			X	
6.06 System Design Evaluation	X			X	
6.07 Provider Participation	X			X	
6.08 Reporting	X			X	

### Enhanced Level: Advanced Life Support

6.09 ALS Audit	X			X	
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

## G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
7.01 Public Information Materials	X				X
7.02 Injury Control	X				X
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training	X				X

## H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X			
8.03 HazMat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment		X			
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X			

### Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles	X			X	
8.19 Waiving Exclusivity		X			

**RIVERSIDE COUNTY EMS AGENCY  
APPENDIX 1: System Assessment Form**

The Riverside County Emergency Medical Services Agency has created this cross-reference in an attempt to ease the comparison and verification of our existing programs in relation to the EMS Systems Standards.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Riverside County EMS Plan Cross-Reference</b>
1.01 LEMSA Structure	Issues 3, pages 28-30, Issue 4, pages 31-36
1.02 LEMSA Mission	Overview, pages 17-19, Issue 8, pages 43-45
1.03 Public Input	Issues 3, pages 28-30, Issue 4, pages 31-36
1.04 Medical Director	Issue 4, page 33

*Michele*  
*Michele*  
*Michele*  
*Michele*

**Planning Activities**

1.05 System Plan	Overview, pages 17-19, Issue 4, pages 31-36
1.06 Annual Plan Update	Issue 4, pages 31-36 (This Plan is initial submission)
1.07 Trauma Planning*	Issue 9, page 48
1.08 ALS Planning*	Issue 2, pages 25-26
1.09 Inventory of Resources	Issue 4, pages 31-34
1.10 Special Populations	Issue 16, pages 66-68
1.11 System Participants	Issue 4, pages 31-34, Issue 5, pages 36-39

*Michele*  
*Michele*  
*Approved per Maureen 6-22-95*  
*Angie*  
*Michele*  
*Michele*  
*Michele*

<b>Riverside County EMS Plan Cross-Reference</b>	
<b>Regulatory Activities</b>	
1.12 Review & Monitoring	Issue 3, pages 28-31, Issue 4, pages 31-36, Issue 8, pages 43-45
1.13 Coordination	Overview, pages 17-19, Issue 4, pages 31-36
1.14 Policy & Procedures Manual	Issue 4, pages 31-36, Issue 7, pages 41-42, Issue 8, pages 43-48
1.15 Compliance w/ Policies	Issue 7, pages 41-42, Issue 8, pages 43-48

*michele*  
*michele*  
*michele*  
*michele*

**System Finance**

1.16 Funding Mechanism	Issue 15, pages 64-65
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*michele*

**Medical Direction**

1.17 Medical Direction*	Issue 10, pages 50-52, Issue 14, pages 60-64
1.18 QA / QI	Issue 8, page 44
1.19 Policies, Procedures, Protocols	Reference <u>Riverside County EMS Polices. Procedures and Protocols Manual</u>
1.20 DNR Policy	Issue 4, pages 31-36 (Policy is in development)
1.21 Determination of Death	Issue 4, pages 31-36, (Policy is in development)
1.22 Reporting of Abuse	Issue 4, pages 31-36, (Policy is in development)
1.23 Interfacility Transfer	Issue 5, pages 36-39

*michele / Angie / Nancy*  
*michele / Angie / Nancy*  
*michele / Angie / Nancy*  
*Angie*  
*michele / Angie / Nancy*  
*michele / Angie / Nancy*  
*Bow / Angie / Nancy*

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems	Issue 2, pages 25-26, Issue 8, pages 43-48
1.25 On-Line Medical Direction	Issue 10, pages 50-52

*Angie*  
*Angie*

Riverside County EMS Plan Cross-Reference

**Enhanced Level:  
Trauma Care System**

1.26 Trauma System  
Plan

Issue 9, pages 48-50

*Approved per  
Maureen 6/22/95*

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System  
Plan

Issue 6, pages 39-41

*Carol*

**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan

Issue 1, pages 20-25, Issue 2, pages 25-28,  
Issue 8, pages 43-48

*Bew...  
Maureen...  
Michelle...*

## B. STAFFING / TRAINING

Local EMS Agency	Riverside County EMS Plan Cross-Reference
2.01 Assessment of Needs	Issue 14, pages 60-64
2.02 Approval of Training	Issue 14, pages 60-64
2.03 Personnel	Issue 14, pages 60-64

*Michelle*

*Michelle*

*Michelle*

### Dispatchers

2.04 Dispatch Training	Issue 12, pages 55-59
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*Bev*

### First Responders (non-transporting)

2.05 First Responder Training	Issue 11, pages 52-55
2.06 Response	Issue 11, pages 52-55
2.07 Medical Control	Issue 11, pages 52-55

*Bev*

*Bev*

*Bev*

### Transporting Personnel

2.08 EMT-I Training	Issue 11, pages 52-55
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*Bev (per Nancy)*

### Hospital

2.09 CPR Training	Issue 2, pages 25-28
2.10 Advanced Life Support	Issue 14, pages 60-64

*Bev*

*Angie*

<b>Enhanced Level: Advanced Life Support</b>	<b>Riverside County EMS Plan Cross-Reference</b>
2.11 Accreditation Process	Issue 14, pages 60-64
2.12 Early Defibrillation	Issue 14, pages 60-64
2.13 Base Hospital Personnel	Issue 14, pages 60-64

*Angie*

*Angie*

*Angie*

## C. COMMUNICATIONS

Communications Equipment	Riverside County EMS Plan Cross-Reference	
3.01 Communication Plan*	Issue 12, pages 55-59	<i>Bw</i>
3.02 Radios	Issue 12, pages 55-59	<i>Bw</i>
3.03 Interfacility Transfer*	Issue 5, pages 36-39	<i>Bw</i>
3.04 Dispatch Center	Issue 12, pages 55-59	<i>Bw</i>
3.05 Hospitals	Issue 12, pages 55-59	<i>maureen</i>
3.06 MCI/Disasters	Issue 8, pages 43-50, Issue 12, pages 55-59	<i>Jeff</i>

### Public Access

3.07 9-1-1 Planning/Coordination	Issue 12, pages 55-59	<i>Bw</i>
3.08 9-1-1 Public Education	Issue 16, pages 66-68	<i>Bw</i>

### Resource Management

3.09 Dispatch Triage	Issue 12, pages 55-59	<i>Bw</i>
3.10 Integrated Dispatch	Issue 12, pages 55-59	<i>Bw</i>

## D. RESPONSE / TRANSPORTATION

Riverside County EMS Plan Cross-Reference		
<b>Universal Level</b>		
4.01 Service Area Boundaries*	Issue 1, pages 20-25, Issue 5, page 36	<i>Bew</i>
4.02 Monitoring	Issue 7, pages 41-43, Issue 8, pages 43-48	<i>Bw</i>
4.03 Classifying Medical Requests	Issue 12, pages 55-59	<i>Bew</i>
4.04 Prescheduled Responses	Issue 2, pages 25-28, Issue 5, pages 36-39	<i>Bew</i>
4.05 Response Time Standards*	Issue 1, pages 20-25, Issue 8, pages 43-50	<i>michele</i>
4.06 Staffing	Issue 2, pages 25-28, Issue 5, pages 36-39	<i>Bew</i>
4.07 First Responder Agencies	Issue 8, pages 43-48	<i>Bew</i>
4.08 Medical & Rescue Aircraft*	Issue 11, pages 52-55	<i>michele</i>
4.09 Air Dispatch Center	Issue 13, pages 59-60	<i>michele</i>
4.10 Aircraft Availability*	Issue 12, pages 55-59	<i>michele</i>
4.11 Specialty Vehicles*	Issue 13, pages 59-60	<i>Bw</i>
4.12 Disaster Response	Issue 13, pages 59-60	<i>Jeff</i>
4.13 Intercounty Response*	Issue 18, pages 68-73	<i>Bew</i>
4.14 Incident Command System	Issue 18, pages 68-73	<i>Jeff</i>
4.15 MCI Plans	Issue 5, pages 36-39	<i>Jeff</i>

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing	Issue 18, pages 68-73	<i>Angie</i>
4.17 ALS Equipment	Issue 18, pages 68-73	<i>Angie</i>

Enhanced Level: Ambulance Regulation	Riverside County EMS Plan Cross-Reference
4.18 Compliance	Issue 2, pages 25-28

*Nancy*

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan	Issue 8, pages 43-48
4.20 Grandfathering	Issue 5, pages 36-39
4.21 Compliance	Issue 1, pages 20-25
4.22 Evaluation	Issue 1, pages 20-25

*Bw/Michèle/Maureen*  
*Bw/Michèle/Maureen*  
*Bw/Michèle/Maureen*  
*Bw/Michèle/Maureen*

## E. FACILITIES / CRITICAL CARE

### Riverside County EMS Plan Cross-Reference

#### Universal Level

5.01 Assessment of Capabilities	Issue 8, pages 43-48
5.02 Triage & Transfer Protocols*	Issue 10, pages 50-52
5.03 Transfer Guidelines*	Issue 5, pages 36-39
5.04 Specialty Care Facilities*	Issue 8, pages 43-50
5.05 Mass Casualty Management	Issue 18, pages 68-73
5.06 Hospital Evaluation*	Issue 18, pages 68-73

*Bw*

*Bw*

*Bw*

*maureen*

*Jeff*

*maureen*

#### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*	Issue 10, pages 50-52
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*Angie 1/15/05*

#### Enhanced Level: Trauma Care System

5.08 Trauma System Design	Issue 9, pages 48-50
5.09 Public Input	Issue 9, pages 48-50

*Bw*

*Bw*

#### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design	Issue 5, pages 36-39
5.11 Emergency Departments	Issue 6, pages 39-41
5.12 Public Input	Issue 6, pages 39-41

*Carol*

*Carol*

*Carol*

#### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design	Issue has not been addressed
5.14 Public Input	Issue 3, pages 28-31

*Michelle*

*Michelle*

## F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level	Riverside County EMS Plan Cross-Reference
6.01 QA/QI Program	Issue 8, pages 43-48
6.02 Prehospital Records	Issue 8, pages 43-48
6.03 Prehospital Care Audits	Issue 8, pages 43-48
6.04 Medical Dispatch	Issue 8, pages 43-48
6.05 Data Management System*	Issue 8, pages 43-48
6.06 System Design Evaluation	Issue 8, pages 43-48
6.07 Provider Participation	Issue 7, pages 41-43, Issue 8, pages 43-48 Issue 15, pages 64-66
6.08 Reporting	Issue 8, pages 43-48

*Jill / Angie / Nancy*  
*Jill / Angie / Nancy*  
*Jill / Angie / Nancy*  
*Jill / Bev*  
*Jill*  
*Jill / Michele*  
*Jill / Angie / Nancy*  
*Jill / Angie / Nancy*

### Enhanced Level: Advanced Life Support

6.09 ALS Audit	Issue 8, pages 43-48
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*Jill / Angie*

### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation	Issue 8, pages 43-48
6.11 Trauma Center Data	Issue 8, pages 43-48

*Jill / Bev*  
*Jill / Bev*

## G. PUBLIC INFORMATION AND EDUCATION

Riverside County EMS Plan Cross-Reference	
<b>Universal Level</b>	
7.01 Public Information Materials	Issue 16, pages 66-68
7.02 Injury Control	Issue 16, pages 66-68
7.03 Disaster Preparedness	Issue 18, pages 768-73
7.04 First Aid & CPR Training	Issue 14, pages 60-64

*Michelle*

*Julie*

*Jeff*

*Bew*



**Enhanced Level:  
Specialty Care Systems**

**Riverside County EMS Plan Cross-Reference**

8.18 Specialty Center Roles	Issue 18, pages 68-73
8.19 Waiving Exclusivity	Issue 18, pages 68-73

*Jeff*

*Jeff*

I.	<u>INTRODUCTION</u>	Page 1
II.	<u>DESCRIPTION OF THE EXISTING EMS SYSTEM</u>	Page 2
B.	DEMOGRAPHIC INFORMATION	Page 3
C.	EMS SYSTEM PARTICIPANTS, COMMITTEES, AND FUNCTIONS	Page 4
1.	<u>Emergency Medical Care Committee</u>	Page 4
2.	<u>Emergency Department Directors Advisory Committee</u>	Page 4
3.	<u>Prehospital Care Advisory Committee</u>	Page 5
4.	<u>Strengths and Weaknesses</u>	Page 5
a.	<b>Strengths:</b>	Page 5
b.	<b>Weaknesses:</b>	Page 5
5.	<u>Riverside County Medical Association</u>	Page 6
D.	EMS AGENCY	Page 6
a.	<b>Strengths:</b>	Page 7
b.	<b>Weaknesses:</b>	Page 8
E.	EMERGENCY MEDICAL SERVICE COMPONENTS OF THE EMS SYSTEM	Page 8
1.	<u>Public Safety Answering Points</u>	Page 9
a.	<b>Strengths:</b>	Page 9
b.	<b>Weaknesses:</b>	Page 9
2.	<u>EMS Dispatch Centers</u>	Page 9
a.	<b>Strengths:</b>	Page 10
b.	<b>Weaknesses:</b>	Page 10
3.	<u>Fire Departments and Initial Response</u>	Page 10
a.	<b>Definition of Initial Responder Services</b>	Page 10
b.	<b>Background</b>	Page 10
c.	<b>Fire Departments:</b>	Page 11
d.	<b>Strengths:</b>	Page 11
e.	<b>Weaknesses:</b>	Page 11
4.	<u>First Responders</u>	Page 12
a.	<b>Definition of First Responder Service:</b>	Page 12
b.	<b>Background:</b>	Page 12
c.	<b>Strengths:</b>	Page 12
d.	<b>Weaknesses:</b>	Page 12
5.	<u>Defibrillation</u>	Page 12
a.	<b>Strengths:</b>	Page 12
b.	<b>Weaknesses:</b>	Page 13
6.	<u>Law Enforcement Agencies</u>	Page 13
a.	<b>Strengths</b>	Page 13

	b.	<b>Weaknesses:</b>	Page 13
7.		<u>Ambulance Services</u>	Page 13
	a.	<b>Strengths:</b>	Page 14
	b.	<b>Weaknesses:</b>	Page 14
8.		<u>Receiving Hospitals</u>	Page 15
	a.	<b>Strengths:</b>	Page 15
	b.	<b>Weaknesses:</b>	Page 15
9.		<u>Base Hospitals</u>	Page 15
	a.	<b>Strengths:</b>	Page 15
	b.	<b>Weaknesses:</b>	Page 16
10.		<u>Trauma Centers</u>	Page 16
	a.	<b>Strengths:</b>	Page 16
	b.	<b>Weaknesses:</b>	Page 16
11.		<u>Specialty Receiving Centers</u>	Page 16
	a.	<b>Strengths:</b>	Page 16
	b.	<b>Weaknesses:</b>	Page 16
12.		<u>Disaster Preparedness</u>	Page 17
	a.	<b>Strengths:</b>	Page 17
	b.	<b>Weaknesses:</b>	Page 17
III.		<u>OVERVIEW OF THE EMS PLAN</u>	Page 17
	A.	MISSION	Page 17
	B.	PRINCIPLES	Page 18
	C.	GOALS	Page 18
	D.	OBJECTIVES OF THE EMS PLAN	Page 18
	E.	DECISION RESOLUTION	Page 19
IV.		<u>EMERGENCY MEDICAL SERVICES PLAN</u>	Page 19
	ISSUE:	DEVELOPMENT OF REGIONAL ADVANCED LIFE SUPPORT ZONES	Page 20
		Proposed Action Steps:	Page 21
		Related State Standards	Page 23
	ISSUE:	ADVANCED LIFE SUPPORT AS THE STANDARD OF CARE	Page 25
		Proposed Action Steps:	Page 26
		Related State Standards	Page 26
	ISSUE:	EMS AGENCY COMMITTEE STRUCTURE	Page 28
		Existing Committee Structure:	Page 28
		RECOMMENDATIONS:	Page 29
		Proposed Action Steps:	Page 29
		Related State Standards	Page 30
	ISSUE:	EMS AGENCY	Page 31

1.	<u>Clear Goals and Objectives</u> . . . . .	Page 31
2.	<u>Staffing:</u> . . . . .	Page 31
	a. <b>Riverside County Health Officer.</b> . . . . .	Page 32
	b. <b>EMS Agency Director.</b> . . . . .	Page 32
	c. <b>Other Professional Staff.</b> . . . . .	Page 32
	(1) <u>EMS Specialists/Regional Coordinators:</u> . . . . .	Page 32
	(2) <u>Trauma/OI Coordinator</u> . . . . .	Page 33
	(3) <u>Data Systems Manager</u> . . . . .	Page 33
	(4) <u>Disaster Preparedness Planner:</u> . . . . .	Page 33
	d. <b>Clerical Support Staff.</b> . . . . .	Page 33
	e. <b>EMS Agency Medical Director.</b> . . . . .	Page 33
	Proposed Action Steps: . . . . .	Page 33
	Related State Standards . . . . .	Page 34
ISSUE:	<b>INTERFACILITY AND CRITICAL CARE TRANSPORTS</b> . . . . .	Page 36
	Proposed Action Steps: . . . . .	Page 36
	Related State Standards . . . . .	Page 37
ISSUE:	<b>SPECIALTY RECEIVING CENTERS</b> . . . . .	Page 39
	Proposed Action Steps: . . . . .	Page 39
	Related State Standards . . . . .	Page 39
ISSUE:	<b>RIVERSIDE COUNTY EMS ORDINANCE</b> . . . . .	Page 41
	Proposed Action Steps: . . . . .	Page 41
	Related State Standards . . . . .	Page 42
ISSUE:	<b>PERFORMANCE MONITORING AND CONTRACT COMPLIANCE</b>	
	. . . . .	Page 43
	Proposed Action Steps: . . . . .	Page 44
	Related State Standards . . . . .	Page 45
ISSUE:	<b>TRAUMA SYSTEM</b> . . . . .	Page 48
	Related State Standards . . . . .	Page 48
ISSUE:	<b>PATIENT DESTINATION AND EMS SYSTEM HOSPITALS</b>	
	. . . . .	Page 50
	Proposed Action Steps: . . . . .	Page 50
	Related State Standards . . . . .	Page 51
ISSUE:	<b>INITIAL AND FIRST RESPONDERS</b> . . . . .	Page 52
	Proposed Action Steps: . . . . .	Page 53
	Related State Standards . . . . .	Page 53
ISSUE:	<b>DISPATCH AND COMMUNICATIONS</b> . . . . .	Page 55
	Proposed Action Steps: . . . . .	Page 56
	Related State Standards . . . . .	Page 57
ISSUE:	<b>PREHOSPITAL AIR TRANSPORT</b> . . . . .	Page 59
	Proposed Action Steps: . . . . .	Page 59
	Related State Standards . . . . .	Page 60
ISSUE:	<b>TRAINING PROGRAMS</b> . . . . .	Page 60
	Proposed Action Steps: . . . . .	Page 62

Related State Standards	Page 62
<b>ISSUE: FINANCING THE RIVERSIDE COUNTY EMS SYSTEM</b>	<b>Page 64</b>
Proposed Action Steps:	Page 65
Related State Standards	Page 65
<b>ISSUE: PUBLIC INFORMATION AND EDUCATION</b>	<b>Page 66</b>
Proposed Action Steps:	Page 66
Related State Standards	Page 67
<b>ISSUE: SPECIALIZED RESCUE RESPONSE PLAN</b>	<b>Page 68</b>
Proposed Action Steps:	Page 68
Related State Standards	Page 68
<b>ISSUE: COMPREHENSIVE DISASTER RESCUE PLAN</b>	<b>Page 68</b>
Proposed Action Steps:	Page 69
Related State Standards	Page 70
<b>ISSUE: MENTAL HEALTH "5150" TRANSPORTS</b>	<b>Page 73</b>
Proposed Action Steps:	Page 74

**I. INTRODUCTION**

Information gained from completing a thorough review of the Riverside County Emergency Medical Services (EMS) System during 1992-93 provides the foundation for the comprehensive Emergency Medical Services Plan. The purpose of the EMS Plan is to offer specific recommendations and strategies for improving the Riverside County EMS System.

The EMS Plan includes a description of the existing EMS System prior to Plan approval and implementation. The description of the existing System includes identification and discussion of strengths and weaknesses. The strengths and weaknesses found in the existing system were identified by Fitch & Associates, Inc., during their Riverside County EMS review, and by the Riverside County Health Services Agency. Fitch and Associates conducted numerous "town hall" meetings with members of the EMS community and met "on-site" with EMS providers, hospitals and fire services. It is important to build from the existing strengths and to overcome the weaknesses as part of the EMS Plan.

The mission and the ultimate goals for meeting the mission of the EMS Plan and an effectively operating EMS System are presented. The issues, objectives, and proposed action steps for accomplishing the objectives constitute the heart of the Plan. Each issue is given a suggested time frame and a priority for being addressed.

The outline and content of the Plan were developed by the Riverside County EMS Agency and by the contracted consultants, Fitch & Associates, Inc. The EMS Agency conducted extensive public hearings and elicited numerous written communications regarding the EMS Plan from stakeholders and other interested parties in the County. This Plan takes into consideration these comments and incorporates suggestions received from the public and from EMS System participating organizations and agencies. This public and provider input was invaluable for building a comprehensive plan to meet the diverse needs and challenging environment encompassed by Riverside County.

The full implementation of the Riverside County EMS Plan and the development of a comprehensive EMS System will require a number of years. The EMS Agency, with input and agreement from EMS System committee advisors and System participants, will finalize the EMS Plan with assigned responsibilities for implementation clearly specified.

It is also important to realize that changes in the overall health care system may impact the EMS System. The recent increase in managed care through HMOs and other providers will certainly affect aspects of the EMS System. The Plan and the System must be flexible enough to accommodate these types of changes.

**II. DESCRIPTION OF THE EXISTING EMS SYSTEM**

To understand the existing EMS System of Riverside County requires recognition of the unique nature of the County environment. The geography and demographics are diverse and problematic for serving emergency medical needs economically and efficiently.

**A. GEOGRAPHY**

Riverside County extends nearly 200 miles east to west and encompasses 7,310 square miles. The western portion of Riverside County has the highest concentration of population while the east is primarily populated and unpopulated desert.

Riverside County is bordered on the east by the Colorado River. The County's southern border is shared with Imperial and San Diego Counties while the northern border abuts San Bernardino County. Orange County makes up most of Riverside County's western border.

Interstate 10 spans the County from east to west while State Highways 60 and 91 link western Riverside County with Orange and Los Angeles Counties. The Inland Empire is connected with San Diego County via Interstates 15 and 215.

The majority of Riverside County is wilderness and rural. There are several population centers which are urban in nature. The Riverside/Corona/Moreno Valley area is the most populous. It is located in western Riverside County near the Orange and San Bernardino County borders.

The Hemet/Sun City/Lake Elsinore area, bordered by the San Jacinto and Ortega Mountains, is another metropolitan area. Hemet is surrounded by mountainous terrain. Much of the mountainous area is part of the San Bernardino National Forest. The cities of Murrieta and Temecula are located in this area. Many new, residential, large tract developments surround the nearby freeways (I-15, I-215, and Highway 79). Primarily bedroom communities are located here with residents commuting to jobs outside of the local area. This 52 square mile area is 45 minutes to the nearest trauma center.

The San Jacinto and Casa Loma Faults pass through this isolated region and represent a significant threat to the area. There is a high likelihood that the region could be isolated in the event of a major earthquake due to limited access roads and the potential flooding from damaged flood control dams.

The San Gorgonio Pass area is another population center. This area is bordered on the north by the San Bernardino Mountains. The communities of Calimesa, Banning and Beaumont are located in this region, yet much of the area is desert. The Morongo Indian Reservation is nearby. The southern portion of the San Andreas Fault is visible in the Pass area.

Another populated area is the Coachella Valley from Palm Springs to Indio. This desert region is transected by the San Bernardino Mountains to the north with the Santa Rosa, Chocolate, and Little Chuckawalla Mountains forming the southern border. The San Andreas fault also runs through Coachella Valley.

A unique area of population is located in the Palo Verde Valley. The city of Blythe is a small, remote desert community located at the far eastern end of Riverside County adjacent to the Colorado River. The County seat, Riverside, is located 180 miles to the west. There are no nearby cities from which to secure or supplement services for Blythe. There are no other towns or cities of any size within 45 miles in any direction. The nearest town of any size is Parker, Arizona, which has a population of less than 5,000 people. There are no other service areas within a 25 mile range of Blythe. The nearest incorporated cities are Indio, 96 miles to the west, El Centro and Yuma, 100 miles to the south, and Needles, 100 miles to the north. The remoteness of the city of Blythe can make it difficult for professionals to maintain necessary skills.

Riverside County's geography is varied from below sea level desert areas to rugged mountainous terrain. Many areas of the County are cultivated while the western portion is largely developed and heavily populated. The County contains extensive recreational areas, national forests and monuments, numerous lakes, and impressive mountain ranges.

Large distances separate many of the communities. Many of the small communities are isolated without health care facilities and services.

## **B. DEMOGRAPHIC INFORMATION**

Riverside County is populated by more than 1.2 million people with two-thirds living within one of the 24 cities. Riverside is the largest community. The population in some areas of the County is growing rapidly, particularly in the San Geronio Pass and southwestern areas.

Riverside County represents a diverse ethnic mix with 64.4% of the residents classified as Caucasian, 5.1% as Black, .72% as Native Americans, 3.3% as Asian or Oriental, and 26.3% as Hispanic in origin.

Influx of tourists causes wide variations in the resident population depending upon the time of the year. The population of the Palm Springs area increases as much as 53% during the autumn and winter months. Other areas of the low desert experience similar fluctuations.

Seasonal population changes are also seen throughout the County due to the influx of migrant workers during planting and harvesting.

The uniquely located city of Blythe has a population of 13,000. Its population has been continuously increasing for the past 20 years. A rather large jump in population from 1991

to 1992 of 40% can be attributed mostly to the addition of the new prison facility in the area. Also, during the five months of winter, the population of Blythe usually doubles. The increased winter residents follow a cycle, beginning in October, peaking in January, and concluding in May.

Another area of rapid growth is the Murrieta/Temecula region. Murrieta with a growth rate of 9.4% and Temecula with a growth rate of 8.3% from 1992-1993 posted the highest growth rates among cities in the County. Murrieta's growth rate was the ninth highest among California cities with fewer than 50,000 residents. There are 59,450 residents within the cities of Murrieta and Temecula.

Economic conditions vary widely throughout the County according to the time of year and the transient population. Approximately 25% of the residents have annual incomes less than \$10,000 while approximately 5% of the population report annual incomes of at least \$50,000.

The primary employers are agricultural, manufacturing, and service-related companies. Most of the major industry is located in the western metropolitan area of the County.

### **C. EMS SYSTEM PARTICIPANTS, COMMITTEES, AND FUNCTIONS**

There are multiple stakeholders in the Riverside County EMS System. The coordination of the various agencies and individuals involved is a key responsibility of the oversight agency, the local EMS Agency.

In general, the EMS System participants are from hospitals, fire departments, private ambulance companies, law enforcement agencies, the medical society, cities, and the County. Many of these are represented on advisory committees to the EMS Agency.

#### **1. Emergency Medical Care Committee**

The primary responsibility of the Riverside County EMCC is advising the County Board of Supervisors and the EMS Agency on emergency medical care and reporting to the Board of Supervisors observations concerning the effectiveness of emergency medical care programs within the County. The composition of the committee was established by the Board of Supervisors on June 10, 1986, and includes 14 appointed members with the County Health Officer or designee as an ex-officio member. (See Appendix A)

#### **2. Emergency Department Directors Advisory Committee**

An Emergency Department Directors advisory committee (EDDAC) provides specialized advice to the Director of the Riverside County Department of Health/County Health Officer, to the local EMS Agency Medical Director, and to the

EMS Agency (Administrative) Director. Membership consists of the Emergency Department Director of each acute care hospital in Riverside County. Ex-officio members include the Director of Health, the EMS Agency Medical Director, the EMS Agency (Administrative) Director, the Riverside County Medical Association President or designated alternate, and the Director of the Hospital Council of Southern California, Inland Empire Region.

The primary functions of EDDAC are to develop/approve the clinical policies and procedures and the scope of practice for EMS System providers. Other areas of input include giving advice on medical quality assurance and functioning as liaison between the various medical facilities and physicians participating in the System. (See Appendix B)

3. Prehospital Care Advisory Committee

A Prehospital Care Advisory Committee (PCAC) also participates in the EMS System. PCAC has representation from various EMS provider groups, including nurses, prehospital liaison nurses (PLNs), emergency department head nurses, representatives from all of the ambulance services, representatives from the training programs, paramedic representatives, representatives from EMS air providers, representation from law enforcement, and non-transporting fire department personnel.

The functions of the PCAC are to provide advice and enhance cooperation and coordination of the multiple system participants. The committee is structured to address training and certification issues and to provide a source of expertise for specialized advice for various system activities. (See Appendix C)

4. Strengths and Weaknesses

- a. **Strengths:** The strength of the multi-committee-structural system is that the various stakeholders are represented in decision-making and in providing guidance to the EMS Agency for oversight of the EMS System.
- b. **Weaknesses:** The major weakness of the multi-committee structural system is the potential negative and adversarial relationships that can arise due to competing interests and philosophies of the different groups. In the past, important decisions failed to be reached because issues confronting the various system participants are viewed from opposing perspectives. Without a State approved EMS Plan, the EMS Agency was not been effective in resolving all of these issues. Another major weakness is due to the limited definition of the specific roles and responsibilities of each of the committees and inadequate specification of authority and responsibilities.

**5. Riverside County Medical Association**

The Riverside County Medical Association (RCMA) has played an important role in the EMS System. Its Emergency Medical and Disaster Preparedness subcommittee has developed disaster procedures, made recommendations regarding most aspects of the EMS System and disaster preparedness, and provided a forum for community physicians to have input on these issues. Also, the RCMA has had consistent participation on the EMCC and other EMS committees.

**D. EMS AGENCY**

The Riverside County Board of Supervisors has designated the County Department of Public Health as the local EMS Agency. Riverside County formerly was a part of the Inland Counties Emergency Medical Agency (ICEMA). ICEMA is a multi-county joint power agency that includes the Counties of San Bernardino, Inyo and Mono. On May 19, 1987, the Riverside County Board of Supervisors voted to withdraw from the joint powers agreement. At that time, the Riverside County Department of Health was designated the local EMS Agency.

The Department of Public Health is under the direction of the Director of Public Health/Health Officer. The EMS Agency Administrative Director and the EMS Agency Medical Director report to the Director of Public Health/Health Officer. (See Appendix D)

The current EMS Agency staffing includes, in addition to the Administrative Director and the Medical Director, four (4) Emergency Medical Specialists, one (1) emergency preparedness planner and two (2) clerical office assistants. These staff report to the EMS Agency Administrative Director. (See Appendix E)

The necessary qualifications and responsibilities of the professional positions are regulated by specific policies established for the local EMS Agency Medical Director, Administrative Director, and Emergency Medical Services Specialist positions. The policies are contained in the County of Riverside Department of Health Local EMS Agency Policies, Procedures, and Protocols Manual.

The EMS Agency is responsible for:

1. Establishing policies, procedures, and protocols for EMS operations.
2. Developing and submitting a plan to the State EMS Authority for its emergency medical services system.
3. Designating and/or contracting with EMS base hospitals and specialty care centers.

4. Developing guidelines, standards, and protocols for the triage, pre-hospital treatment, and transfer of emergency patients.
5. Authorizing and implementing a prehospital advanced life support program.
6. Certifying and accrediting prehospital care personnel and approving EMS training programs.

In addition, it is important for the Agency to function as an EMS System advocate and to coordinate the various agencies involved in the provision of emergency medical services. System advocacy also should include enhanced awareness of the public through public information and education programs.

In order to perform these functions, the EMS Agency has established a number of committees to provide input and guidance in the development of policies and procedures for the System (see page 5, section II. C, description of Committees.)

The Riverside County EMS Agency and the EMS System operate according to various laws, regulations, and ordinances, including Division 2.5 of the California Health and Safety Code (EMS Statutes); the California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services; County Ambulance Ordinance; and Child and Elder Abuse Reporting Requirements. Confidentiality regulations found in these codes (and 1157.7 of the Evidence Code) and their related citations are strictly adhered to by all EMS System participants.

The County of Riverside Department of Health Local EMS Agency Policies, Procedures and Protocols Manual includes copies of the legislated Codes, Regulations, and Ordinances, described above, that govern the EMS System. It also includes procedures for the review and revision process of EMS policies and procedures.

This manual contains a section on the Local EMS Agency describing the staffing and structure. The manual also contains procedures and protocols for base hospitals, first responders, and other EMS providers. Policies and procedures for EMS training programs and approval of continuing education are found in this manual.

#### Strengths and Weaknesses

- a. **Strengths:** The Riverside County EMS Agency and the Department of Public Health have been reorganized into the structure of a County Health Services Agency. Newly-hired professional and management staff bring much needed expertise to the area of emergency medical services. There is a high level of motivation to collaborate effectively with all EMS participants for the development and implementation of a comprehensive, financially viable EMS Plan for the County.

The County Board of Supervisors is supportive of the Agencies and their EMS activities.

- b. **Weaknesses:** The policies and procedures previously created by the EMS Agency were not perceived favorably by the EMS System participants. Standing orders for destination decisions and mental health transport protocols were examples of problematic policies which are currently being addressed.

The Agency has a historical reputation of being unable to establish needed procedures and policies within a reasonable amount of time. Recently this reputation has changed and the EMS Agency works to improve the system by consensus building and customer input.

Other historically perceived weaknesses in the EMS Agency include lack of adequate response to written or telephonic communications and lack of adequate feedback to the various EMS System participants regarding what the EMS Agency is doing, especially in regard to requests for quality assurance or case information. Some of these weaknesses can be attributed in part to the limitations, high turnover, and other inadequacies in past EMS Agency staffing.

Additional weaknesses are due to the lack of established quality assurance mechanisms, lack of a comprehensive data collections system, and inadequate computerized data processing and evaluation systems for monitoring EMS System performance. A comprehensive management information system is nonexistent.

In response to the weaknesses addressed above, during the past seven (7) months the Health Services Agency has: hired an experienced EMS Director, three (3) EMS Specialists, completed the EMS Trauma Plan and submitted it to the State EMS Authority for approval, begun the process of training system participants in Continuous Quality Improvement and established a system-wide trauma patient data registry.

**E. EMERGENCY MEDICAL SERVICE COMPONENTS OF THE EMS SYSTEM**

The following listing of components is not exhaustive but represents many of the critical components of the System. Taken together, the EMS System has been seen as fragmented. There has been a perceived lack of cooperation among the various System participants. Much of this is likely a result of the lack of priority placed on EMS issues within County government. The EMS Agency has lacked the authority to make the necessary management decisions to accomplish its mission. In addition, the EMS Agency has had a high level of staff which has made the task of coordinating the multiple independent providers difficult.

1. Public Safety Answering Points

The public safety answering points (PSAPs) are those locations where 911 calls are received. There are a number of PSAPs located throughout the County at various fire and police departments. The County Sheriff's Department operates the largest PSAP and transfers all medical calls to the County Fire Department which operates as a secondary PSAP. The County Fire Department functions as the secondary PSAP for a large portion of the County, including the unincorporated areas.

- a. **Strengths:** The community-located PSAPs found throughout the County have the advantage of local knowledge of the geography, road conditions, and terrain in their communities and nearby areas. There is extreme geographic diversity throughout the County. Local PSAPs can quickly respond to emergency situations in terms of local conditions.
- b. **Weaknesses:** The challenge to the EMS System represented by the PSAPs is the number of locations and individuals answering 9-1-1 requests for medical assistance. The large number makes it difficult to incorporate standardized emergency medical dispatch procedures throughout the County. In addition there is no central medical emergency medical dispatch (CMED) in the County.

2. EMS Dispatch Centers

EMS Dispatch Centers directly dispatch the ambulances. The private ambulance providers all have dedicated centers for communication with ambulances. The County Fire Department's communication center, as well as other public agencies, provide dispatch for some of the private ambulances as well as their own units in various communities.

The primary issue in any plan using radio communications is the critical shortage of radio frequencies. New frequencies in the VHF and UHF bands are now impossible to acquire. Most public safety agencies have been forced to move to the 800 MHz band in order to expand their radio systems. However, public safety agencies had to commit to move to this band in 1989 and were required to give up their existing VHF and UHF channels in order to receive the 800 MHz channels.

The Riverside County CAO committed to moving all County departments to the 800 MHz band, and the County was subsequently allocated thirty channels, all of which are being used in the system currently being implemented. By Riverside County Board of Supervisors' Policy, the County General Services Agency, Department of Information Services, is responsible for managing the County's radio frequency resources. They are designated the County's 911 Telephone Coordinator.

Not all public agencies are on the 800 MHz band; for example, the Riverside County Fire Department has a well functioning VHF system and does not plan to change to 800 MHz.

- a. **Strengths:** Without a County-wide unit locator system, having personnel familiar with the areas in which they work is a great strength. Initial efforts have been made to set in motion a plan to upgrade EMS communications.
- b. **Weaknesses:** There are no standardized operating procedures for the dispatch centers, and no medical oversight takes place within the centers. In fact, many of the centers have limited monitoring procedures for such activities as response time performance, redeployment of ambulances, and management of mutual or automatic aid incidents.

The redundancy of the multiple communication centers adds to the cost of the EMS System. Ultimately, it would be necessary to develop performance standards for the communications centers and methods to monitor compliance with those standards.

### 3. Fire Departments and Initial Response

- a. **Definition of Initial Responder Services:** An initial responder service is one that is sent first to the scene of a medical emergency. For example, this can be law enforcement, fire department, ambulance personnel or quick response teams. The Initial Responder denotes only who is sent first.
- b. **Background:** When requests for emergency services are requested, most of the time, the ambulance is not the closest provider source. Under these circumstances, Initial Responders are sent to the scene to provide initial aid and stabilization until the ambulance arrives.

Initial Responders are utilized in varying levels of capacity within the County. The depth of Initial Responder involvement depends on the needs of the area in which the Initial Responders are located.

The level of training of the Initial Responder varies from basic first aid or First Responder (see below) training to Emergency Medical Technician/Defibrillation and to Paramedic levels. In addition, the California Highway Patrol has established a CHP-EMT-I program because officers play a frequent role as the initial contact for EMS incidents.

There are many EMT-I Initial Responders in Riverside County, and more and more services are providing the EMT/Defibrillator trained personnel as Initial Responders.

- c. **Fire Departments:** The majority of Riverside County initial response coverage is provided by fire departments.

The history of fire departments in Riverside County is rich with tradition and service. Fire departments were one of the first organizations to be developed to provide protection and safety to the residents of Riverside County.

The County of Riverside has numerous fire departments. These range from fully paid to strictly volunteer staffed departments. Fire suppression is not the only duty of the fire departments; in actuality, it is a small portion of their overall function. For example, fire departments are sent to the scene of trauma and medical emergencies as either the initial response unit or the primary care providing agency.

Fire departments are active in numerous public service functions. The fire inspections and prevention programs these departments provide are major deterrents to the incidents of fire outbreaks. Through the fire departments' public education programs, Riverside County citizens are taught techniques to prevent fires and decrease the losses and injuries caused from fires or other disasters.

Also fire departments are one of the major resources utilized when a natural disaster occurs. Through disaster planning and practice, fire departments lessen the impact of these disasters.

- d. **Strengths:** The Riverside County EMS System has been strengthened greatly by the high quality participation of the fire departments as Initial Responders, EMT-D providers and in some cases, the ALS provider.
- e. **Weaknesses:** There are wide variations in the locally existing initial response policies used by the large number of Initial Responders in the County. Initial Responders have no guidelines regarding when to respond, and requesters of response have no guidelines regarding when to call for Initial Responders; e.g., types of incidents requiring Initial Responder activation, etc.

#### 4. First Responders

- a. **Definition of First Responder Service:** A First Responder Service is one with personnel having successfully completed an approved First Responder course of training. The First Responder courses are based upon U.S. Department of Transportation guidelines and standards. In addition, the specific training program needs to be approved by the State or local EMS Agency.
- b. **Background:** The Riverside County EMS Agency has not been certifying qualified candidates as First Responders. However, the mechanics are present to develop a certification program for them.
- c. **Strengths:** First Responders play a vital role in the total EMS System in providing initial care of the patient.
- d. **Weaknesses:** Levels of service vary somewhat throughout the County.

#### 5. Defibrillation

Early defibrillation of cardiac arrest patients provides significant increases in survival rates. Therefore, defibrillation is critically important for all emergency service Initial Responders. In the existing EMS System, for any service to provide EMT-Defibrillation/First Responder defibrillation, a written contract/agreement with a hospital, having a physician director for defibrillator training, is required.

During the first six months of operation, the defibrillation service provider is encouraged to conduct monthly skills evaluations and call reviews. The defibrillation personnel are required to receive documented recertification/training every six months. The documentation of the recertification/training of defibrillation personnel is required to be kept on file at the defibrillation service or assigned hospital, with a copy submitted to the local EMS Agency.

Whenever a patient receives automatic or semiautomatic defibrillation, the defibrillation service provider is required to submit tapes and other documentation to the contracted hospital. The contracted hospital physician or designee reviews the submitted information. Evaluation summaries of the provided defibrillations are submitted monthly to the local EMS Agency for review. The purpose of the EMS Agency review is to control for QA and adherence to protocol/policies.

- a. **Strengths:** Currently, the Hemet, San Jacinto, Palm Springs, Banning, and Murrieta Fire Departments operate EMT defibrillator programs. The EMS

Agency and the new administration strongly support the expansion of first responder defibrillation programs.

- b. **Weaknesses:** Historically, there has been a negative perspective of the role of the EMS Agency in promoting defibrillation programs. In the past, the EMS Agency has been viewed as obstructive when organizations requested defibrillation training programs.

6. Law Enforcement Agencies

Law enforcement agencies within the County have an important role in the EMS System. Members of the California Highway Patrol, the County Sheriff's Department, and local police departments are often the first on the scene of medical emergencies. In addition, the law enforcement personnel in the County have an essential role in disaster management.

- a. **Strengths:** The California Highway Patrol plays a specific role in emergency medical services in the Thermal area. The CHP respond via helicopter to the scene of medical emergencies when requested by other agencies. The primary mission of the CHP helicopter is to respond to life threatening situations, such as traffic accidents, rescue, or other medical emergencies. Individuals in the helicopter program actively participate in the guidance of the Riverside County EMS System through involvement in the existing advisory committees and subcommittees.
- b. **Weaknesses:** There is little communication between the EMS participants and other law enforcement agencies within the County. Sometimes this makes it difficult to coordinate efforts at scenes and can be the cause of miscommunication between the agencies.

One important concern of the law enforcement agencies regarding EMS is that there be a direct line of communication and frequent sharing of information. This will help develop better working relationships in the field and a more coordinated response to medical emergencies.

7. Ambulance Services

The majority of the emergency ambulance services are provided by private companies. A number of cities contract with the County Fire Department to provide emergency ambulance services. Also, there are fire departments which provide ambulance service within their communities in the County. All of the ambulance services function at the Advanced Life Support (ALS) level with paramedics.

There are six permitted ambulance services within the County of Riverside. Four of the public sector ambulance responders currently are not required to be permitted: Cathedral City Fire, Idyllwild Fire Protection District, Indio Fire Department, and the Riverside County Fire Department. The six permitted services are run by private companies: Blythe Ambulance Service, Goodhew Ambulance, Hemet Valley Ambulance, Lifecare Medical Transportation Services, Mercy/Medic 1 Ambulance, and Springs Ambulance.

Each of the ambulance services provide coverage to specific zones. While the County has been subdivided into zones, these zones have not been defined legally as exclusive operating areas. The only area covered by two ambulance services is in the Calimesa/Banning/Beaumont area where Lifecare Medical Transportation and Mercy/Medic 1 Ambulance rotate 9-1-1 call responses.

All of the EMS ambulance services provide Advanced Life Support level care with paramedic staffing of the ambulances. Many of the ambulance services began providing ALS in 1980 or earlier. In fact, Springs Ambulance and Goodhew Ambulance were among the first paramedic providers within the State of California.

A number of cities contract with Riverside County Fire Department to provide emergency medical services. Relationships between communities and other services vary from informal agreements and service provision through evolution to formal contractual arrangements. There is no consistency in the relationships between communities and ambulance services.

The "5150" mental health transports and policies are of considerable concern to many of the EMS system participants. Since these transports are usually of a non-medical nature, emergency medical care is not the critical issue. The "5150" transports are a legal and financial issue that needs to be addressed clearly by the Department of Mental Health in coordination with the EMS Agency. The EMS Plan has developed an Issue of Mental Health Transports to help resolve this concern.

- a. **Strengths:** All ambulance services in Riverside County operate at the ALS level.
- b. **Weaknesses:** Standardization of ambulance service operations is limited because of the multiplicity of providers throughout the large area encompassed by Riverside County. Having a variety of providers results in a variety of procedures, policies and differences in levels of services provided.

8. Receiving Hospitals

There are sixteen hospitals in Riverside County and two hospitals in San Bernardino County which participate in the EMS System (Appendix ). This includes the military hospital at March Air Force Base. Most of the hospitals have licensed Basic Emergency Departments and receive ambulance patients. Palo Verde Hospital in Blythe has a Standby Emergency Department.

Ten of the EMS participating hospitals are in the Riverside/Corona/Lake Elsinore area of western Riverside County. Three hospitals are in the Palm Springs/Indio area, and the remaining two hospitals are in Banning and Blythe.

- a. **Strengths:** Even though the County is geographically diverse, all hospitals participate as receiving hospitals in Riverside County.
- b. **Weaknesses:** Strong concerns had been expressed regarding patient diversions and inadequate, unclear destination policies. These issues have recently been addressed by new ambulance diversion and destination policies.

All hospitals located within the County are very interested in the performance of EMS, but there is little coordination of EMS activities among hospitals. There is limited oversight from the EMS agency regarding receiving facilities. Most of the EMS Agency contact with medical facilities is with the base hospitals.

9. Base Hospitals

Eight of the acute care hospitals within the County have been designated as base hospitals.

Five of the ten hospitals in western Riverside County have been designated as base hospitals. All three hospitals in the Palm Springs to Indio area are base hospitals. The County is currently negotiating a base hospital contract with Palo Verde Hospital in Blythe.

Base hospitals perform an essential role in the County EMS System. Physicians and mobile intensive care nurses (MICNs) provide medical direction to the advanced life support personnel in the field. The base hospitals are responsible for many of the quality improvement/assurance components of the system and the provision of certain training activities.

- a. **Strengths:** Contracts between base hospitals and the County are in place.

- b. **Weaknesses:** Although the County is large, there is a perception by some that there are too many base hospitals in certain areas. The distribution of base hospitals is uneven. Having so many base hospitals results in inconsistent policies and treatments in the field. These differences in medical treatment frequently vary according to the specific physicians involved.

#### 10. Trauma Centers

There are no Level I trauma centers located within Riverside County. Currently, the County has designated three Level II trauma centers: Desert Hospital in Palm Springs and Riverside Community and Riverside General Hospitals in Riverside. The nearest Level I trauma centers are located in San Bernardino and San Diego Counties.

There has been much discussion regarding the potential need for a Level III trauma center designation process. This has surfaced largely in the southwestern portion of Riverside County.

- a. **Strengths:** Trauma criteria have been developed to determine patient destination.
- b. **Weaknesses:** One weakness is the fact that there is no comprehensive trauma system or trauma system plan in place for Riverside County. This lack of a trauma system plan and lack of direction, coordination, and oversight has caused conflicts among some of the County's receiving hospitals.

The Trauma System and related issues are compiled in the Riverside County Trauma Plan which was submitted to the EMS Authority in October 1994 under separate cover.

#### 11. Specialty Receiving Centers

The EMS Agency has disseminated information regarding a few specialty receiving centers. These include burn and poison control centers, none of which are located within Riverside County. Transfer of patients needing other types of specialized care is largely determined by the referring physician at the various receiving hospitals.

- a. **Strengths:** There are a variety of specialty receiving centers available. For example, there are burn and pediatric centers in adjacent San Bernardino County.
- b. **Weaknesses:** There is a deficit in specific patient destination and transfer

protocols, particularly for the out-of-County locations of specialty receiving centers.

12. Disaster Preparedness

Disaster preparedness has a high priority throughout California and within the County of Riverside. The County of Riverside has a comprehensive disaster preparedness plan entitled Annex D - Riverside County Department of Health (Health Operations, Medical and Public Health). This plan is a part of the County's Multi-Hazard Functional Plan. Annex D addresses the County of Riverside Health Department's planned response to a Level II or Level III medical and/or public health emergency situation.

- a. **Strengths:** The Agency employs a full-time professional emergency preparedness planner. A comprehensive disaster preparedness plan has been developed.
- b. **Weaknesses:** A Disaster Standard Operating Procedure (SOP) for ambulance companies, prehospital personnel and hospitals in the County has not been developed as part of Annex D. At this time, the local EMS Agency Policies, Procedures and Protocols Manual does not contain a Standard Operating Procedure (SOP) for this either.

**III. OVERVIEW OF THE EMS PLAN**

**A. MISSION**

**The Mission of the Riverside County EMS Plan is to ensure the timely and compassionate delivery of the highest quality emergency medical services to the people of Riverside County.**

The Riverside County Emergency Medical Services Agency is dedicated to maintaining and improving the level of prehospital care within the community. Toward this end, EMS will regulate and coordinate the continuum of needed emergency services including:

- Manpower and Training
- Communication
- Transportation
- Assessment of Hospitals and Critical Care Centers
- System Organization and Management
- Data Collection and Evaluation
- Public Information and Education
- Disaster Response

**B. PRINCIPLES**

The principles that will govern the operation of the EMS Agency are:

- Excellence and continuous improvement in the quality of prehospital care and services.
- Service excellence in meeting the needs of the community, patients, and EMS care providers.
- Economic value in achieving the mission in an economically responsible manner in order to conserve community resources.

**C. GOALS**

The ultimate goal of the Plan is to define an effective and efficient EMS System which can assure consistent high-quality emergency medical services to the residents and visitors of Riverside County.

Establishing this System within available resources is a major consideration. Other considerations also are important.

These include:

1. The establishment of a fiscally stable and responsible System.
2. Provision for community involvement in defining the level of emergency medical services.
3. Development of a stable System which can withstand challenges and thrive in a future where there are increased fiscal pressures on political jurisdictions and health care reform initiatives on National and State levels.

**D. OBJECTIVES OF THE EMS PLAN**

To meet the goals, the EMS Plan recommends specific objectives with timeframes for accomplishment. Each objective is linked to an issue that is prioritized according to importance. The specific issues are presented as position papers with the problem, recommended solutions, proposed action steps, timeframe for completion, and prioritization.

Implementation activities are aimed at stabilizing the structure of the EMS System, establishing appropriate levels of authority for the oversight EMS Agency, increasing the

cooperative efforts of the various System participants, and enhancing communication and awareness of EMS System activities throughout the County.

Accomplishment of the objectives in the Plan is going to depend largely upon voluntary assistance and support from the multitude of EMS providers and agencies and the success of the EMS Agency in fostering enhanced communications and cooperation.

**E. DECISION RESOLUTION**

The EMS Plan provides recommendations and a working structure for accomplishing implementation. It must be recognized that all EMS collaborating participants will take part in resolving issues identified by the Plan and will act to finalize the means by which goals will be achieved. After the Board of Supervisors and the State have approved the EMS Plan, cities, fire departments, law enforcement, ambulance companies, physicians, paramedics, EMTs, MICNs, and hospitals will take part in the EMS Agency process of decision resolution and implementation of the Plan.

**IV. EMERGENCY MEDICAL SERVICES PLAN**

The EMS Plan addresses specific issues, activities, and options for the implementation of objectives and achievement of goals for the EMS System. An attempt has been made to identify the most important, complex, and controversial issues. The proposed action steps and options are recommendations, and it needs to be recognized that discussions are welcomed and other pathways can be utilized to achieve similar or the same goals.

Many of the issues presented are interrelated. In fact, some must be implemented concurrently or sequentially in order to achieve the desired outcomes.

**ISSUE: DEVELOPMENT OF REGIONAL ADVANCED LIFE SUPPORT ZONES**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(c) Transportation)

- Objectives:**
- 1. Decrease EMS System fragmentation and develop a financially stable and manageable structure.**
  - 2. Develop regional zones for ALS providers (public or private) with agreements for coverage in discussion with the local service area governing body or bodies.**
  - 3. Define minimum performance levels for ALS providers, and establish a firm legal foundation for the transportation component of the System.**

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**DISCUSSION:**

On October 17, 1989, the Riverside County Board of Supervisors approved an emergency medical transportation plan for the County. This plan provided for 26 ambulance operating areas. The 26 areas included six (6) zones in the unincorporated portions of the County.

The purpose of designating so many ambulance operating areas was to provide all communities with self-determination of ambulance services. Each of 20 cities designated a zone contiguous with its boundaries. The zones were defined as non-exclusive, but the plan contained provisions for the establishment of exclusive operating areas when desired by the governing authority of the various zones.

The establishment of exclusive operating areas was contingent on the development of an award process by the EMS Agency according to the EMS Plan. Currently, none of the operating areas has been designated exclusive. Unfortunately, due to the original 26 areas established, there could be as many as 26 different exclusive areas operating under 26 different contracts, having different performance levels, and having different ambulance service providers.

There are operational and financial advantages to having an Advanced Life Support (ALS) provider (public or private) servicing regions larger than the 26 areas established for Riverside County.

The operational advantages include having the:

- a. Most efficient use of resources through system status management.
- b. Availability of a larger number of ambulances to provide backup when all ambulances in a sub-region are being utilized.

- c. Mandated levels of services with penalties for lack of performance.
- d. Greater standardization of service to the specified region.

Financial advantages to the public or private provider include having a larger financial base (under any financing mechanism) to offset costs.

A potential disadvantage of regional zones for cities includes loss of direct city control over ambulance services within the city limits. If a city was part of a regional zone larger than the city limits they would no longer be able to choose a local provider independently. All service would be ALS, and the choices will be made according to the approved EMS Plan for Regional ALS Zones.

There are complex legal issues involved in providing ALS services to regions. Recent court decisions have delineated that cities, under the definition of Health and Safety Code 1797.201, have administrative responsibility for EMS services within their city. This responsibility includes certain provisions for setting the level of services provided. Currently, there are cases being litigated to determine which cities can claim H&SC 1797.201 status. At this point, the legal outcome remains unclear.

Any contractual agreements or delineation of regional zones must be consistent with the applicable Health and Safety Code Statutes regarding city and county authority over the provision of EMS services.

Rather than attempt to solve ambulance service jurisdictional problems through litigation, the EMS System can be used to establish a planned interactive process. This process will determine ALS service provision by balancing the autonomy and authority of cities with the desire for a regional approach.

With some important exceptions, most cities now do not have contractual or agreement-based guarantees for the quantity or quality of ALS services provided to their cities. The exceptions include cities that provide ALS service through their fire departments and the Cove Communities (Palm Desert, Rancho Mirage and Indian Wells) contract with the Riverside County Fire Department. Also, the City of Riverside has some limited provisions with Goodhew Ambulance Service, Inc., through a franchise agreement.

**Proposed Action Steps:**

The Western Riverside Council of Governments (WRCOG) and the Coachella Valley Association of Governments (CVAG) are recommended as the vehicles for working out joint agreements

between the cities and the County. Critical issues pertaining to the delivery of ALS services in Riverside County will be addressed in reaching these agreements.

At a minimum, these issues will include:

1. Development of regional zones for public and/or private providers as agreed by cities and the County. These zones may vary in size and scope. For zones larger than individual cities, contractual arrangements between cities, the County, and public/private providers should be established. These provisions would protect the cities' autonomy and control in regard to ALS services. These provisions also would offer assurances of a stable contractual relationship and a stable financial base for the public or private provider.
2. Development of joint contracts for the cities, County, and the provider for the region. These contracts will spell out the roles of the cities and the County. The quality, quantity, and level of service for the providers will be specified. In the case of provision of services by fire departments, explicit agreement will be included on "back-filling." In addition, the contracts will include: response time standards, quality and level of service standards, a possible structure for fines levied when performance standards are not met, data reporting requirements, and other necessary service standards.
3. After development of the joint contractual agreements, determinations will be made to select the ALS providers for the regional zones for specified periods of time. All of the options have not been determined, but some possibilities include using:
  - a. Current public or private providers (through "grandfathering").
  - b. A competitive process open to public or private providers.
  - c. Some combination of (a) and (b).
4. Develop and implement county-wide Advanced Life Support (ALS) performance standards for ambulance providers. (See Appendix G for the current draft of these standards)

To make these determinations, definition of the zones, status of current providers, and certain legal issues need to be resolved first.

The goal of these proposed action steps is to reach negotiated agreements between the cities and the County for defining respective roles, establishing ALS service regions, developing performance criteria and data reporting requirements, and selecting ALS providers for the defined zones. The purpose is to protect the interests of the cities and the County, provide standards of service for the citizens of our County, and avoid litigation.

To that end, the EMS Agency has worked with WRCOG and CVAG to develop exclusive operating areas for emergency ambulance providers. See Appendix H for the approved Board of Supervisors Resolution regarding the cooperative effort with the cities in Western Riverside County and the agreed upon maps of the exclusive operating areas. In addition, see Appendix I for CVAG approved exclusive operating areas and agreements in principle on performance standards. The EMS Agency has proposed an exclusive operating zone for the area in and around the City of Blythe which has historically been an underserved area.

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**Time Frame:** 0-12 months.

**Resource Requirement:** High.

**PRIORITY:** 1

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### **Related State Standards**

- 1.28 The local EMS agency shall develop, and submit for state approval, a plan for granting of exclusive operating areas which determines:
- a) The optimal system design for ambulance service and advanced life support services in the EMS area, and
  - b) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.
- 4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.
- 4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.
- 4.21 Any local EMS agency which desires to implement exclusive operating areas shall develop an EMS transportation plan which addresses:
- a) Minimum standards for transportation services.
  - b) Optimal transportation system efficiency and effectiveness, and
  - c) Use of a competitive process to ensure system optimization.

4.22 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for "grandfathering" under Section 1797.224, H&SC.

**ISSUE:       ADVANCED LIFE SUPPORT AS THE STANDARD OF CARE**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(a) **Manpower and training and (c) Transportation**)

- Objectives:**
- 1.       Ensure advanced life support (ALS) for all patients requiring emergency care and subsequent transport.**
  - 2.       In areas that cannot support an ALS level of service, attempts to gather resources to raise the level of service will be made with acceptance of the best level of service currently provided.**

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**DISCUSSION:**

Riverside County's ambulance services operate at a significantly higher level of care than in many other areas of the State. All of the transporting agencies, except Blythe, are licensed at the ALS level. Most of the ambulance services operate all of their vehicles at the Advanced Life Support level. Currently, all ALS ambulances are staffed with a paramedic and a second person staffed, at a minimum, at the EMT-I level.

With this existing high level of care available within the County, it is recommended that ALS be the minimally acceptable level for ambulance services that respond to emergency calls for help. There should be provisions in this to allow for the designation of specific areas as underserved by EMS. This would pertain to areas which lack financial or personnel resources to elevate to the ALS level. At this time, this would apply only to the service area of Blythe Ambulance.

Currently, in the Desert Center area, Basic Life Support (BLS) and transport services are provided intermittently by the Lake Tamarisk Volunteer Fire Department. This type of service should be phased out. Service needs to be provided 24 hours per day, 365 days per year. If resources cannot be found to help augment the service currently provided through the Volunteer Fire Department, consideration must be made to provide ALS services through another provider.

Recently, the EMS Agency worked cooperatively with Blythe Ambulance Service and Palo Verde Hospital in Blythe and with JFK Hospital in Indio to establish the first ALS/paramedic ambulance service in the easternmost area of the County. This has traditionally been an under-served area with only basic life support service.

The rural medical system will be enhanced through special training opportunities until such time as ALS services are feasible. (Please see **Issue: Training Programs and Financing the Riverside County EMS System** for additional information.)

There are advantages to having ALS as the minimum standard for all interfacility and other non-emergency transports. Current policies only address medical control issues for interfacility transports.

**Proposed Action Steps:**

1. Establish the minimally acceptable level of ALS for all EMS ambulance services within Riverside County.
2. Develop policies regarding interfacility transports that set standards and changes as needed to the County Ordinance. The EMS Agency with participation of other potentially affected agencies will take this responsibility.
3. Establish provisions to allow designation of specific geographic areas as underserved by EMS.
4. In under-served areas, provide training in special skills such as defibrillation, advanced airway management and develop pilot studies for limited pharmacological therapies for EMT first responders.

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**Time Frame:** 0-12 months.

**Resource Requirement:** Low.

**PRIORITY:** 1

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**Related State Standards**

- 1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.
- 1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.
- 2.09 All emergency medical transport vehicle personnel shall be certified at least at the EMT-I level.
- 4.04 Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS Agency policy.

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations.

4.18 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

**ISSUE: EMS AGENCY COMMITTEE STRUCTURE**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(e) **System organization and management**)

**Objective: Establish an effective organizational structure to enable the Agency to plan, implement, monitor, and evaluate the local EMS System. This shall be accomplished through input, coordination, and mutual agreement among multiple system participants.**

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**DISCUSSION:**

**Existing Committee Structure:**

The existing committee structure of the EMS Agency is not as effective as it could be. Defined purposes, roles, and responsibilities of subcommittees are not related well to representative committee membership and integration within the overall committee structure. Communication and cooperation among subcommittees are limited. Often multiple decisions are reached regarding the same issue, and resolution is not achieved.

Currently, there are three major committees providing advice to the EMS Agency. For the most part, these committees lack direction, have unclear relationships to each other, and are too large to be functional.

The Emergency Medical Care Committee (EMCC) is the only committee with formal goals, clearly delineated responsibilities, and term limits for its members.

The Emergency Department Directors committee (EDDAC) has representation from every emergency department in the County. The purpose of this committee is to discuss and make medical recommendations concerning prehospital policies. Since its inception, the EDDAC has evolved into a decision-making body. Frequently, it becomes an open forum for any emergency department issue relating to prehospital EMS.

The Prehospital Care Advisory Committee (PCAC) is a large body with more than 24 members. Membership is comprised of hospital, ambulance, and training institution representatives. Functions of the PCAC include providing advice and enhancing cooperation of the multiple System participants usually in regard to operational issues in the system.

**RECOMMENDATIONS:**

The system participants believe that rather than altering the current three committee structure an effort should be made to better define the roles, responsibilities, and relationships of the current committees.

1. **EMCC** - clearly define scope, role, and responsibilities. This committee's membership is set by Board resolution.
  
2. **EDDAC and PCAC** - roles, responsibilities and the relationship between these two committees must be defined and formalized in writing. The strength of these committees remains the commitment of the participants, weaknesses resolve around a lack of defined structure.
  
3. **Other Subcommittees and Task Forces** - All three (3) committees form task forces as necessary to address pressing issues. In addition, the EMS Agency forms task forces to deal with specific items. Recent examples are the Trauma Review Committee and the Prehospital (Base Hospital) Task Force
  
4. **Trauma System Committees** - The Trauma System subcommittees are defined in the Trauma System Plan forwarded to the EMS Authority under separate cover.

The EMS Agency will provide support to all committees/subcommittees and will supply ongoing information about EMS Agency activities and performance.

**Proposed Action Steps:**

1. Develop written roles, responsibilities and reporting relationships for the EMCC, EDDAC, and PCAC.
  
2. Develop membership guidelines and bylaws for the EDDAC and PCAC.

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**Time Frame:**           **0-6 months.**

**Resource Requirement:**   **Low.**

**PRIORITY:**               **1**

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**Related State Standards**

- 1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.
- 1.03 Each local EMS agency shall actively seek and shall have a mechanism (including the emergency medical care committee(s) and other sources) to receive appropriate consumer and health care provider input regarding the development of plans, policies, and procedures.
- 1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

**ISSUE: EMS AGENCY**

(Component of Div. 2.5, Calif. H&S Code, 1797.103 (e) **System organization and management**)

- Objectives:**
- 1. Improve the effectiveness of the EMS Agency and the EMS System.**
  - 2. Provide comprehensive guidelines, policies, procedures and protocols for all individuals and agencies functioning within the EMS system.**
  - 3. Incorporate specific policies and procedures to address commonly occurring circumstances.**
- 

**DISCUSSION:**

Over the past few years the Riverside County EMS Agency has been faced with a number of challenges. The shortage of professional staff, communication difficulties within an expansive EMS System, and the lack of an approved EMS plan have combined to undermine the effectiveness of the Agency's performance.

A change in staffing and a change in the operational philosophy of the EMS Agency were necessary to overcome existing weaknesses.

- 1. Clear Goals and Objectives - The EMS Agency, itself, needs to have a clear vision and goals and objectives on how to achieve that mission. The EMS Agency needs to be the driving force behind an EMS system based on quality principles and an understanding of the patient and the patient's needs. Most importantly, the EMS Agency needs to recognize its constituents positively and respond to them in a timely manner.**

An EMS Agency business plan that forecasts budget and personnel needs for at least a five-year period must be developed. This business plan should serve to guide the Agency through the transitional phases of implementation of the EMS Plan.

The EMS Agency business plan will mandate that high-priority tasks be accomplished within set time frames. Additional policies and procedures will be created to ensure that the Agency functions with ongoing quality improvements and good business practices and with mutual support from all EMS participants.

- 2. Staffing:**

- a. **Riverside County Health Officer.** The Riverside County Health Officer provides a critical management leadership and advisory role for the EMS Agency and the EMS System. This position is responsible for policy decisions, ensuring positive relationships with other agencies throughout the EMS System, and providing public health oversight. The Riverside County Health Officer holds the position of Director of the Riverside County Department of Public Health. The EMS Agency is organized within the Department of Public Health.
- b. **EMS Agency Director.** Riverside County has recently hired a new EMS Agency Director. This person has years of experience in prehospital EMS, both as a field provider and in EMS administration. The EMS Director in his short tenure has already worked to build bridges to Fire Departments, Base Hospitals and ambulance providers.

The EMS Agency Director is responsible for the business and financial management of the EMS Agency. This position will report directly to the Riverside County Director of Public Health/Health Officer.

- c. **Other Professional Staff.** To accomplish the necessary functions of the EMS Agency in conjunction with implementation and completion of the EMS Plan, several other critically needed, full-time employee positions have been filled. All four (4) EMS Specialist positions are now employed. All of these positions report directly to the EMS Agency Director.

All members of the EMS Agency must have adequate direction and clear understanding of their roles. In keeping with the proposed EMS System advocate role of the Agency, three (3) of the EMS specialists will serve as County Regional Coordinators while the other will serve as Trauma and Quality Improvement Coordinator.

- (1) **EMS Specialists/Regional Coordinators:** The three EMS Agency Regional Coordinators will perform varied functions. Some of these functions will include vehicle inspection; liaison with ambulance services, EMS personnel, base hospitals, Initial Responder agencies, receiving hospitals, and communities; offering training programs; and monitoring performance of EMS personnel and agencies. The Regional Coordinators will act as consultants to EMS agencies to provide support for training and improvement efforts and to provide advice about operational and clinical activities.

The use of EMS Agency Regional Coordinators will make it possible for EMS System participants to identify with one Agency staff member. This will serve to facilitate interagency communications. Ideally, the Regional

Coordinators will be seen as "problem solvers" for EMS providers within their respective regions.

- (2) **Trauma/QI Coordinator:** Trauma registry and continuous quality improvement are not only one of the highest priorities for the EMS Agency operations but they are mandated by law (see Title 22, California Code of Regulations). This position would work closely with the Regional Coordinators to monitor the provider agencies QI programs. The Trauma/QI Coordinator will be an ex officio member of the Trauma System Subcommittees (see Issue: **EMS Agency Committee Structure**).
  - (3) **Data Systems Manager:** This position is required to constantly monitor the data that all providers forward to the Agency. This person also must formulate raw data into functional monthly reports useful to management and other EMS System participants. Most importantly, this person must be knowledgeable of computer programming and systems management to include development of economic systems for collecting and evaluating a variety of County-wide EMS data.
  - (4) **Disaster Preparedness Planner:** The EMS Agency will retain the Disaster Preparedness Planner. The responsibilities of the planner are consistent with current functions.
- d. **Clerical Support Staff.** Adequate secretarial, clerical, and data entry staff are required to support the professional staff activities.
  - e. **EMS Agency Medical Director.** The EMS Agency Medical Director should be seen as a System advocate and as an expert in the area of prehospital emergency medicine. This individual will provide leadership to physicians participating in EMS and to the multitude of providers delivering patient care. The EMS Agency Medical Director will report directly to the Riverside County Health Officer.

#### **Proposed Action Steps:**

1. Develop and implement an Agency business plan to reflect a business-like philosophy of service.
2. Create a continuous quality improvement and quality monitoring system.
3. Revise and update the current EMS Policy Manual.

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**Time Frame:** 0-6 months.

**Resource Requirement: Low.****PRIORITY: 1**

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**Related State Standards**

- 1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.
- 1.03 Each local EMS agency shall actively seek and shall have a mechanism (including the emergency medical care committee(s) and other sources) to receive appropriate consumer and health care provider input regarding the development of plans, policies, and procedures.
- 1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.
- 1.05 Each local EMS agency shall develop an EMS System Plan and shall submit it to the EMS Authority. The plan shall:
  - a) assess how the current system meets these guidelines
  - b) identify system needs for patients within each of the clinical target groups, and
  - c) provide a methodology and timeline for meeting these needs.
- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.
- 1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.
- 1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.
- 1.13 Each local EMS agency shall coordinate EMS system operations.
- 1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.
- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact, and
- i) on-scene physicians and other medical personnel.

- 1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations, in accordance with the EMS Authority's DNR guidelines.
- 1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.
- 1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

**ISSUE: INTERFACILITY AND CRITICAL CARE TRANSPORTS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(c) **Transportation**)

- Objectives:**
- 1. Increase stability of the Riverside County EMS System and develop a comprehensive process to ensure the quality of medical transportation services in the County.**
  - 2. Establish an effective structure to regulate and monitor all aspects of prehospital medical transport and care in Riverside County.**
  - 3. Facilitate a process by which a patient may be readily transferred to a facility best able to treat the patient's particular illness or injury.**
  - 4. Allow for "free market" competition of non-emergency interfacility transfers.**
- 

**DISCUSSION:**

There is a tremendous need for improvement in the County's interfacility and critical care transportation policies and regulations. Clear and defined guidelines are necessary. These guidelines should provide an acceptable mechanism for regulating interfacility and critical care transports, monitoring the types of personnel and equipment needed, and integrating them, when necessary, into the EMS System. In the past, these types of transports have been considered to be "exclusive" to the ALS emergency ambulance provider. However, due to recent court decisions and the opinion of County Counsel, interfacility transfers and non-emergency transports must be considered "non-exclusive."

The proposed action steps will serve to develop these plans and ensure access to critical care services and appropriate interfacility transport as needed.

**Proposed Action Steps:**

- 1. Develop clearly defined guidelines, protocols, and policies to regulate and monitor the performance and types of personnel and equipment necessary for effective interfacility transports or transports to specialty/critical care facilities.**
- 2. Include a mandate for critical care transport (CCT) providers to operate according to a performance based contract with the EMS Agency in the County EMS Ordinance (refer to Issue: Riverside County EMS Ordinance).**

3. Develop a performance based contract for CCT only providers to include personnel and equipment guidelines and identifying compliance issues. Noncompliance could result in fines.
4. Develop criteria to identify patients who should be considered for transfer to facilities of higher capability and develop guidelines and assist the facilities in developing transfer agreements.
5. Revise the Ambulance Ordinance to allow for any qualified ambulance service which meets the County's standards to provide non-emergency interfacility transfers.

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**Time Frame:** 0-6 months.

**Resource Requirement:** Low.

**PRIORITY:** 1

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**Related State Standards**

- 1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.
- 1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.
- 3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities. This could be accomplished by cellular telephone.
- 4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.
- 4.04 Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS Agency policy.
- 4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations.
- 4.15 The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

- 4.20 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.
  
- 5.03 The local EMS agency shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.
  
- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
  - a) The number and role of system participants, particularly of emergency departments.
  - b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers.
  - d) Identification of providers who are qualified to transport such patients to a designated facility,
  - e) Identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - f) The role of non-pediatric critical care hospitals including those which are outside of the primary triage area.
  - g) A plan for monitoring and evaluation of the system.

**ISSUE: SPECIALTY RECEIVING CENTERS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(d) **Assessment of hospitals and critical care centers**)

**Objective: Establish and implement a comprehensive pediatric emergency medical and critical care system plan for Riverside County.**

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**DISCUSSION:**

Currently, there is not a pediatric emergency medical or critical care system plan. To ensure a comprehensive emergency medical services system that includes specialty pediatric care by which children may be best transported and reach a facility best able to treat them, the following action steps are necessary for plan development and implementation.

**Proposed Action Steps:**

1. Identify the capacity and capability of existing emergency departments to handle pediatric emergencies based on standardized criteria.
2. Develop an emergency medical service system children plan in conjunction with the specialty care designation of hospitals.
3. Establish cooperative agreements for implementing the plan.

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**Time Frame: 6-12 months.**

**Resource Requirement: Low.**

**PRIORITY: 1**

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**Related State Standards**

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan which determines:

- a) The optimal system design for pediatric emergency medical and critical care in the EMS area, and
  - b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.
- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- a) The number and role of system participants, particularly of emergency departments.
  - b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers.
  - d) Identification of providers who are qualified to transport such patients to a designated facility,
  - e) Identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - f) The role of non-pediatric critical care hospitals including those which are outside of the primary triage area.
  - g) A plan for monitoring and evaluation of the system.
- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments, including:
- a) staffing,
  - b) training,
  - c) equipment,
  - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - e) quality assurance, and
  - f) data reporting to the local EMS agency.
- 5.12 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system, for the specific condition involved including:
- a) The number and role of system participants
  - b) The design of the catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
  - c) Identification of patients who should be triaged or transferred to a designated center,
  - d) The role of non-designated hospitals, including those which are outside of the primary triage area,
  - e) A plan for monitoring and evaluation of the system.

**ISSUE: RIVERSIDE COUNTY EMS ORDINANCE**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(e) **System organization and management**)

- Objectives:**
1. **Establish a solid legal foundation for monitoring, controlling, and defining the Riverside County EMS System.**
  2. **Establish a firm legal foundation for the organizational structure of the EMS Agency and its relationship with EMS System providers to include performance criteria and penalties with the authority to enforce compliance.**

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**DISCUSSION:**

A comprehensive County ordinance is the framework on which the EMS System is established. The ordinance is necessary to define the structure of the system and community involvement. Expectations are broadly defined. The recommendations identified in the EMS Plan need to be codified by ordinance. The ordinance should specifically delegate the authority for establishing regulations and System oversight.

The specifics being defined by the EMS Agency in the form of policies, procedures, and Department of Public Health regulations need to have the additional authority of an ordinance, especially regarding penalties to aid in enforcing compliance with the System policies.

The reorganization of the committee structure within the Agency also will require changes in the current ordinance, as would recommendations regarding outside EMS providers.

A strong, well defined ordinance is the County's best defense to challenges in the manner in which it assures the provision of medical transportation to its citizens and residents.

**Proposed Action Steps:**

1. **Amend Ordinance #577.2, passed by the Board of Supervisors in February, 1989. Alternatively, a comprehensive ordinance could be created to replace the current one or a separate ordinance may be enacted to codify the specific issues discussed.**
2. **The amended or newly-created ordinance will not be completed until after the Riverside County Board of Supervisors has approved the EMS Plan.**
3. **Included in the ordinance will be:**

- a. Provisions of the ALS regional zones, including the definition of the zones, the selection processes and requirements for ambulance providers and the methods by which areas are identified as underserved with waiver of the ALS requirement.
- b. The role of the communities within the County.
- c. The performance criteria of EMS service providers.
- d. Specified penalties that will aid in enforcing compliance with system policies.
- e. Specified procedures for non-emergency and CCT providers to become permitted in the County.

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**Time Frame:** 0-6 months.

**Resource Requirement:** Low.

**PRIORITY:** 1

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**Related State Standards**

- 1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.
- 4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.
- 4.20 The local EMS agency shall have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.
- 4.23 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted comply with applicable policies and procedures regarding system operations and patient care.
- 6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.
- 8.20 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**ISSUE: PERFORMANCE MONITORING AND CONTRACT COMPLIANCE**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(f) **Data Collection and Evaluation**)

- Objectives:**
- 1. Establish a comprehensive process for ensuring compliance to agreements between the Riverside County EMS Agency and various providers.**
  - 2. Develop and execute performance-based agreements between the EMS Agency and receiving hospitals, base hospitals, dispatch centers, local communities, trauma centers, ambulance providers, first responders, and other EMS System participants.**
  - 3. Measure, document, and report Riverside County EMS System's operational performance on a regular basis.**
  - 4. Conduct a more aggressive and comprehensive inspection program.**
- 

**DISCUSSION:**

Monitoring compliance of multiple agencies requires an effective means of data collection and reporting. Lack of resources and specific authority have prevented the EMS Agency from adequately addressing the issue of reviewing and monitoring the EMS System operations. The EMS Agency does not have the facilities or the data processing capability to monitor performance of the various EMS system providers.

The establishment of performance based contracts will increase the need for a sophisticated monitoring process. Essential performance standards include response times. Response times are a basic measure of EMS System performance. The collection of accurate response time data requires the cooperation and support of the various dispatching agencies and EMS providers.

The monitoring activities are not solely focused on response times but also should include billing and collection practices, compliance with approved rates, clinical quality factors, and other operational components. Other essential elements of system performance monitoring will require elevated data processing capability.

The contract compliance responsibilities also are important in monitoring agreements among base hospitals, receiving hospitals, air medical providers, trauma centers and other entities with which the EMS Agency establishes formal agreements.

Compliance monitoring should be integrated into the comprehensive quality improvement/ assurance program. Prior to the establishment of comprehensive performance based contracts for ambulance providers, base hospitals, trauma centers, etc., it will be necessary to have a mechanism in place through which the Agency can monitor the entities' compliance with the agreements. The written agreements will identify the roles and responsibilities as well as provide the mechanism to ensure compliance and assistance in enforcement of policies and procedures. The agreements should also encompass mechanisms for monitoring the quality and outcomes of the EMS System.

The development of a comprehensive data management system will support quality improvement and monitoring activities of the Agency. The system will be compatible with the larger EMS providers so that information can be electronically transferred to the System. It will be necessary to establish a common data set for the transportation providers, receiving hospitals, base hospitals, dispatch centers and trauma centers. This common data set will then be able to be used for tracer studies, outcome studies and to monitor the system's performance.

The EMS Agency should assign quality improvement/assurance responsibilities to one of the professional staff. This staff member should utilize various participant resources, establish working groups, and develop comprehensive procedures and policies in cooperation with System participants.

Each EMS provider should have its own internal quality improvement/assurance program which interfaces with the System QI process. Confidentiality of patient information is ensured by adherence to the regulations of the California Health and Safety Code and Title 22 of the California Code of Regulations.

The issue of data system management and information retrieval is important, and the EMS Agency recognizes the existing deficit. Currently, the Agency is developing new instruments for collection of prehospital data. An overall new system will be designed to facilitate the timely release of information in compliance with State guidelines and contractual requirements.

The System will be able to respond to changes by implementing an ongoing program for monitoring and modifying activities to meet the needs of the County residents and enhance System effectiveness.

**Proposed Action Steps:**

1. Develop a comprehensive management information system to address the various aspects of the EMS system and how well each component performs in the EMS environment.
2. Keep response time data for all levels of the EMS System; e.g., dispatch, first responders, ambulance service providers, and air medical programs.

3. Develop appropriate data and evaluation systems for quality assurance monitoring procedures, trauma registry activities, and other performance measures.
  4. Develop policies, procedures and regulations to require quality improvement activities by the System participants and to protect the confidentiality of such information.
  5. Develop written agreements with EMS System participant providers to provide the mechanism to ensure compliance and assistance in enforcement of policies and procedures.
  6. Provide for annual scheduled inspections and regular random inspection of ambulances/equipment.
  7. Periodically evaluate all operations within each ALS regional zone and be able to respond with needed changes or modifications.
  8. Establish an effective auditing process for Riverside County EMS.
  9. Develop and periodically reassess penalties for noncompliance.
  10. Provide timely EMS reports to EMS providers and participants upon request.
  11. Evaluate and report on the overall EMS System on an annual basis.
- 

**Time Frame:** 0-6 months for agreements and 1-2 years for information management system.

**Resource Requirements:** Medium.

**PRIORITY:** 1

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**Related State Standards**

- 1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/evaluation process to identify needed system changes.
- 1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.
- 1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

- 1.18 Each local EMS agency shall establish a quality assurance/quality improvement program to ensure adherence to medical direction policies and procedures, including a mechanism to review compliance with system policies. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.
- 3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.
- 4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.
- 4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.
- 4.07 All emergency transport vehicles shall be appropriately equipped for the level of service provided.
- 4.19 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.
- 4.23 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted comply with applicable policies and procedures regarding system operations and patient care.
- 4.24 The local EMS agency shall periodically evaluate the design of exclusive operating areas.
- 5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.
- 5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.
- 6.01 The local EMS agency shall establish an EMS quality improvement/assurance program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines when they exist. The program shall use provider-based QA programs and shall coordinate them with other providers.

- 6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.
- 6.03 Audits of prehospital care, including both clinical and service delivery aspects, shall be conducted.
- 6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.
- 6.05 The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA audit of the care provided to specific patients. It shall be based on state standards (when they are available).
- 6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines when they exist.
- 6.08 The local EMS agency shall periodically report on EMS system operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).
- 6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base hospital) and prehospital activities.
- 6.10 The local EMS agency shall develop a trauma system evaluation and data collection program, including:
  - a) A trauma registry
  - b) A mechanism to identify patients whose care fell outside of established criteria, and
  - c) A process of identifying potential improvements to the system design and operation.
- 6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance and system evaluation.

**ISSUE: TRAUMA SYSTEM**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(c) **Transportation and (d) Assessment of hospitals and critical care centers**)

**Objective: Develop and implement a trauma system plan for Riverside County to ensure that trauma patients will be delivered promptly to capable trauma centers.**

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**DISCUSSION:**

Issues regarding the Riverside County are detailed in the Riverside County Trauma Plan submitted to the EMS Authority under separate cover.

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**Time Frame: 6-12 months**

**Resource Requirements: Low.**

**PRIORITY: 1**

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**Related State Standards**

- 1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.
- 1.26 The local EMS agency shall develop a trauma care system plan which determines:
  - a) The optimal system design for trauma care in the EMS area, and
  - b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.
- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system, including:
  - a) The number and level of trauma centers,
  - b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

- c) Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other critical care centers,
- d) The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center,
- e) A plan for monitoring and evaluation of the system.

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both providers and consumers.

8.19 Local EMS agencies developing trauma or other critical care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

**ISSUE: PATIENT DESTINATION AND EMS SYSTEM HOSPITALS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(a) **Manpower and Training and (c) Transportation and (d) Assessment of hospitals and critical care centers and (e) System organization and management**)

- Objectives:**
1. Enhance medical control by specifying roles and responsibilities of all professional providers within the EMS System.
  2. Document expectations of the System through development of specific policies, protocols and procedures as well as written agreements among the various providers.
  3. To have adequate base hospitals with appropriate training for all personnel providing orders to advanced life support personnel in the field.

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**DISCUSSION:**

Destination protocols should define clearly the patient destination, beginning with the medical needs of the patient and closest appropriate facility. If the individual patient's condition warrants deviation from this policy, exception can be based on patient preference followed by family preference, and lastly managed care participation. With destination protocols clearly defined, base hospital input regarding patient destinations will be significantly reduced in most circumstances. The major function of the base hospital should be to provide medical direction as needed.

The EMS Agency will continue to ensure that there is an emergency system for inter-hospital communications, including operational procedures (see **Issue: Dispatch and Communications**).

**Proposed Action Steps:**

1. Establish a more comprehensive agreement between the EMS Agency and the base hospitals.
2. Draft and implement roles/responsibilities for base hospital physicians.
3. Develop comprehensive prehospital triage and transfer protocols.
4. Assist hospitals in developing appropriate transfer guidelines, protocols, and agreements.

**Time Frame:** 1-2 years.

**Resource Requirement:** High.

**PRIORITY:** 1

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**Related State Standards**

- 1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers.
- 1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base hospital) physician or authorized registered nurse.
- 5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.
- 5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base hospitals as it determines necessary to provide medical direction of prehospital personnel.
- 8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

**ISSUE: INITIAL AND FIRST RESPONDERS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(a) Manpower and training)

- Objectives:**
- 1. Establish County-wide Coordinated Initial Responder system with, at a minimum, First Responder trained personnel.**
  - 2. Establish an EMS Agency certification program with minimum clinical levels and performance monitoring capability for the First Responder system.**

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**DISCUSSION:**

An appropriate level of certification for Initial Responders needs to be established. The Department of Transportation (DOT) First Responder training program is recommended. The County should support and encourage elevation of responder agency levels to include early defibrillation. This could be accomplished through First Responder defibrillation training or through the EMT-Defibrillation programs.

The EMS Agency should be a facilitator and motivator of the first responder agencies in elevating their level of service. It would be appropriate for an Initial Responder subcommittee to define the minimum criteria for Initial Responder response to incidents. At a minimum, Initial Responders should be available for those calls in which time is important for improving the outcome of the patient.

It is difficult for the County to mandate a specified certification level for responders or to require automatic mutual aid beyond the Initial Responder jurisdictions. Regardless, the County should support and encourage elevation of the level of care of Initial Responders and assist in the development of written mutual aid policies among the various entities. It would be advantageous if the Initial Responder subcommittee established a brief Initial Responder patient intervention reporting process to look at the benefits of Initial Responder intervention.

Some communities in other parts of the State have elevated the clinical level of their Initial Responder programs to paramedics. This should be encouraged by the EMS Agency in that the community's self-determination and funding of its Initial Responder program is a local issue. Communities which do elevate to the paramedic Initial Responder level, however, should be aware, the responsibility of the County is to regulate and monitor ALS services.

County funding to upgrade Initial Responder service to paramedic status is not recommended. The EMS Plan proposes a goal that all EMS transports be at the ALS level County wide. Therefore, there is a reduced benefit of mandating the Initial Responder to be a paramedic unless the Initial Responder can transport also.

An inventory of Initial Responder services and their service areas needs to be undertaken so that areas without Initial Responder services can be identified. The EMS Agency should promote the development of Initial Responder resources in those non-served areas.

The EMS System committees/subcommittees recommended in the Plan should address Initial and First Responder issues. They need to make recommendations and promote a standardized minimum level of training for Initial Response agencies within the County. Allowances for various Initial Responder levels should be accommodated within the County structure.

**Proposed Action Steps:**

1. An Initial Response Subcommittee will identify and inventory County Initial Responder agencies within each service area.
2. Service areas lacking adequate Initial Responder services or having below minimum standards will be identified.
3. The EMS Agency will promote development of adequate Initial Responder services.
4. Improved Basic Life Support (BLS) treatment protocols will be developed.
5. The EMS Agency will facilitate defibrillation training among Initial Response providers.

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**Time Frame:** 6-12 months.

**Resource Requirement:** High.

**PRIORITY:** 2

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**Related State Standards**

- 2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

- 2.06 At least one person on each non-transporting EMS first response unit shall be trained to the EMT-I level and have available equipment commensurate with such scope of practice.
- 2.07 EMS first responders (including public safety agencies and industrial first aid teams) shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.
- 2.08 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.
- 2.13 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.
- 4.08 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**ISSUE: DISPATCH AND COMMUNICATIONS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(b) **Communications**)

- Objectives:**
- 1. Develop a long-range communication plan for Riverside County EMS and increase the medical oversight and operational capability of the dispatch function.**
  - 2. Have direct linkage of 9-1-1 to public first responder and ambulance dispatch centers.**
  - 3. Develop EMS communications system plan for County-wide ability of prehospital providers to contact and communicate with base hospitals, MICNs and physicians for medical consultation.**

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**DISCUSSION:**

There are multiple public safety answering points within Riverside County, some of which have no formal medical oversight of dispatching in medical emergencies. Due to the extensive expanse and geographic constraints of the County, it may be difficult to develop one centralized emergency medical dispatch center to accommodate all of the EMS providers at this time. Even so, plans need to be developed and implemented to increase medical involvement in dispatch operations. Ultimately, the County and its residents should expect that, when someone calls 911 with a medical emergency, 1) the most appropriate resources from Initial Responder agencies and ALS transport providers will be dispatched, and 2) if the bystander could assist the patient prior to the arrival of first responders and ambulance personnel, appropriate pre-arrival instructions could be offered. This would require extensive training and financial resources within the structure of the current system.

The standard that should be strived for is Emergency Medical Dispatching (EMD). Through the use of standard questions and protocols, EMD dispatchers prioritize 911 medical calls and send the appropriate level of response from Initial Responding and ALS transport agencies. In addition, EMD dispatchers are trained to provide pre-arrival instructions to callers potentially enabling them to perform life-saving actions with direction from the dispatcher.

Certain agencies already are dispatching at the EMD level; others have plans to upgrade to that level. Achieving this level of dispatching throughout the County will require extensive training and additional financial resources for the agencies providing dispatch services.

Reducing the number of agencies providing dispatch services will allow for improved medical oversight and efficiencies in upgrading to an EMD level. This is difficult due to agencies' concerns regarding control over their resources.

Involvement of the General Services Agency (GSA)/Information Services Department in developing and implementing the EMS communications system plan is important. GSA is the Board of Supervisors designated 911 Telephone Coordinator for the County.

**Proposed Action Steps:**

1. Inventory current status of all agencies providing dispatch for Initial Responders and ALS transport providers to determine level of training for their dispatchers and current status of medical oversight.
2. Determine feasibility of reducing the number of agencies providing these dispatch services through discussion at WRCOG and CVAG.
3. Identify funding needed to upgrade to EMD level for dispatch agencies and consider a surcharge or ALS transport billing to fund the improvements (see Issue: Financing the Riverside County EMS System).
4. Accomplish the needs assessment of current communication capability for the EMS System and develop a comprehensive EMS communication's plan.
5. Assume a lead role with EMS System participants in planning, coordinating, implementing, and managing County-wide communications system for EMS.
6. Identify the components of the communications system management role to be part of the responsibilities of the Communications Department of the General Services Agency (GSA) in conjunction with the EMS Agency, such as:
  - a. Establishing technical standards for the EMS communications system and equipment.
  - b. Exercising frequency management to include licensing of network backbone repeaters and base hospitals.
  - c. Providing engineering and technical assistance to hospitals and ambulance companies at the same rates as those charged to County departments for like services.
  - d. Acquire and maintain the network backbone equipment and facilities.

7. Expect hospitals and ambulance providers to procure, operate, and maintain radio equipment used in their facilities and vehicles.
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**Time Frame:** 2-5 years.

**Resource Requirement:** High.

**PRIORITY:** 2

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### **Related State Standards**

- 2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.
- 3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies in accordance with the EMS Authority's Communications Plan (when it is available).
- 3.02 Emergency medical transport vehicles and non-transporting advanced life support responders, shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.
- 3.04 All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the capability of communicating with a single dispatch center or disaster communications command post.
- 3.05 All hospitals within the local EMS system shall (where physically possible) be able to communicate with each other by two-way radio.
- 3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.
- 3.07 The local EMS agency shall participate in on-going planning and coordination of the 911 telephone service.

- 3.09 The local EMS agency shall establish guidelines for proper dispatch triage, identifying appropriate medical response.
- 3.10 The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies which comply with the EMS Authority's Communications Plan (when it is available).
- 4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.
- 4.10 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.
- 6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

**ISSUE: PREHOSPITAL AIR TRANSPORT**

(Component of Div. 2.5, Calif. H&S Code, 1797.103 (c) **Transportation**)

- Objectives:**
1. **Achieve coordinated air medical response to specific emergency events in which time is essential.**
  2. **Integrate air medical services into first response within the County when the patient's location is likely to require an extended response time and when the patient's condition is likely to be life threatening.**
  3. **Assure adequate resources for air medical responses for EMS in Riverside County.**
  4. **Inventory resources, create standards, and designate air medical resources for use in the County.**
  5. **Coordinate the air and rescue transport procedures with the disaster control plan.**

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**DISCUSSION:**

The EMS Agency has regulatory authority over prehospital EMS Aircraft activities in Riverside County pursuant to Title 22, California Code of Regulations. Certain exceptions within the regulations do apply to California Highway Patrol, California Department of Forestry and California National Guard aircraft. Historically, however, the EMS Agency in Riverside County has not regulated through contract any of the currently responding prehospital air resources.

Using State standards, Title 22, California Code of Regulations, and input from appropriate agencies including fire departments, police departments, base hospitals, etc., the EMS Agency should develop contract provisions for all prehospital EMS Aircraft resources. This will ensure the appropriate utilization and quality of these resources in Riverside County.

**Proposed Action Steps:**

1. The EMS Agency, through the use of any appropriate committee, and/or subcommittee will create standards for the use of the prehospital EMS Aircraft resources.
2. Define specific policies and procedures to determine the need for prehospital EMS Aircraft based upon patient needs and location.

3. Mandate EMS Aircraft providers to comply with all County policies, practices, and protocols.
4. Develop a performance based contract, similar to contracts proposed for ground ambulances, for EMS Aircraft providers.
5. Inspect and monitor to ensure appropriate equipment and staffing levels are maintained by the air medical providers.
6. Identify certain areas in the County to be designated for air medical first response when the critical nature of the call is presumed to be high and extended response times are expected.

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**Time Frame:** 1-2 years.

**Resource Requirement:** Low.

**PRIORITY:** 2

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**Related State Standards**

- 4.09 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
  - a) authorization of aircraft to be utilized in prehospital patient care,
  - b) requesting of EMS aircraft,
  - c) dispatching of EMS aircraft,
  - d) determination of EMS aircraft patient destination,
  - e) orientation of pilots and medical flight crews to the local EMS system, and
  - f) addressing and resolving formal complaints regarding EMS aircraft.
- 4.11 The local EMS agency shall identify the availability of medical and rescue aircraft for emergency patient transportation.
- 24.12 In rural and remote areas, the local EMS agency shall identify the availability and staffing of fixed wing aircraft for emergency patient transport.

**ISSUE:** TRAINING PROGRAMS

(Component of Div. 2.5, Calif. H&S Code, 1797.103(a) **Manpower and Training**)

- Objectives:**
- 1. Improve procedures for Agency to ensure the adequacy and performance of training programs for EMS personnel.**
  - 2. Develop training and certification program for base hospital physicians and require successful completion of the program prior to participation as a base hospital physician.**
  - 3. Develop an expeditious process for reviewing the merits of, and approving, the training programs for base hospital MICNs, as well as providing prompt certification for them.**
  - 4. Encourage all allied health personnel who provide direct emergency patient care and an appropriate percentage of the general public be trained in CPR.**
  - 5. Ensure that adequate numbers of emergency medical department physicians and registered nurses who provide direct emergency patient care will be trained in advanced cardiac life support.**
  - 6. Ensure that new paramedics to Riverside County are accredited and trained to perform Riverside County approved expanded scope of practice procedures and medications.**
- 

**DISCUSSION:**

The EMS Agency is responsible for requiring, approving, and certifying training programs for EMTs, paramedics, EMS nurses (MICNs), and other EMS providers within the County. The types of training are specified in the EMS Agency Policies, Procedures, and Protocols Manual. (See County of Riverside Department of Health Local EMS Agency Policies, Procedures & Protocols Manual, Section 10 - Training Programs and Approval of Continuing Education.)

The EMS Agency needs to improve oversight of EMS training programs. Also, the EMS Agency needs to develop new EMS training programs beneficial to a comprehensive EMS System. For example, the EMS Agency has not taken the lead in promoting CPR training for the general public.

Multiple providers within the County have provided CPR training and are actively promoting such programs. The EMS training programs could be strengthened by identifying the appropriate percentage of the general public to be trained in first aid and CPR. A higher percentage should be achieved for high risk groups.

**Proposed Action Steps:**

1. Establish and accomplish a formal procedure for reviewing curriculum, monitoring classroom sessions, and evaluating student performance. The procedures for this oversight will be developed by the EMS Agency in cooperation with the EMS Committees and training providers involved.
2. Give priority to developing a specialized training program for Emergency Medicine/Emergency Room physicians.
3. Increase the number of CPR training programs through advocacy and provider agreements.
4. Expand Incident Command System (ICS) training for medical providers.
5. Work with ALS providers to develop training and accreditation programs for new paramedics to the Riverside County EMS system.

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**Time Frame:**           **On-going.**

**Resource Requirement:**   **Medium.**

**PRIORITY:**                   **3**

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**Related State Standards**

- 1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.
- 2.01 The local EMS agency shall routinely assess personnel and training needs.
- 2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.
- 2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

- 2.10 All allied health personnel who provide direct emergency patient care shall be trained in CPR.
- 2.11 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.
- 2.12 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance process.
- 2.14 All base hospital and alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.
- 7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.
- 8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.
- 8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System as the basis for field management.

**ISSUE: FINANCING THE RIVERSIDE COUNTY EMS SYSTEM**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(e) **System organization and management**)

**Objective: Establish stable funding for the Riverside County EMS System and ensure adequate financial resources for managing and operating EMS.**

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**DISCUSSION:**

Currently, the Riverside County EMS System is financed through a variety of mechanisms. Public providers are financed from city tax assessments, fees for services or a combination of both. Private providers are financed by fees for services. Indigent care is paid by the County, and the County EMS Agency is financed largely from revenues from traffic fines for moving violations (SB 12/612).

The majority of all financing mechanisms are directed at ALS ambulance providers (public or private), and currently all fee-for-service revenues are limited to ALS ambulance providers.

One of the major holes in financing for the EMS System is reimbursement or other revenue targeted at fire department initial responders and other first responders including first responder EMTs, EMT-D programs, etc. Although these services are supported generally by city general fund and other revenues, only in cities or special fire districts with special assessments do they receive targeted funds.

There are two additional funding mechanisms that have been used in other jurisdictions to address EMS system funding issues: These are:

1. **Surcharge or Designated Charge** - This mechanism requires the development of a charge that is added to the ALS ambulance bill. Examples are: dispatch charge, initial responder charge (e.g., first responder, EMT, EMT-D, etc.)

Advantages of this mechanism include that it is encounter based; so only people receiving the service are charged. Limited experience suggests that third party payers will reimburse. Another advantage is that current billing mechanisms exist.

Disadvantages include the extra responsibility of collections by provider or other collection agency and having to transfer funds collected by an agency to the service provider.

This option will require discussion about the disadvantages and advantages. Other discussion will be needed to determine the appropriate services to include in such a financing mechanism.

2. County-wide EMS Benefit Assessment - This mechanism requires adoption by the County and all cities. It would provide a stable, long-term funding source for the entire EMS System. Negotiations will determine the distribution of the revenue among all EMS System participants, including fire departments, public and private providers (to reduce ambulance bills), dispatch, EMS Agency, base hospitals, etc.).

Advantages include the gain of stable, long-term, easier to collect and distribute, significant, amounts of revenue.

Disadvantages include the potential encounter of political barriers to new taxes. Also having an entire community pay for services provided to specific individuals is a disadvantage for some. Another disadvantage of this mechanism is that some cities already have fire department benefit assessments that pay for certain EMS services.

**Proposed Action Steps:**

1. The EMS Agency will provide details about two funding alternatives (described above) to WRCOG, CVAG and the provider community.
2. WRCOG, CVAG, providers, and EMS Agency will review, discuss, and make recommendations for financing the Riverside County EMS System.
3. After agreement has been reached, specific recommendations for financing the Riverside County EMS System will be made to the Board of Supervisors for Board review and approval.

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**Time Frame:**           **On-going.**

**Resource Requirement:**   **Medium.**

**PRIORITY:**               **1**

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**Related State Standards**

- 1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.
- 6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

**ISSUE: PUBLIC INFORMATION AND EDUCATION**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(g) **Public information and education**)

- Objectives:**
- 1. Assure easy access to the EMS System by all individuals and groups.**
  - 2. Provide to the public information regarding appropriate use of 911.**
  - 3. Provide materials to support public awareness and educational activities**
  - 4. Advocate and support programs devoted to injury control and preventive medicine.**
- 

**DISCUSSION:**

The EMS System serves everyone including those requiring specialized services, such as children, the elderly, handicapped, and non-English speakers. However, more work is needed to identify population groups in the County needing specialized services.

The EMS Agency has not been involved directly with the development of the provision of information and materials for dissemination to the public. The Agency has worked with the emergency services division and the County Fire Department to assist in the provision of some information.

Currently, the EMS Agency has no specific program to promote injury control and preventive medicine although the Department of Health offers health education programs and advice in preventive medicine.

**Proposed Action Steps:**

- 1. Identify areas in the County having populations needing specialized services, and list the types of services needed.**
- 2. Develop the specialized services to meet the needs of the special population groups by targeting community education programs.**
- 3. Develop internal resources to support programs developed by other facilities and agencies within the County to promote injury control and preventive medicine.**
- 4. Develop targeted public information materials and coordinate and assist the various provider groups in developing information for the public regarding EMS activities.**

5. Publicize the specialized services available so the public is aware of access for the EMS System services.

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**Time Frame:** 1-2 years.

**Resource Requirement:** Medium.

**PRIORITY:** 3

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**Related State Standards**

- 1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers).
- 3.08 The local EMS agency shall be involved in public education regarding the 911 telephone service, as it impacts system access.
- 7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
- a) Understanding of EMS system design and operation,
  - b) Proper access to the system,
  - c) Self help (e.g. CPR, first aid, etc.),
  - d) Patient and consumer rights as they relate to the EMS system.
  - e) Health and safety habits as they relate to the prevention and reduction of health risks in target areas.
- 7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

**ISSUE: SPECIALIZED RESCUE RESPONSE PLAN**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(c) Transportation)

- Objectives:**
1. Establish procedures for activating response and safe emergency transportation by all-terrain vehicles, snow mobiles, and water rescue units on inventory as available for special rescues.
  2. Coordinate the air and rescue transport procedures with the disaster control plan.
- 

**DISCUSSION:**

In addition to prehospital air transport, the EMS Agency should address the issue of specialized rescues. For example, the EMS Agency needs to conduct an inventory of specialized rescue resources within the County and provide a mechanism for their activation when needed. These specialized rescue resources would include all-terrain vehicles, snow mobiles, and water rescue vehicles. Also, the specialized rescue program plan should consider other existing EMS resources, population density, environmental factors, dispatch procedures and catchment areas.

**Proposed Action Steps:**

1. Develop a specialized rescue resource plan in cooperation with the EMS Committees/subcommittees.
  2. Conduct an inventory of specialized rescue resources within the County. The plan will include a mechanism for activation of these resources when needed.
- 

**Time Frame:** 1-2 years

**Resource Requirement:** Low

**PRIORITY:** 3

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**Related State Standards**

- 4.13 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

**ISSUE: COMPREHENSIVE DISASTER RESCUE PLAN**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(h) Disaster response)

- Objectives:**
1. **Provide for effective EMS response in the event of a disaster.**
  2. **Establish better communication of multi-casualty response plan with the medical community.**
  3. **Ensure that hospitals are prepared for mass-casualty management.**
  4. **Have a plan in place in the event that a hospital must be evacuated.**
  5. **Promote citizen awareness of emergency preparedness activities.**
  6. **Safeguard the health and well being of EMS providers as well as accident or medical emergency victims.**
- 

**DISCUSSION:**

Riverside County has an existing comprehensive disaster rescue plan developed by the Disaster Preparedness Planner of the EMS Agency. The incident command system is used in this plan, with existing state guidelines as a basis. However, better communication and involvement of providers regarding the disaster plan should be accomplished. This action would serve to strengthen the plan for mobilizing adequate response and transport vehicles in the event of a disaster. In addition, the plan does not include a comprehensive plan for hospital evacuation.

Individual hospitals have their own disaster and mass-casualty incident plans and periodically conduct drills to test the plans. The Riverside County Disaster Plan/multi-casualty response plan needs to be better communicated to the physicians and EMS providers within the County.

A Health Emergency Operations Center (HEOC) has been established to coordinate with and support the County EOC. Designated frequencies have been identified to affect radio communications with various agencies within the County.

The EMS Agency is involved with the County's emergency services division in promoting citizen disaster preparedness activities.

In addition, the EMS Agency and its Committees/subcommittees need to review its existing protocol and procedures for EMS response to emergencies involving hazardous materials to ensure that EMS providers are responding appropriately to hazardous materials incidents. If necessary, the protocols will be revised.

**Proposed Action Steps:**

1. Present the disaster plan for review by the EMS Agency Committees/Subcommittees.
  2. Take action to improve communication and involvement of physicians and EMS providers to strengthen disaster/multi-casualty response.
  3. Assist hospitals with the preparation for mass casualty management including developing procedures for evacuation, coordinating hospital communications with the EMS System, and for patient transportation.
  4. Review individual facility and County plans to assure that they are coordinated and integrate with each other.
  5. Work to develop hazard-specific medical response plans with increased involvement of System participants.
- 

**Time Frame:** 1-2 years.

**Resource Requirement:** Low.

**PRIORITY:** 3

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**Related State Standards**

- 4.14 The local EMS agency shall plan for mobilizing response and transport vehicles for disaster.
- 4.16 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.
- 4.17 Multi-casualty response plans and procedures shall utilize state standards and guidelines when they exist.
- 5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.
- 5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.
- 7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

- 8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.
- 8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.
- 8.05 The local EMS agency, using state guidelines when they are available, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.
- 8.06 The local EMS agency, using state guidelines when they are available, shall establish written procedures for early assessment of needs and resources and an emergency means for communicating requests to the state and other jurisdictions.
- 8.07 A specific frequency (e.g. CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.
- 8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of disaster medical resources.
- 8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.
- 8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.
- 8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines when they are available, shall designate CCPs.
- 8.12 The local EMS agency shall develop plans for establishing CCPs and a means for communicating with them.
- 8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.
- 8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).
- 8.17 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response

agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

**8.18 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.**

**ISSUE: MENTAL HEALTH "5150" TRANSPORTS**

(Component of Div. 2.5, Calif. H&S Code, 1797.103(c) **Transportation**)

**Objective: Develop a system for the transport of non-medical or violent medical "5150" patients that does not burden the law enforcement or other transport providers.**

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**DISCUSSION:**

Patients who are placed on a 72-hour hold under the authority of the Welfare and Institutions Code, Section 5150, fall into two categories. The first category applies to "5150" patients who have a medical condition coincident with a behavioral dysfunction serious enough to have them placed on a 72-hour hold. The second category applies to "5150" patients who have no recognizable medical condition coincident with their dysfunctional behavior but their abnormal behavior warrants their being placed on a 72-hour hold.

The EMS System is designed to respond to all patients needing emergency medical assistance. However, a dilemma is posed when the patient is violent and needs emergency medical care and "5150" transport. The Initial Responder can provide some care but, if ambulance medical services are needed and the patient is violent, who should be responsible for this type of transport? There are concerns regarding the extent of authority that ambulance providers have to restrain violent patients. Law enforcement may not be equipped to transport patients needing medical care. Furthermore, violent "5150" patients need to be transported to a specialty facility. Often this is some distance from the area of ambulance service from which they must travel.

A second problem occurs when a hospitalized "5150" patient, no longer needing medical treatment, needs to be transferred to the "5150" facility. Should this transport be by ambulance, removing the service provider from emergency medical services?

Finally a third problem exists when a 911 call is made for a person behaving abnormally. Emergency medical response needs to occur so that medical triage occurs to ascertain whether emergency medical treatment is necessary. When a dysfunctional mental health state is psychologically caused without need for medical care, the patient would not need subsequent transport by ALS providers. Nevertheless, the patient needs appropriate transport to a "5150" facility. Who should be the provider of transport?

In the existing EMS System either ambulance providers or law enforcement provide the transportation of the "5150" patient. The current system for evaluation and transport of individuals placed on "5150" holds is burdensome to law enforcement agencies and ambulance providers. Law enforcement or other provider units can travel long distances to deliver these patients to approved "5150" facilities. This practice removes those units from their service areas for extended periods. Many ambulance providers have expressed concerns regarding the liabilities they are exposed to when dealing with violent patients.

Models used in other counties include:

1. Contracting with a BLS transport provider for all non-medical "5150" transports after field triage. The provider is accessed by law enforcement, Initial Responder, or ALS transport agencies from the field. This access occurs after the determination that the patient does not need emergency medical treatment.
2. Evaluation of all potential "5150" patients by an approved private mental health team and subsequent transport by a BLS provider.

Both of the above models require funds to reimburse the BLS transport agency and, in the case of Model 2, above, to reimburse the field evaluation team. Whenever ALS transport agencies respond but do not provide the transport for a patient, there is a negative fiscal impact on their service.

In Riverside County, the Department of Mental Health provides some field evaluation of potential "5150" patients and provides reimbursement for some transports.

All of the public comment regarding this issue has been forwarded to the Riverside County Department of Mental Health for review and recommendations regarding improvements to the current system.

**Proposed Action Steps:**

After the Department of Mental Health has formed a response to the review of public comments on this issue, the EMS Agency will work collaboratively with them and the EMS System Committees/subcommittees to devise recommendations for improvement to the System.

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**Time Frame:** 0-12 months.

**Resource Requirement:** Low.

**PRIORITY:** 1

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# **APPENDIX**

## **A**



# County of Riverside

APPENDIX A

HEALTH SERVICES AGENCY  
LOCAL EMS AGENCY  
P.O. Box 7600  
Riverside, CA 92513-7600

SUBJECT: EMERGENCY MEDICAL CARE COMMITTEE

REFERENCE NO.: 203

EFFECTIVE DATE: January 1, 1993 REVISED: January, 1993 REVIEW DATE: January 1, 1993SUPERCEDES: Protocol dated July 1, 1987REVIEWED BY: Georgia Mattson  
Emergency Medical Services DirectorGlenn B. Sparks, M.D.  
Director of Public HealthW. Cochran M.D.  
Local EMS Agency Medical Director

**PURPOSE:** To describe the composition and function of the Emergency Medical Care Committee that is advisory to the Riverside County Board of Supervisors and to the local EMS Agency.

**POLICY:** Article 3, Sections 1797.270, 1797.272, 1797.274 and 1797.276 of Division 2.5 of the Health and Safety Code set forth the requirements for the establishment and function of a County EMCC. The EMCC is required to advise the Board of Supervisors, the Health Officer and the local Emergency Medical Services (EMS) Agency on matters pertaining to emergency medical care and public training in cardiopulmonary resuscitation (CPR) and first aid within the County. The composition of the EMCC is established by Resolution 92-442.

I. The EMCC:

A. Has the responsibility for:

1. Advising the Board of Supervisors on all aspects of emergency medical care within the County;
2. Report to the Board of Supervisors, the observations and recommendations of the EMCC concerning the feasibility and content of emergency medical care programs within the County.

B. Is staffed by local EMS Agency personnel;

C. Meets at least quarterly, and more often as determined by resolution of the EMCC.

II. The composition of the EMCC was determined by Resolution 92-442 dated September 1, 1992 and includes fourteen (14) members appointed by the Board of Supervisors as follows:

EMERGENCY MEDICAL CARE COMMITTEE

- A. One Emergency Room Physician practicing in a hospital located within Riverside County, nominated by the Emergency Department Directors' Advisory Committee.
- B. One Hospital Administrator from a Riverside County Hospital, nominated by the Hospital Council of Southern California.
- C. One representative from the Riverside County Medical Association, nominated by that organization.
- D. One Riverside County ambulance service owner, nominated by the Riverside County Ambulance Association.
- E. One representative from the Riverside County Fire Chiefs Association, nominated by that Association.
- F. One City Manager from Riverside County nominated by the Inland Empire Managers Association.
- G. One representative of the Riverside County Peace Officers Association, nominated by that organization.
- H. One representative of the Riverside County Fire Department.
- I. One representative of the Riverside County Prehospital Care Advisory Committee, nominated by that organization.
- J. One member-at-large from each Riverside County Supervisorial District.

III. The appointed members shall serve three year terms with staggered expiration dates so that no more than one-third (1/3) of the membership shall require replacement or reappointment at any one time.

IV. The Committee shall choose its Chairman, Vice-Chairman and determine the time and place for regular meetings.

# **APPENDIX**

## **B**

EMERGENCY MEDICAL CARE COMMITTEE

- V. A quorum shall consist of a majority of the number of positions filled. The Chairman votes only in the event of a tie.
- VI. The EMCC members serve without compensation.

[References: Article 3 of Division 2.5 of the California Health and Safety Code; Resolution 92-442 of the County of Riverside]



COUNTY OF RIVERSIDE  
HEALTH SERVICES AGENCY  
LOCAL EMS AGENCY  
P.O. Box 7600  
Riverside, CA 92513-7600

APPENDIX B

SUBJECT: EMERGENCY DEPARTMENT DIRECTORS' ADVISORY COMMITTEE REFERENCE NO.: 205  
EFFECTIVE DATE: January 1, 1993 REVISED: January, 1993 REVIEW DATE: January 1, 1993  
SUPERCEDES: Protocol Dated July 1, 1989  
REVIEWED BY: Georgia Mattson Shurtz  
Emergency Medical Services Director  
Alale Byrnes, MD Director of Public Health  
Harsha M.D. Local EMS Agency Medical Director

PURPOSE: To describe the composition and function of a Medical Advisory Committee that is advisory to the Local EMS Agency Medical Director.

- POLICY:
1. There shall be an Emergency Department Directors' Advisory Committee which provides specialized advice to the Local EMS Agency Medical Director.
  2. Active membership shall consist of the Emergency Department Physician Director of each acute care hospital in Riverside County. Each director may designate a physician alternate to attend the meeting.
  3. Ad-hoc members include the following:
    - a. Director of Health
    - b. Local EMS Agency Medical Director
    - c. Emergency Medical Services Director
    - d. Director of the Hospital Council of Southern California.
  4. The Committee will elect a Chairperson and a Vice-Chairperson who shall serve for a maximum of two (2) years.
  5. The EMS Agency will provide a secretary for the committee, who will take minutes and will prepare the Agenda in conjunction with the Chairperson.
  6. The E.D. Directors' Advisory Committee will meet at least quarterly.
  7. The meetings of the E.D. Directors' Advisory Committee shall be open and public.

EMERGENCY DEPARTMENT DIRECTORS' ADVISORY COMMITTEE

8. Functions of the E.D. Directors' Advisory Committee shall include, but are not limited to:
  - a. Giving specialized advice to the Local EMS Agency Medical Director in carrying out the statutory responsibilities to develop written medical policies and procedures to provide standards for patient care.
  - b. Providing physician representative(s) to the Medical Advisory Committee defined in Section 100141 (b)(14)(A) of Division 9 of Title 22, California Administrative Code, for approval of EMS prehospital treatment procedure(s) or drug(s) on a trial basis. (These procedures or drugs are those which are not included in the Paramedic Scope of Practice).
  - c. Providing liaison between the Local EMS Agency Medical Director and Base Hospital physicians.
  - d. Providing specialized advice to the Local EMS Agency Medical Director in carrying out the statutory responsibilities to contain medical control retrospectively by means of medical audit of field care and through utilization of continuing education.
  - e. Providing such other specialized advice as may be appropriate.

# **APPENDIX**

## **C**



# County of Riverside

APPENDIX C

DEPARTMENT OF HEALTH

SPECIAL SERVICES DIVISION - EMS BRANCH

P.O. Box 7600

Riverside, CA 92513-7600

SUBJECT: PREHOSPITAL CARE ADVISORY COMMITTEE

REFERENCE NO.: 207

EFFECTIVE DATE: Jan. 1, 1991

REVISED: Nov. 1990

REVIEW DATE: Jan. 1, 1993

SUPERCEDES: Protocol dated June 1, 1989

REVIEWED BY:

*Gerrie Mattone*  
Emergency Medical Care Coordinator

*W. J. Johnson*  
Director of Health

*John E. ...*  
Local EMS Agency Medical Director

PURPOSE: To describe the composition and function of the Prehospital Care Advisory Committee that is advisory to the Local EMS Agency.

- POLICY:
1. There shall be a Prehospital Care Advisory Committee which provides specialized advice to the Emergency Medical Services Director.
  2. Active membership shall consist of the following:
    - a. Head Nurse or Prehospital Liaison Nurse (P.L.N.) of each Base Hospital Emergency Department (E.D.).
    - b. Head Nurse of each Receiving Hospital Emergency Department (E.D.).
    - c. Representative of each ambulance service which has a valid permit to operate in Riverside County.
    - d. Representative of the Paramedic Training Institution.
    - e. Representative of an EMT-I Training Program located in Riverside County.
    - f. A certified Paramedic, nominated by any EMS system participant, and elected by the Committee members to serve one year.
    - g. A certified EMT-I, nominated by any EMS system participant, and elected by the Committee members to serve one year.
    - h. Representation of the Riverside County Police Chief's Association.
    - i. Representation of the non-transporting Fire Department medical aid responders.
    - j. Representation from authorized EMS Air Providers.
  3. Ad-hoc members include:
    - a. Emergency Medical Services Director
    - b. EMS Specialist - Quality Assurance
  4. The Committee shall elect a Chairperson and a Vice-Chairperson who shall serve for a maximum of two (2) years.
  5. The Local EMS Agency will provide a secretary for the committee, will take minutes and will prepare the Agenda in conjunction with the Chairperson.
  6. The Prehospital Care Advisory Committee shall meet at least quarterly.
  7. The Prehospital Care Advisory Committee meetings shall be open meetings.
  8. Functions of the Prehospital Care Advisory Committee shall include, but is not limited to:
    - a. Giving specialized advice to the Local EMS Agency staff to assist them in the development and implementation of written EMS policies and procedures which will provide standards for patient care.

County of Riverside  
DEPARTMENT OF HEALTH

EMERGENCY SERVICES DIVISION - EMS BRANCH  
1000 G ST  
RIVERSIDE, CA 92501-7000

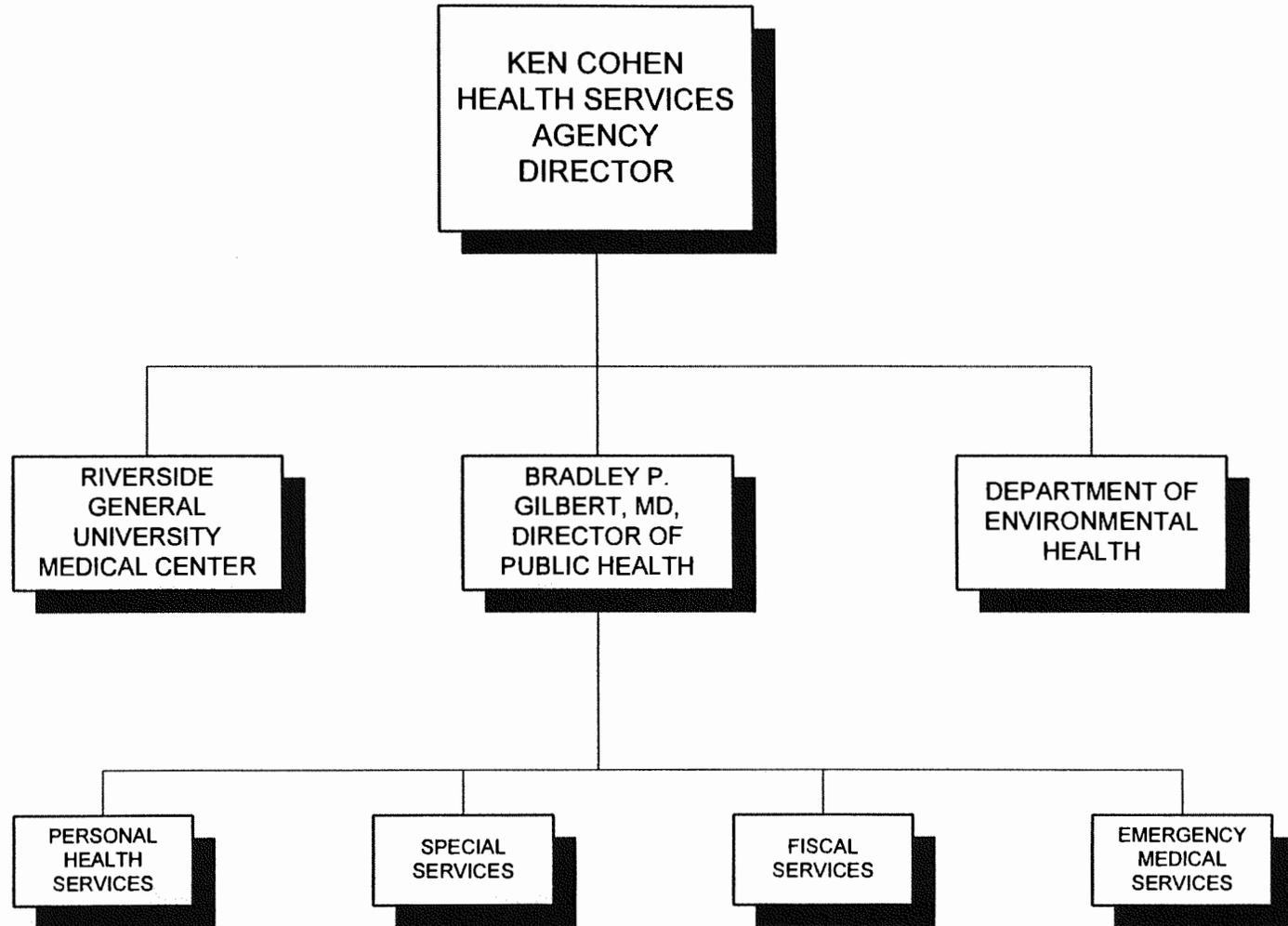


- b. Providing liaison between the Local EMS Agency staff and EMS Systems participants.
- c. Identifying EMS training and continuing education program deficiencies and recommending strategies for correcting those deficiencies.
- d. Identifying EMS certification problems and/or deficiencies and recommending strategies for correcting those problems and/or deficiencies.
- e. Providing such other specialized advice as may be appropriate.

# **APPENDIX**

## **D**

# RIVERSIDE COUNTY HEALTH SERVICES AGENCY

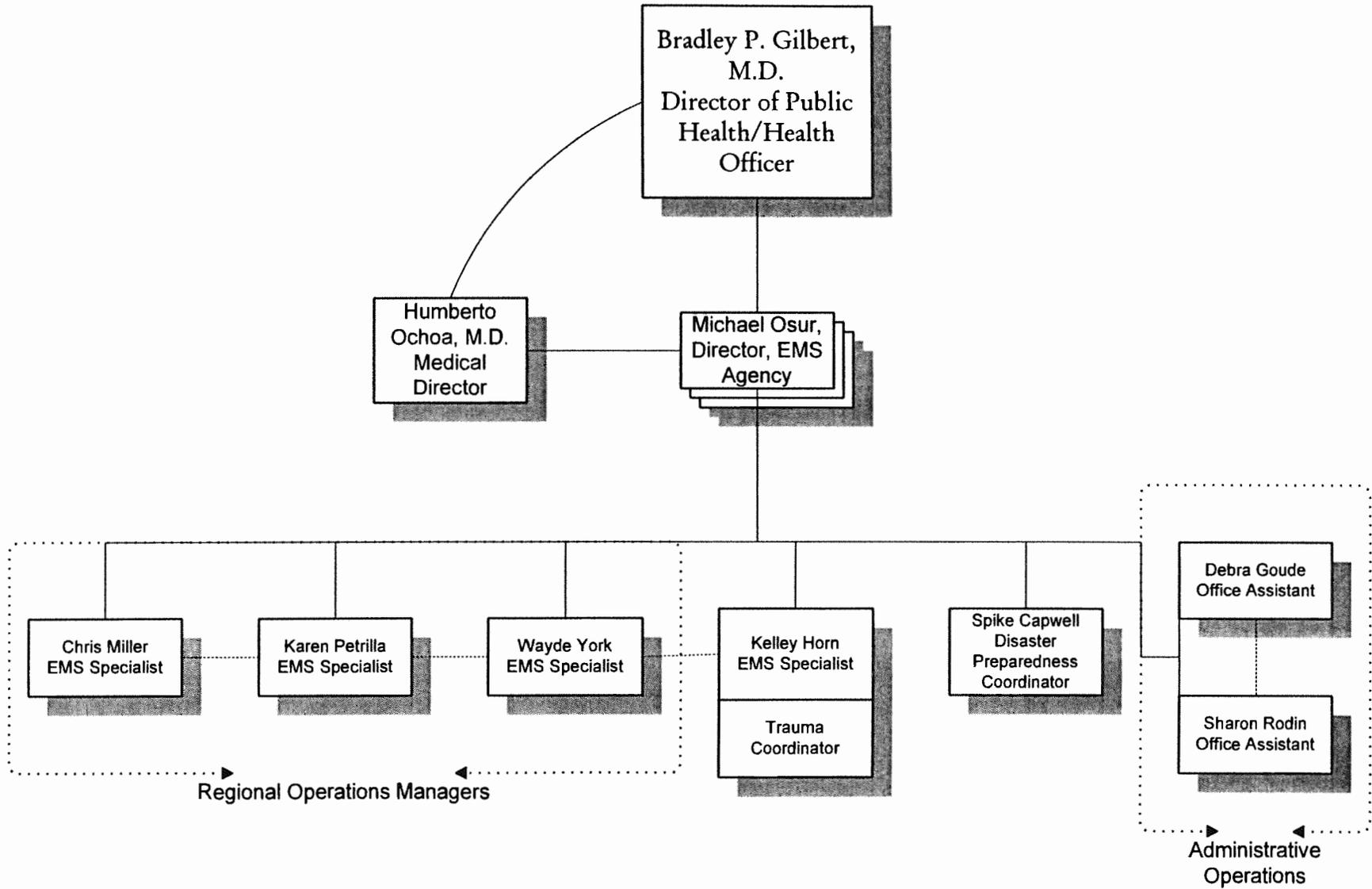


# **APPENDIX**

## **E**

# Riverside County EMS Agency

4065 County Circle Drive, Suite 231, Riverside, CA 92503  
 (Mailing Address: P.O. Box 7600, Riverside, CA 92513)  
 (909) 358-5029



# **APPENDIX**

## **F**

**RIVERSIDE COUNTY EMS  
RECEIVING HOSPITALS**  
(Base Hospitals in Bold, \* = Trauma Centers)

**CORONA REGIONAL MEDICAL CENTER**  
800 S. Main  
Corona, CA 91720

**DESERT HOSPITAL \***  
**1150 Indian Avenue**  
**Palm Springs, CA 91720**

**EISENHOWER MEMORIAL HOSPITAL**  
**39000 Bob Hope Drive**  
**Rancho Mirage, CA 92270**

**HEMET VALLEY MEDICAL CENTER**  
**1117 E. Devonshire**  
**Hemet, CA 92513**

**INLAND VALLEY REGIONAL MEDICAL CENTER**  
**36485 Inland Valley Drive**  
**Wildomar, CA 92595**

**JFK MEMORIAL HOSPITAL**  
**47-111 Monroe Street**  
**Indio, CA 92202**

**KAISER**  
10800 Magnolia Avenue  
Riverside, CA 92505

**MARCH AIR FORCE BASE**  
722nd Medical Group  
1500 Hospital Way  
March Air Force Base, CA  
Moreno Valley, CA 92518

**MENIFEE VALLEY MEDICAL CENTER**  
**28400 Mc Call Blvd.**  
**Sun City, CA 923881**

**MORENO VALLEY COMMUNITY HOSPITAL**  
27300 Iris Avenue  
Moreno Valley, CA 92555

PALO VERDE HOSPITAL  
250 N. 1st Street  
Blythe, CA 92225

PARKVIEW COMMUNITY HOSPITAL  
3865 Jackson Street  
Riverside, CA 92503

RIVERSIDE COMMUNITY HOSPITAL \*  
4445 Magnolia Avenue  
Riverside, CA 92501

RIVERSIDE GENERAL HOSPITAL \*  
9851 Magnolia Avenue  
Riverside, CA 92503

SAN GORGONIO PASS MEMORIAL HOSPITAL  
600 N. Highland Springs Avenue  
Banning, CA 92220

SHARP HEALTHCARE-MURRIETA  
25500 Medical Center Drive  
Murrieta, CA 92562

**OUT OF COUNTY RECEIVING HOSPITALS**

LOMA LINDA UNIVERSITY MEDICAL CENTER \*  
11234 Anderson Street  
Loma Linda, CA 92354

REDLANDS COMMUNITY HOSPITAL  
350 Terracina Blvd.  
Redlands, CA 92373

# **APPENDIX**

## **G**

Appendix G

**ADVANCED LIFE SUPPORT (ALS)  
STANDARDS**

for

**RIVERSIDE COUNTY,  
CALIFORNIA**

DECEMBER 5, 1994

**RIVERSIDE COUNTY  
ALS PROVIDER STANDARDS**

**I. SUMMARY OF STANDARDS**

- A. Contractor shall provide continuous uninterrupted emergency ambulance transportation and pre-hospital emergency medical care 24 hours a day, 7 days a week throughout the term of this Agreement. The service will be provided within the boundaries as defined by the map in Attachment 1. The service shall be according to the specifications set forth in this agreement and according to standards, policies, and procedures established by the EMS Administrative Group and EMS Agency.
- B. Contractor shall provide public information and education relative to recognition of emergency medical conditions, EMS system access, cardiopulmonary resuscitation, first-aid, and injury prevention to the citizens of Riverside County within the service area through programs approved by the EMS Administrative Group.
- C. Contractor shall provide EMS system data collection and reporting functions according to specifications set forth by the EMS Agency.
- D. The service area is defined as:

**II. AMBULANCE RESPONSE TIME PERFORMANCE STANDARDS AND PENALTIES**

**A. Calculation of Response Times**

Response time shall be calculated from the time of the 9-1-1 call notification by City or County dispatch center to the ambulance or ambulance provider until the time that an ambulance notifies the City or County dispatch center of its arrival at the scene of the emergency or until the ambulance is canceled by the dispatch center. If an ambulance response is downgraded by the dispatcher, the response time will include the time from its initial dispatch until the time it is downgraded.

**B. Response Time Standards**

The following is the response time standard for Code 3 requests for emergency ambulance service originating from within the Area as defined in Attachment 1.

**1. Eight (8) Minute Response Zones (Level I)**

Contractor shall place an ambulance at the scene within eight (8) minutes, as measured by an analogue clock, from the time that the ambulance is dispatched in areas defined in Attachment 1. (designated as Level I response areas).

2. Ten (10) Minute Response Zone (Level II)

Contractor shall place an ambulance at the scene within ten (10) minutes, as measured by an analogue clock, from the time that the ambulance is dispatched in areas defined in Attachment 1. (these areas designated as Level II).

3. Twelve (12) Minute Response Zone (Level III)

Contractor shall place an ambulance at the scene within twelve (12) minutes, as measured by an analogue clock, from the time that the ambulance is dispatched in areas defined in Attachment 1. (these areas designated as Level III).

4. Fourteen (14) Minute Response Zone (Level IV)

Contractor shall place an ambulance at the scene within fourteen (14) minutes, as measured by an analogue clock, from the time that the ambulance is dispatched in areas defined in Attachment 1. (these areas designated as Level IV).

5. Twenty (20) Minute Response Zone (Level V)

Contractor shall place an ambulance at the scene within twenty (20) minutes, as measured by analogue clock, from the time that the ambulance is dispatched in areas defined in Attachment 1. (designated as Level V).

6. Forty five (45) Minute Response Zone (Level VI).

Contractor shall place an ambulance at the scene within forty five (45) minutes, as measured by analogue clock, from the time that the ambulance is dispatched in areas (if any) defined in Attachment 1. (designated as Level VI).

C. Response Time Exemptions

In the monthly calculation of the Provider's response time performance, every emergency request originating from within the emergency ambulance provider zone shall be included except as follows:

1. In case of a period of unusual system overload, e.g., multiple incidents with multiple victims or a large number of victims from a single incident (e.g., bus crash, plane crash, etc.) Unusual system overload will not exceed 1.5% of provider's monthly call volume.

**Riverside County Draft ALS Standards  
December 9, 1994**

2. In case of a multiple ambulance response to a single incident, only the response time of the first arriving ambulance shall be counted.
3. Good cause for an exemption as determined by the EMS Administrative Group or their authorized representative. The burden of proof that there is good cause for the exemption shall rest with the Contractor and Contractor must have acted in good faith. The alleged good cause must have been a substantial factor in producing the excessive response time. Good cause for an exemption may include, but is not limited to, the following scenarios:
  - a. dispatch errors, including errors in system status management, which may be appealed by the Dispatch Center to the EMS Administrative Group which shall make the final determination.
  - b. incorrect or inaccurate dispatch information received from a calling party or 911 Public Safety Answering Point or from a public safety agency.
  - c. disrupted voice or data transmission
  - d. inability to locate address due to non-existent address
  - e. unavoidable delay caused by traffic congestion as the result of a vehicular accident to which the ambulance is responding in which there is no alternate access to the incident
  - f. unavoidable delays caused by road construction and/or closure
  - g. unavoidable delays caused by trains
  - h. off-road or off-paved road locations
  - i. weather conditions which impair visibility or create other unsafe driving conditions

**D. Contractor Request for Response Time Exemption**

Contractor shall file any requests for response time exemptions on a monthly basis with the EMS Administrative Group within 15 days of the end of the previous month. Such request shall list the date, the time, and the specific circumstances causing the delayed response.

E. Excessive Response Time Performance Penalties and Repercussions

1. Contractor will be assessed financial penalties for incidents in which the ambulance crew fails to report their arrival at-scene, and in the event that a Basic Life Support Ambulance handles the call.

2. Amounts of Penalties

If Contractor fails to meet the response time standards, Contractor shall be assessed penalties in the following amounts:

a. \$10.00 for each minute exceeding the response time standard to a maximum of \$300.00 per incident.

b. \$500.00 for any incident in which a call is referred to a Basic Life Support Unit.

c. \$300.00 for failure of the ambulance crew to report their arrival at-scene.

d. For each calendar month, in which Contractor has met less than 90% of the response time standards Contractor shall be assessed an additional lump sum for each percentage point below 90%. These shall be:

(1) 89-89.9% = 20% of the total penalty dollars assessed in 1), 2), and 3) above.

(2) 88-88.9% = 30% of the total penalty dollars assessed in 1), 2), and 3) above.

(3) 87-87.9% = 40% of the total penalty dollars assessed in 1), 2), and 3) above.

(4) 86-86.9% = 50% of the total penalty dollars assessed in 1), 2), and 3) above.

(5) 85-85.9% = 60% of the total penalty dollars assessed in 1), 2), and 3) above.

(6) <85% = 100% of the total penalty dollars assessed in 1), 2), and 3) above.

e. For each calendar month in which Contractor has met more than 90% of the response time standards, EMS Administrative Group shall credit Contractor for a lump sum for each percentage point above 90%. These shall be 99-100% \$8000; 98-98.9% \$4000; 97-97.9% \$2000; 96-96.9% \$1000; and 90.1-95.9% \$500. These amounts will be and can only be applied as credit against future response time financial penalties arising during term of this Agreement.

3. The EMS Administrative Group will inform the Contractor of the incidents and fines incurred on a monthly basis. Contractor shall pay all fines within 45 days of receipt of the notification. A late payment charge of five (5) % will be assessed monthly if no payment is received after the 45 day of receipt of the notification. Fines shall be paid to the EMS Administrative Group which will determine any use of those fine proceeds.

#### F. Deployment of Ambulances

The Contractor will be responsible for planning the dispatch of ambulances through the provision of a system status plan, although the actual dispatch of ambulances may be by a combination of County Fire, City of Banning and the Contractor.

##### 1. System Status Plan

- a. Contractor will be responsible for providing a written system status plan for the number of ambulances, their assigned locations, and deployment strategies. This plan shall be provided to the EMS Administrative Group.
- b. An initial system status plan must be approved by the EMS Administrative Group. Any changes to the plan resulting in less ambulances being deployed at any time must be submitted for prior approval to the Council.

### III. LEVEL OF CLINICAL SOPHISTICATION

#### A. Medical Control

Prospective medical control of EMT-P personnel shall be according to the policies and procedures of the EMS Medical Director. Immediate medical control shall be provided to EMT-P personnel by Base Hospital physicians or mobile intensive care nurses according to the policies and procedures of the EMS Medical Director. Retrospective medical control shall be provided according to the standards set forth by the EMS Medical Director through quality improvement programs, including continuing education programs, conducted cooperatively by the Contractor, the EMS Agency, and the Base Hospitals.

**B. Contractor's Quality Improvement Program**

The Contractor shall have a detailed Quality Improvement Program approved by the EMS Administrative Group. The Contractor's quality improvement program will be under the direction of a Quality Improvement Coordinator. The Contractor shall establish an ongoing Quality Improvement Committee which shall include field EMT-Ps. The Quality Improvement program shall emphasize peer review.

**C. Training/Education/Certification/Accreditation**

**1. Field Training Officers**

Contractor shall designate a minimum of seven (7) field training officers who shall function as trainers and perform other duties on behalf of Contractor.

**2. EMT-P Evaluators**

Contractor shall designate EMT-P evaluators, for the purposes of evaluating EMT-P applying for accreditation to practice as EMT-Ps in the County, and for the purposes of precepting students. These individuals shall be approved by the EMS Medical Director.

**3. Continuing Education Records**

The Contractor shall maintain records of continuing education for its EMT-P employees for a minimum of four (4) years.

**4. Field Care Audits**

The Contractor shall work cooperatively with the Base Hospitals and the EMS Agency in identifying and assisting with field care audits.

**5. Mandatory Education for Local EMT-P Accreditation**

The Contractor shall cooperate fully with the EMS Agency to notify EMT-Ps of mandatory education programs. An example of such a program is the Medical Incident Command Training Program.

6. Specialty Education Programs

All EMT-Ps will achieve and continuously maintain Advanced Cardiac Life Support certification, Pre-hospital Trauma Life Support, or Basic Trauma Life Support and Pediatric Advanced Life Support certification within one year.

7. EMT-P Interview by EMS Agency

Contractor will cooperate fully with County in the coordination of any interviews of an employee of Contractor by County.

D. Ambulance Staffing

All ambulances performing work under this contract will be staffed by two (2) EMT-Ps who are currently certified as EMT-Ps in California and accredited to practice in Riverside County. Subject to the approval of the EMS Administrative Group this staffing can be modified in special circumstances.

IV. PERSONNEL AND WORKING CONDITIONS

A. EMT-P Wages and Benefits

It is the intent of the EMS Administrative Group that the Contractor demonstrate a commitment to attract and maintain a stable EMT-P work force. It is understood that wages and benefits contribute to such a program and therefore, the EMS Administrative Group intends that the Contractor's EMT-Ps receive wages and benefits that are reasonably equivalent to those of comparable private sector emergency ambulance providers in the Southern California Region.

B. Unit Hour Utilization

Units working more than 14-hour shifts should have a fixed station. Unit hour utilization for 24-hour units should be no more than 0.4 in any one month. If higher, the system status plan shall be revised.

C. EMT-P Identification

All ambulance crew members should, at all times while on duty, wear official identification issued by the Contractor which includes their picture attached to the outside of their uniform.

D. Special Programs for Personnel

1. Critical Incident Stress Debriefing and Ongoing Stress Reduction

The Contractor shall establish a critical incident stress debriefing and ongoing stress reduction programs which are documented, well publicized, and readily available to its EMT-P personnel. An accurate description of this program shall be sent to the EMS Administrative Group for review and approval.

2. Chemical Dependency

The Contractor shall have an organized and documented plan to help its personnel with chemical dependency problems. An accurate description of this program shall be sent to the EMS Administrative Group for review and approval.

3. Preventive Health Care

a. Immunizations

Contractor shall provide to EMT-Ps, at no cost to the employee, MMR (measles, mumps, rubella) and HBV (hepatitis B) immunizations, semi-annual tuberculosis PPD test (purified protein derivative) or any other immunizations specified by the County Health Officer.

b. Infection Control

Contractor shall have written infection control policies and procedures approved by the County Health Officer. Testing and counseling services shall be provided to employees at no cost for employees exposed to serious infectious diseases. The Contractor shall report any known employee exposures to serious infectious diseases to the County Health Officer.

E. Supervisors

At least one supervisor will be on duty within each region at all times. All supervisors shall be currently certified and accredited as EMT-Ps in the County of Riverside.

F. Key Personnel

Contractor shall have key personnel in the following categories employed at all times. An organizational chart complete with titles, names and phone numbers must be submitted in writing to the EMS Administrative Group. Key personnel job categories shall be:

1. Chief Executive Officer who shall be responsible for all divisional functions on a daily basis, including field operations, contract compliance, quality improvement, training and risk management. This individual will direct, coordinate and monitor overall system performance to ensure high standards of service, budget compliance and contractual compliance.
2. Quality Improvement Program Coordinator who shall be responsible for the quality improvement program. This individual will ensure that core values and standards of care maintained by operations personnel through the recruitment, selection, training, retraining, and retention of EMT-Ps. This job category may be filled by a private contractor if approved by EMS Administrative Group.
3. In-Service Training Coordinator who shall be responsible for training and educational programs. This individual will provide for initial in-house orientation and training as well as ongoing in-service continuing education. This individual will coordinate training efforts with local fire jurisdictions.
4. Fleet Management Manager who shall supervise the maintenance of ambulances and support vehicles.
5. Contractor may designate a System Status Manager. If there is a system status manager, this individual will provide overall analysis and coordination of resource deployment. This individual shall be responsible for monitoring all system performance to ensure proper vehicle staffing and placement, response time compliance and system status planning.

G. Health and Safety Programs

1. Contractor will establish a Health and Safety Committee whose duties will include, but not be limited to reviewing all employee accidents and injuries to determine preventability and making recommendations related to health programs. The committee will include a field employee. This committee may be the same committee as the vehicle safety committee described in G.3. below.

2. Driver Training Program and Map Reading

Contractor will conduct a driver training and map reading program which shall be subject to the approval of the EMS Administrative Group on an annual basis.

3. Vehicle Safety

Contractor will convene an Accident Review Board for the purpose of reviewing all vehicular accidents. This board will make recommendations for improvement and prevention. The members of this board will consist of field employees, management and supervisory representatives, and non-field employees.

V. VEHICLES AND EQUIPMENT

A. Vehicles

1. Ambulances

a. Ambulance Specifications

Contractor shall provide ambulances that meet State and Federal regulations. Ambulances must be able to transport three (3) adult patients in a supine position. Any modifications of these ambulance vehicles must be approved by the EMS Administrative Group.

b. Vehicle Lettering, Marking and Colors

All vehicle lettering, markings and colors on ambulances or supervisor's vehicles must be approved by the EMS Administrative Group.

2. Supervisors Vehicles

Contractor shall supply two (2) supervisors vehicles. These vehicles shall also function as disaster/multi-casualty incident response vehicles to assist in rendering emergency assistance during a disaster or multi-casualty incident or at a medical command post. The vehicles will have a built-in field office with desk, file cabinet, swivel chair and bright lighting. The vehicles will be equipped with portable cellular telephones, computer with communication and FAX capabilities. The vehicles will maintain an equipment and supply inventory as specified in Exhibit C.

B. Vehicle Maintenance Program

Contractor will institute and maintain a preventative vehicle maintenance program that will require approval by the EMS Administrative Group.

C. Medical Equipment/Supplies

1. Equipment/Supplies Inventory Per Ambulance

Contractor will equip and supply ambulances according to the standards set forth by County and incorporated into this Agreement as Exhibit D. This inventory may be modified only with the approval of the EMS Medical Director.

2. Ambulance Equipment/Supplies Resupply

It shall be the responsibility of the Contractor to resupply all expendable supplies and medications. The Contractor may charge user fees sufficient to replace such expendable supplies as were utilized for the patient utilizing a cost determination formula approved by the EMS Administrative Group. The Contractor will maintain a recorded telephone line for EMT-Ps to call in their list of needed supplies. The Contractor will operate a vehicle that will deliver these supplies the same day (which shall not be operated by an on-duty field supervisor). The Contractor shall establish and maintain supply caches from which the ambulance crews may resupply their ambulances.

3. First Responder Equipment/Supplies

Contractor agrees to operate an exchange program with all first responder agencies for like medical supplies or equipment used on patients provided that a first responder form, meeting the specifications of the EMS Administrative Group, is completed by the first responder agency. Whenever possible, the Contractor's EMT-P personnel will provide the first responders with expendable medical supplies which were used for the patient before leaving the scene. The Contractor will operate a recorded telephone line that first responders may use to report their equipment that was sent to hospitals on the Contractor's ambulances or medical supplies which need to be replaced. The Contractor will retrieve the first responder's equipment and will return it to the headquarter site for the appropriate first responder agency within the same day. Any first responder equipment damaged or lost after turned over to the Contractor will be replaced by the Contractor. For first responder agencies that wish to participate in an oxygen replacement program, the Contractor will exchange an standardized aluminum "D" cylinder for their similar empty cylinder. The Contractor will refill the cylinder. Contractor accepts the responsibility to have these "D" cylinders hydro tested as required.

The first responder supplies which will be restocked to the first responder agency by the Contractor will include all disposable supplies used for the medical care of the patient.

4. Return of Public Safety Personnel

When it is necessary for public safety personnel to accompany the ambulance crew during patient transport, Contractor will be responsible for the timely return of these personnel to their workplace. This will be accomplished by either the Contractor's on-duty supervisor or through taxi service at the Contractor's expense. The public safety personnel will be returned to their agency within one hour or sooner unless there are extenuating circumstances and the agency is notified.

5. Charge for Public Safety Personnel

Each time a public safety employee is used to provide care during transport, the Contractor will pay the public safety agency \$100 per employee utilized.

## VI. MISCELLANEOUS REQUIREMENTS

### A. Public Education Programs

Contractor will provide an extensive public education program. Contractor will prepare an annual Public Education Plan with specific goals and objectives that will be submitted the EMS Administrative Group for review and approval prior to implementation.

### B. Communications with the Electronic or Print Media and Public Information Programs

#### 1. Notifications

Contractor will notify the Chair of the EMS Administrative Group of communications with the media.

### C. Out of Service Area Medical Mutual Aid

Contractor agrees to send ambulances and personnel to other EMS service areas for the purposes of rendering care to a large scale multiple victim incident when requested by EMS Agency for a limited time period. During this period, the EMS Administrative Group will waive all response time requirements.

## VII. DATA COLLECTION AND RECORDKEEPING

### A. EMS System and Patient Data

Contractor shall be responsible for the provision of detailed patient and EMS system data, both periodic written reports as well as computerized data, according to specifications set forth by the County and any future guidelines promulgated by the EMS Agency. The data will be prepared in a format specified by the EMS Agency.

**B. Patient Medical Records**

The patient care record form shall be specified by the EMS Agency. This form shall be such that all routine documentation completed by the EMT-P for an emergency ambulance response (such as patient assessment, treatment, and billing information) can be completed on this form. The Contractor shall retain copies of all patient medical records for at least seven (7) years. These records shall be stored in a manner conducive to easy retrieval. A copy of the patient record shall be supplied to the EMS Agency upon request.

**C. EMT-P Records**

The Contractor shall be responsible for maintaining records for EMT-P personnel according to the specifications of the County including, but not limited to, certification/accreditation/employment status, continuing education records, and performance accordance to quality improvement standards. The Contractor will also maintain records for EMT-P employee turnover including, but not limited to, the reasons for turnover. These records will be available to the County upon request.

**D. EMT-P Certification/Accreditation Disciplinary Proceedings**

Contractor shall cooperate fully with the EMS Medical Director in disciplinary proceedings against an EMT-P's certificate. Such cooperation shall include, but not be limited to, provision of relevant patient records and incident reports.

**E. Non-Medical Administrative Issues**

Contractor shall cooperate fully with the EMS Administrative Group regarding concerns about administrative issues, including Contractor policies, procedures, etc.

## EQUIPMENT AND SUPPLIES - FIRST RESPONDER/EMT

### REQUIRED ITEMS

1. Airways (Oropharyngeal, sizes 0 - 6, nasopharyngeal, sizes 30, 31, and 34 Fr.)
2. Nasal cannula
3. Oxygen mask (Non-rebreather, adult)
4. Oxygen mask (Pediatric)
5. Rigid cervical collars (Adult and pediatric)
6. Head immobilizer (soft; towel rolls, foam blocks, or other approved equivalent)
7. Gloves, disposable
8. Cold pack
9. Disposable blankets
10. Bulb syringe
11. Burn sheet (Sterile, may be disposable or linen)
12. Delivery kit (Sterile, prepackaged)
13. Triangular bandage
14. Universal Dressing (10" x 30")
15. 4 x 4 gauze dressing
16. ABD pads (9" x 5")
17. Rooler gauze bandage (Sterile; Kling 2", 3", and Kerlix)
18. Arm splint
19. Leg splint
20. Spine boards (Rigid):
  - Long (72" x 14")
  - Short (32" x 14"), or a KED
  - Appropriate straps for immobilization

# **APPENDIX**

## **H**

APPENDIX II 720  
SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Health Services Agency      SUBMITTAL DATE: September 21, 1994

SUBJECT: Implementation of Emergency Medical Services Plan

RECOMMENDED MOTION: That the Board of Supervisors adopt the attached EMS Resolution of Participation regarding the implementation of the cooperative EMS program.

BACKGROUND:

Riverside County is one of two counties in California without a State approved EMS Plan. In early 1993, the Health Services Agency hired Fitch and Associates to prepare a draft EMS Plan that would be based on interviews with System participants and the consultant's knowledge of EMS systems. The draft Plan was presented to the Agency in April, 1993.

The EMS Plan was revised and reorganized by Agency staff based on the public comment and EMS staff input, presented to the Board of Supervisors and approved by the Board "in concept" on October 26, 1993.

As part of the EMS Plan, the Board of Supervisors was presented with and approved the Trauma Plan on September 13, 1994. The attached EMS Resolution of Participation regarding the implementation of the cooperative EMS program is the next step towards completing the EMS Plan.

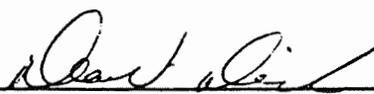
(continued)

  
\_\_\_\_\_  
Kenneth B. Cohen, Director  
Health Services Agency

FINANCIAL DATA:

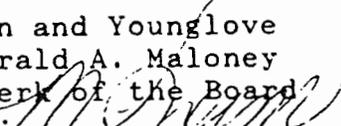
CURRENT YEAR COST	\$ N/A	ANNUAL COST	\$ N/A
NET COUNTY COST	\$ N/A	IN CURRENT YEAR BUDGET:	N/A
		BUDGET ADJUSTMENT:	N/A FOR FY:
SOURCE OF FUNDS:	N/A		

C.A.O. RECOMMENDATION: **APPROVE.**

Administrative Officer Signature 

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Dunlap, seconded by Supervisor Cenicerros and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and Resolution 94-336 is adopted.

Ayes:	Buster, Dunlap, Cenicerros, Larson and Younglove	Gerald A. Maloney
Noes:	None	Clerk of the Board
Absent:	None	By: 
Date:	October 4, 1994	Deputy
xc:	HSA, Co.Co., Health, A.O., COB	

Prev. Agn. ref.

Dist.

AGENDA NO.

3.14

10 orig.  
EMS, or with  
1-1-94

The EMS Resolution of Participation was developed in conjunction with the Western Riverside Council of Governments (WRCOG) and all fourteen (14) cities in Western Riverside County. In the Coachella Valley, a slightly different process is being utilized through the Coachella Valley Association of Governments. We anticipate finalizing that process in the next two months, similar to the WRCOG timeline.

KBC:MO

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*[Signature]*  
\_\_\_\_\_  
Name of the Board of Supervisors

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APPROVE

*[Signature]*  
\_\_\_\_\_  
Name of the Board of Supervisors

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3 RESOLUTION NO. 94-336

4 RESOLUTION OF THE BOARD OF SUPERVISORS  
5 OF THE COUNTY OF RIVERSIDE IMPLEMENTING  
6 EMERGENCY MEDICAL SERVICES PLAN FOR THE  
7 WESTERN PORTION OF RIVERSIDE COUNTY

8 WHEREAS, the provision of Emergency Medical Service (EMS)  
9 is one of the most important public safety services provided for  
10 citizens through the efforts of local and county government; and

11 WHEREAS, the city and county governments of Western  
12 Riverside County desire to establish an effective Emergency Medical  
13 Services delivery system to provide services to our citizens; and

14 WHEREAS, we recognize that such a system can most  
15 effectively be established through cooperative efforts of city and  
16 county governments seeking the best possible market position for our  
17 citizens; and

18 WHEREAS, our citizens will be best served through a  
19 localized system within each of the Western Riverside Council of  
20 Governments (WRCOG) Area Planning Districts; and

21 WHEREAS, an effective EMS system will require identified  
22 minimum service standards and adequate administrative oversight to  
23 insure the EMS providers meet those minimum standards; and

24 WHEREAS, there should be a cooperative method for the  
25 selection of a provider of EMS within each Area Planning District.

26 NOW, THEREFORE, BE IT RESOLVED that the County of  
27 Riverside and the Cities in each planning district do hereby agree  
28 to enter into a cooperative program for the provision of Emergency

WILLIAM C. KATZENSTEIN, COUNTY COUNSEL  
3535 TENTH STREET SUITE 300  
RIVERSIDE, CA 92504-3674

10/4/94 B.14

1 Medical Services within each Area Planning District as defined on  
2 the attached maps; and

3 BE IT FURTHER RESOLVED that we authorize the City  
4 Managers, or their designees and the Riverside County Public Health  
5 Director or his designee to serve as a negotiating team to enter  
6 into negotiations with Goodhew Ambulance Service in the Northwest,  
7 Central and Southwest Area Planning Districts and Hemet Valley  
8 Ambulance Service in the San Jacinto Valley Area Planning District;  
9 and

10 BE IT FURTHER RESOLVED that we agree to release a Request  
11 for Services to the EMS provider list which has been established  
12 through a cooperative program at WRCOG which will meet the minimum  
13 standards established in the draft EMS standards for the Pass Area  
14 Planning District and the Mountain/Plateau Area Planning District,  
15 excluding the area of the Idyllwild Fire Protection District; and

16 BE IT FURTHER RESOLVED that we agree to release a Request  
17 for Services to the EMS provider list which has been established  
18 through a cooperative program at WRCOG which will meet the minimum  
19 standards established in the draft EMS standards should the  
20 negotiations with the existing providers in the Northwest, Central,  
21 Southwest and San Jacinto Valley Area Planning Districts not result  
22 in a satisfactory conclusion by June 20, 1995; and

23 BE IT FURTHER RESOLVED that we hereby establish an  
24 Administrative Oversight Committee for the EMS program in each Area  
25 Planning District which shall be composed of the City Manager or  
26 their designee of each city, the Chief Administrative Officer of  
27 Riverside County or their designee, and the Director of Public  
28 Health for the County of Riverside or his designee. We further

1 charge this Administrative Committee with the responsibility to  
2 prepare all agreements to implement the program, to select the lead  
3 contracting agency to provide a point of contact with the selected  
4 EMS provider, and to provide regular administrative oversight and  
5 review of the performance of the selected EMS provider with  
6 quarterly reports to the governing bodies of the participating city  
7 and county governments; and

8 BE IT FURTHER RESOLVED that the participating  
9 jurisdictions named above agree to cooperate on all matters required  
10 for the effective implementation of the EMS program within each  
11 respective jurisdiction.

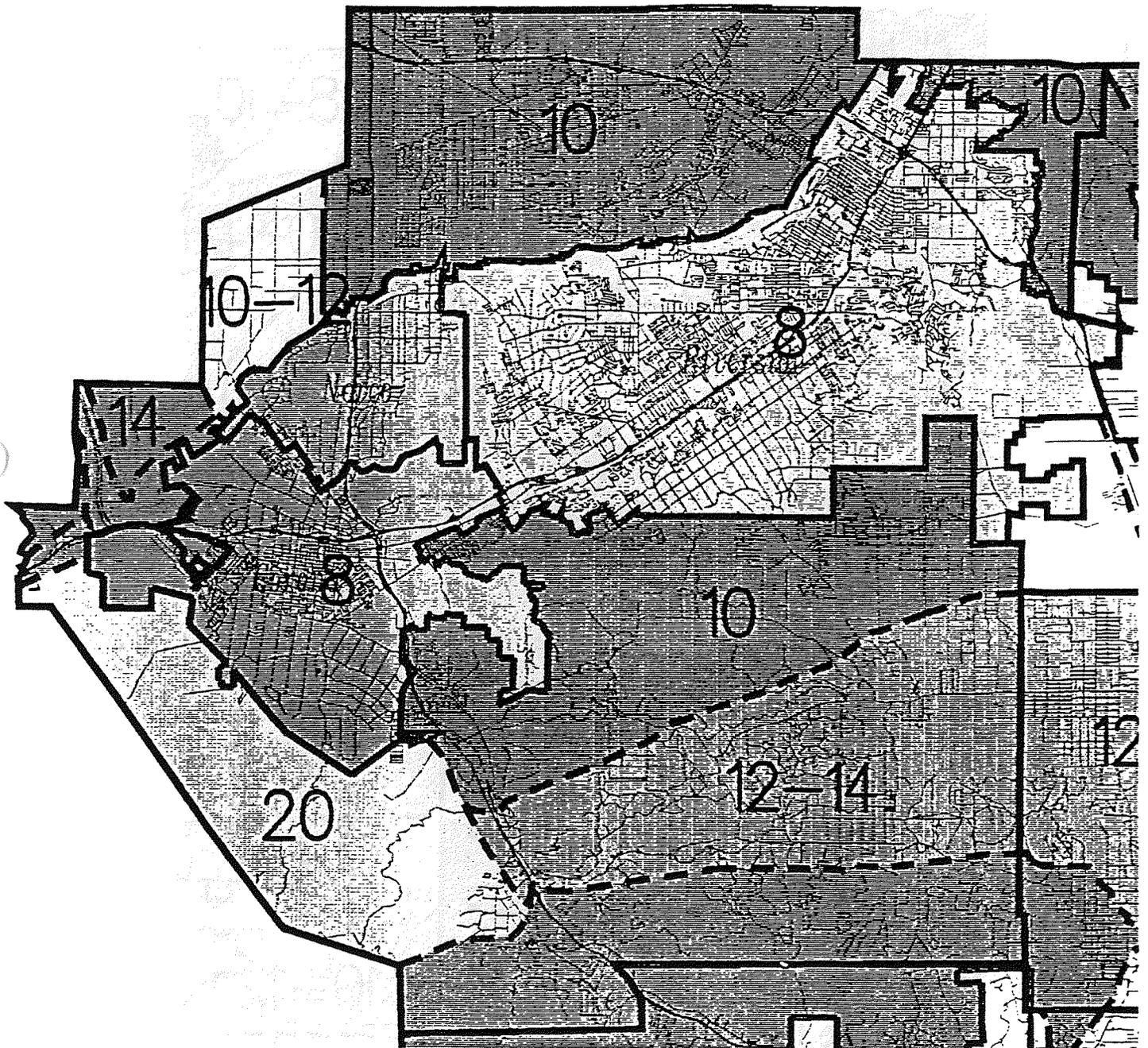
12 Roll Call:

13 Ayes: Buster, Dunlap, Cenicerros, Larson, Younglove  
14 Noes: None  
15 Absent: None

16 The foregoing is certified to be a true copy of a  
17 resolution of the Board of Supervisors of the County of  
18 Nevada as the same is set forth.  
19 GERALD D. [Signature] Clerk of said Board  
20 By [Signature] Deputy

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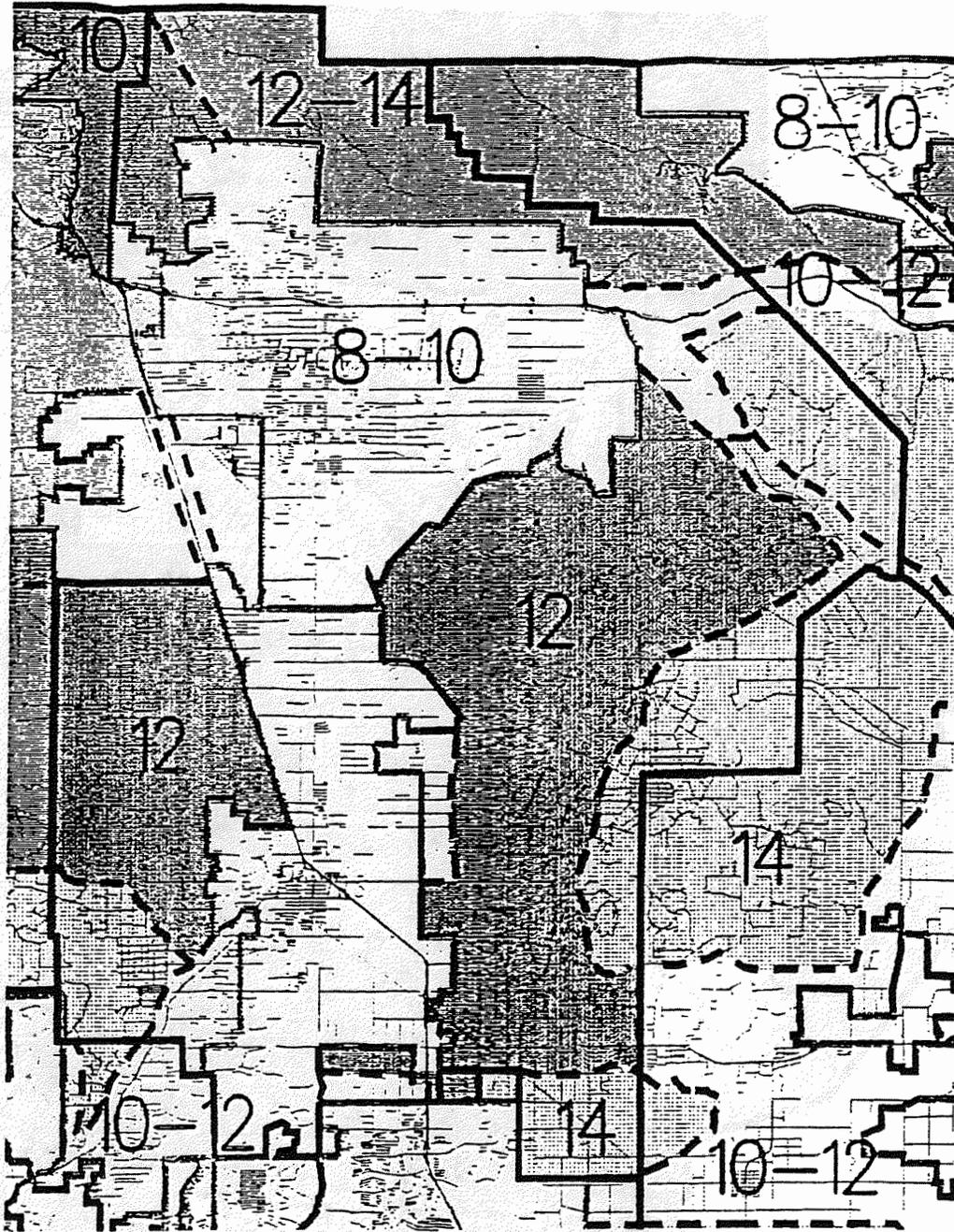
# Draft Emergency Medical Service Levels Northwest APD



- roads
- ~ highways
- ▲ hypothetical lines
- ▲ city boundaries
- ▲ area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

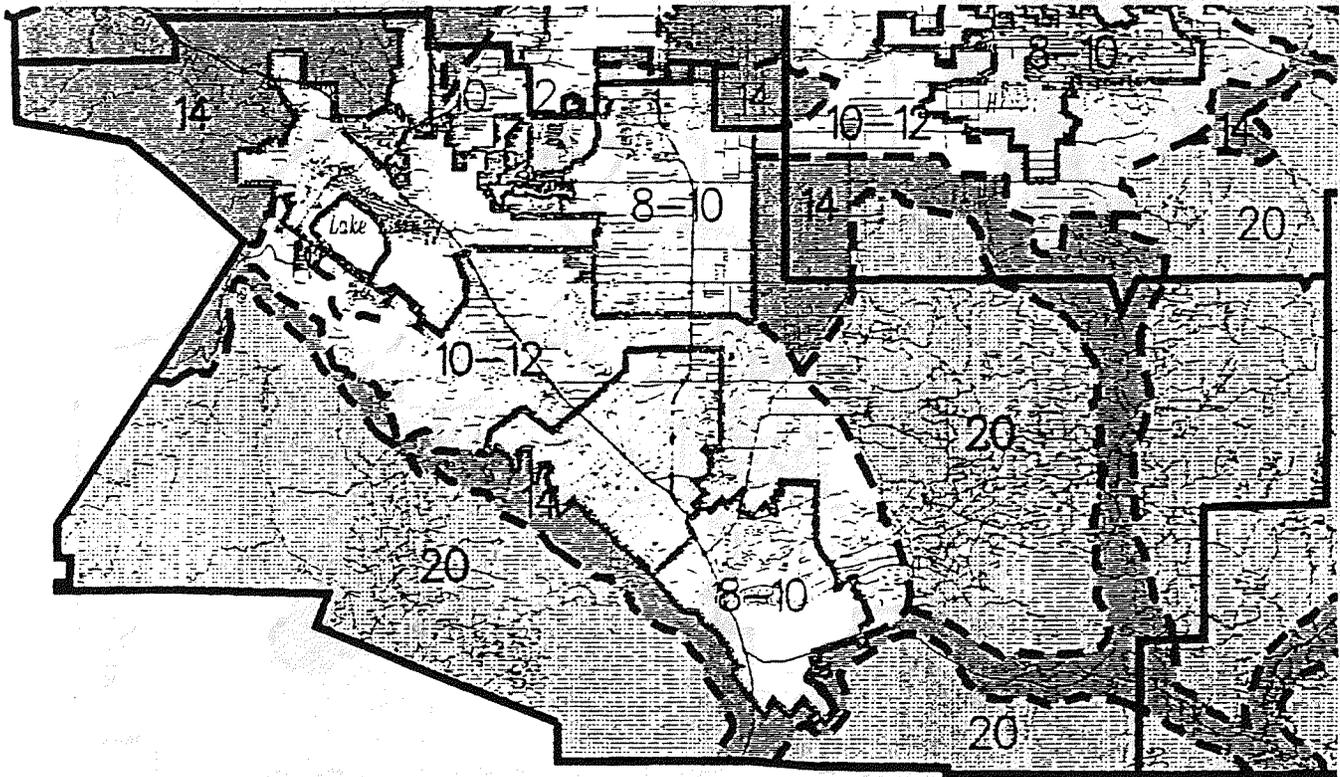
# Draft Emergency Medical Service Levels Central APD



- ~ roads
- ~ highways
- ▲ hypothetical lines
- ▲ city boundaries
- ▲ area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

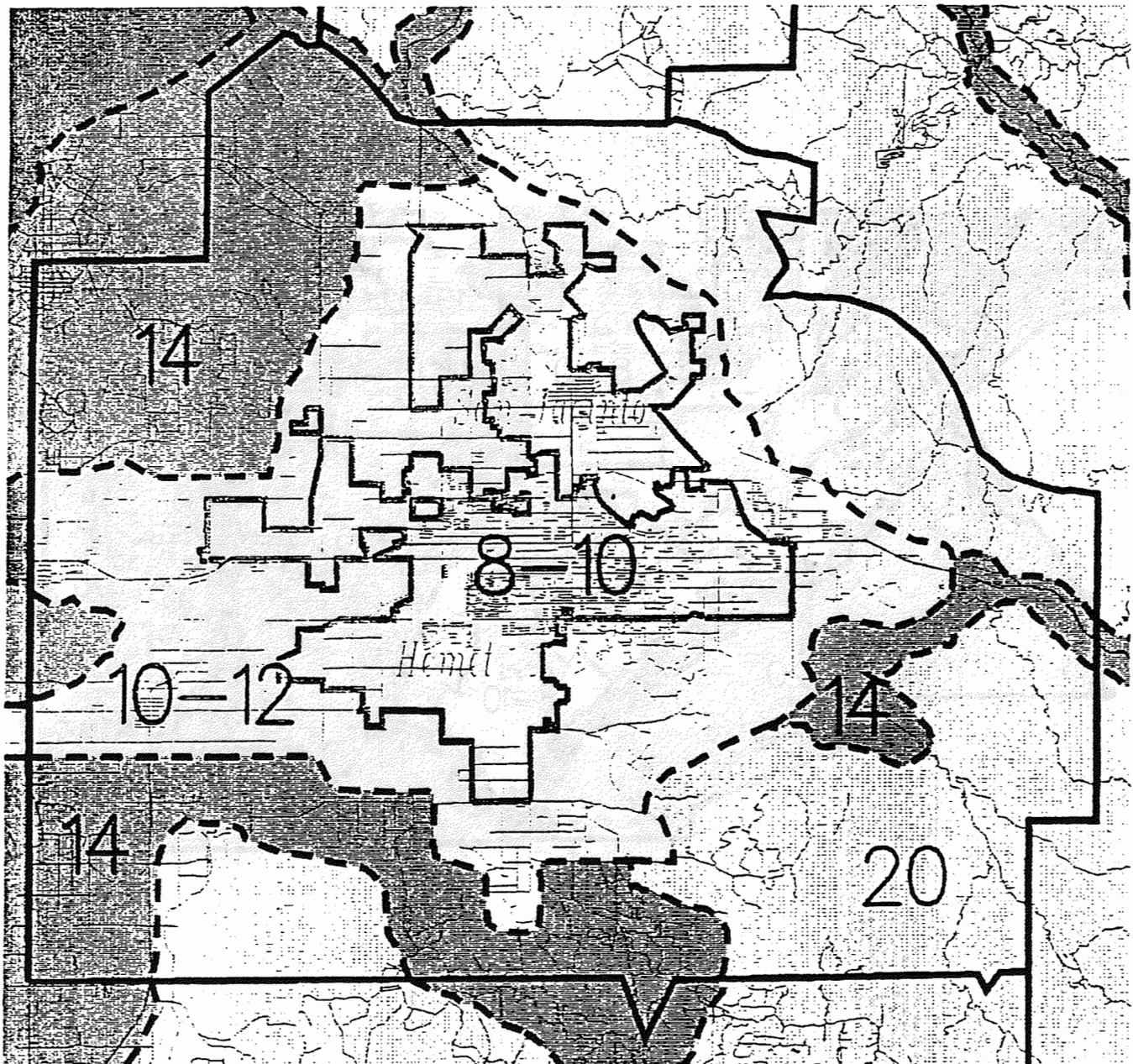
# Draft Emergency Medical Service Levels Southwest APD



- ~ roads
- ≡ highways
- ▲ hypothetical lines
- ▲ city boundaries
- ▲ area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

# Draft Emergency Medical Service Levels San Jacinto Valley APD



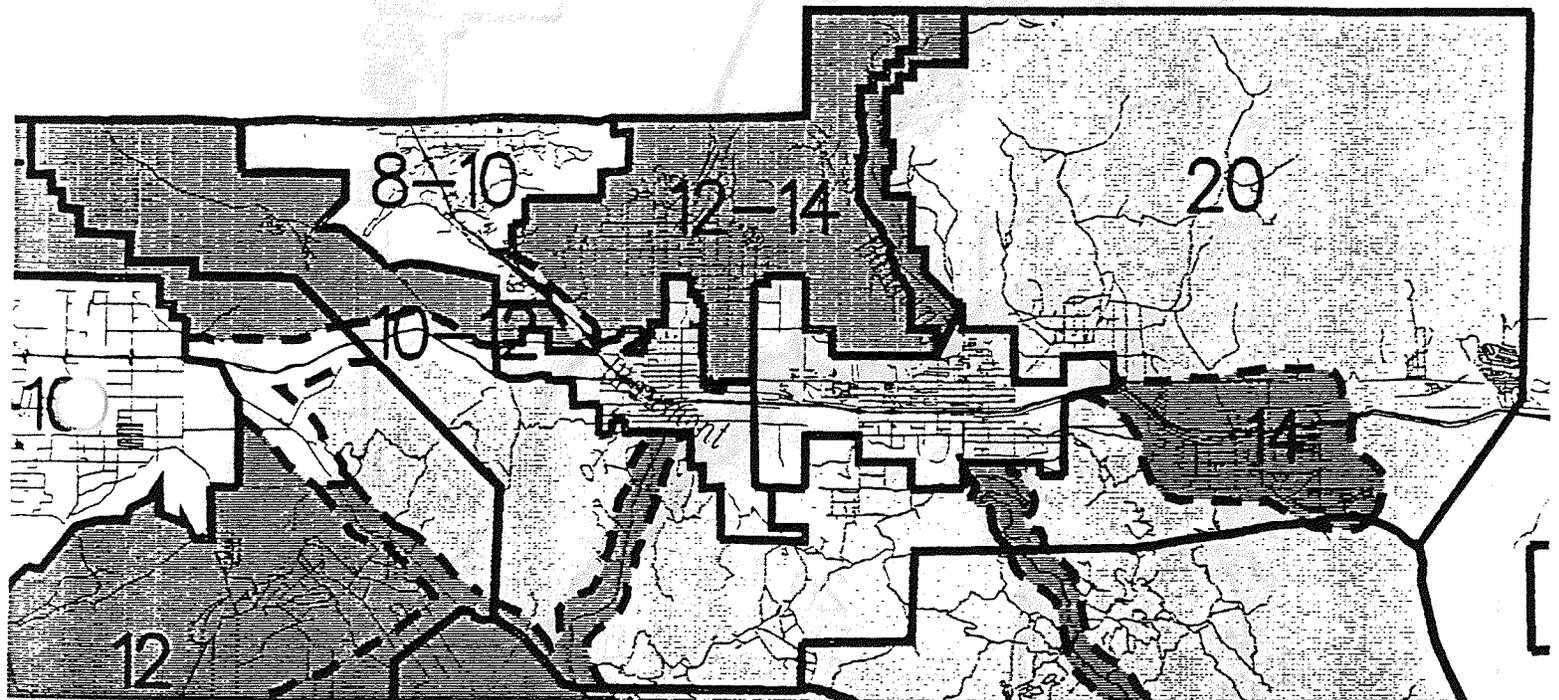
- ~ roads
- highways
- ▲ hypothetical lines
- ~ city boundaries
- ~ area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

# **APPENDIX**

## **I**

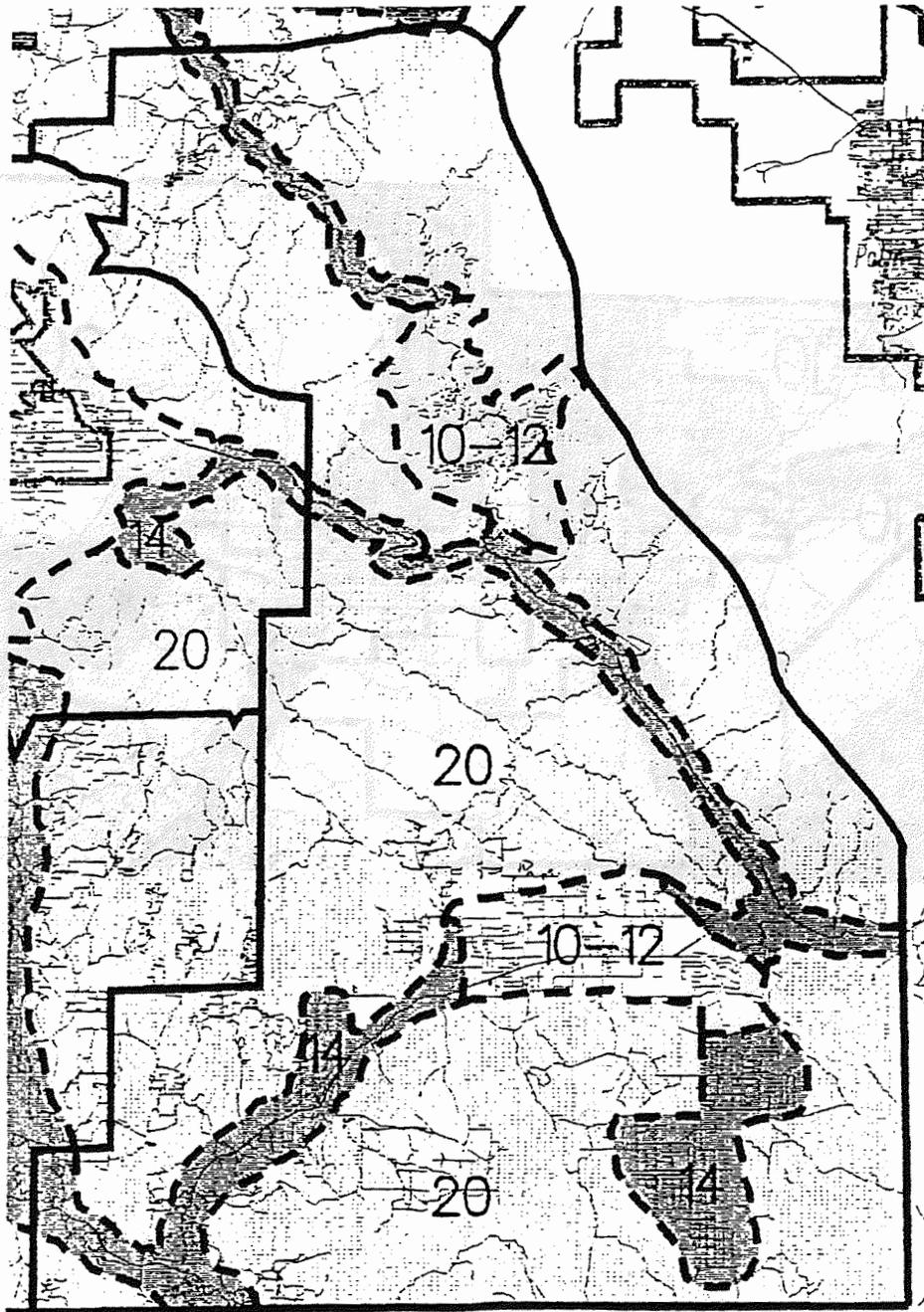
# Draft Emergency Medical Service Levels The Pass APD



- ~ roads
- ~ highways
- ▲ hypothetical lines
- ▲ city boundaries
- ▲ area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

# Draft Emergency Medical Service Levels Mtn./Plateau APD



- roads
- highways
- hypothetical lines
- city boundaries
- area planning districts

Produced by WRCOG  
map not to scale  
June 1, 1994

## **SUMMARY OF EMS ISSUES: COACHELLA VALLEY**

The following issues were agreed upon at the various meetings with representatives of cities served by public providers and cities currently served by a private provider during the summer/fall of 1994:

### **1) EMS Service Areas**

**Private:** The EMS Service Area will be the cities of Coachella, Desert Hot Springs, La Quinta and Palm Springs along with the accompanying unincorporated areas.

**Public:** Each city currently served by a public agency will be its own EMS Service Area: Cathedral City, Indio, Rancho Mirage, Palm Desert and Indian Wells.

### **2) Service Classification Areas Within Each Service Area**

#### **A. Staffing**

**Private:** Ambulances will be staffed with two (2) paramedics.

**Public:** Ambulances will be staffed with at least one (1) EMT-P and one (1) EMT-I.

#### **B. Response Time Requirements**

**Private:** Response times will be 8-10 minutes 90% of the time within each city. Response times for unincorporated areas are not yet established.

**Public:** Response times will be 10 minutes 90% of the time within each city. Public provider manages by utilizing own ambulances and contracts for "mutual aid" with other approved advanced life support (ALS) providers as needed.

### **3) Selection Process For Providers**

**Private:** Negotiate with existing provider. If negotiations fail to achieve the required standards or appropriate pricing, use competitive bid process.

**Public:** Public agencies currently providing advanced life support (ALS) transport would continue to provide ALS transport in their existing areas.

4) **Administrative Structure Within Each Service Area**

**Private:** Form an EMS Administrative coordinating body made up of the respective city managers (or designees), County Health Director (or designee), and County EMS Director. This group would be staffed by the EMS Agency or otherwise as desired by the parties.

**Public:** Not applicable

5) **Contracts/Agreements Within Each Service Area**

**Private:** A multiparty contract will be executed between the selected EMS provider, city governments and the County ensuring minimum standards as set forth in the "ALS Standards, May 1994" draft document. The affected jurisdictions will select one of their members to act as contract administrator. Major matters will require the concurrent action of the EMS Administrative Committee.

The contract should establish periodic reopening periods to insure revisions in levels of service required by new growth and development. The contract should establish a minimum term (3-5 years) to insure prices are serious and not "low ball" and at the same time allow sufficient time for a provider to amortize their equipment expenses.

**Public:** A written Agreement will be executed between each city currently serviced by an ALS Public Transport provider and the County setting forth mutually agreeable standards.

6) **Permit Fees**

**Private:** The costs of administration and planning may be recaptured through permitting fees.

**Public:** Not applicable.

7) **First Responder Equipment/Supplies and Personnel**

**Private:** Contractor will operate an equipment and supply exchange program for first responder agencies for like medical supplies and equipment used on patients.

Contractor will ensure that first responder personnel who accompany a patient to the hospital are returned to their workplace in a timely manner. The first responder agency may charge the contractor for "use" of personnel who accompany patients to the hospital.

Public: Not applicable.

8) **Dispatch**

Private: Dispatch of contractor's ambulances will be "as agreed" by the contractor and EMS Administrative group.

Public: Not applicable.

9) **Other Related Matters Affecting Both Private and Public Provider(s)**

A. **Data Collection** - Format of data collection and data transmittal regarding EMS calls to be specified by the EMS Agency in discussion with providers.

B. **Quality Improvement** - Each provider must have a quality assurance/improvement plan approved by the EMS Medical Director.

C. **Medical Mutual Aid** - Large scale medical incidents handled as currently through Incident Command System (ICS) with Incident Commander at scene requesting resources, facilitated by the EMS Agency as needed. There will be no charge to the provider requesting medical mutual aid if there are more than nine (9) patients at the scene of a multiple casualty incident (MCI).

Day-to-day coverage due to lack of ambulance resources to be arranged between the providers through contracts/agreements with other approved providers, as needed.

D. **Indigent Patients** - Riverside County will retain responsibility for the payment for transport of indigent patients.

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Riverside County

Reporting Year: 1994

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County:

- |                                         |             |
|-----------------------------------------|-------------|
| a. Basic Life Support (BLS)             | <u>0%</u>   |
| b. Limited Advanced Life Support (LALS) | <u>0%</u>   |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

2. Type of agency a.

- a - Public Health Department**
- b - County Health Services Agency
- c - Other (non-health) County Department
- d - Joint Powers Agency
- e - Private Non-profit Entity
- f - Other:

3. The person responsible for day-to-day activities of EMS agency reports to a.

- a - Public Health Officer**
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other:

4. Indicate the **non-required** functions which are performed by the agency

- |                                                                                   |          |
|-----------------------------------------------------------------------------------|----------|
| <b><u>Implementation of exclusive operating areas (ambulance franchising)</u></b> | <b>X</b> |
| <b><u>Designation of trauma centers/trauma care system planning</u></b>           | <b>X</b> |
| Designation/approval of pediatric facilities                                      |          |
| Designation of other critical care centers                                        |          |
| Development of transfer agreements                                                |          |
| <b><u>Enforcement of local ambulance ordinance</u></b>                            | <b>X</b> |
| <b><u>Enforcement of ambulance service contracts</u></b>                          | <b>X</b> |
| Operation of ambulance service                                                    |          |

**Table 2 - System Organization & Management (cont.)**

**Continuing education**

**X**

- Personnel training
- Operation of oversight of EMS dispatch center
- Non-medical disaster planning
- Administration of critical incident stress debriefing (CISD) team
- Administration of disaster medical assistance team (DMAT)
- Administration of EMS Fund [Senate Bill (SB) 12/612]
- Other:
- Other:
- Other:

**5. EMS agency budget for FY**

**A. EXPENSES**

Salaries and benefits (all but contract personnel)	<u>\$392,230</u>
Contract Services (e.g. medical director)	30,000
Operations (e.g. copying, postage, facilities)	80,964
Travel	13,950
Fixed assets	0
Indirect expenses (overhead)	77,410
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	1,086,000
Dispatch center operations (non-staff)	0
Training program operations	0
Other: 0	
Other: 0	
Other: 0	

**TOTAL EXPENSES**

**\$1,607,686**

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	<u>\$0</u>
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	30,000
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other	0

**Table 2 - System Organization & Management (cont.)**

Other critical care center application fees

Type:

Other critical care center designation fees

Type:

Ambulance service/vehicle fees

63,000

Contributions

EMS Fund (SB 12/612)

420,000

Other grants:

Other fees: EMS Fees

5,500

Other (specify):

**TOTAL REVENUE**

**\$518,500**

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 93/94

We do not charge any fees

Our fee structure is:

First responder certification	\$0
EMS dispatcher certification	0
EMT-I certification	15.00
EMT-I recertification	15.00
EMT-defibrillation certification	22.50
EMT-defibrillation recertification	22.50
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	75.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	75.00
MICN/ARN recertification	50.00
EMT-I training program approval	100.00*
EMT-II training program approval	0
EMT-P training program approval	200.00*
MICN/ARN training program approval	100.00*
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0

\*Fees allowed but never charged.

**Table 2 - System Organization & Management (cont.)**

Other critical care center application

Type: None

Other critical care center designation

Type: None

Ambulance service license (ALS)	<u>\$6,000</u>
---------------------------------	----------------

Ambulance vehicle permits	250
---------------------------	-----

Other: BLS Ambulance	3,000
----------------------	-------

Other: Air Ambulance	6,000
----------------------	-------

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of : 93/94

## Table 2 - System Organization & Management (cont.)

EMS System: Riverside County

Reporting Year: 93/94

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	27.11	32%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	EMS Specialist	4	20.09	32%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	1	100.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Emergency Preparedness Planner	1	19.15	32%	

**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

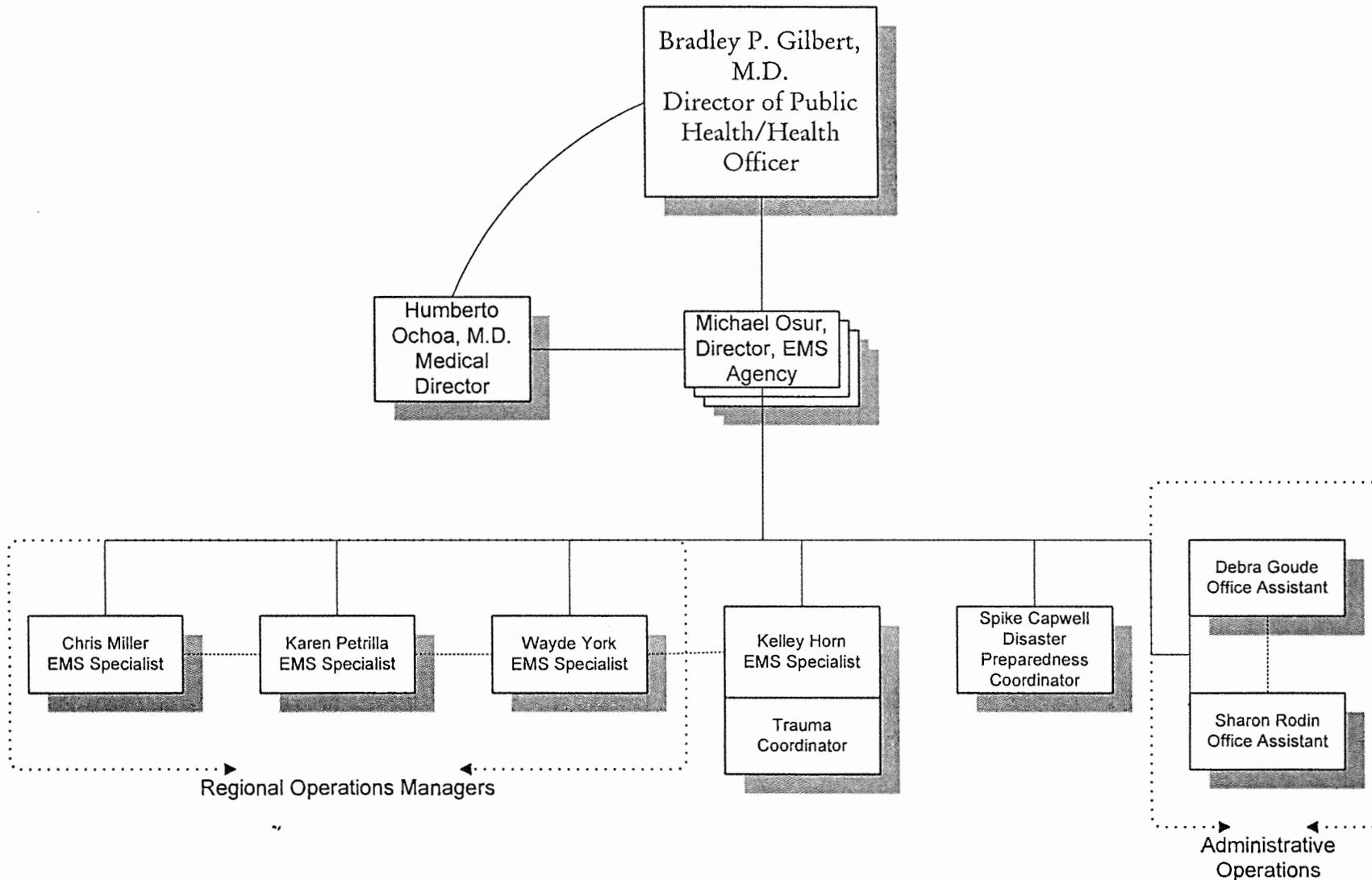
**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Office Assistant III	2	10.85	32%	
Data Entry Clerk					
Other	Office Assistant II	1	10.29	32%	

**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

RIVERSIDE COUNTY **EMS** AGENCY

4065 County Circle Drive, Suite 231, Riverside, CA 92503  
(Mailing Address: P.O. Box 7600, Riverside, CA 92513)  
(909) 358-5029



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: Riverside County

Reporting Year: 1994

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1201	0		155	0
Number of newly certified this year	354	0		Unknown	0
Number of recertified this year	388	0		64	0
Total number of accredited personnel on July 1			263		
Number of certificate reviews resulting in:	0	0	0	0	0
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	1	0	0
d) revocations	5	0	0	0	0
e) denials	1	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: -0-
2. Early defibrillation:
  - a) Number of EMT-I (dcfib) certified 117
  - b) Number of public safety (dcfib) certified (non-EMT-I) -0-
3. Do you have a first responder training program?
 

yes  
 no

## TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Riverside County

County: Riverside County

Reporting Year: 1994

**Note:** Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 15
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 18
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system?  yes  no
  - a. Radio primary frequency Health Repeater Net TX 156.240 RC 151.025
  - b. Other methods MEDNET 2 (SX 155.295), Cellular Telephone, and COR in ALS Units
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes  no
  - d. Do you participate in OASIS?  yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
 yes  no
    - 1) Within the operational area?  yes  no
    - 2) Between the operational area and the region and/or state?  yes  no
6. Who is your primary dispatch agency for day-to-day emergencies?  
Riverside County Fire (CDF) and multiple agency PSAPs.
7. Who is your primary dispatch agency for a disaster?  
Riverside County Fire (CDF) at 2 joint agency EOCs.

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: Riverside County

Reporting Year: 1994

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	11
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	100%
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	Approx. 100,000
	b) Number non-emergency responses (Code 1: normal)	Unknown
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	Approx. 65,000
	b) Number non-emergency transports (Code 1: normal)	Unknown

**Early Defibrillation Programs**

5.	Number of public safety defibrillation programs	None
	a) Automated	
	b) Manual	
6.	Number of EMT-Defibrillation programs	
	a) Automated	5
	b) Manual	0

**Air Ambulance Services**

7.	Total number of responses	Unknown
	a) Number of emergency responses	Unknown
	b) Number of non-emergency responses	Unknown
8.	Total number of transports	Unknown
	a) Number of emergency (scene) responses	Unknown
	b) Number of non-emergency responses	Unknown

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)**

**THIS DATA HAS NOT BEEN COLLECTED**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	Unknown	Unknown	Unknown	Unknown
2. Early defibrillation capable responder.	Unknown	Unknown	Unknown	Unknown
3. Advanced life capable responder.	Unknown	Unknown	Unknown	Unknown
4. EMS transport unit.	Unknown	Unknown	Unknown	Unknown







# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> 3900 West Wilson, Banning, CA 92220 (909) 922-1255 FAX (909) 922-0318		<b>Banning Fire Department</b>				<b>Primary Contact: Carl Sparks</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0		

<b>Name, address &amp; telephone:</b> 201 North Commercial, Blythe, CA 92225 (619) 922-6111		<b>Blythe Fire Department</b>				<b>Primary Contact: Ray Pease</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0		

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> 815 West 6th Street, Corona, CA 91720 (909) 736-2220 FAX (909) 736-2497		<b>Corona Fire Department</b>		<b>Primary Contact:</b> Mike Warren	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D <input type="checkbox"/> [Unk.] LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> P.O. Box 5001, Cathedral City, CA 92235 (619) 770-8200 FAX (619) 328-3902		<b>Cathedral City Fire Department</b>		<b>Primary Contact:</b> George Truppelli	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D <input type="checkbox"/> [Unk.] LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Hemet Fire Department</b> <b>Primary Contact:</b> William Dahlquist 220 North Juanita, Hemet, CA 92543 (909) 765-2450 FAX (909) 765-3170					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> <b>Idyllwild Fire Protection District</b> <b>Primary Contact:</b> Don Gilden P.O. Box 656, Idyllwild, CA 92549 (909) 659-2153 FAX (909) 659-5571					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Indio Fire Department</b> <b>Primary Contact: Ken Hammond</b> 46-990 Jackson Street, Indio, CA 92201 (619) 347-0756 FAX (619) 347-4317					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

<b>Name, address &amp; telephone:</b> <b>Murrieta Fire Department</b> <b>Primary Contact: Joe Whisenand</b> 41825 Juniper Street, Murrieta, CA 92562 (909) 677-5511 FAX (909) 677-6799					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> [Unk.] EMT-D
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Norco Fire Department</b> <b>Primary Contact:</b> Dave Carlson P.O. Box 428, Norco, CA 91760 (909) 737-8097 FAX (909) 734-8531					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> <b>Palm Springs Fire Department</b> <b>Primary Contact:</b> Tom Robertson 300 North El Cielo Road, Palm Springs, CA 92262 (619) 323-8181 FAX (619) 323-8183					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Riverside City Fire Department</b> <b>Primary Contact: Mike Vonada</b> 3601 9th Street, Riverside, CA 92501 (909) 782-5321 FAX (909) 782-5585					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> [Unk.] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> <b>Riverside County Fire Department</b> <b>Primary Contact: J.M. Harris</b> 210 West San Jacinto, Perris, CA 92370 (909) 657-3183 FAX (909) 657-6041					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> [Unk.] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> [Unk.] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>San Jacinto City Fire Department</b> <b>Primary Contact: Gene Price</b> 201 East Main Street, San Jacinto, CA 92583 (909) 487-7330 FAX (909) 654-9896					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> <b>Blythe Ambulance Service</b> <b>Primary Contact: Leslie Jessop</b> P.O. Box 1271, Blythe, CA 92225 (619) 922-8460 FAX (619) 922-9837					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Careline California</b> <b>Primary Contact:</b> Blake MacPherson 7925 Center Street, Rancho Cucamonga, CA 91730 (909) 948-1714 FAX (909) 948-9039					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

<b>Name, address &amp; telephone:</b> <b>Hemet Valley Ambulance</b> <b>Primary Contact:</b> Art Durbin 448 South Palm Street, Hemet, CA 92543 (909) 658-7717 FAX (909) 652-8371					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> [Unk.] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 12

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Goodhew Ambulance</b> <b>Primary Contact:</b> Tim Vonalt 1044 East La Cadena, Riverside, CA 92507 (909) 782-4000 FAX (909) 782-4059					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 34

<b>Name, address &amp; telephone:</b> <b>LifeCare Medical Transportation</b> <b>Primary Contact:</b> Shelby Helmer Post Office Box 589, Redlands, CA 92373 (909) 793-7676 FAX (909) 335-2260					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> <b>Springs Ambulance Company</b> <b>Primary Contact: Gerry Hart</b> 560 Williams Road, Palm Springs, CA 92262 (619) 327-1313 FAX (619) 327-8979					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 12

<b>Name, address &amp; telephone:</b> <b>Mercy Air Transportation</b> <b>Primary Contact: Mary Davis</b> 8019 Mango Avenue, Fontana, CA 92344-2532 (909) 357-9006 FAX (909) 357-1009					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [Unk.] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Riverside County

County: Riverside

Reporting Year: 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Riverside Community College, Allied Health Division, 16130 La Salle St., Moreno Valley, CA 92553-2045		Cindy Tait, (909) 485-6100
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT1 Number of students completing training per year:142 Initial training: 123 Refresher: 9 Cont. Education: na Expiration Date: 6/95  Number of courses:5 Initial training: 4 Refresher: 1 Cont. Education: na

Training Institution Name / Address		Contact Person telephone no.
Riverside City Fire Department, 3601 9th Street, Riverside, CA 92501		Chuck Edwards, (909) 702-5328
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT1 Number of students completing training per year:no records Initial training: Refresher: Cont. Education: Expiration Date: 8/94  Number of courses: Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Riverside County County: Riverside

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Mt. San Jacinto College, Nursing and Allied Health, 1499 North State Street, San Jacinto, CA 92583		Judy Wenland (909) 487-6752, x1650
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT1 Number of students completing training per year: 337 Initial training: 177 Refresher: 160 Cont. Education: na Expiration Date: 6/95  Number of courses:15 Initial training: 4 Refresher: 11 Cont. Education: na

Training Institution Name / Address		Contact Person telephone no.
College of the Desert, Allied Health Division, 43-500 Monterey Avenue, Palm Desert, CA 92260		Celia Hartley (619) 273-2578
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT1 Number of students completing training per year:168 Initial training: 142 Refresher: 26 Cont. Education: na Expiration Date: 9/94  Number of courses:4 Initial training: 3 Refresher: 1 Cont. Education:na

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Riverside County County: Riverside

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Hemet Ambulance, 448 Palm Avenue, Hemet, CA 92543		Art Durbin (909) 658-7717, x37
Student Eligibility: *	Cost of Program [basic/refresher]:	<p>**Program Level: EMT1                      Number of students completing training per year:157                      Initial training: 157                      Refresher: na                      Cont. Education: na                      Expiration Date: 6/95</p> <p>Number of courses:10                      Initial training: na                      Refresher: na                      Cont. Education: na</p>

Training Institution Name / Address		Contact Person telephone no.
Palo Verde College, Nursing and Allied Health 811 Chanslorway, Blythe, CA 92225		Dianne Dumes (619) 921-5344
Student Eligibility: *	Cost of Program [basic/refresher]:	<p>**Program Level: EMT1                      Number of students completing training per year:24                      Initial training: 16                      Refresher: 8                      Cont. Education: na                      Expiration Date: 8/95</p> <p>Number of courses:2                      Initial training: 1                      Refresher: 1                      Cont. Education:na</p>

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Riverside County    County: Riverside  
 Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Palm Springs Fire Department, 300 North Cielo Road, Palm Springs, CA 92262		Paul Kerns (619) 323-8181
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT1 Number of students completing training per year:54 Initial training: 0 Refresher: 54 Cont. Education: na Expiration Date: 6/95  Number of courses:1 Initial training: 0 Refresher: 1 Cont. Education: na

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

Corona Regional Med.Center  
800 South Main St.  
Corona, CA 91720

Base Hosp. NO Trauma Center	Total Licensed Beds	BED AVAILABILITY													
		E.D. Beds	ICU Beds					Med Surg	Peds	Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Neonate									
NO NO	225	15	10	0	13	0	0	47 58	5 10		6 8	7	40		

Subacute - 22      Acute Rehab - 15

SWITCHBOARD TELEPHONE NUMBER (909) 737-4343

ADMIN FAX: (909) 736-6310

E.D. FAX (909) 736-6283

TELEPHONE NUMBERS: Hospital Administration (909) 736-6240

Emergency Department (909) 736-6242

Nursing Administration (909) 736-6231

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Marlene Woodworth

Licensed Helipad: Yes [ ] No [X]

Nursing Director: Patricia Sanders

Emergency Helispot: Yes [X] No [ ]

Medical Chief of Staff: Dr. Terry Sanderfer

Hyperbaric Oxygenation Chamber: Yes [ ] No [X]

E.D. Medical Director: Dr. Michael Bear

CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]

E.D. Nursing Supervisor: Mary Dahl RN

Radiological Decontamination Capability: Yes [ ] No [X]

E.D. Head Nurse: \_\_\_\_\_

Haz/Mat Decontamination Capability: Yes [ ] No [X]

Disaster Coordinator: Mary Dahl RN

Base Hospital P.L.N.: n/a

COMMUNICATIONS

Trauma Nurse Coordinator: n/a

COR Frequency: N/A

Chief of Surgery: Dr. Eric Shepard

Dedicated EMS Telephone Number(s): \_\_\_\_\_

Chief of Trauma Services: n/a

HEAR: [ 155-340 ]: Dial # 125-6622

EMS Radio [ 155.265 ]: Touch Tone # 120

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]

R.A.C.E.S. Station: Yes [X] No [ ]

Open Heart Surgery: Yes [ ] No [X]

Other Licensed Bed Totals (List Type and Number)

COMPLETED BY: NAME: Mary Dahl RN

TITLE: Nursing Director Emergency Services

DATE: 5/25/94

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

DESERT HOSPITAL  
1150 NIWISIAN  
CANYON  
PALM SPRINGS,  
CA 92262

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY							LDRP				
		E.D. Beds	Trauma		ICU Beds			Med Surg	Peds Nursery	Ortho	O.R.	Mental Health	
			CCU	<del>XXXX</del>	Med-Surg	Peds	Neonate						
Yes Lev II	398	28	8	8	15	0	30	93 65	14 31	-	<del>XXXX</del> <del>XXXX</del> 18	10	27

SWITCHBOARD TELEPHONE NUMBER (619) 323-6511

ADMIN FAX: (619) 323-6825

E.D. FAX (619) 323-6844

TELEPHONE NUMBERS: Hospital Administration (619) 323-6370  
Nursing Administration (619) 323-6760

Emergency Department (619) 323-6251

PERSONNEL: Administrator: David Seeley  
Nursing Director: Jennifer Jacoby, R.N.  
Medical Chief of Staff: Lloyd Caplan, M.D.  
E.D. Medical Director: Glen Grayman, M.D.  
E.D. Nursing Supervisor: Kathy Clark, R.N.  
E.D. Head Nurse: Clinical Manager on Duty  
Disaster Coordinator: Douglas Gruzd, M.D.  
Base Hospital P.L.N.: Kathy Hill, R.N.  
Trauma Nurse Coordinator: Anita Ciotola, R.N.  
Chief of Surgery: Mark Smith, M.D.  
Chief of Trauma Services: Frank Ercoli, M.D.

RESOURCE CAPABILITIES

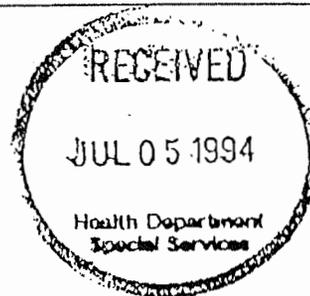
Licensed Helipad: Yes [X] No [ ]  
Emergency Helispot: Yes [X] No [ ]  
Hyperbaric Oxygenation Chamber: Yes [ ] No [X]  
CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]  
Radiological Decontamination Capability: Yes [X] No [ ]  
Haz/Mat Decontamination Capability: Yes [X] No [ ]

COMMUNICATIONS

463.000 Base  
468.000 Mobile  
COR Frequency: \_\_\_\_\_  
Dedicated EMS Telephone Number(s): (619) 323-4723  
HEAR: [ 155.340 ]: Dial # 1256022  
EMS Radio [ 155.265 ]: Touch Tone # 210

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]  
R.A.C.E.S. Station: Yes [X] No [ ]  
Open Heart Surgery: Yes [X] No [ ]



Other Licensed Bed Totals (List Type and Number)

Skilled Nurs Facility	34
Rehab Ctr	27

COMPLETED BY: NAME: Jill Furlong  
DATE: 6/29/94

TITLE: Administrative Secretary, Emergency/Trauma Ctr  
(619) 323-6792

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

Eisenhower Medical Center  
39000 Bob Hope Drive  
Rancho Mirage, Ca. 92270

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate Level II							
Yes	239, not counting ED beds	21	6	0	18	0	8	167	12	36	14	0	8	0
No									14				6	

output

SWITCHBOARD TELEPHONE NUMBER (619) 340-3911 ADMIN FAX (619) 773-1459 E.D. FAX (619) 773-1481

TELEPHONE NUMBERS: Hospital Administration (619) 773-1228  
Nursing Administration (619) 773-1288

Emergency Department (619) 773-1221

PERSONNEL: Administrator: N. Wilson  
Nursing Director: J. Austin  
Medical Chief of Staff: M. Brooks, M.D.  
E.D. Medical Director: K. Jesser, M.D.  
E.D. Nursing Supervisor: A. Watts, R.N.  
E.D. Head Nurse: N/A  
Disaster Coordinator: Dale Fox (619) 773-1359  
Base Hospital P.L.N.: Loyce Pittman, R.N.  
Trauma Nurse Coordinator: N/A  
Chief of Surgery: S. Kopp, M.D.  
Chief of Trauma Services: N/A

RESOURCE CAPABILITIES

Licensed Helipad: Yes [X] No [ ]  
Emergency Helispot: Yes [X] No [ ]  
Hyperbaric Oxygenation Chamber: Yes [ ] No [X]  
CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]  
Radiological Decontamination Capability: Yes [X] No [ ]  
Haz/Mat Decontamination Capability: Yes [X] No [ ]

COMMUNICATIONS

COR Frequency: 463.05  
Dedicated EMS Telephone Number(s): 568-4197  
HEAR: [ 155-340 ]: Dial # 125 ~~6422~~ 4623  
EMS Radio [ 155.265 ]: Touch Tone # 250  
Other Licensed Bed Totals (List Type and Number)

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]  
R.A.C.E.S. Station: Yes [X] No [ ]  
Open Heart Surgery: Yes [X] No [ ]

COMPLETED BY: NAME: Dale Fox  
DATE: July 15, 1994

TITLE: Manager, Safety/Security

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

Hemet Valley Medical Center  
1117 E. Devonshire  
Hemet, CA 92343

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY											
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate						
Yes No	344	19	8	0	18	0	0	290	10-12 12	28	5 12	6	16

SWITCHBOARD TELEPHONE NUMBER (909) 652-2811

ADMIN FAX: (909) 766-6417

E.D. FAX: (909) 766-6466

TELEPHONE NUMBERS: Hospital Administration (909) 766-6454

Emergency Department (909) 766-6450

Nursing Administration (909) 925-6366

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Geoffrey N. Lang

Licensed Helipad: Yes [X] No [ ]

Nursing Director: John Hall

Emergency Helispot: Yes [X] No [ ]

Medical Chief of Staff: Kali Chaudhuri, M.D.

Hyperbaric Oxygenation Chamber: Yes [ ] No [X]

E.D. Medical Director: Dr. Peter Boss, M.D.

CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]

E.D. Nursing Supervisor: Barbara Taylor

Radiological Decontamination Capability: Yes [ ] No [X]

E.D. Head Nurse: Linda Dutchess (Ext. 5190)

Haz/Mat Decontamination Capability: Yes [ ] No [X]

Disaster Coordinator: Jack Dutchess

COMMUNICATIONS

Base Hospital P.L.N.: Diane Bartman, M.I.C.N. (Ext. 5198)

COR Frequency: 463.075, 463.100

Trauma Nurse Coordinator: N/A

Dedicated EMS Telephone Number(s): (1)766-6461 (2)925-63

Chief of Surgery: Robert Reeves, M.D.

HEAR: [ 155340 ]: Dial # 125-6522

Chief of Trauma Services: N/A

EMS Radio [ 155.265 ]: Touch Tone # 130

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]

Other Licensed Bed Totals (List Type and Number)

R.A.C.E.S. Station: Yes [X] No [ ]

N/A

Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Jack Dutchess

TITLE: Director Safety Management

DATE: 5/12/94

RIVERSIDE COUNTY EMS AGENCY

FACILITY ASSESSMENT

Inland Valley Regional  
 Medical Center  
 36485 Inland Valley Drive  
 Wildomar, CA 92395

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D O.B.	O.R.	Mental Health	
			CCU	Neuro	Med-Surg	Peds	Neonate							
Yes No	87	7/1 13	0	0	8	0	0	62	∅	∅	∅	10	2	

SWITCHBOARD TELEPHONE NUMBER: (909) 677-1111

ADMIN FAX (909) 677-0056 E.D. FAX (909) 677-9757

TELEPHONE NUMBERS: Hospital Administration: (909) 677-1111 ext 721

Emergency Department: (909) 677-9778

Nursing Administration: (909) 677-1111 ext 745

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Ann Kuss

Licensed Helipad: Yes  No

Nursing Director: Arlene Kiepek

Emergency Helispot: Yes  No

Medical Chief of Staff: Petersen D, MD

Hyperbaric Oxygenation Chamber: Yes  No

E.D. Medical Director: J.M. Baker

CAT Scan: Yes  No  MRI: Yes  No

E.D. Nursing Supervisor: Yolanda La Bahn

Radiological Decontamination Capability: Yes  No

E.D. Head Nurse: Team Leader Changes Daily

Haz/Mat Decontamination Capability: Yes  No

Disaster Coordinator: Janet Hasty Ext 366

Base Hospital P.L.N.: Janet Hasty

COMMUNICATIONS

Trauma Nurse Coordinator: Pending

COR Frequency: 463.000 463.175

Chief of Surgery: Ellis, MD

Dedicated EMS Telephone Number(s): 909-677-0833 677-0451

Chief of Trauma Services: Hoynak

677-2981

OTHER CAPABILITIES

HEAR: [ ]: Dial #: HAM ∅ HEAR

NDMS Participant: Yes  No

EMS Radio [ ]: Touch Tone #: 150

R.A.C.E.S. Station: Yes  No

Open Heart Surgery: Yes  No

Other Licensed Bed Totals (List Type and Number)  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED BY: NAME: Janet Hasty, RN, CEN TITLE: PLN

DATE: May 10, 1994

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

Kaiser Permanente  
Kaiser Foundation Hospital  
10800 Magnolia Ave.  
Riverside, CA 92505

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D O.B.	O.R.	Mental Health	
			CCU	Neuro	Med-Surg	Peds	Neonate							
No	215	20	11	0	11	0	Intermediate care 15	120	24	0	8	20	7	-

SWITCHBOARD TELEPHONE NUMBER (909) 353-2000 ADMIN FAX (909) 353-4611 E.D. FAX (909) 353-3021

TELEPHONE NUMBERS: Hospital Administration (909) 353-4600  
Nursing Administration (909) 353-3190

PERSONNEL: Administrator: (909) 353-4600 - Robert Lund  
Nursing Director: (909) 353-3086 - Maggie Pierce, R.N.  
Medical Chief of Staff: (909) 353-4497 - Michael Neri, M.D.  
E.D. Medical Director: (909) 353-3790 - Gary Walls, M.D.  
E.D. Nursing Supervisor: (909) 353-3791 - Dianne Lomax, R.N.  
E.D. Head Nurse: N/A  
Disaster Coordinator: (909) 353-3790 - Gary Walls, M.D. / Skip Skivington (909) 427-7300  
Base Hospital P.L.N.: N/A  
Trauma Nurse Coordinator: N/A  
Chief of Surgery: Edward Tyan, M.D.  
Chief of Trauma Services: None

Emergency Department (909) 353-3790/353-3800

RESOURCE CAPABILITIES

Licensed Helipad: Yes [ ] No [X]  
Emergency Helispot: Yes [X] No [ ]  
Hyperbaric Oxygenation Chamber: Yes [ ] No [X]  
CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]  
Radiological Decontamination Capability: Yes [ ] No [X]  
Haz/Mat Decontamination Capability: Yes [ ] No [X]

COMMUNICATIONS

COR Frequency: \_\_\_\_\_  
Dedicated EMS Telephone Number(s): \_\_\_\_\_  
HEAR: [ 155.340 ]: Dial # 127-5353  
EMS Radio [ 155.265 ]: Touch Tone # 340  
Other Licensed Bed Totals (List Type and Number)  
\_\_\_\_\_  
\_\_\_\_\_

OTHER CAPABILITIES

NDMS Participant: Yes [ ] No [X]  
R.A.C.E.S. Station: Yes [X] No [ ]  
Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Skip Skivington  
DATE: May 31, 1994

TITLE: Area Director of Safety and Security

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

John F. Kennedy Memorial  
Hospital  
47-111 Monroe Street  
Indio, CA 92202

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY											
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate						
Yes No	130	12	8 ICU	-	-	0	0	54 29PCU	22 24	0	10 17	4+ Cysto	0

SWITCHBOARD TELEPHONE NUMBER (619) 347-6191 ADMIN FAX (619) 775-8014 E.D. FAX (619) 775-8178

TELEPHONE NUMBERS: Hospital Administration (619) 775-8019  
Nursing Administration (619) 775-8079

Emergency Department (619) 775-8111

PERSONNEL: Administrator: Barry Wolfman  
Nursing Director: Pamela J. Buxton, R.N.  
Medical Chief of Staff: Tahir Majid, M.D.  
E.D. Medical Director: Frank Curry, M.D.  
E.D. Nursing Supervisor: Reiner Jakel, RN  
E.D. Head Nurse: N/A  
Disaster Coordinator: Reiner Jakel, RN  
Base Hospital P.L.N.: Reiner Jakel, RN  
Trauma Nurse Coordinator: N/A  
Chief of Surgery: Dr. Jonatahn Braslow  
Chief of Trauma Services: N/A

RESOURCE CAPABILITIES

Licensed Helipad: Yes  No   
Emergency Helispot: Yes  No   
Hyperbaric Oxygenation Chamber: Yes  No   
CAT Scan: Yes  No  MRI: Yes  No   
Radiological Decontamination Capability: Yes  No   
Haz/Mat Decontamination Capability: Yes  No

COMMUNICATIONS

COR Frequency: 463.075  
Dedicated EMS Telephone Number(s): (619) 342-3011  
HEAR: [155.340]: Dial # 1256422  
EMS Radio [155.265]: Touch Tone # 230  
Other Licensed Bed Totals (List Type and Number)

None

OTHER CAPABILITIES

NDMS Participant: Yes  No   
R.A.C.E.S. Station: Yes  No   
Open Heart Surgery: Yes  No

COMPLETED BY: NAME: Reiner Jakel, RN TITLE: Director Emergency Services  
DATE: May 12, 1994

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

MENNIFEE VALLEY  
MEDICAL CENTER  
38400 McCALL BLVD  
SUN CITY, CA 92381

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY													
		E.D. Beds	ICU Beds					Red Surg	Peds Nursery	Ortho	L&D	O.B.	O.R.	Mental Health	
yes	no		CCU	Neuro	Med-Surg	Peds	Reonate								
	84	9	9	-0-	15	-0-	-0-	30	0	-0-	-0-	-0-	-0-	3	-0-
								30	-0-						

SWITCHBOARD TELEPHONE NUMBER (909) 679-8888 ADMN FAX: (909) 672-7050 E.D. FAX ( ) -0-

TELEPHONE NUMBERS: Hospital Administration (909) 679-8888 x7263  
Nursing Administration ( ) x7262

Emergency Department (909) 672-7018

PERSONNEL: Administrator: Sue Ballard  
Nursing Director: Sue Ballard  
Medical Chief of Staff: Dr. Kuan, Chen  
E.D. Medical Director: D. Marlowe Schaffner x7373  
E.D. Nursing Supervisor: Carol Ann Scarbrough x7375  
E.D. Head Nurse: \_\_\_\_\_  
Disaster Coordinator: Gerry Cook x7355  
Base Hospital P.L.N.: \_\_\_\_\_  
Trauma Nurse Coordinator: \_\_\_\_\_  
Chief of Surgery: Dr. Purohit  
Chief of Trauma Services: \_\_\_\_\_

RESOURCE CAPABILITIES

Licensed Helipad: Yes [ ] No [X]  
Emergency Helispot: Yes [X] No [ ]  
Hyperbaric Oxygenation Chamber: Yes [ ] No [X]  
CAT Scan: Yes [X] No [ ] MRI: Yes [ ] No [X]  
Radiological Decontamination Capability: Yes [X] No [ ]  
Haz/Mat Decontamination Capability: Yes [X] No [ ]

COMMUNICATIONS

COR Frequency: 463.150 MHz  
Dedicated EMS Telephone Number(s): 672-7190 & 7191  
HEAR: (155.340): Dial # 125-7799  
EMS Radio (155.265): Touch Tone # 320  
Other Licensed Bed Totals (List Type and Number)  
PACU 5 beds, D.S. 4 beds

OTHER CAPABILITIES

NDHS Participant: Yes [ ] No [X]  
R.A.C.E.S. Station: Yes [X] No [ ]  
Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Gerry Cook RN  
DATE: 7/27/94

TITLE: DISASTER PREPLANNING COMMITTEE CHAIRMAN

RIVERSIDE COUNTY EMS 909556160

Moreno Valle Community Hospital  
 27300 Iris Avenue  
 Moreno Valley, CA 92555

RIVERSIDE COUNTY EMS AGENCY  
 FACILITY ASSESSMENT

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY											
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate						
No NO	96	10	14	Ø	10	Ø	Ø	30 <del>30</del>	Ø	Ø	Ø	13	Ø

SWITCHBOARD TELEPHONE NUMBER: (909) 243-0811 ADMIN FAX: 909-243-2049 E.D. FAX: \_\_\_\_\_

TELEPHONE NUMBERS: Hospital Administration: (909) 243-2020 Emergency Department: (909) 243-2018

Nursing Administration: (909) 243-2021

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Thomas W. McClintock

Licensed Helipad: Yes [ ] No [X]

Nursing Director: Anne Kaver

Emergency Helispot: Yes [X] No [ ]

Medical Chief of Staff: Xavier Gonzalez, MD

Hyperbaric Oxygenation Chamber: Yes [ ] No [X]

E.D. Medical Director: David Tsai, MD

CAT Scan: Yes [X] No [ ] MRI: Yes [ ] No [X]

E.D. Nursing Supervisor: Pamela Divan, RN

Radiological Decontamination Capability: Yes [ ] No [X]

E.D. Head Nurse: Pamela Divan, RN

Haz/Mat Decontamination Capability: Yes [ ] No [X]

Disaster Coordinator: Pamela Divan, RN

COMMUNICATIONS

Base Hospital P.L.N.: None

COR Frequency: \_\_\_\_\_

Trauma Nurse Coordinator: None

Dedicated EMS Telephone Number(s): (909) 243-2018

Chief of Surgery: William Suval, MD

Chief of Trauma Services: None

HEAR: [155.340 ]: Dial #: 127.9522

OTHER CAPABILITIES

EMS Radio [ ]: Touch Tone #: 360

NDMS Participant: Yes [ ] No [X]

Other Licensed Bed Totals (List Type and Number)  
 \_\_\_\_\_  
 \_\_\_\_\_

R.A.C.E.S. Station: Yes [ ] No [X]

Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Pamela Divan TITLE: E.R. Manager

DATE: 5-23-94

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

PALO VERDE  
HOSPITAL  
250 N FIRST STREET  
BLYTHE CA 92225

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds	Neonate	Ortho	L&D	Mental Health	
			CCU	Neuro	Med-Surg	Peds	Neonate							
	55	4	4	0	0	0	0	0	43	0	0	4	2	0

4 Special Care 6 post-ICU

PBST Pattern

SWITCHBOARD TELEPHONE NUMBER (619) 922 4115 ADMN FAX (619) 922 2050 E.D. FAX ( )

TELEPHONE NUMBERS: Hospital Administration (619) 921 5150

Emergency Department (619) 921 5233

Nursing Administration (619) 921 5230

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Vern Reed  
Nursing Director: Laurie Flynn  
Medical Chief of Staff: Dr. Chua  
E.D. Medical Director: Spectrum Services Dr. A. Cole  
E.D. Nursing Supervisor: Nancy Martin  
E.D. Head Nurse:   
Disaster Coordinator: Michael Flynn  
Base Hospital P.L.N.:   
Trauma Nurse Coordinator:   
Chief of Surgery: Dr. Chua  
Chief of Trauma Services:   
OTHER CAPABILITIES

Licensed Helipad: Yes ( ) No (X)  
Emergency Helispot: Yes (X) No ( )  
Hyperbaric Oxygenation Chamber: Yes ( ) No (X)  
CAT Scan: Yes (X) No ( ) MRI: Yes ( ) No (X)  
Radiological Decontamination Capability: Yes ( ) No (X)  
Haz/Wat Decontamination Capability: Yes ( ) No (X)

COMMUNICATIONS

COM Frequency:   
Dedicated EMS Telephone Number(s) (619) 921 5233  
HEAR: ( ) Dial #   
EMS Radio (155.265): Touch Tone # 260  
Other Licensed Bed Totals (List Type and Number)

OTHER CAPABILITIES  
MDFG Participant: Yes ( ) No (X)  
R.A.C.E.S. Station: Yes ( ) No (X)  
Open Heart Surgery: Yes ( ) No (X)

COMPLETED BY: NAME: Michael S. Flynn TITLE: Phy. Plant Director  
DATE: 7/25/94

07/27/94 10:59 FAX 619 922 2050 P.V. HOSPITAL 9093385168 P.02

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

Parkview Community Hospital  
3865 Jackson Street  
Riverside, CA 92503

Base Hosp.	Trauma Center	Total Licensed Beds	BED AVAILABILITY													
			E.D. Beds	ICU Beds					Med Surg	Peds	Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
				CCU	Neuro	Med-Surg	Peds	Neonate								
0	0	193	11	Total=13 Beds					NICU 12	40	15		11			
											24		28	6	0	

SWITCHBOARD TELEPHONE NUMBER (909) 688-2211 ADMIN FAX (909) 352-5363 E.D. FAX (909) 352-5367

Nursing Adm.: 909-352-5444

TELEPHONE NUMBERS: Hospital Administration (909) 352-5400 Emergency Department (909) 688-8312

Nursing Administration (909) 352-5432

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Ken Willis

Licensed Helipad: Yes [ ] No [  ]

Nursing Director: Pricilla Webster

Emergency Helispot: Yes [  ] No [ ]

Medical Chief of Staff: Dr. George Jukkola

Hyperbaric Oxygenation Chamber: Yes [  ] No [ ]

E.D. Medical Director: Dr. David Bolivar

CAT Scan: Yes [  ] No [ ] MRI: Yes [  ] No [ ]

E.D. Nursing Supervisor: Debbie Hudelson

Radiological Decontamination Capability: Yes [ ] No [  ]

E.D. Head Nurse: "

Haz/Mat Decontamination Capability: Yes [  ] No [ ]

Disaster Coordinator: Jan Sweezer

COMMUNICATIONS

Base Hospital P.L.N.: 0

COR Frequency: 0

Trauma Nurse Coordinator: 0

Dedicated EMS Telephone Number(s): 909-688-8312

Chief of Surgery: Dr. Nicholas Zekos

HEAR: [ 155.340 ]: Dial # 125-5822

Chief of Trauma Services: 0

EMS Radio [ 155.265 ]: Touch Tone # 622

OTHER CAPABILITIES

Other Licensed Bed Totals (List Type and Number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NDMS Participant: Yes [  ] No [ ]

R.A.C.E.S. Station: Yes [  ] No [ ]

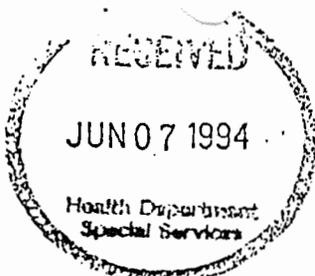
Open Heart Surgery: Yes [ ] No [  ]

COMPLETED BY: NAME: Jan Sweezer

TITLE: Disaster Coordinator

DATE: 5/11/94

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT



Riverside Community Hospital  
4445 Magnolia Avenue  
Riverside, CA 92501

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate							
Yes Level II	369	19	18	2	14	2	13	34 46	16 21	22	43	8	0	

SWITCHBOARD TELEPHONE NUMBER (909) 788-3000 ADMIN FAX (909) 788-3174 E.D. FAX (909) 788-3602

TELEPHONE NUMBERS: Hospital Administration (909) 788-3100  
Nursing Administration (909) 788-3430

Emergency Department (909) 788-3200

PERSONNEL: Administrator: Nancy Bitting, President/Chief Executive Officer  
Nursing Director: Barbara Patton, Sr. VP of Patient Operations  
Medical Chief of Staff: Keith Stottlemeyer, M.D.  
E.D. Medical Director: Richard Guth, M.D.  
E.D. Nursing Supervisor: \_\_\_\_\_  
E.D. Head Nurse: Donnette Baehr, (Department Director)  
Disaster Coordinator: Donnette Baehr, RN  
Base Hospital P.L.N.: Julie Nace, RN  
Trauma Nurse Coordinator: Jeanette Cotanche, RN  
Chief of Surgery: John Pfeifer, M.D.  
Chief of Trauma Services: David Barton, M.D.

RESOURCE CAPABILITIES  
Licensed Helipad: Yes [ ] No [XX]  
Emergency Helispot: Yes [ ] No [XX]  
Hyperbaric Oxygenation Chamber: Yes [XX] No [ ]  
CAT Scan: Yes [XX] No [ ] MRI: Yes [XX] No [ ]  
Radiological Decontamination Capability: Yes [XX] No [ ] Limited  
Haz/Mat Decontamination Capability: Yes [XX] No [ ] Limited

OTHER CAPABILITIES

NDMS Participant: Yes [XX] No [ ]  
R.A.C.E.S. Station: Yes [XX] No [ ]  
Open Heart Surgery: Yes [XX] No [ ]

COMMUNICATIONS

COR Frequency: 463.125 Channel 6  
Dedicated EMS Telephone Number(s): 683-8671  
HEAR: [155.340 ]: Dial # 125.5722  
EMS Radio [155.265 ]: Touch Tone # 170  
Other Licensed Bed Totals (List Type and Number)  
Transitional Care Unit SNF 35

COMPLETED BY: NAME: Donnette Baehr TITLE: Department Nursing Director- Emergency Services  
DATE: June 1, 1994

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

RIVERSIDE  
GENERAL  
HOSPITAL  
9851 MAGNOLIA AVE  
RIVERSIDE, CA 92503

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate							
Yes 2	475 470 420	12	N/A	8	10	6	15	41 41	36 15	26	L-6 EOR-2 D-2 30		(ITF) 77	

SWITCHBOARD TELEPHONE NUMBER (909) 358-7100 ADMIN FAX (909) 358-7004 E.D. FAX ( )

TELEPHONE NUMBERS: Hospital Administration (909) 358-7116

Emergency Department (909) 358-7070

Nursing Administration (909) 358-7151

RESOURCE CAPABILITIES

PERSONNEL: Administrator: Tomi Hadfield

Licensed Helipad: Yes [X] No [ ]

Nursing Director: Jane Cady

Emergency Helispot: Yes [ ] No [ ]

Medical Chief of Staff: Dale Sparks, MD

Hyperbaric Oxygenation Chamber: Yes [X] No [ ]

E.D. Medical Director: David Englander, MD

CAT Scan: Yes [X] No [ ] MRI: Yes [ ] No [X]

E.D. Nursing Supervisor: Donna Matney

Radiological Decontamination Capability: Yes [ ] No [X]

E.D. Head Nurse: Janet Petrowich

Haz/Nat Decontamination Capability: Yes [ ] No [X]

Disaster Coordinator: Jim Thomas

COMMUNICATIONS

Base Hospital P.L.N.: Kay Schulz/Cheryl Bock

COR Frequency: (UHF) 463.025

Trauma Nurse Coordinator: (Interim) Kay Schulz/Cheryl Bock

Dedicated EMS Telephone Number(s): 358-7979

Chief of Surgery: Clifton Reeves, MD

HEAR: [ 155.340 ]: Dial # 127-4527

Chief of Trauma Services: Wisam Haddad, MD

EMS Radio [ 155.265 ]: Touch Tone # 180

OTHER CAPABILITIES

Other Licensed Bed Totals (List Type and Number)

NDMS Participant: Yes [X] No [ ]

Psychiatric Beds in Suspense (ITF) 77

R.A.C.E.S. Station: Yes [X] No [ ]

Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: James Thomas

TITLE: Safety Coordinator

DATE: June 29, 1994

FACILITY ASSESSMENT

SAN GORGONIO  
MEMORIAL HOSPITAL  
600 N HIGHWAYS AVE.  
BANNING, CA  
92342

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY													
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D		O.R.	Mental Health	
			CCU	Neuro	Med-Surg	Peds	Neonate				O.B.	O.R.			
NO NO	68	8	6	0	0	0	0	54	0	6	0	2	6	3	0

SWITCHBOARD TELEPHONE NUMBER (909) 845-1121 ADMIN FAX (909) -845-2836 E.D. FAX (909) 845-8904

TELEPHONE NUMBERS: Hospital Administration (909) 845-1121- EXT. 100

Emergency Department (909)-845-4410

Nursing Administration (909) 845-1121 EXT. 103

RESOURCE CAPABILITIES

PERSONNEL: Administrator: KAY LANG

Licensed Helipad: Yes [ ] No [X]

Nursing Director: DOROTHY ELLIS

Emergency Helispot: Yes [X] No [ ]

Medical Chief of Staff: Dr. Aslam

Hyperbaric Oxygenation Chamber: Yes [ ] No [X]

E.D. Medical Director: Dr. John Felkel

CAT Scan: Yes [X] No [ ] MRI: Yes [ ] No [X]

E.D. Nursing Supervisor: Ruth Bardelli RN

Radiological Decontamination Capability: Yes [ ] No [X]

E.D. Head Nurse: Same

Haz/Mat Decontamination Capability: Yes [ ] No [X]

Disaster Coordinator: Ruth Bardelli RN/ Candyce VanOver RN

COMMUNICATIONS

Base Hospital P.L.N.: None

COR Frequency: None

Trauma Nurse Coordinator: None

Dedicated EMS Telephone Number(s): 845-4410

Chief of Surgery: Dr. Ahmad

HEAR: [ ] : Dial # 125-7022

Chief of Trauma Services: None

EMS Radio [ 155.265 ]: Touch Tone # 230

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]

R.A.C.E.S. Station: Yes [X] No [ ]

Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Ruth Bardelli RN

TITLE: Emergency Department Nurse Manager

DATE: 7-25-94

RIVERSIDE COUNTY EMS AGENCY  
FACILITY ASSESSMENT

SHARP  
HEALTH CARE  
MURRIETA  
25500 MEDICAL  
CENTER DRIVE  
MURRIETA, CA  
92562-9972  
SWITCHBOARD TELEPHONE NUMBER

Base Hosp. Trauma Center	Total Licensed Beds	BED AVAILABILITY												
		E.D. Beds	ICU Beds					Med Surg	Peds Nursery	Ortho	L&D	O.B.	O.R.	Mental Health
			CCU	Neuro	Med-Surg	Peds	Neonate							
	49 acute 50 SNU	8	7	combined					32 combined	5		3 10	4	

(909) 696-6000 ADMIN FAX (909) 698-7167 E.D. FAX (909) 696-6105

TELEPHONE NUMBERS: Hospital Administration (909) 696-6102  
Nursing Administration (909) 696-6024

Emergency Department (909) 696-6050

PERSONNEL: Administrator: Robert M. Edwards  
Nursing Director: Juanice Lovett MSN, RN  
Medical Chief of Staff: Daniel Andrus M.D.  
E.D. Medical Director: Russell Hatt M.D.  
E.D. Nursing Supervisor: Scott Browar BS, RN (909) 696-6050  
E.D. Head Nurse: Scott Browar BS, RN  
Disaster Coordinator: Scott Browar BS, RN  
Base Hospital P.L.N.: \_\_\_\_\_  
Trauma Nurse Coordinator: \_\_\_\_\_  
Chief of Surgery: Melvin Michaelian M.D.  
Chief of Trauma Services: \_\_\_\_\_

RESOURCE CAPABILITIES

Licensed Helipad: Yes [ ] No [X]  
Emergency Helispot: Yes [X] No [ ]  
Hyperbaric Oxygenation Chamber: Yes [ ] No [X]  
CAT Scan: Yes [X] No [ ] MRI: Yes [X] No [ ]  
Radiological Decontamination Capability: Yes [ ] No [X]  
Haz/Mat Decontamination Capability: Yes [X] No [ ]

COMMUNICATIONS

COR Frequency: \_\_\_\_\_  
Dedicated EMS Telephone Number(s): 696-6100  
HEAR: [ 155.340 ]: Dial # 125-1122  
EMS Radio [ 155.265 ]: Touch Tone # 420  
Other Licensed Bed Totals (List Type and Number)  
\_\_\_\_\_  
\_\_\_\_\_

OTHER CAPABILITIES

NDMS Participant: Yes [X] No [ ]  
R.A.C.E.S. Station: Yes [X] No [ ]  
Open Heart Surgery: Yes [ ] No [X]

COMPLETED BY: NAME: Scott Browar BS, RN CORN, CEN TITLE: Manager, Critical Care Services  
DATE: July 11, 1994

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

EMS System: Riverside County

County: Riverside

Date: 2/8/95

NOTE: Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Tom O’Keffe**

Work Telephone No.: (909) 275-4700

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No. (909) 940-6900

**Alternate's Name:**

NONE

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:**

**G.L. “Spike” Capwell**

Work Telephone No.: (909) 358-5029

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.: (909) 940-6900

**Alternate's Name:**

NONE

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Dr. Bradley M. Gilbert**

Work Telephone No.: (909) 358-5058

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.: (909) 940-6900

**Alternate's Name:**

**Dr. Herbert Giese**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.: (909) 940-6900

Medical/Health EOC telephone no.: (909) 940-6900

Amateur Radio contact name: Steve Rathbone

Who is the RDMHC for your region? Thomas J. Pendergast, Jr., MD

Medical/Health EOC FAX No.:

Medical/Health radio frequency used: 155.265

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EXCLUSIVE OPERATING AREAS

Zone 3

1. Area Name:

Pass Area Zone

2. Current Provider(s):

Lifecare Ambulance (prior to 1981) and Careline California (1991)

3. Geographic Description:

Cities of Banning, Beaumont and Calimesa and the adjacent unincorporated areas

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Competitively determined. See attached Request for Proposals

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

Since 1991 there have been two (2) ALS emergency ambulance providers serving this zone, alternating emergency calls on an every other call basis.

✓

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Northwest Zone

2. Current Provider(s):

Goodhew Ambulance uninterrupted since prior to 1981.

3. Geographic Description:

Cities of Riverside, Corona and Norco including the adjacent unincorporated areas

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. Bought by Laidlaw/Medtrans March 1995.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

City of Riverside claims "201" rights since they had a written agreement with Goodhew Ambulance prior to 1981.

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Central Zone

2. Current Provider(s):

Goodhew Ambulance Service uninterrupted since prior to 1981.

3. Geographic Description:

Cities of Moreno Valley and Perris along with the adjacent unincorporated areas

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. Bought by Laidlaw/Medtrans March 1995.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

✓

## EXCLUSIVE OPERATING AREAS

1. Area Name:

San Jacinto Valley Zone

2. Current Provider(s):

Hemet Valley Ambulance uninterrupted since prior to 1981.

3. Geographic Description:

Cities of Hemet and San Jacinto along with the adjacent unincorporated areas

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service

7. Other



## EXCLUSIVE OPERATING AREAS

1. Area Name:

Mountain Plateau Zone

2. Current Provider(s):

Hemet Valley Ambulance since 1982 from a station in the zone. Providing service in the area since the 1960s.

3. Geographic Description:

The mountain communities of Pine Cove, Mountain Center, Garner Valley, Pinyon Pines, Anza and Aguanga

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Competitively determined. See enclosed Request for Proposals.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service

7. Other

✓

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Southwest Zone

2. Current Provider(s):

Goodhew Ambulance Service, uninterrupted since prior to 1981.

3. Geographic Description:

Cities of Lake Elsinore, Canyon Lake, Murrieta and Temecula and the adjacent unincorporated areas

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. Bought by Laidlaw/Medtrans March 1995. In addition, Goodhew bought John's Ambulance (serving Lake Elsinore and parts of Murrieta) in 1974 and bought Sun City Ambulance (serving the unincorporated area of this zone) in 1985.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other



## EXCLUSIVE OPERATING AREAS

1. Area Name:

Cathedral City Zone

2. Current Provider(s):

City of Cathedral City Fire, uninterrupted since 1988.

3. Geographic Description:

City of Cathedral City

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. Claims "201" rights. Have mutual aid agreement with Springs Ambulance. No changes in scope or manner since 1988.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

Cathedral City says their zone is technically "non-exclusive" in that if a 9-1-1 caller specifically requests another EMS Agency approved emergency ambulance provider, Cathedral City will dispatch that provider.



## EXCLUSIVE OPERATING AREAS

1. Area Name:

Idyllwild Fire Protection Zone

2. Current Provider(s):

Idyllwild Fire Protection District uninterrupted since prior to 1981.

3. Geographic Description:

The community of Idyllwild and areas in the District

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. Uninterrupted service with no changes to scope and manner since prior to 1981.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service

7. Other

Also claims to be a "201" area.

✓

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Indio Zone

2. Current Provider(s):

City of Indio Fire, uninterrupted since 1985. Performing EMS since prior to 1981.

3. Geographic Description:

City of Indio

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. Claims "201" rights. Have written mutual aid agreement with Springs Ambulance. No changes in scope or manner since 1985.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

See "Springs vs. City of Rancho Mirage." Indio claims exclusivity based on that case.

✓

EXCLUSIVE OPERATING AREAS

1. Area Name:

Coachella Valley/Springs Zone

2. Current Provider(s):

Spirngs Ambulance, uninterrupted since prior to 1981.

3. Geographic Description:

Cities of Palm Springs, Desert Hot Springs, La Quinta and Coachella and adjacent unincorporated area east to Desert Center.

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service

7. Other

(Coachella Zone)  
✓

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Blythe Area Zone

2. Current Provider(s):

Blythe Ambulance, uninterrupted since prior to 1981.

3. Geographic Description:

City of Blythe and adjacent unincorporated areas West to Desert Center

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service

7. Other



**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



November 16, 1995

Michael Osur  
EMS Administrator  
Riverside County ELMS  
P.O. Box 7600  
Riverside, CA 92513-7600

Dear Mr. Osur:

We have completed our review of *Riverside County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

<b>SECTION</b>	<b>COMMENT</b>
2.09 CPR Training	There is no plan mentioned to provide CPR training for all allied health personnel who provide emergency medical care.
4.07 Fire Responder Agencies	There is no objective addressing certifying First Responders.
4.12 Disaster Response	There is not an established system which incorporates ELMS transportation in the disaster response plan.
8.03 Disaster Response	The plan does not address hazmat training and response.
8.05 Distribution of Casualties	There are no written established procedures nor a communications system or an established controlling organization.

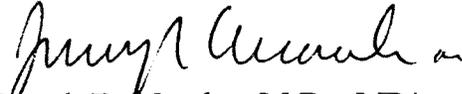
Michael Osur  
EMS Administrator  
Page 2

8.07 Disaster Communications

There is no established frequency for coordination among hospitals and the agency or health department within the county.

These comments are only for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,



Joseph E. Morales, M.D., MPA  
Director