

SECTION I
EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Pursuant to Section 1797.103 of the California Health and Safety Code, San Joaquin County Emergency Medical Services (EMS) agency has developed a EMS plan for it's jurisdiction. The purpose of the plan is to evaluate, organize, manage and plan for future EMS activities within the San Joaquin EMS system over the next five years.

The plan includes a comprehensive assessment of standards as identified in the California EMS System Standards and Guidelines issued by the California EMS Authority. Each Standard has been assessed to provide needs and a mechanism necessary to comply with state standards. In addition, the plan identifies specific resources and operations within the system.

Based upon the workings of this plan, the San Joaquin EMS system has identified it's strengths and weaknesses. The system meets recommended guidelines in the areas of medical direction, communications, data collection and system evaluation. These strengths have come from long standing commitments within the local agency and it's community. Most recently the system has implemented the data collection system and implemented a quality assurance/improvement program that is progressing well. However, we have found that much more work is required to make the data collection system work with a strong quality improvement process. Currently this QA/QI process is ahead of it's time but may become obsolete if progress is not made to link data to action in a more specific and standardized way.

The San Joaquin EMS system continues to progress in areas where standards have not been met. The major areas that do not meet standards are system finance, specialty patient population management and in particular trauma system planning. San Joaquin EMS system also lacks a specific or well defined transportation plan. While in many ways the San Joaquin EMS system has lead the charge in disaster medical response, we have also found that additional work is required to bring the plan in compliance.

San Joaquin EMS system is currently challenged to meet the financial demands of system standards as defined by the state EMS authority. Funding sources are dwindling and the agency has reduced staffing levels. This impact on services is across the board and is the primary reason for limited progress in meeting standards. The agency has begun efforts to establish alternative funding sources but at present must continue to sustain itself through local funding, service fees and state grants.

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The initial trauma plan which was submitted and approved by the state EMSA in 1987 must be revisited. The San Joaquin EMS agency will be working with the community to "reopen" the issue of trauma within the community. While the agency shall address and update the local trauma plan, progress in this area is contingent upon the finite resources, progressive incentive and financial capabilities of local community hospitals. This progress will require a long term commitment over a period of three to five years.

The San Joaquin EMS agency has recently been awarded a grant to implement the EMS for Children (EMSC) plan. This plan will help to design system written agreements, referral patterns and additional resources for pediatric specialty populations. This project should be accomplished over the next year.

Other special patient populations such as the elderly and handicapped will be addressed. San Joaquin EMS agency shall develop and implement these plans over the next two to four years.

San Joaquin EMS agency currently has a ambulance ordinance which directs the services of transportation in San Joaquin County. However, some of the state guidelines identified as part of a transportation plan are not addressed by this ordinance. A specific transportation plan does not exist. This plan will be developed and implemented into the existing ordinance within the next five years.

Finally, disaster medical operations has some fine tuning indicated. Formal mutual aid agreements which address specific resource and financial arrangements should be developed. These agreements will be developed within the next two years.

The San Joaquin EMS agency has developed this plan with input from the local community and with a local document called EMS 2000 as the structural framework. It is the intention of our agency to move forward as a community with the focus on improvement through evaluation and action.

SECTION II
SUMMARY OF SYSTEM STATUS

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

The local EMS agency is a division of the County Health Care Services Agency. The local EMS agency maintains community input from an EMCC and reports yearly to the County Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

The local EMS agency has written agreements with all providers and hospitals. A formal Liaison Committee meets monthly.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation process to identify needed system changes.

CURRENT STATUS:

A data system exists which captures pre-hospital and hospital patient information. This information is reviewed each month by EMS staff and a local community committee for performance standards and opportunities to improve.

COORDINATION WITH OTHER EMS AGENCIES:

A standing committee known as the QLC exists and meets monthly.

NEED(S):

Data and Indicators need to be defined by the community. Standards need to be established.

OBJECTIVE:

Obtain assistance from experts to establish community standards by consensus.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.03 Each local EMS agency shall have a mechanism (including the Emergency Medical Care Committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

Local EMS currently staffs an EMCC which is representative of consumer and health care providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non - physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

The local EMS Medical Director is a licensed physician and an emergency physician who is boarded in Internal Medicine and Emergency Medicine.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Establish clinical specialty advisory group.

OBJECTIVE:

The local EMS agency shall establish specialty advisory groups in trauma, pediatrics, medical legal, pharmacology, cardiac, obstetrics and pulmonology.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, 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 targeted clinical categories (as identified in Section II), and
- c) provide a methodology and time-line for meeting these needs.

CURRENT STATUS:

EMS plan currently exists and is submitted annually to the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency annually updates EMS plan and identifies progress made in EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

Local EMS agency has outdated written trauma plan. Development has been halted due to insufficient funding and planning by hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Neighboring EMS agencies should be contacted to establish appropriate triage criteria for transport of trauma patients to trauma centers outside local EMS agency jurisdiction.

NEED(S):

Trauma plan development with written agreements with trauma facilities in other jurisdictions.

OBJECTIVE:

1. Establish written agreements with trauma facilities outside jurisdiction.
2. Revise Trauma Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

CURRENT STATUS:

Local EMS agency provides ALS throughout jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

Continuation of call agreements exist with other local EMS agency jurisdictions.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency has detailed inventory of EMS resources. Inventory is updated annually.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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).

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

Local EMS agency does not have a mechanism to identify population groups which require specialized care.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Identification and development of services for populations requiring specialized resources.

OBJECTIVE:

1. Contract for services to identify special patient care populations.
2. Develop services for patients in these specialized areas.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

Local EMS agency currently has written agreements with all providers and hospitals to assure participation and compliance with local EMS system operations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Development of facility designation in areas of trauma and children services.

OBJECTIVE:

1. Write and implement trauma plan.
2. Write and implement EMSC program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

CURRENT STATUS:

Local EMS agency currently uses a system data process to monitor system operations. Both pre-hospital and in-hospital outcomes are renewed by community representatives and goals to improve identified.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

- 1) Definitive data that is agreed upon universally by the local EMS community.
- 2) Standards of care that are acceptable by the local EMS community.

OBJECTIVE:

1. Obtain funding to develop universal definitions for data.
2. Develop standards by local EMS community.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

Local EMS agency currently coordinates EMS operations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency has Policy and Procedure Manual. Manual is available to all local EMS system participants.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

CURRENT STATUS:

Local EMS agency currently has a mechanism to review, monitor and enforce policy compliance.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency is currently funded by local County Health Care revenues. These revenues are insufficient to guarantee continued operation. EMS fund is used to maximum.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

EMS operations funding.

OBJECTIVE:

Develop EMS Assessment district to obtain stable funding source.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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 pre-hospital and hospital providers.

CURRENT STATUS:

Local EMS agency currently has written agreements with base hospitals, providers and receiving hospitals which identifies roles, responsibilities and medical direction for EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid and continuation of call agreements exist between local EMS agency and bordering local EMS agency jurisdictions.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

Pre-hospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

QA/QI programs exist both at provider, hospital and system level. Some of the providers use in-house QI programs.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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 treatment times
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for pre-hospital personnel.

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS:

Written policies, procedures and protocols exist. Dispatch training in pre/post dispatch instruction is provided but not required.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

CURRENT STATUS:

"Do Not Resuscitate" (DNR) policy exists and has been implemented.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Policy regarding determination of death exists and has been implemented.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.22 Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

CURRENT STATUS:

Mechanism for reporting child abuse, elder abuse and SIDS death exists.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during inter-facility transfers.

CURRENT STATUS:

Inter-facility transfer policy exists.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 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. Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

Local EMS agency currently has written agreements with all ALS providers. Local EMS agency has developed Exclusive Operating Areas for some of the ALS providers in local EMS agency jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

Local EMS agency currently has on-line medical direction provided by base hospital. Medical Control plan for selecting, configuring and determining need for base hospital and in-house medical control currently exists.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, 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 process which allows all eligible facilities to apply.

CURRENT STATUS:

Trauma Care System plan was written in 1987. Plan is currently outdated and has not been implemented.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Redevelop Trauma Care System plan.

OBJECTIVE:

- 1) Obtain funding process for trauma system development.
- 2) Write Trauma Plan.
- 3) Approve Trauma Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, 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.

CURRENT STATUS:

Pediatric Emergency Care and Critical Care System currently does not exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Develop State Emergency Medical Services for Children (EMSC) program in local EMS agency jurisdiction.

OBJECTIVE:

1. Obtain funding for EMSC program.
2. Implement EMSC program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

1.28 The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, 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.

CURRENT STATUS:

Local EMS agency does not currently have 100% Exclusive Operating Areas.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Develop Exclusive Operating areas throughout all local EMS agency jurisdictions.

OBJECTIVE:

1. Review authority to authorize EOA's.
2. Develop EOA plan.
3. Call for RFP.
4. Implement EOA plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.01 The local EMS agency shall routinely assess personnel and training needs.

CURRENT STATUS:

Local EMS agency assesses personnel and training needs every two years.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

N/A Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency currently provides an approval process for all EMS education programs. Local EMS agency monitors EMS education programs every two years for compliance with regulations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with State regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

CURRENT STATUS:

Mechanism for accreditation, authorization, certification and identification of unusual occurrences currently exists within system operations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

PSAP operators are trained to EMSA - EMD guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Testing mechanism should be implemented.

OBJECTIVE:

1. Develop testing mechanism.
2. Test all EMD dispatchers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

Each non-transporting EMS first responder unit has at least one person trained at the EMT-I certification level. Approximately eighty percent (80%) have EMT-Defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

100% EMT-D for first responder units.

OBJECTIVE:

Encourage and develop a process for all (100%) EMT-D level training for non-transporting first responder units.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.06 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.

CURRENT STATUS:

Public safety agencies and industrial first aid teams are encouraged to respond to medical emergencies when appropriate per EMS agency policies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

CURRENT STATUS:

Non-transporting EMS first responders operate under medical direction policies of local EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

All emergency medical transport vehicle personnel are certified to provide defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

CURRENT STATUS:

All allied health personnel providing emergency patient care are trained in CPR.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

All emergency room physicians and RN's are trained in ALS.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Certification of all emergency room department physicians by American Board of Emergency Medicine.

OBJECTIVE:

Update written agreements with hospitals to assure 100% compliance with American Board of Emergency Medicine requirement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.11 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/quality improvement process.

CURRENT STATUS:

Local EMS agency has established a process for local accreditation, orientation, testing and enrollment in QA/QI program for all EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

CURRENT STATUS:

Local EMS agency currently has policies for accreditation of public and private EMS personnel in early defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

2.13 All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

CURRENT STATUS:

Base hospital personnel receive training and testing on policies, procedures, protocols and communications pertinent to local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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 with other users.

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

The local EMS agency currently specifies the communication capabilities of all EMS responder units and acute care facilities. Frequencies are coordinated to link all units and hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has a disaster communications frequency which links neighboring counties in the OES Region IV disaster plan.

NEED(S):

Use of satellites and cellular technology to enhance EMS communication network.

OBJECTIVE:

Evaluate the feasibility and applicability of satellite and cellular technology to EMS communications network.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS:

All EMS responder units have two-way radio communication which integrates dispatch and hospital communication. All EMS responder units have two-way communication which provides vehicle to vehicle communication. (excludes law enforcement)

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.03 Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

CURRENT STATUS:

EMS transport vehicles can communicate with both sending and receiving hospitals during inter-facility transports.

COORDINATION WITH OTHER EMS AGENCIES:

Communications with neighboring county hospitals does not exist. However, continuation of call agreements with neighboring counties provide cross-county medical control on transfers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.04 All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

CURRENT STATUS:

All EMS responding units have the capability to communicate with a single dispatch center or disaster command port.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

All local EMS agency hospitals have the ability to communicate with one another by two-way radio.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Communication network could be formally extended to include other relevant services.

OBJECTIVE:

Extend hospital communications network to include other relevant services, i.e., poison control, pediatric and trauma consultation.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.06 The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

CURRENT STATUS:

Local EMS agency frequently reviews and tests communication capabilities in its jurisdiction to provide service in the event of a MCI and disaster.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

Local EMS agency currently has a limited role in planning, coordinating and promotion of 9-1-1 and enhanced 9-1-1 systems.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

A plan to promote and coordinate 9-1-1 and enhanced 9-1-1 telephone service.

OBJECTIVE:

Develop written plan for development of enhanced 9-1-1 telephone service.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

CURRENT STATUS:

Local EMS agency does not participate in public education of 9-1-1 telephone service access.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

9-1-1 telephone access public education plan.

OBJECTIVE:

Develop public education plan for access to 9-1-1 telephone system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

Local EMS agency has established guidelines for dispatch triage and emergency medical dispatch priority reference system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

3.10 The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

Local EMS agency does not coordinate a centralized dispatch center. System-wide ambulance coverage is not monitored by local EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

1. Centralized dispatch coordination and control.
2. System-wide ambulance coverage which is monitored and managed.

OBJECTIVE:

1. Establish centralized dispatch center monitored by local EMS agency.
2. Establish system status management program monitored by local EMS agency.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

Local EMS agency currently has a county-wide ambulance ordinance which establishes and defines service areas.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS:

Local EMS agency currently has a county-wide ambulance ordinance which promotes compliance with overall system management to include statutes, regulations, policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency has determined criteria for classifying EMS medical requests for response.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

CURRENT STATUS:

Prescheduled responses by EMS transport vehicles are provided at levels which permit compliance with local EMS policy.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a) The response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible
- b) the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible.

CURRENT STATUS:

EMS response times are within the recommended guidelines at a 90% percentile.

SYSTEM ASSESSMENT
continued

COORDINATION WITH OTHER EMS AGENCIES:

Efforts to coordinate with other local EMS agencies has not been explored.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

CURRENT STATUS:

All EMS transport vehicles meet the current State and local EMS agency regulations for staffing and equipment for each level of service provided.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

CURRENT STATUS:

Local EMS agency has integrated qualified first responder agencies into system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 4.08 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 pre-hospital 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.

CURRENT STATUS:

Local EMS agency currently has an air ambulance ordinance which identifies, authorizes and regulates medical and rescue aircraft.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency currently has no coordinated efforts with other EMS agencies.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

CURRENT STATUS:

Local EMS agency has a designated dispatch center to coordinate the use of air ambulances or rescue aircraft.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

CURRENT STATUS:

Local EMS agency has identified availability of EMS aircraft resources and maintains written agreements with all operating within EMS area.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has no formal agreements with other local EMS agencies.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

Local EMS agency has identified availability and staffing of specialty vehicles. A plan for response of specialty vehicles does not formally exist.

COORDINATION WITH OTHER EMS AGENCIES:

No efforts have been made to coordinate with other EMS agencies.

NEED(S):

A plan for response of specialty vehicles.

OBJECTIVE:

Develop plan for response and utilization of specialty vehicles to include other local EMS agency resources.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Local EMS agency currently has a plan for mobilizing response and transport vehicles for disasters. This plan is integrated into OES Region IV MCI Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Local EMS agency has inter-county agreements for response of EMS vehicles. No mutual aid agreement exists. Financial responsibilities for mutual aid have not been addressed.

COORDINATION WITH OTHER EMS AGENCIES:

"Continuation of call" agreement exists.

NEED(S):

Mutual aid plan which addresses financial responsibilities.

OBJECTIVE:

Establish mutual aid agreements with neighboring local EMS agencies which addresses financial responsibilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.14 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.

CURRENT STATUS:

Local EMS agency currently has standing MCI plan and utilizes Incident Command System.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.15 Multi-casualty response plans and procedures shall utilize State standards and guidelines.

CURRENT STATUS:

Local EMS agency MCI response plan meets State standards and guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.16 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.

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

All ALS ambulances are staffed with at least one person certified at EMT-P level. Units not staffed with two EMT-Ps are not required to have EMT-D.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Require all ALS units to staff one EMT-P and one EMT-I trained in defibrillation.

OBJECTIVE:

Revise ALS unit staffing requirement to include the minimum 1 EMT-P and 1 EMT-I trained in defibrillation.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

CURRENT STATUS:

ALS ambulances are equipped for scope of practice of its level of staffing.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.18 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.

CURRENT STATUS:

Local EMS agency has written agreement with all EMS transportation agencies. These agreements identify compliance policies and procedures regarding system operation and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, 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.

CURRENT STATUS:

Local EMS agency does not have a formal transportation plan which identifies optimal standards and competitive process to ensure system optimization.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Formal transportation plan.

OBJECTIVE:

Develop transportation plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.20 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 non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

CURRENT STATUS:

Transportation plan does not exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

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 non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

OBJECTIVE:

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 non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

SYSTEM ASSESSMENT
continued

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.21 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, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS:

Contract for EOA permit requires compliance with applicable policies and procedures regarding system operations and patient care.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

CURRENT STATUS:

Local EMS agency is currently developing a plan for periodic evaluation of design of EOAs.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Development of plan to evaluate design of EOAs.

OBJECTIVE:

Complete development of plan to evaluate design of EOAs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

The local EMS agency should have written agreements with acute care facilities in its services area.

CURRENT STATUS:

Local EMS agency currently has written agreements with all acute care facilities. Facilities are assessed for capabilities periodically.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.02 The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

Pre-hospital triage and transfer policies currently exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, 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.

CURRENT STATUS:

Guidelines and network agreements for transfer to facilities of higher capability do not exist. Currently hospitals provide this service independently.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has not established a coordinated effort with other EMS agencies.

NEED(S):

Network for transfer of patients within EMS jurisdiction to facilities with higher capabilities.

OBJECTIVE:

1. Complete a facility assessment to establish hospital capabilities outside EMS jurisdiction.
2. Establish referral and transfer agreements for patients requiring higher capabilities of care.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

CURRENT STATUS:

Local EMS agency currently has written agreements and monitors all receiving hospitals and specialty care centers.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has notified neighboring county EMS jurisdictions of Burn Unit Specialty Care Center.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

Local EMS agency currently has plan to assist hospitals with preparation for mass casualty management including communication and flow of patients.

COORDINATION WITH OTHER EMS AGENCIES:

San Joaquin General Hospital serves as the Regional Disaster Control Facility for OES Region IV.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

CURRENT STATUS:

Local EMS agency currently has a plan for hospital evacuation.

COORDINATION WITH OTHER EMS AGENCIES:

This plan is coordinated through the Region IV OES plan.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

CURRENT STATUS:

A process for application on designation of base hospitals currently exists.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has not made attempts to coordinate this effort with other EMS agencies.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
 - 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 specialty care centers,
 - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Local EMS agency currently does not have a trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Trauma system.

SYSTEM ASSESSMENT
continued

OBJECTIVE:

Develop trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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

CURRENT STATUS:

Local EMS agency currently has no trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Trauma system.

OBJECTIVE:

Develop trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 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 specialty 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 specialty care hospitals including those which are outside of the primary triage area, and
 - g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Local EMS agency currently has no pediatric emergency medical or critical care system. Local EMS agency has recently received a grant to develop State Emergency Medical Services for Children (EMSC) network.

SYSTEM ASSESSMENT
continued

COORDINATION WITH OTHER EMS AGENCIES:

A plan is currently being proposed that would require coordination with outside EMS agencies.

NEED(S):

Pediatric emergency medical care and critical care system.

OBJECTIVE:

Implement Emergency Medical Services for Children program in local EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 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/quality improvement, and
 - f) data reporting to the local EMS agency.

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

Local EMS agency has not developed minimum standards for pediatric capability in emergency departments.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Standards for pediatric capabilities in emergency departments.

OBJECTIVE:

Implement Emergency Medical Services for Children program in local EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

CURRENT STATUS:

Pediatric emergency medical and critical care system does not exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Develop emergency medical and critical care system for local EMS area.

OBJECTIVE:

Implement Emergency Medical Services for Children program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 5.13 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 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, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Specialty care plan does not exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Specialty care plan.

SYSTEM ASSESSMENT
continued

OBJECTIVE:

Develop specialty care plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

CURRENT STATUS:

Specialty care plan does not exist.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Specialty care plan.

OBJECTIVE:

Develop specialty care plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) 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 pre-hospital 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. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

The local EMS agency should have the resources to evaluate the response to and the care provided to, specific patients.

CURRENT STATUS:

Local EMS agency currently has a written QA/QI plan which is linked to an "on-line" data system which monitors response to and care provided to specific patient populations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SYSTEM ASSESSMENT
continued

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.02 Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

CURRENT STATUS:

All pre-hospital records for all patient responses are forwarded to local EMS agencies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.03 Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Local EMS agency currently has a data system network linking pre-hospital and in-hospital patient care records.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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 pre-arrival/post dispatch directions.

CURRENT STATUS:

Local EMS agency currently does not review medical dispatching on a regular basis. Local EMS agency is currently developing policies and procedures to define dispatch centers and standards for dispatch activities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Mechanism to review medical dispatching on regular basis.

OBJECTIVE:

1. Develop dispatch standards.
2. Develop mechanism or QA process to monitor medical dispatch.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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/QI audit of the care provided to specific patients. It shall be based on State standards.

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

Local EMS agency currently has a data network which integrates both in-hospital and out of hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS providers and hospitals are participants in data system. Local EMS agency does not coordinate these activities with EMS agencies outside local EMS agency jurisdiction.

NEED(S):

Use of patient registries, tracer studies, and other monitoring systems.

OBJECTIVE:

Develop and implement a process to closely monitor and review specific trends to evaluate and plan the overall EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

CURRENT STATUS:

Local EMS agency currently is defining standards, trends, and indicators to evaluate EMS system design. Local EMS agency recently applied for a grant to develop this process (95/96) but grant was not awarded.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Standardized evaluation program to assess EMS system design, operations and effectiveness.

OBJECTIVE:

1. Develop community standards.
2. Develop community indicators.
3. Develop improvement process.

SYSTEM ASSESSMENT
continued

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

CURRENT STATUS:

Local EMS agency has written agreements with providers to assist in participation in system-wide evaluation program.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

Local EMS agency reports annually to EMCC and Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS:

Local EMS agency currently has an integrated data system which includes pre-hospital base hospital, and receiving hospital data system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

- 6.10 The local EMS agency, with participation of acute care providers, 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.

CURRENT STATUS:

Trauma system does not exist in local EMS agency jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Trauma system.

OBJECTIVE:

Develop trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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/quality improvement and system evaluation.

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

Trauma System does not exist in local EMS agency jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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, and
- f) appropriate utilization of emergency departments.

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

Local EMS agency has disseminated material and given verbal presentations to the public on organized programs about EMS system design, operation, access, prevention. Local EMS agency has provided consumer information to local Grand Jury and solicited responses from local city governments.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

SYSTEM ASSESSMENT
continued

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A Short-range Plan (one year or less)

_____ Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

Local EMS agency promotes and endorses special educational programs put on by providers that target patients in the pediatric and elderly patient groups.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

Local EMS agency works closely with local OES to provide structured training on disaster medical preparedness and provider information to the public on disaster issues.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

Local EMS agency sponsors and endorses ongoing CPR and first-aid programs offered by local providers and hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency currently has established a medical response plan in conjunction with local OES for catastrophic disasters involving hazardous materials.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency works closely with local OES and State OES to assure a coordinated approach to Haz Mat disasters.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

Local EMS agency currently models the State OES multi-hazard functional plan for medical response. Local OES is integrated into functional plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Local EMS agency has monitored and determined that EMS providers have been trained to a minimum of "Awareness" level training in Hazardous Materials.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

Local EMS agency in cooperation with local OES has done comprehensive training on the IC system. All medical providers are trained to "awareness" level as a basis for field management.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

Local EMS agency has established written plans in cooperation with local OES which identify hospitals with special capabilities for receipt of patients with radiation and chemical contamination.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency is active participant in OES Region IV Multi-casualty Incident Plan. Local EMS agency is integrated into this process which distributes casualties throughout Region IV.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

Local EMS agency has established written procedures for needs assessment and establishing emergency requests to the State and other jurisdictions. This procedure is exercised yearly.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.07 A specific frequency (e.g.,
CALCORD) or frequencies shall be
identified for interagency
communication and coordination
during a disaster.

CURRENT STATUS:

A specific radio frequency 463.025 has
been designated for interagency
communication and coordination during
disaster operations.

COORDINATION WITH OTHER EMS AGENCIES:

The specific radio frequency can be
used by State and other local EMS
agencies neighboring San Joaquin County.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

Local EMS agency in cooperation with local OES has developed an inventory of disaster medical resources. Local EMS agency does not have written agreements for anticipated providers of disaster medical resources.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Written agreements with anticipated providers of disaster medical resources.

OBJECTIVE:

Develop and implement written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

Local EMS agency maintains relationships and supports the development and maintenance of DMAT teams.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

CURRENT STATUS:

Specific local medical mutual aid agreements with other counties in OES Region IV do not exist.

COORDINATION WITH OTHER EMS AGENCIES:

Other local EMS agencies in OES Region IV will be contacted to establish agreements.

NEED(S):

Mutual aid agreements with other counties in OES Region IV.

OBJECTIVE:

Establish written mutual aid agreements with other counties in OES Region IV.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using State guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

Local EMS agency has established casualty collection points.

COORDINATION WITH OTHER EMS AGENCIES:

Local EMS agency has notified other counties in OES Region IV of Casualty Collection Points.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs, and a means for communicating with them.

CURRENT STATUS:

Local EMS agency has established plans for establishing and communicating with casualty collection points during disaster operations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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.

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Local EMS agency has documented disaster and Haz Mat training for EMS responders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

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).

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS:

Local EMS agency in cooperation with local OES provides at least one disaster drill per year which ensures hospital knowledge of county medical response plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

CURRENT STATUS:

Local EMS agency has established an emergency system for inter-hospital communications. This communications system is commonly used by hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.16 The local EMS agency shall ensure that all pre-hospital 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.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

Due to strong organizational and funding resources, comprehensive training in management of significant medical incidents for all EMS provider agencies has been completed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.17 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.

CURRENT STATUS:

Local EMS agency has "continuation of call" agreements with all neighboring county local EMS agencies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.18 Local EMS agencies developing trauma or other specialty 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.

CURRENT STATUS:

Local EMS agency has no formal trauma or specialty care center systems.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

 N/A Short-range Plan (one year or less)

 Long-range Plan (more than one year)

SYSTEM ASSESSMENT

STANDARD

8.19 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.

CURRENT STATUS:

Local EMS agency does not have a process to waive exclusive operating permits in the event of a medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Waiver process for exclusive operating permits in the event of a medical incident.

OBJECTIVE:

Develop a waiver process for providers in exclusive operating permits in the event of a medical incident.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SECTION III
SYSTEM RESOURCES AND OPERATIONS

Table II - System Organization & Management (cont.)

3. The person responsible for day-to-day activities of EMS agency reports to	_____
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	
Implementation of exclusive operating areas (ambulance franchising)	_____X_____
Designation of trauma centers/trauma care system planning	_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____
Continuing education	_____X_____
Personnel training	_____X_____

Table II - System Organization & Management (cont.)

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

5. EMS agency budget for FY 95/96

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$ 207,845.00</u>
Contract Services (e.g. medical director)	<u>21,120.00</u>
Operations (e.g. copying, postage, facilities)	<u>38,750.00</u>

Table II - System Organization & Management (cont.)

Travel	<u>4,500.00</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>15,102.00</u>
Ambulance subsidy	<u>0</u>
EMS Fund payments to physicians/hospital	<u>0</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>27,000.00</u>
Other: <u>Grants</u>	<u>82,050.00</u>
Other: <u>NA</u>	<u>0</u>
Other: <u>NA</u>	<u>0</u>
TOTAL EXPENSES	<u>\$ 395,867.00</u>

Table II - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	<u>\$ 95,000.00</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>232,067.00</u>
Other local tax funds (e.g. EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>24,000.00</u>
Training program approval fees	<u>1,000.00</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership Act (JTPA) funds/other payments	<u>30,000.00</u>
Base hospital application fees	<u>0</u>
Base hospital designation fees	<u>0</u>
Trauma center application fees	<u>0</u>

Trauma center designation fees	<u>0</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	<u>0</u>
Type: <u>NA</u>	
Other critical care center designation fees	<u>0</u>
Type: <u>NA</u>	
Ambulance service/vehicle fees	<u>13,800.00</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>0</u>
Other grants: <u>NA</u>	<u>0</u>
Other fees: <u>NA</u>	<u>0</u>
Other (specify): <u>NA</u>	<u>0</u>
TOTAL REVENUE:	<u>\$ 395,867.00</u>

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

Table II - System Organization & Management (cont.)

6. Fee structure for FY 95/96

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u>5.00</u>
EMS dispatcher certification	<u>5.00</u>
EMT-I certification	<u>10.00</u>
EMT-I recertification	<u>10.00</u>
EMT-Defibrillation certification	<u>10.00</u>
EMT-Defibrillation recertification	<u>10.00</u>
EMT-II certification	<u>50.00</u>
EMT-II recertification	<u>50.00</u>
EMT-P accreditation	<u>50.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>50.00</u>

Table II - System Organization & Management (cont.)

MICN/ARN recertification	<u>50.00</u>
EMT-I training program approval	<u>200.00</u>
EMT-II training program approval	<u>200.00</u>
EMT-P training program approval	<u>200.00</u>
MICN/ARN training program approval	<u>200.00</u>
Base hospital application	<u>0</u>
Base hospital designation	<u>0</u>
Trauma center application	<u>NA</u>
Trauma center designation	<u>NA</u>
Pediatric facility approval	<u>NA</u>
Pediatric facility designation	<u>NA</u>
Other critical care center application	
Type: <u>NA</u>	

Table II - System Organization & Management (cont.)

Other critical care center designation

Type: NA

Ambulance service license	<u>\$ 1,000.00</u>
Ambulance vehicle permits	<u>350.00</u>
Other: <u>Additional Zone</u>	<u>400.00</u>
Other: <u>Renewal license</u>	<u>500.00</u>
Other: <u>Renewal Vehicle</u>	<u>200.00</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 95/96.

Table II - System Organization & Management (cont.)

EMS System: San Joaquin County

Reporting Year: 95/96

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
EMS Admin./ Coord./Dir.	Coordinator	1.0	23.15	30%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Prehospital Care Coord.	1.0	19.49	30%	
ALS Coord./ Field Coord./ Trng Coord.	N/A	---	---	---	
Program Coord./Field Liaison (Non-Clinical)	N/A	---	---	---	
Trauma Coord.					
Med. Director	Med. Director	.20	55.00	N/A	
Other MD/ Med. Consult./ Trng. Med. Dir.	N/A	---	---	---	

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 II - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
Dispatch Supervisor	N/A	---	---	---	---
Data Evaluator/Analyst	N/A	---	---	---	---
QA/QI Coordinator	N/A	---	---	---	---
Public Info. & Ed. Coord.	N/A	---	---	---	---
Ex. Secretary	Clerk Typist III	1.0	12.51	30%	
Other Clerical	Clerk Typist II	.70	10.19	30%	
Data Entry Clerk	N/A	---	---	---	---
Other	N/A	---	---	---	---

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 III - SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: San Joaquin County

Reporting Year: 95/96

NOTE: Table III is to be reported by agency.

	EMT - I's	EMT - II's	EMT - P's	MICN	EMS Dispatchers
Total Certified	938	N/A		123	37
Number newly certified this year	161	N/A		32	19
Number recertified this year	380	N/A		43	15
Total number of accredited personnel on July 1 of the reporting year					
Number of certification reviews resulting in:					
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 19
2. Early defibrillation:
 - a. Number of EMT-I (defib) certified (non-EMT-I) 101
 - b. Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program? x yes no

TABLE I: Summary of System Status

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment I) for each standard. For those items from Table I that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table I and the System Assessment form are to be reported by the agency.

The last two columns of Table I refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long Range Plan
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		X			
1.07 Trauma Planning*	X				X
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations	X				X
1.11 System Participants		X			

Regulatory Activities

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
1.12 Review and Monitoring		X			
1.13 Coordination		X			
1.14 Policy and Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finances

1.16 Funding Mechanism	X				X
------------------------	---	--	--	--	---

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 System		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets Minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
1.26 Trauma System Plan	X				X

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

1.28 EOA Plan	X				X
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	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			X
------------------------	--	---	--	--	---

First Responders (non-transporting)

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

Transporting Personnel

2.08 EMT-I Training		X	X		
---------------------	--	---	---	--	--

Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
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	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
3.01 Communication Plan*		X			X
3.02 Radios		X	X		X
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			X
3.06 MCI/Disasters		X			

Public Access

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

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch	X				X

D. RESPONSE/TRANSPORTATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	X		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X		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			X
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits

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

E. FACILITIES/CRITICAL CARE

Universal Level	Does not currently meet standards	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*	X			X	
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evac.*		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 Designee	X				X
5.09 Public Input	X			X	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design	X			X	
5.11 Emergency Dept.	X			X	
5.12 Public Input	X			X	

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design	X				X
5.14 Public Input	X				X

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
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			
6.08 Reporting		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				X
6.11 Trauma Ctr.Data	X				X

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

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

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
-------------------	--	---	--	--	--

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short Range Plan	Long Range Plan
8.18 Specialty Center Roles		X			

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity	X			X	
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TABLE V: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: San Joaquin County Reporting Year: 95/96

NOTE: Table V is to be reported by agency.

TRANSPORTING AGENCIES

1. Number of exclusive operating areas	<u>3</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>12 %</u>
3. Total number responses	<u>50,301</u>
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>31,187</u>
b) Number non-emergency responses (Code 1: normal)	<u>9,521</u>
4. Total number of transports	<u>40,860</u>
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>31,187</u>
b) Number of non-emergency transports (Code 1: normal)	<u>9,673</u>

Early Defibrillation Providers

5. Number of public safety defibrillation providers	<u>0</u>
a) Automated	<u> </u>
b) Manual	<u> </u>
6. Number of EMT-Defibrillation providers	<u>8</u>
a) Automated	<u>8</u>
b) Manual	<u>0</u>

Air Ambulance Services

7. Total Number of responses	<u>134</u>
a) Number of emergency responses	<u>134</u>
b) Number of non-emergency responses	<u>NA</u>
8. Total number of transports	<u>82</u>
a) Number of emergency (scene) responses	<u>82</u>
b) Number of non-emergency responses	<u>NA</u>

TABLE V: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

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.	4.8 MINS	7.3 MINS	11.6 MINS	6.8 MINS
2. Early defibrillation responder.	4.8 MINS	7.3 MINS	NA	6.8 MINS
3. Advanced life support responder.	8.9 MINS	12.7 MINS	13.5 MINS	10.4 MINS
4. Transport Ambulance.	8.9 MINS	12.7 MINS	13.5 MINS	10.4 MINS

TABLE VI: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

EMS System: San Joaquin County

Reporting Year: 95/96

NOTE: Table VI is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|------------|
| a) Number of patients meeting trauma triage criteria | <u>N/A</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>N/A</u> |
| c) Number of major trauma patients transferred to a trauma center | <u>N/A</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | <u>N/A</u> |

Emergency Departments

- | | |
|---|----------|
| Total number of emergency departments | <u>7</u> |
| a) Number of referral emergency services | <u>0</u> |
| b) Number of standby emergency services | <u>0</u> |
| c) Number of basic emergency services | <u>0</u> |
| d) Number of comprehensive emergency services | <u>7</u> |

Receiving Hospitals

- | | |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>3</u> |
| 2. Number of base hospitals with written agreements | <u>4</u> |

SECTION IV
RESOURCE DIRECTORIES

TABLE IV: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 95/96

NOTE: Table IV is to be answered for each county.

- | | |
|--|------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>7</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>11</u> |
| 4. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 5. Do you have an operational area disaster communication system? | <u>x</u> yes ___ no |
| a. Radio primary frequency <u>463.025</u> | |
| b. Other methods <u>Phone 982-1975</u> | |
| c. Can all medical response units communicate on the same disaster communications systems? | <u>X</u> yes ___ no |
| d. Do you participate in OASIS? | ___ yes <u>x</u> no |
| e. Do you have a plan to utilize RACES as a back-up communication system? | <u>x</u> yes ___ no |
| 1) Within the operation area? | <u>x</u> yes ___ no |
| 2) Between the operational area and the region and/or state? | <u>x</u> yes ___ no |

TABLE IX: RESOURCES DIRECTORY - Approved Training Programs

EMS System: _____ County: _____ Reporting Year: _____

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

Training Institution Name/Address		Contact Person telephone number
Student Eligibility:*	Cost of Program [basic/refresher]:	**Program Level: _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____
Training Institution Name/Address		Contact Person telephone number
Student Eligibility:*	Cost of Program [basic/refresher]:	**Program Level: _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ 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.

SECTION IV

TABLE VIII: RESOURCES DIRECTORY - Providers

EMS System: SAN JOAQUIN

County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & telephone A1 AMBULANCE; P.O. BOX 8363, STKN, CA. 95208. (209) 464-9380 Primary Contact: BOB McCANN, OWNER					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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	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: <u>1</u>

Name, address & telephone AMERICAN MEDICAL RESPONSE INC; P.O. BOX 692170, STKN, CA. (209) 462-4294 Primary Contact: Brad White,					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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: <u>6</u>

SECTION 4

RESOURCES DIRECTORY

TABLE VIII: RESOURCES DIRECTORY - Providers

EMS System: SAN JOAQUIN County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & telephone ESCALON AMBULANCE; P.O BOX 212, ESCALON, CA. 95320 (209) 838-1351 Primary Contact: MIKE PITASSI					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other	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: <u>1</u>

Name, address & telephone MANTECA DISTRICT AMBULANCE; P.O. BOX 2, MANTECA, CA. 95336 Primary Contact: DANA SOLOMAN					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: DISTRICT	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: <u>2</u>

SECTION 4
RESOURCES DIRECTORY
TABLE VIII: RESOURCES DIRECTORY - Providers

EMS System: SAN JOAQUIN County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & tel: RIPON FIRE DEPT; 142 S STOCKTON ST, RIPON, CA. 95320 (209) 599-2847 Primary Contact: GENE VANDERPLATTS					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

Name, address & telephone STOCKTON AMBULANCE; P.O. BOX 9150, STKN, CA. 95208. (209) 948-5117 Primary Contact: PERRY SCHIMKE					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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: DISTRICT	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: <u>4</u>

SECTION 4

RESOURCES DIRECTORY

TABLE VIII: RESOURCES DIRECTORY - Providers

EMS System: SAN JOAQUIN

County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & tel STOCKTON FIRE DEPT; 425 N EL DORADO, STKN, CA. 95202 (209) 937-8657 Primary Contact: DOUG RATTO					
Written Contract: <input checked="" type="checkbox"/> yes <input 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: NA ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ 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	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: <u>0</u>

TABLE X: RESOURCES DIRECTORY - Facilities

EMS System: SAN JOAQUIN County: SAN JOAQUIN Reporting Year: 1995

NOTE: Make copies to add pages as needed. Complete information for each facility by county.
 METS - cLAS

Name, address & telephone: DAMERON HOSPITAL 525 ACACIA ST, STKN, CA. 95203: (209) 944-5550 Primary Contact: JANET EDDY				
Written Contract <input checked="" type="checkbox"/> yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes [] no	Base Hospital: <input checked="" type="checkbox"/> yes [] no	Pediatric Critical Care Center: * [] yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes [] no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Name, address & tel: DOCTORS HOSPITAL MANTECA, 1205 E NORTH, MANTECA, CA. 953369 (209) 823-3111 Primary Contact: SUE JONES				
Written Contract <input checked="" type="checkbox"/> yes [] no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes [] no	Base Hospital <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * [] yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- *** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- **** Levels I, II, III and Pediatric.

TABLE X: RESOURCES DIRECTORY - Facilities

EMS System: SAN JOAQUIN County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & tel: ST DOMINICS HOSPITAL, 1777 W YOSEMITE, MANTECA, CA. 95336: (209) 825-3555 Primary Contact: DICK ALDRED				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Name, address & tel: ST JOSEPH'S MED CENTER, 1800 N CALIFORNIA, STKN, CA. 95204: (209) 467-6400 Primary Contact: DAN LEONG				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*

*** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*

**** Levels I, II, III and Pediatric.

TABLE X: RESOURCES DIRECTORY - Facilities

EMS System: SAN JOAQUIN County: SAN JOAQUIN Reporting Year: 1995

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

Name, address & tel: TRACY HOSPITAL 1420 TRACY BLVD, TRACY, CA. 95376: (209) 835-1500 Primary Contact:ELDA TEAGUE				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- * Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- *** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- **** Levels I, II, III and Pediatric.

TABLE X: RESOURCES DIRECTORY - Facilities

EMS System: _____ County: _____ Reporting Year: _____

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

Name, address & telephone:		Primary Contact:		
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:****

Name, address & telephone:		Primary Contact:		
Written Contract <input type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*

*** Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*

**** Levels I, II, III and Pediatric.

TABLE XI(a): RESOURCES DIRECTORY - Disaster Medical Responders

EMS System: SAN JOAQUIN

County: SAN JOAQUIN

Date: 7/1995

NOTE: Information on Table XI(a) is to be completed for each county.

County Office of Emergency Services (OES) Coordinator:

RONALD BALDWIN

Work Telephone No.: (209) 468-3962

Home Telephone No.: NA

Office Pager No.: (209) 982-7322

FAX No.: (209) 944-9015

24-Hr. No.: (209) 468-4418

County EMS Disaster Medical Services (DMS) Coordinator:

CRAIG STROUP

Work Telephone No.: (209) 468-6818

Home Telephone No.: (209) 836-0146

Office Pager No.: (209) 461-1945

FAX No.: (209) 468-6725

24-Hr. No.: (209) 982 1975

Alternate's Name:

MIKE COCKRELL

Work Telephone No.: (209) 468-3962

Home Telephone No.: NA

Office Pager No.: (209) 982-7322

FAX No.: (209) 468-4780

24- Hr. No.: (209) 468-4418

Alternate's Name:

DARRELL CRAMPHORN

Work Telephone No.: (209) 468-6818

Home Telephone No.: (209) 825-5863

Office Pager No.: (209) 461-4272

FAX No. (209) 468-6725

24-Hr. No.: (209) 982-1975

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 XI as they occur.

TABLE XI (a): RESOURCES DIRECTORY - Disaster Medical Responders (cont.)

NOTE: Information on Table XIa is to be completed for each county.

County Health Officer's Name

ERNEST FUJIMOTO

Work Telephone No.: (209) 468-3409

Home Telephone No.: NA

Office Pager No.: NA

FAX No.: (209) 468-2072

24-HR. No.: NA

Alternate's Name:

NA

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-HR. No.: _____

Medical/Health EOC telephone no.: (209) 468-3962

Amateur Radio contact name: NA

Who is the RDMHC for your region?: RONALD BALDWIN

Medical/Health EOC FAX No.: (209) 944-9015

Medical/Health radio frequency used: 463.025

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 XI as they occur.

TABLE XI(b): RESOURCES DIRECTORY - Disaster Medical Responders (cont)

OES Region: SAN JOAQUIN County: SAN JOAQUIN Date: 7/1995

NOTE: Information on Table XIb is to be completed by counties with RDMHC projects.

Regional OES Coordinator:

NA

Work Telephone No.: _____

Home Telephone No.: _____

Office pager No.: _____

FAX No.: _____

24-Hour No.: _____

Regional Disaster Coordinator:

NA

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24 Hour No.: _____

Alternate's Name:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-Hour No.: _____

Alternate's Name:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24 Hour 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 XI as they occur.

TABLE XI(b): RESOURCES DIRECTORY - Disaster Medical Responders (cont)

NOTE: Information on Table XIb is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

RONALD BALDWIN

Work Telephone No.: (209) 468-3962

Home Telephone No.: NA

Office Pager No.: (209) 982-7322

FAX No.: (209) 944-9015

24 Hour No.: (209) 982-1975

Regional Ambulance Transportation Coordinator:

NA

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24 Hour No.: _____

Medical/Health EOC telephone No.: _____

Amateur Radio contact name: _____

Alternate's Name:

ELAINE HATCH

Work Telephone No.: (209) 468-6610

Home Telephone No.: NA

Office Pager No.: NA

FAX No.: (209) 468-6725

24 Hour No.: (209) 982-1975

Alternate's Name:

NA

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24 Hour No.: _____

Medical/Health EOC FAX No.: _____

Medical/Health radio frequency used: _____

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 XI as they occur.

STROUP\EMSPLAN

SECTION V
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

SECTION V
DESCRIPTION OF PLAN DEVELOPMENT PROCESS

This plan was developed by using two basic modalities. First, by using a local approach to develop a model in which to guide progress into the turn of the century. Local EMS community input was sought through the Emergency Medical Care Committee (EMCC). A subcommittee was formed to develop a document. The document was completed and approved in September of 1994. The document was titled EMS 2000 and was then distributed to the local community. This document proposed local community objectives for growth into the year 2000 with the concept of developing the "optimal" EMS system. The document identified needs, futuristic assumptions, objectives and constraints for progress.

Secondly, the San Joaquin EMS agency utilized the EMS System Guidelines and Planning document which was published by the state EMS Authority in June 1993. Each component in the plan was identified and compared with standards for state compliance and for consistency with the expectations of the local community EMS 2000 document. Based upon the outcome of this process, an objective was generated to bring components that were substandard to the desired level.

The final outcome is a plan which walks with state guidelines and standards, but is influenced by local assessments. It is the framework for progress into the year 2000 for the San Joaquin EMS system.

SECTION VI
ANNEX

ANNEX I
EMS 2000
COMMUNITY DOCUMENT

COUNTY OF SAN JOAQUIN
EMERGENCY MEDICAL SERVICES DEVELOPMENT PLAN 2000

INTRODUCTION

AUTHORITY AND APPROVAL PROCESS

Strategic planning is a natural aspect of those requirements for developing an emergency medical services system within each county. This planning document was prepared by the San Joaquin County Emergency Medical Care Committee. The Board of Supervisors will approve the document and all revisions prior to implementation. Following Board approval, the San Joaquin County Emergency Medical Care Committee will maintain the plan, oversee its implementation, receive community input on system performance, and recommend revisions as necessary.

DESCRIPTION OF THE IDEAL EMERGENCY MEDICAL SERVICES SYSTEM FOR SAN JOAQUIN COUNTY

Objective:

The objective of this six year strategic plan is to develop a medical response system that provides comprehensive, cost-effective, and prompt care, including specialty treatment, to individual patients while maintaining the ability to operate jointly to provide the highest possible care uniformly in multi-casualty and other extraordinary situations.

System Description:

The ultimate EMS system envisioned by San Joaquin County will include adequate ground and air transportation resources to meet system needs at established standards. The number of providers of these resources will be limited for proper system management and consistent performance. All ambulance units will have adequate equipment to allow use of the Standardized Emergency Management System (SEMS). Dispatch of emergency medical units will be centralized and will allow for flexible deployment of units depending on system needs. Emergency medical dispatch will be available throughout the County.

All ambulances in the County will be staffed with paramedics. All urban fire departments should be staffed with at least one paramedic per unit/engine. All law and fire agencies should maintain a minimum training level of EMT-1. EMT-I defibrillators should be available on all appropriate rural fire units. Local paramedic and EMT-I training will be oriented on meeting the needs of prehospital personnel.

Training centers should provide all training for prehospital personnel. These training centers will coordinate course offerings and will aim to integrate all levels and types of prehospital personnel in order to promote team spirit and understanding. Training will be available to ensure that over 80% of current practicing prehospital personnel are certified in SEMS and multi-casualty operations at any one time.

A trauma system, including trauma center and appropriate supporting trauma facilities, will be in place. Coordination of resources should occur between facilities with a formal rationing process in

place to prevent system overload. Adequate specialty beds and medical staff will be available to meet current needs.

Multi-casualty triage, communications, and dispersal protocols and equipment will be in place and evaluated on a clear multi-casualty standard of care. An EMS communications system will be available to support disaster operations by providing ongoing, real-time resource status reports to hospitals and other agencies through interactive data processing equipment. Hospitals will have plans, staff, and equipment organized to allow for doubling the number of available beds within the emergency room within one hour of alert. Sub-acute facilities will be integrated within the multi-casualty system.

A high degree of public knowledge of, and support for, the EMS system will be in existence due to early age training programs. Public misuse of the EMS system will be decreased through a variety of education programs. All education material and efforts will be multi-lingual.

The County will have in existence an ongoing educational program for physicians practicing locally which covers essential elements of the EMS system. There will be an ongoing effort to involve physicians in local drills and other training activities.

INTENDED USE OF THIS DOCUMENT BY LOCAL AGENCIES AND MEDICAL PROVIDERS

This six year plan is designed to provide a common strategic vision for making specific decisions on the use of available funds and resources to develop and maintain the San Joaquin County Emergency Medical Services System. Its intent is to ensure coordinated, non-duplicative, consistent, and complementary planning within the County to meet common objectives.

Local agencies and facilities should use this plan in the development of their programs and capabilities. County and city agencies should use this plan to guide their oversight of the system as well as their planning and legislative efforts. This plan should be used in conjunction with State guidelines to ensure a coordinated systems approach to emergency medical services activities.

PLANNING ASSUMPTIONS

Budget reductions will severely restrict the resources and capabilities of local government agencies over the next several years. Staff and other contributions from all medical

community members will be necessary to maintain desirable progress in medical system development.

Continuing severe financial constraints will reduce total resources in the County. This will increase the need for increased cooperation and system integration to provide for community needs.

ELEMENTS OF THE EMERGENCY MEDICAL SERVICES SYSTEM

Element #1: Transportation and Communications

CURRENT SITUATION

There are multiple ambulance providers currently operating in the County. No local helicopter services are available for rural transport or multi-casualty incidents. The Incident Command System is generally accepted as the basis for field coordination but expertise in the use of the management system is spotty. Vests and triage tags for field organization of medical personnel are available and being transitioned to the new regional terminology. Knowledge of the multi-casualty system is general but differences in interpretation exist and prevent smooth system operations.

Units are dispatched from several different locations including Sheriff's Communications Center, Stockton Fire Department Communications Center, and Life Medical Industries Dispatch Center (Lodi). While a centralized dispatch system for disasters is theoretically in place, it has not been used in actual situations. A common communications system does not exist and on-scene communications between countywide resources depend on availability of the CALCORD frequency. Users groups exist for Stockton Fire and Sheriff's Communications Centers.

DESIRED SITUATION

Adequate ground and air transportation resources should be available to meet system needs at established standards. The number of providers of these resources should be limited for proper system management and consistent performance. Transportation resources should operate under a County ambulance ordinance that sets minimum standards for providers in the County.

All ambulance units should have adequate equipment to allow effective use of the Standardized Emergency Management System in the field. Use of this common management system between all responders should be standard for all medical incidents. An interdisciplinary quality improvement process should be in place to ensure consistency of triage and treatment between field units and hospitals.

Dispatch of emergency medical units should be centralized and should allow for flexible deployment of units depending on system needs. Emergency medical dispatch should be available throughout the County. Users groups and other methods for ensuring a high degree of effective interaction between field units and dispatchers should be in operation with ongoing evaluation of communications effectiveness performed by the Emergency Medical Care Committee.

INTERMEDIATE OBJECTIVES

To be done

IDENTIFIED ISSUES

To be done

Element #2: Manpower and Training

CURRENT SITUATION

Ripon and Stockton Fire Departments are the only fire service providers of Advanced Life Support services. All other fire districts are training to the first responder level. Cities of Manteca, Tracy, and Stockton and the fire districts of Woodbridge, Lodi, Manteca-Lathrop and Tracy Rural are trained to Emergency Medical Technician I level. Existing EMT-1 regulations limit options for recertification to completion of a 24-hour refresher class, plus passage of an EMT-I written and skills examination. Some State actions have been taken to begin to alleviate this situation. This is occasionally posing problems for the fire departments and districts because of the costs involved in training.

There are seven (7) ambulance providers in San Joaquin County which are all staffed with paramedics. The ambulance providers are based in the cities of Tracy, Ripon, Manteca, Escalon, Stockton, and Lodi and service both urban and rural areas through eight ambulance zones. Paramedics are currently recertified every two (2) years and retested every four (4) years.

The training effort in the County is divided among multiple agencies including participation by the local community college, ambulance providers, fire departments, and private training programs. Paramedic training is currently done by a private training agency. EMT-1 training is shared by the agencies listed above. First responder training is sponsored by the EMS agency and offered by the fire districts for their personnel. Funding for training is decreasing overall, which limits the ability of many fire districts to recertify their EMT-1 personnel. Increased coordination may be warranted to help mitigate the effects of decreased funding.

Training in the other mandated areas of emergency medical services is needed but is often limited due to funding and resource constraints. Multi-casualty incident (MCI) training is mandated for the EMS providers but consistent training is sporadic. EMT-I defibrillation training is sponsored and designated through the local EMS agency but is provided and supported by interested fire districts. Other EMS related training is offered by some of the departments and is not coordinated countywide. Continuing education training for MICNs and base station staff is available but some of the specialised training, such as MCI procedures, is also sporadic.

DESIRED SITUATION

All ambulances should continue to be staffed with at least one paramedic. All urban fire departments should be staffed with at least one paramedic per unit/engine. All fire and law agencies should maintain a minimum training level of EMT-1. EMT-1 defibrillators should be available on all appropriate rural fire units. EMT-1 recertification should be based on the needs of the prehospital personnel rather than just addressing mandated course hours but should be tied to a QI program. Paramedic recertification should be based on continuing education without testing but should include a program for quality improvements and assessment. Local accreditation of paramedics should be an orientation program and not a testing program.

Training centers should provide all training for prehospital personnel. These centers should provide local courses and support for provider based training programs to include basic certification and recertification courses (EMT-1, EMT-P, etc.), courses in the Standardized Emergency Management System (SEMS), multi-casualty operations, Emergency Medical Technician 1-Defibrillation training, first responder training, and emergency medical dispatcher training. These training centers should coordinate course offerings with each other and with the

prehospital providers in the County. All courses should aim to have training programs which integrate all levels and types of prehospital personnel in order to promote team spirit and understanding. Sufficient training should be available to ensure that over 80% of current practicing prehospital personnel are certified in the SEMS and multi-casualty operations at any one time.

Recertification training for prehospital personnel should be tied to needs identified through a quality improvement process for individuals and providers.

INTERMEDIATE OBJECTIVES

To promote coordination of training programs through issuance of a central calendar which lists all training programs offered by all agencies.

To provide a schedule of training for the year so that departments, agencies, providers, and individuals can have adequate notice to arrange for his/her training schedule.

IDENTIFIED ISSUES

To identify and secure funding to finance training opportunities in all areas of emergency medical services.

Element #3: Hospitals and Critical Care Centers

CURRENT SITUATION

Seven acute care facilities with emergency departments and basic services exist in the County. Basic communications exist between the facilities through the telephone system and a twenty year old radio system. Four facilities are base hospitals and three are receiving hospitals. An insufficient number of medical specialties are available. In particular, there is an insufficient level of neurosurgery, pediatrics trauma, and medical care specialties.

A strong emergency medical system exists with uniform protocols between members. Good disaster coordination also exists. However, there is no coordinated use of resources between hospitals and no support for services in the community. There is good cooperation between private providers and local government but several identified problems have not been followed through on such as trauma center designations and medical incidents. No trauma center designation has been made but a Trauma Audit Committee is on hold for the time being.

DESIRED SITUATION

A trauma system, including trauma center and appropriate supporting trauma facilities, should be in place allowing traumatized patients to receive the highest appropriate level of care in an optimal timeframe. Coordination of resources should occur between facilities with a formal rationing process in place to prevent system overload or breakdown. Adequate critical care beds and step down units should be available to meet current needs. Adequate trauma, pediatric trauma, and neurosurgery specialists should be available to meet current needs based on an annual joint analysis. All practicing physicians should have a knowledge of the EMS system and its protocols as well as their role within the system.

Private medical staff should be involved in supporting San Joaquin General Hospital in providing for the medically underserved. There should be strong medical community and physician

involvement in trauma planning. A short and long range plan for Continuous Quality Improvement and Quality Assurance should be in place and data collection and evaluation should be sufficient to make those efforts effective. Follow through should occur on the results of these programs monitored by the local Emergency Medical Services Agency.

MICN staffing levels should be evaluated against a community standard. MICN training in specialised areas of EMS system operation should be provided consistently to allow high quality response to non-routine responsibilities. Training should be tied to QI programs.

INTERMEDIATE OBJECTIVES

To be done

IDENTIFIED ISSUES

To be done

Element #4: Multi-Casualty and Disaster Operations

CURRENT SITUATION

A long standing Multi-Casualty System is in place and in the process of making some terminology and equipment changes to come into compliance with the Region IV Multi-Casualty Plan. The system includes a field organization and triage system, patient dispersal process through a disaster control facility, and mutual aid process operating under a specific multi-casualty standard of care. While adequate instructors are available, divergent

interpretations of system procedures and lack of training oversight is currently causing some problems with system operations.

Hospital status reports are collected by telephone with radio backup. Instantaneous data communications is not available. The existence of common regional procedures and terminology allows for out-of-county dispersal of patients. Staffing of the Disaster Control Facility is adequate but improved training of MICNs in all facilities would be helpful.

For response to disasters, additional planning is needed in integrating sub-acute and immediate care facilities in the medical system and in ensuring the ability of hospitals to rapidly expand critical capabilities such as emergency room beds and staff. A medical mutual aid plan exists for Region IV but additional training and exercising is necessary to make it truly effective. An adequate disaster management system with an emergency operations center exists in the County.

DESIRED SITUATION

Multi-casualty triage, communications, and dispersal protocols and equipment will allow system performance that meets the multi-casualty standard of care in at least 80% of the declared multi-casualty incidents. Adequate MCI training will be available to ensure that at least 85% of key personnel in both the field and hospital are trained in multi-casualty procedures at any one time. At least one countywide MCI drill will occur annually and an average of one communications drill per month between hospitals will be conducted.

An EMS communications system will be available to support disaster operations by providing ongoing, real-time resource status reports of hospitals and other resources using interactive data processing equipment which is redundantly linked by telephone and/or radio. This system which will link the field resources, hospitals, the Disaster Control Facility, and the County Emergency Operations Center will be designed to minimize the need for voice communications. A Disaster Control Facility will be formally designated under a contract and will monitor and manage this communications and data management system with a high degree of reliability.

Hospitals will have the plans, staff, and equipment to allow for doubling the number of available beds within one hour in the event of a disaster. Sub-acute and immediate care facilities will be integrated with acute care facilities adequately to provide effective diversion of "minor" patients or stable in-house patients from the hospitals during a disaster.

An effective mutual aid system will be available with all county medical agencies as signatories. Centralized control of field resources will be integrated with central control of medical system operations by the Disaster Control Facility. County training programs will ensure that the EMS system dispatches the actual resources needed for an incident with an accuracy of 90%. The MCI system will be consistent statewide and will be high technology based in communications and data management. A statewide MCI standard of care is in place as well as a local quality improvement program.

INTERMEDIATE OBJECTIVES

To be done

IDENTIFIED ISSUES

To be done

Element #5: Public Education

CURRENT SITUATION

The County conducts EMS Week activities and informal speaking and public education activities. A consistent, organized public education program involving all elements of the medical community does not exist. The responsibility for developing such a program is unclear. Individual agencies and facilities, most notably on the city level, undertake occasional public education displays and activities. There is no one place the public can call for a schedule to access educational programs such as basic first aid.

DESIRED SITUATION

A high degree of public knowledge of, and support for, the EMS system is in existence due to a coordinated training program for elementary school children with progressive teaching elements leading to CPR and first aid certification, system activation and use, and knowledge of EMS system components by the 12th grade. This training will be supplemented by regular public service broadcasts using all forms of media directed at teaching the general public appropriate use of EMS resources, system access, and system capabilities. Multi-lingual publications and public service announcements will be available to reach all cultural groups and language variations. A centralized and comprehensive schedule of courses will be available to the public.

ANNEX II
EXCLUSIVE OPERATING AREA

ORIGINAL

ADVANCED LIFE SUPPORT (ALS) PROVIDER AGREEMENT
SAN JOAQUIN EMERGENCY MEDICAL SERVICES AGENCY

Date: JANUARY 1, 1995

Parties: COUNTY: San Joaquin Board Of Supervisors
County Courthouse, Room 707
222 E. Weber Ave.
Stockton, CA 95202

with copies to: San Joaquin
Emergency Medical Services Agency
P.O. Box 1020
Stockton, CA 95201

CONTRACTOR:

RECITALS:

A. The California Health and Safety Code, Section 1797.224 allows the local EMS agency to create Exclusive Operating Areas through a competitive bid process or without a competitive bid process if the area has been served in the same scope and manner without interruption since January 1, 1981.

B. Title 22, California Code of Regulations, Section 100166 requires EMT-P service providers to have a written agreement with the local EMS agency to provide advanced life support services.

C. The CONTRACTOR has been providing advanced life support services in the same manner and scope without interruption since 1980 consistent with the regulations of the AGENCY.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1 - DEFINITIONS

1.1 Advanced Life Support Ambulance (ALS Ambulance) - A ground ambulance which provides transport of the sick and injured and is staffed and equipped to provide advanced life support services consistent with the California Health and Safety Code, Section 1797.52 and current prehospital care guidelines.

1.2 Advanced Life Support Rescue Unit (ALS Unit) - A vehicle equipped and staffed to provide advanced life support consistent with the California Health and Safety Code, Section 1797.52 and current prehospital care guidelines.

1.3 Agency - Shall mean the San Joaquin Emergency Medical Services Agency which has responsibility for enforcing this Agreement and for implementing EMS regulations pursuant to State laws.

1.4 ALS Ground Ambulance Services - The provision of those services as defined in 1.1 by an authorized ALS provider pursuant to an Ambulance Provider Agreement.

1.5 Ambulance Response Zone - A geographic area, the boundaries of which shall be determined by the San Joaquin County Board of Supervisors to assure strategic placement of ambulances and effective ambulance response, which may include one or more exclusive or non-exclusive operating areas as shown on the map "Ambulance Response Zones of San Joaquin County" on file in the office of the Clerk of the Board of Supervisors and at the local EMS agency.

1.6 AOR (Available on Radio/Request) - The moment the ALS

ambulance/ALS unit is available on radio/pager to respond as directed by an authorized EMS dispatch center.

1.7 Arrive Dest/OSH (On Scene Hospital) - The moment the ALS ambulance/ALS unit arrives at an approved receiving facility or at the point where it is to rendezvous with another ambulance.

1.8 At Scene/OS (On Scene) - The moment at which the responding ALS ambulance/ALS unit is at the location the ALS ambulance/ALS unit will be parked on scene.

1.9 Authorized EMS Dispatch Center - A level 2 dispatch center designated in accordance with State dispatch guidelines by the local EMS agency for dispatch of ALS ambulances/ALS units.

1.10 Back-up - An ambulance and crew requested to assist other ambulance(s) and crew(s) on the scene of an EMS incident.

1.11 Basic Life Support Ambulance (BLS Ambulance) - An ambulance staffed and equipped to provide basic life support consistent with the California Health and Safety Code, Section 1797.60 and current prehospital care guidelines.

1.12 Call Rec'd/TOC (Time of Call) - The moment the call has been received at the provider's Authorized EMS dispatch center.

1.13 Dispatched (DSP) - The moment the responding crew is initially alerted to the incident and has received enough information to respond appropriately, i.e. location, map page numbers, response code.

1.14 Enroute/ER - The moment the vehicle with crew is physically enroute to the incident.

1.15 ETA - Estimated time of arrival.

1.16 From Scene (Enroute Hospital) - The moment the ALS

ambulance/ALS unit departs from the scene enroute to an approved receiving facility or rendezvous point.

1.17 Map Grid/Quadrant - The area, on a map approved by the COUNTY/AGENCY, which has been given an alpha-numeric designation such that electronic quantitative and chronological analysis can be done.

1.18 Move-up - An ALS ambulance/ALS unit moved to an area to provide mutual aid coverage.

1.19 Posting - An ALS ambulance/ALS unit strategically located to meet response time requirements.

1.20 Unit Hour Utilization - Means the mathematical relationship between the number of responses and the number of hours that units are available during a defined period of time.

1.21 Medical Emergency - Any request for medical assistance and/or ambulance transportation received at an approved P.S.A.P. by the "9-1-1" system or any request that has been reasonably determined to require a code three response by an ambulance per AGENCY dispatch protocol.

1.22 Response Codes -

1.22.1 Code One - Routine or scheduled transportation of non-emergency patients.

1.22.2 Code Two - An emergency in which immediate response is required.

1.22.3 Code Three - An emergency requiring immediate response with red lights and siren.

1.23 Response Time - Response time is the interval from receipt of a request for medical assistance by an authorized EMS

dispatch center to the arrival of the responding unit at the scene of an emergency. This includes all dispatch intervals and driving time.

1.24 Urban - All census places with a population density of 101 to 500 persons per square mile; or census tracts and enumeration districts without census tracts which have a population density of 101 to 500 persons or more per square mile.

1.25 Metropolitan - All census places with a population density of greater than 500 persons per square mile; or census tracts and enumeration districts without census tracts which have a population density of greater than 500 persons per square mile.

1.26 PSAP - Means designated Public Safety Answering Point.

1.27 Suburban - All census places with a population density of 51 to 100 persons per square mile; of census tracts or enumeration districts without census tracts which have a population density of 51 to 100 persons per square mile.

1.28 Rural - All census places with a population density of 7 to 50 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of 7 to 50 persons per square mile.

1.29 Remote - The areas of the county agreed to by the PROVIDER and AGENCY/COUNTY as needing greater than 20 minutes to respond due to geographical or other restrictions.

1.30 Wilderness - All census tracts or enumeration districts without census tracts which have a population of less than seven persons per square mile.

1.31 Manner and Scope - The term manner and scope means the

level of service provided to the community(ies) has not significantly changed since 1981.

2 - GEOGRAPHIC DESCRIPTION OF AREA TO BE SERVED

2.1 In consideration for providing ambulance services in accordance with the terms described herein, the CONTRACTOR is entitled to be the exclusive provider of all emergency ALS ground ambulance services, within the areas described as Zone 7 and shown as Exhibit-A. During the period of this agreement, COUNTY shall not license, approve, or authorize any other firm, agency, city, company, or governmental body, other than the Federal Government, to implement emergency ALS ground ambulance services, within the area described herein during the period of the agreement. This agreement shall not preclude the use of air ambulances within the exclusive operating area of CONTRACTOR as allowed pursuant to the Ordinance Code of San Joaquin County.

3 - PERFORMANCE STANDARDS/EXCEPTIONS/DISPUTES - In consideration for being granted this exclusive right to provide emergency ALS ground ambulance services, the CONTRACTOR agrees to the following:

3.1 The CONTRACTOR shall adhere to all requirements of the Ordinance Code of San Joaquin County.

3.2 The CONTRACTOR shall adhere to all EMS policies of the AGENCY and shall comply with all Federal, State, and local laws, rules and regulations.

3.3 The CONTRACTOR shall utilize ALS ambulances/ALS units to provide services under this agreement on a twenty-four (24) hour per day basis in response to all Code-Two and Code-Three calls dispatched by an authorized EMS dispatch center.

3.4 The CONTRACTOR shall at a minimum, record or cause to be recorded the map grid as defined by the AGENCY, and the times at each of the stages of a response as defined herein (TOC, DSP, ER, OS, ERH, OSH, AOR) for each and every request for service.

3.5 The CONTRACTOR shall assure the response times of an ALS ambulance/ALS unit of all Code-Three calls not less than 90 percent of the time within the geographic service area(s) defined herein as measured each calendar month during the term of this agreement.

3.5.1 Within 8 minutes for map grids designated as urban or metropolitan.

3.5.2 Within 20 minutes for map grids designated as rural or suburban.

3.5.3 Within 40 minutes for map grids designated as remote.

3.5.4 As quickly as possible for map grids designated as wilderness.

3.5.5 During unusual system overload or other response impediments, as determined by the AGENCY, and specifically during declared multi-casualty incidents, response times for specific calls may be exempt from being included in the response time performance calculations upon petition by the CONTRACTOR and approval by the AGENCY. See Exhibit-D.

3.6 The CONTRACTOR shall, to the extent possible, "move up" or "post" at any location within the COUNTY as directed by an authorized EMS dispatch center.

3.7 During any period of time that a CONTRACTOR has

insufficient ALS ambulances/ALS units available for service, the CONTRACTOR shall make reasonable efforts to obtain "backup", "move-up", or "posting" services from adjacent areas to provide coverage for CONTRACTOR's area.

3.8 The CONTRACTOR acknowledges an authorized EMS dispatch center may divert a request for emergency response from the primary dispatched ALS ambulance/ALS unit to a secondary ALS ambulance/ALS unit when the latter is fully staffed and equipped in accordance with the agreement and in compliance with all applicable rules, regulations and policies and notifies the authorized EMS dispatch center that it is in closer proximity to the scene than the primary ALS ambulance/ALS unit. This includes cases in which the secondary ambulance/ALS unit is not the primary provider for that zone. Diversion of such call does not change or replace the time of dispatch originally established for that specific call but time on scene/OS for response time calculation purposes for that call will be credited to the secondary ALS ambulance/ALS unit.

3.9 In each instance of an ALS ambulance/ALS unit vehicle failure on an emergency call resulting in the inability to continue the response to or transport of the patient, CONTRACTOR shall submit a report to the AGENCY which at a minimum shall include: how long it took for another ALS ambulance/ALS unit to respond to the same call; which ALS ambulance/ALS unit responded; the reason(s) or suspected reason(s) for vehicle failure and/or malfunction, and actions CONTRACTOR has taken to prevent similar failures.

3.10 In each instance where the mode of patient transport changes due to vehicle failure and/or malfunction, the CONTRACTOR will require that all ambulance/ALS unit personnel on the primary and secondary ALS ambulances/ALS units to submit separate prehospital report forms regarding the medical care the patient received by each ambulance/unit crew.

3.11 In addition to dedicated ALS ambulances, CONTRACTOR may provide ambulances staffed and equipped at the basic life support (BLS) level. BLS ambulances may be utilized for pre-arranged subacute patients, and may only respond to an emergency call when there is system overload (all ALS ambulances within the area and adjacent areas are unavailable when requested by an authorized EMS dispatch center). In each instance in which a BLS ambulance is utilized for an emergency call, the CONTRACTOR shall submit an Unusual Occurrence Report Form.

3.12 The CONTRACTOR may not use an ALS ambulance for a scheduled non-emergency transfer unless the CONTRACTOR assures an adequate number of ALS ambulances/ALS units are available to meet performance standards as defined herein.

3.13 The CONTRACTOR shall assure that personnel and equipment are available for immediate dispatch to emergency requests outside or near response zone boundaries, and shall immediately contact an authorized EMS dispatch center for the provider which normally services that area and continue the response if requested to do so.

3.14 The CONTRACTOR shall assist in servicing, for a period not to exceed thirty (30) days, any other geographic service area

within the County for which an ALS provider agreement has been suspended or terminated. Response time requirements for services provided in such geographic area(s) will be waived until such time as the AGENCY declares ambulance service to be stabilized.

3.15 The CONTRACTOR agrees to designate an individual(s) approved by the AGENCY to act as Training Officer/Accreditation Officer who shall oversee the required training/accreditation and orientation of all new EMT-I/II/Ps employed by the CONTRACTOR. The Training Officer and/or Accreditation Officer shall attend scheduled training meetings as required by the AGENCY.

3.16 The CONTRACTOR agrees to post at each station all notices from the AGENCY directed to field personnel. In addition, the CONTRACTOR agrees to have an updated local Policies and Procedures Manual at each station accessible to all personnel.

3.17 The CONTRACTOR agrees to designate an individual approved by the AGENCY, to function as a Liaison between the CONTRACTOR and the COUNTY and the AGENCY to perform internal and system wide continuous quality improvement per AGENCY policies, assist in the investigation of unusual occurrences as identified by the AGENCY, and attend scheduled Liaison meetings as required by the AGENCY.

3.18 The roles of the Training Officer/Accreditation Officer and Liaison as indicated above may be filled by a single individual if the CONTRACTOR obtains approval of the AGENCY.

4 - COMMUNICATIONS/DISPATCH STANDARDS

4.1 The CONTRACTOR shall maintain a contract with an authorized EMS dispatch center for the dispatch of ambulances 24

hours a day during the term of this agreement beginning six months from the date of this agreement.

4.2 The CONTRACTOR shall obtain, install, and maintain in CONTRACTOR'S ambulances/ALS units all such required communications equipment as is determined necessary through AGENCY policy.

4.3 The CONTRACTOR shall obtain, install, and maintain in CONTRACTOR'S ambulances/ALS units all such required communications equipment as is deemed by AGENCY policy to be appropriate for transmission of and voice communications for medical direction by base hospitals designated by the AGENCY.

4.4 The CONTRACTOR shall be fiscally responsible for installation, purchase/rental and maintenance of required communications equipment provided under Paragraphs 4.2 and 4.3 above.

4.5 The CONTRACTOR shall ensure that all required communications equipment is in working order by daily checks and routine maintenance.

4.6 The CONTRACTOR shall establish policies which ensure that, upon receipt of a private request for emergency medical service, pertinent information including callback number, location, and nature of the incident is ascertained and immediately transferred to the appropriate public safety answering point or affiliated authorized EMS dispatch center.

4.7 As outlined in 3.14, the CONTRACTOR shall assist an authorized EMS dispatch center by seeking to ensure that the ALS ambulance/ALS unit which is geographically closest and having the shortest ETA to the scene of the emergency request is dispatched.

4.8 When requested by an authorized EMS dispatch center, the CONTRACTOR shall immediately and accurately report the current location of each ALS ambulance/ALS unit to the dispatch center.

4.9 When requested by an authorized EMS dispatch center the CONTRACTOR shall ensure response of an ALS ambulance/ALS unit across response zone lines when deemed necessary to minimize response time to an emergency call.

4.10 In all cases the CONTRACTOR shall immediately notify an authorized EMS dispatch center of any change of ALS ambulance/ALS unit availability and/or communication status.

4.11 The CONTRACTOR shall, to the extent possible, participate in disaster drills per AGENCY request.

4.12 The CONTRACTOR'S agreement with an authorized EMS dispatch center shall ensure that periodic reports are submitted pursuant to policies and procedures of the AGENCY.

4.13 The CONTRACTOR'S agreement with an authorized dispatch center shall assure that dispatch personnel at an authorized EMS dispatch center shall receive and adhere to AGENCY'S emergency medical dispatch training policies.

5 - EQUIPMENT & SUPPLY STANDARDS

5.1 The CONTRACTOR shall ensure that each ambulance/unit carries equipment and supplies pursuant to AGENCY policy. Vehicles, equipment, and supplies shall be maintained in clean, sanitary, and safe mechanical condition at all times.

5.2 All ambulance vehicles shall, at a minimum, meet standards of Title 13, California Code of Regulations and the Ordinance Code of San Joaquin County. CONTRACTOR shall have and

maintain the required inventory on each ambulance used for patient transport as specified by AGENCY policy.

5.3 The AGENCY staff may, at any time, without prior notice, inspect CONTRACTOR's ambulances/units in order to verify compliance with this agreement. An inspection may be postponed if it is shown that the inspection would unduly delay an ambulance/unit from responding to an emergency call. A memorandum of the inspection specifying any deficiencies, date of inspection, ambulance number, and names of participating crew shall be provided to the CONTRACTOR. CONTRACTOR must show proof of correction for any deficiencies noted in said memorandum of inspection as specified by the AGENCY. A deficient ambulance/unit may be immediately removed from service if, in the opinion of the AGENCY, the deficiencies are a danger to the health and safety of the public or if the deficiencies in a previously issued memorandum of inspection have not been corrected in the time specified.

5.4 The CONTRACTOR shall develop and maintain a record of preventive maintenance and repairs on all ALS ambulances/units and equipment and shall make such records available to the AGENCY upon request.

6 - PERSONNEL STANDARDS

6.1 When responding to an emergency call, the CONTRACTOR will ensure the ALS ambulance/ALS unit is staffed with a minimum of two (2) personnel whose level of certification shall, at a minimum, be one EMT-I and one EMT-P.

6.1.1 Contractor shall submit a routine roster of

current employees and shall notify the AGENCY of any changes.

6.2 CONTRACTOR shall ensure that all employees providing patient care comply with training requirements as established by the State of California and the AGENCY for their level of certification. CONTRACTOR agrees to assist with efforts by personnel who need to attend and participate in regularly scheduled in-service training provided by base hospitals.

6.3 No CONTRACTOR or employee shall perform any services as contemplated herein while under the influence of any alcoholic beverage, illegal drug, or narcotic, nor shall they perform such services under the influence of other substances, including prescription or non-prescription medications, which impair their physical or mental performance.

6.4 The CONTRACTOR shall make available to the AGENCY its current policy and procedure manuals.

6.5 The CONTRACTOR shall ensure that all personnel wear appropriate uniform attire. All patches and insignia worn by personnel will only be allowed as approved by the AGENCY.

6.6 The CONTRACTOR shall maintain a record of EMT-I/EMT-II/EMT-P staff schedules for at least 36 months and make it available to the AGENCY upon request.

6.7 The CONTRACTOR shall assure that new employees have completed certification and orientation requirements pursuant to AGENCY policy. The CONTRACTOR shall ensure policies and procedures implemented by the AGENCY are followed by its employees.

7 - RECORDS/REPORTS

7.1 CONTRACTOR shall complete financial records in legible form and according to accepted accounting practices. Financial records shall include all expenditures, revenues, accounts receivable, and billings pertinent to performance of this agreement, and shall be made available to the AGENCY for inspection upon request. The COUNTY and the AGENCY shall protect the financial records to the maximum extent permitted by law.

7.2 CONTRACTOR shall maintain a current list of ambulance employee certified personnel including their addresses, phone numbers, qualifications, certificates, and licenses with expiration dates.

7.3 All records maintained pursuant to this agreement shall be available for inspection, audit, or examination by the COUNTY and the AGENCY or by their designated representatives, and shall be preserved by CONTRACTOR for at least three (3) years from the termination of this agreement. CONTRACTOR's records shall not be made available to parties or persons outside the COUNTY and the AGENCY without CONTRACTOR's prior written consent, unless disclosure is required by court order.

7.4 Upon written request of the AGENCY or in accordance with AGENCY policies, CONTRACTOR shall prepare and submit written reports on any incident arising out of services provided under this agreement. AGENCY recognizes that any report generated pursuant to this paragraph is confidential in nature.

7.5 CONTRACTOR shall submit operations reports pursuant to AGENCY policy upon request of the AGENCY.

7.6 CONTRACTOR shall provide additional information and

reports as the AGENCY may require from time to time to monitor the performance of the CONTRACTOR under this agreement.

8 - INSURANCE AND INDEMNIFICATION

8.1 CONTRACTOR shall at all times during the term of the agreement maintain in force those insurance policies as specified by the Ordinance Code of San Joaquin County.

8.2 CONTRACTOR agrees to indemnify and to save and hold harmless the COUNTY, the AGENCY and their officers and employees from and against all claims, costs, demands, causes of action, suits, losses, expenses, or other detriment or liability arising from or out of CONTRACTOR's performance of this agreement.

9 - TRANSITION PLANNING

9.1 CONTRACTOR is aware that under certain circumstances, the COUNTY may initiate a competitive procurement process for the award of CONTRACTOR's Exclusive Operating Area. In case this action is taken and CONTRACTOR is not judged to be successful bidder, there would be a transition of CONTRACTORS.

9.2 Should CONTRACTOR fail to win any bid, the CONTRACTOR agrees to enter into discussion with the AGENCY about the possibility of continuing to provide all services at the same level of effort and performance required under this agreement until the subsequent winning bidder takes over.

9.3 CONTRACTOR agrees to return all COUNTY/AGENCY issued equipment to the COUNTY or the AGENCY in good working order, normal wear and tear excepted, at the termination of the agreement. For any equipment not so returned, the COUNTY or AGENCY shall repair or replace said equipment at CONTRACTOR's

expense and bill the cost to the CONTRACTOR.

10 - NON-DISCRIMINATION

10.1 The CONTRACTOR shall be an equal opportunity/affirmative action organization in all of its practices, policies, and procedures. The CONTRACTOR shall not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, age, physical or mental disability in any matters related to access to or provision of services, or related to employment.

11 - COMPENSATION/PENALTIES/INCENTIVES/FEES/SECURITY BONDS

11.1 For each and every Code-Three call which is not downgraded and which does not meet the response time standards established herein in the geographic areas illustrated in Exhibit-A, for which there are no extenuating circumstances verified by the AGENCY, a penalty of \$10.00 per minute shall be assessed, for each minute or portion thereof over the required response time standard, up to a maximum of \$100.00 per call, and forwarded to the AGENCY. CONTRACTOR shall be responsible for the response times for all "first in" ALS ambulances/ALS units on Code-Three calls which fall within CONTRACTOR'S exclusive operating area, including those calls responded to by other ALS providers on a mutual aid request. The accrued penalties shall be forwarded to the AGENCY by the 15th of the month for any penalties incurred during the preceding month, and said penalties shall be used by the AGENCY for enhancement of the EMS system.

11.1.1 Exceptions to paying a penalty may be granted by the AGENCY on a per call basis by request of the

CONTRACTOR and are listed in Exhibit-D. Exemptions to paying a penalty which shall be granted for a late response are also listed in Exhibit-D.

11.1.2 If CONTRACTOR is unable to respond an ALS ambulance/ALS unit to a call within the contract area for which an ALS ambulance/ALS unit is assigned, and refers that call to a BLS ambulance or fails to respond any ambulance, there will be a \$100.00 penalty for each such occurrence unless waived by the AGENCY due to extenuating circumstances.

11.2 Collection of all penalties under this agreement shall be waived by the AGENCY for those penalties which accrue during the first six months of the period of this agreement.

11.3 This agreement shall not be deemed to have been made for the express or implied benefit of any person who is not a party hereto.

11.4 The COUNTY shall require a performance security for contracts in the amount of \$100,000.00 for the entire Exclusive Operating Area serving in one of the following forms:

11.4.1 A faithful performance bond issued by a bonding company appropriately licensed and acceptable to the AGENCY;

or

11.4.2 An irrevocable letter of credit issued pursuant to this provision in a form acceptable to the COUNTY, from a bank or other financial institution acceptable to the AGENCY;

or

11.4.3 A Certificate of Deposit acceptable to the AGENCY which names the AGENCY as the beneficiary to the

principal amount; or

11.4.4 Negotiable securities pledged to the AGENCY; or

11.4.5 Any alternative method acceptable to the
AGENCY.

11.5 There shall be no reimbursement from the COUNTY for services provided pursuant to this agreement except as provided pursuant to separate agreements.

12 - CONTRACT PERFORMANCE/BREACH/DEFAULT/TAKEOVER

12.1 This agreement is not intended to and shall not be construed to create the relationship of agency, servant, employee, partnership, joint venture or association.

12.2 Amendments or modifications to the provisions of this agreement may be initiated by either party hereto and may be incorporated into this agreement by mutual consent and in writing.

12.3 The failure of either party to insist upon strict performance of any of the terms, covenants or conditions of this agreement in any one or more instances shall not be construed as a waiver or relinquishment for the future of any such terms, covenants or conditions, but all of the same shall be and remain in full force and effect.

12.4 CONTRACTOR agrees to keep the AGENCY advised at all times of the name and location of the CONTRACTOR's parent company, if any.

12.5 CONTRACTOR shall maintain a business office within SAN JOAQUIN COUNTY during this agreement.

12.6 Neither COUNTY nor CONTRACTOR shall assign this agreement to a third party without written consent of all other

parties to this agreement.

12.7 The terms of this agreement shall be in full force and effect unless otherwise terminated or modified pursuant to the terms of the agreement. Pursuant to the Guidelines established by the California Emergency Medical Services Authority, the agreement may be reviewed annually, and all parties shall be under a duty to act in good faith to renegotiate the agreement on an annual basis if a need for such renegotiation is expressed by any party.

Notwithstanding the availability of annual review of this agreement, and pursuant to the provisions of Title 22, the AGENCY shall review this agreement at least every two (2) years.

Notwithstanding the foregoing, the AGENCY may, at any time during the term of the agreement, cancel, suspend or revoke the agreement for CONTRACTOR'S failure to comply with applicable policies, procedures, or regulations. Such action to cancel, suspend or revoke the agreement shall not be undertaken unless CONTRACTOR has first received written notice from the AGENCY describing the policies, procedures or regulations with which it allegedly has failed to comply, and CONTRACTOR fails within sixty (60) days after receiving said notice to obtain acknowledgment from the AGENCY that its alleged failure to comply has been corrected or otherwise resolved. Any proposed cancellation, suspension or revocation of the agreement shall be processed in a manner consistent with the Ambulance Ordinance of San Joaquin County.

12.8 Reconsideration of Exclusivity - Because the COUNTY values a coordinated emergency medical services system, where the EMS prehospital providers recognize that individual agency actions

or changes in operation affect the EMS System operation, the Board of Supervisors shall reconsider the continuation of an exclusive ambulance contract if any of the following conditions exist or events occur:

12.8.1 The performance of the exclusive ambulance provider falls below acceptable performance standards as specified in this agreement and in the Ambulance Ordinance of San Joaquin County. The Board of Supervisors shall make this determination in consultation with County staff.

12.8.2 The City Council(s) or Fire District Board(s) in the exclusive zone requests the Board of Supervisors to reconsider exclusivity in their area by submission of a city council/fire district resolution, stating the reasons for this reconsideration. Reasons can include but are not limited to the following: displeasure with emergency ambulance services; displeasure with ambulance rates; desire to change the EMS delivery system in a specific zone; desire to increase the number of ALS ambulances/ALS units in their zone; unhappiness with performance of the ALS ambulance/ALS units in their jurisdiction.

12.8.3 A simple majority of the registered voters (as verified by the County Clerk) in the zone submit a petition to the Board of Supervisors for a change in ambulance service in their zones.

12.8.4 County staff requests a reconsideration, in writing, with supporting documentation. The provision of this section shall not preclude the Board of Supervisors from

acting to eliminate exclusive zones or from granting in the future an exclusive contract for ambulance services for the County through a competitive process.

12.9 Process for Reconsideration - Upon receipt of a request for reconsideration, the Board of Supervisors shall direct the AGENCY staff to conduct an analysis. A report shall be filed with the Board of Supervisors within ninety (90) days of the request.

This report should include the following at a minimum:

identification of issues, findings (including impact on EMS System), alternative solutions, and staff recommendation. The analysis and findings should consider the impact any change would have on the coordination of the EMS delivery system and address ways to mitigate any negative impact that is identified.

13 - TERMINATION This agreement may be terminated by either party with a six (6) month written notice sent to the address listed in this agreement. The timeframe for termination may be reduced upon mutual consent of the parties.

14 - MISCELLANEOUS

14.1 CONTRACTOR shall comply with all pertinent rules, policies, protocols, procedures, regulations, laws, and codes of federal, state, and local government in the performance of this agreement.

14.2 CONTRACTOR shall whenever possible assist the AGENCY'S public education programs.

14.3 CONTRACTOR shall participate in providing field training of EMT-P, MICN and EMT-I students.

14.4 The CONTRACTOR shall assist in the first responder

system by offering inservice classes for each fire agency within the CONTRACTOR'S service area each year.

ATTACHMENTS

The Attachments to be included in this agreement are as follows:

- Exhibit-A. Maps of CONTRACTOR'S Zones Depicting Urban/Metro, Suburban/Rural, and Remote Areas
- Exhibit-B. CONTRACTOR Maps of Station Locations
- Exhibit-C. CONTRACTOR'S EMS Dispatch Agreements
- Exhibit-D. Response Time Exemptions

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written.

COUNTY OF SAN JOAQUIN

CONTRACTOR
Ripon Consolidated
Fire District

By _____
George L Barber, Chairman
Board of Supervisors

By _____
Title _____

APPROVED:

APPROVED AS TO FORM:

By _____
Michael N. Smith, Director
Health Care Services

Michael McGrew, Chief
Deputy County Counsel

By _____
Elaine L. Hatch, EMS Director
Emergency Medical Services Agency

ALSAGR II

EXHIBIT D
RESPONSE TIME EXEMPTIONS

A. As referenced in 12.1.1, the following cases shall be exempt from penalties due to a late response:

1. In Case of a multiple ambulance response to a Code Three call, only the response time of the first ALS Ambulance shall be calculated.
2. Reduction of response code from Code Three to Code Two prior to arrival at scene.
3. A mutual aid response into an exclusive operating area which is not the responsibility of the responding ALS Ambulance. The responding ALS Ambulance shall be exempt from a late response penalty. See 12.1 for clarification.

B. As referenced in 12.1.1., good cause for exception to response time penalties shall be determined by the AGENCY. The burden of proof that there is good cause for an exception shall rest with CONTRACTOR. Good cause for an exception may include, but is not limited to:

1. Dispatch errors, as defined by dispatch protocols at the Authorized EMS Dispatch Center
2. Incorrect or inaccurate dispatch information received from a calling party or PSAP
3. Inability to locate address due to non-existent or unposted address
4. Unavoidable delay caused by traffic congestion in which there is no alternate route of travel
5. Unavoidable delays due to serious weather that impairs safe travel
6. Delays due to road blockages such as at train crossings or major road work
7. During extreme system overload
8. During declared multi-casualty incidents
9. Delays caused by waiting for scene to be secured by law enforcement or hazardous materials teams
10. Delays due to security concerns at military bases, prisons/jails or other secured facilities
11. Any other circumstance deemed acceptable to the AGENCY

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET, SUITE 100
SACRAMENTO, CA 95814-7043
(916) 322-4336
FAX (916) 324-2875



February 23, 1996

Elaine Hatch
EMS Administrator
San Joaquin County EMS
P.O. Box 1020
Stockton, CA 95201

Dear Ms. Hatch:

We have completed our review of *San Joaquin 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*.

You might want to consider submitting a proposal for block grant funding next year to develop a trauma system plan. However, this suggestion does not guarantee that such a proposal will be funded.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph E. Morales".

Joseph E. Morales, M.D., MPA
Director