

SAN LUIS OBISPO COUNTY EMS PLAN

EXECUTIVE SUMMARY

The San Luis Obispo EMS Agency is an organization that is undergoing a metamorphosis. Driven by a commitment to continuous quality improvement and the realities of decreasing resources, the EMS Agency is evaluating its entire organizational structure and mission.

The EMS Agency is a non-profit public benefit corporation that is Board of Directors managed and is under contract to the County to coordinate EMS. The executive director and the various committees of the Agency ultimately report to the Board of Directors. The EMS Agency committee structure is currently under review with a goal of streamlining the flow of information and public input process. Both the current and anticipated future policy input processes are very open and involve representation from various system providers and professional organizations. As part of the reorganization process, the EMS Agency policy manual is under revision. The revised organization structure will support the policy manual revision process.

The three Advanced Life Support ambulance services have provided continuous service to County residents for many years. The county Board of Supervisors enacted a revised ambulance ordinance in 1994 and awarded interim provider agreements to the existing ambulance providers. Development of a more detailed and formalized agreement with each of the ambulance providers is progressing through the efforts of a Board of Supervisors appointed Ambulance Performance Operations Committee. This committee developed a draft contract that is dependent upon determining a revenue flow that will provide some level of cost recovery for non-transporting first responder fire departments. The determination of final dollar amounts is still under review. The goal of this process is to develop a highly effective, cost efficient EMS system, that can serve the public well into the next decade.

This plan will help map out a course for the EMS Agency to follow throughout the reorganization process. The EMS Plan identifies areas of the system that need improvement and maps out a course of action to meet the needs of the system. Several federal block grants for data collection and emergency medical dispatch will assist the system in addressing these two critical needs.

With the grant funds as a catalyst and the continued strong provider support, the EMS Agency can achieve its goal of providing the best possible care for emergency medical patients.

TABLE 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	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			
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 guideline	Annual Implementation	Long-range Plan
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finance

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

Medical Direction

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

Enhanced Level: Advanced Life Support

1.24 ALS Systems			X		
1.25 On-Line Medical Direction		X			

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
1.26 Trauma System Plan		X			

Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan		X			
----------------------------	--	---	--	--	--

Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			
---------------	--	---	--	--	--

B. STAFFING / TRAINING

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

Dispatchers

2.04 Dispatch Training	X			X	
------------------------	---	--	--	---	--

First Responders (non-transporting)

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

Transporting Personnel

2.08 EMT-I Training			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 guideline	Annual Implementation	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 guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*			X		
3.02 Radios			X		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals			X		
3.06 MCI/Disasters		X			

Public Access

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

Resource Management

3.09 Dispatch Triage	X			X	
3.10 Integrated Dispatch			X		

D. RESPONSE / TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
Universal Level					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests	X			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			X	
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*	X			X	
4.11 Specialty Vehicles*	X			X	
4.12 Disaster Response		X			
4.13 Intercounty Response*	X				X
4.14 Incident Command System	X			X	
4.15 MCI Plans	X			X	

Enhanced Level: Advanced Life Support

4.16 ALS Staffing			X		
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits

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

E. FACILITIES / CRITICAL CARE

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

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
---------------------------------	--	---	--	--	--

Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency & Critical Care System

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

Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		X			
5.14 Public Input		X			

F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
Universal Level					
6.01 QA/QI Program		X			
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		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			
----------------	--	---	--	--	--

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

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

Enhanced Level: Advanced Life Support

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

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
8.18 Specialty Center Roles		X			

Enhanced Level: Exclusive Operating Areas/Amb. Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
8.19 Waiving Exclusivity		X			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: San Luis Obispo Reporting Year: 1994

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

1. Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County:

- a. Basic Life Support (BLS)
- b. Limited Advanced Life Support (LALS)
- c. Advanced Life Support (ALS) 100%

2. Type of agency e

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

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

- 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 X
- Designation of other critical care centers X
- Development of transfer agreements X
- Enforcement of local ambulance ordinance X
- Enforcement of ambulance service contracts X
- Operation of ambulance service

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 1995/96

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$119,165</u>
Contract Services (e.g. medical director)	<u>\$20,935</u>
Operations (e.g. copying, postage, facilities)	<u>\$38,600</u>
Travel	<u>\$7,000</u>
Fixed assets	<u>\$14,200</u>
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	<u>\$5,500</u>
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	<u>\$205,400</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant

Office of Traffic Safety (OTS)

State general fund

County general fund

Other local tax funds (e.g., EMS district)

County contracts (e.g. multi-county agencies) \$72,000

Certification fees \$8,300

Training program approval fees \$1,000

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments

Base hospital application fees

Base hospital designation fees \$60,000

Trauma center application fees

Trauma center designation fees

Pediatric facility approval fees

Pediatric facility designation fees

Table 2 - System Organization & Management (cont.)

Other critical care center application fees

Type: _____

Other critical care center designation fees

Type: _____

Ambulance service/vehicle fees

\$8,000

Contributions

EMS Fund (SB 12/612)

Other grants: _____

Other fees: _____

Other: EMT basic and refresher training

\$30,800

Other: Paramedic continuing education fees

\$11,200

Other: Nuclear power plant preparedness

\$8,000

Other: Textbook and miscellaneous sales

\$4,600

Other: Interest income

\$1,500

TOTAL REVENUE

\$205,400

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 1995/96

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	
EMS dispatcher certification	
EMT-I certification	<u>\$36</u>
EMT-I recertification	\$36
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	(\$105 inial, \$36 renewal)
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	
MICN/ARN recertification	
EMT-I training program approval	<u>\$1,000</u>
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	\$20,000/year
Trauma center application	
Trauma center designation	
Pediatric facility approval	
Pediatric facility designation	

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license

Ambulance vehicle permits

Other: EMT Basic course

\$225

Other: EMT refresher course

\$125

Other: Paramedic continuing education fee per year

\$150

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1995/96

Table 2 - System Organization & Management (cont.)

EMS System: San Luis Obispo

Reporting Year:1995/96

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Executive Director	1	\$26.50	30%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Administrative Manager	1	\$17.00	30%	
ALS Coord./ Field Coord./ Trng Coord.	EMS Instructor	0.20	\$16.00	30%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	0.09	\$750/month		
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Administrative Assistant	0.05	\$7.50	30%	
Data Entry Clerk					
Other					

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 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: San Luis Obispo

Reporting Year: 1994

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	343				
Number of newly certified this year	150				
Number of recertified this year	193				
Total number of accredited personnel on July 1					
Number of certificate reviews resulting in:					
a) formal investigations	2				
b) probation	1				
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken	1				

1. Number of EMS dispatchers trained to EMSA standards: 0
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified: 108
 - b) Number of public safety (defib) certified (non-EMT-I) 100
3. Do you have a first responder training program? yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: San Luis Obispo

County: San Luis Obispo

Reporting Year: 1994

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

- 1. Number of primary Public Service Answering Points (PSAP) 9
- 2. Number of secondary PSAPs 1
- 3. Number of dispatch centers directly dispatching ambulances 1
- 4. Number of designated dispatch centers for EMS Aircraft 0
- 5. Do you have an operational area disaster communication system? yes no
 - a. Radio primary frequency _____
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes no
 - d. Do you participate in OASIS? yes no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes no
 - 1) Within the operational area? yes no
 - 2) Between the operational area and the region and/or state? yes no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Luis Obispo

Reporting Year: 1994

Note: Table 5 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)		100%
3. Total number responses		<u>12,000</u>
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>11,500</u>
b) Number non-emergency responses	(Code 1: normal)	<u>500</u>
4. Total number of transports		<u>7,700</u>
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>7,200</u>
b) Number non-emergency transports	(Code 1: normal)	<u>500</u>

Early Defibrillation Programs

5. Number of public safety defibrillation programs		<u>17</u>
a) Automated		<u>17</u>
b) Manual		
6. Number of EMT-Defibrillation programs		<u>S/A</u>
a) Automated		
b) Manual		

Air Ambulance Services

7. Total number of responses		<u>10</u>
a) Number of emergency responses		<u>10</u>
b) Number of non-emergency responses		
8. Total number of transports		<u>10</u>
a) Number of emergency (scene) responses		<u>10</u>
b) Number of non-emergency responses		

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

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.				Not Tracked
2. Early defibrillation responder.				Not Tracked
3. Advanced life responder.				Not Tracked
4. Transport ambulance				Not Tracked

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: San Luis Obispo

Reporting Year 1994

NOTE: Table 6 is to be reported by agency.

Trauma

- 1. Trauma patients:
 - a) Number of patients meeting trauma triage criteria Not tracked
 - b) Number of major trauma victims transported directly to a trauma center by ambulance No trauma centers in the system
 - c) Number of major trauma patients transferred to a trauma center Not tracked
 - d) Number of patients meeting triage criteria who weren't treated at a trauma center Not tracked

Emergency Departments:

- 2. Total number of emergency departments 6
 - a) Number of referral emergency services 0
 - b) Number of standby emergency services 1 (California Mens Colony)
 - c) Number of basic emergency services 5
 - d) Number of comprehensive emergency services 0

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 5
- 2. Number of base hospitals with written agreements 3

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: : San Luis Obispo

County: San Luis Obispo

Reporting Year: : 1994

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Not planned
- b. How are they staffed? Not planned
- c. Do you have a supply system for supporting them for 72 hours? yes no

2. CISD

Do you have a CISD provider with 24 hour capability? yes no

3. Medical Response Team

- a. Do you have any team medical response capability? yes no
- b. For each team, are they incorporated into your local response plan? yes no
- c. Are they available for statewide response? yes no
- d. Are they part of a formal out-of-state response system? yes no

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes no
- b. At what HazMat level are they trained? Haz-Mat Technician
- c. Do you have the ability to do decontamination in an emergency room? yes no
- d. Do you have the ability to do decontamination in the field? yes no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes no
 - b. exercise? yes no

4. List all counties with which you have a written medical mutual aid agreement. None

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone:		Cambria Community Healthcare District 2515A Main Street, Cambria, CA 93428 (805) 927-8304		Primary Contact:	Dave Melendy
Written Contract: [x] yes [] no	Service: [x] Ground [] Air [] Water	[x] Transport [] Non-Transport	Air classification: [] auxiliary rescue [] air ambulance [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 15 BLS _____ EMT-D _____ LALS _____ 6 ALS
Ownership: [x] Public [] Private	Medical Director: [] yes [x] no	If public: [] Fire [] Law [x] Other explain: <u>Healthcare Dist.</u>	If public: [] city; [] county; [] state; [] fire district; [] Federal	System available 24 hours? [X] yes [] no	Number of ambulances: <u>3</u>

Name, address & telephone:		Five Cities Ambulance P.O. Box 230, Arroyo Grande, CA 93421 (805) 481-4238		Primary Contact:	Tim Osuch
Written Contract: [x] yes [] no	Service: [x] Ground [] Air [] Water	[x] Transport [] Non-Transport	Air classification: [] auxiliary rescue [] air ambulance [] ALS rescue [] BLS rescue	If Air: [] Rotary [] Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 18 BLS _____ EMT-D _____ LALS _____ 10 ALS
Ownership: [] Public [x] Private	Medical Director: [] yes [x] no	If public: [] Fire [] Law [] Other explain: _____	If public: [] city; [] county; [] state; [] fire district; [] Federal	System available 24 hours? [x] yes [] no	Number of ambulances: <u>5</u>

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no
7. Are you part of a multi-county EMS system for disaster response? yes no
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: San Luis Ambulance Service P.O. Box 954, San Luis Obispo, CA 93406 (805) 543-2626		Primary Contact: Bob Fuller			
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: _____ PS _____ PS-Defib 20 BLS _____ EMT-D _____ LALS 20 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>9</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Arroyo Grande Fire Department P.O. Box 550, Arroyo Grande, CA 93421 (805) 489-6160		Primary Contact: Chief Kurt Latipow			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 24 BLS _____ 24 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 explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

Name, address & telephone: Atascadero Fire Department 6005 Lewis Avenue, Atascadero, CA 93422 (805) 461-5070		Primary Contact: Chief Mike McCain			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 20 BLS _____ EMT-D _____ LALS _____ 10 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Atascadero State Hospital P.O. Box 7001, Atascadero, CA 93423 (805) 461-2501		Primary Contact: Chief Graham Koenig			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 12 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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

Name, address & telephone: Avila Beach Fire Department P.O. Box 309, Avila Beach, CA 93424 (805) 595-2009		Primary Contact: Chief Robert Gorman			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 10 BLS _____ 10 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 explain: _____	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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: CDF/SLO County Fire Department 635 N. Santa Rosa St., San Luis Obispo, CA 93405 (805) 543-4244		Primary Contact: Chief James McFadden			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>208</u> BLS <u>208</u> 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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>
Name, address & telephone: California Mens Colony P.O. Box 8103, San Luis Obispo, CA 93409 (805) 543-2700		Primary Contact: Chief Douglas Heidorn			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>6</u> 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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Cambria Fire Department 4039 Burton Drive, Cambria, CA 93428 (805) 927-4764		Primary Contact: Chief Curtis Hatton			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 20 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 explain: _____	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>N/A</u>

Name, address & telephone: Camp Roberts Fire Department Camp Roberts, CA 93451 (805) 238-8220		Primary Contact: Chief Sonny Breland			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 12 BLS _____ 12 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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Cayucos Fire Protection District 201 Cayucos Drive, Cayucos, CA 93430 (805) 995-3372		Primary Contact: Chief Bill Radke			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>11</u> BLS <u>11</u> 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 explain: _____	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>N/A</u>

Name, address & telephone: Grover Beach Fire Department P.O. Box 365, Grover Beach, CA 93483 (805) 473-4594		Primary Contact: Chief Robert Cassel			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>28</u> BLS <u>28</u> 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 explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Morro Bay Fire Department 715 Harbor Street, Morro Bay, CA 93442 (805) 772-6242		Primary Contact: Chief Jeff Jones			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 15 BLS _____ EMT-D _____ LALS _____ 7 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>
Name, address & telephone: Oceano Community Service District Fire Dept. 1655 Front Street, Oceano, CA 93445 (805) 481-6730		Primary Contact: Chief Albert Depew, Jr.			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 8 BLS _____ 8 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 explain: _____	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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Paso Robles Fire Department 910 Park Street, Paso Robles, CA 93447 (805) 237-3973		Primary Contact: Chief Douglas Hamp			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>35</u> BLS <u>35</u> 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 explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

Name, address & telephone: Pismo Beach Fire Department 1000 Bello Street, Pismo Beach, CA 93449 (805) 773-7031		Primary Contact: Chief Paul Henlin			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>32</u> BLS <u>32</u> 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 explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: San Luis Obispo City Fire Department 748 Pismo Street, San Luis Obispo, CA 93401 (805) 781-7380		Primary Contact: Chief Bob Neumann			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 20 BLS _____ EMT-D _____ LALS _____ 15 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

Name, address & telephone: San Miguel Fire District P.O. Box 180, San Miguel, CA 93451 (805) 467-3300		Primary Contact: Chief Pete Duckworth			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 10 BLS _____ 2 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 explain: _____	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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Santa Margarita Fire Department P.O. Box 67, Santa Margarita, CA 93453 (805) 438-3185		Primary Contact: Chief Stephen Armanico			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 10 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 explain: _____	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>N/A</u>

Name, address & telephone: South Bay Fire Department 2315 Bayview Heights Dr., CA 93402 (805) 528-1053		Primary Contact: Chief Matt Baiamonte			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 10 BLS _____ EMT-D _____ LALS _____ 6 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: Templeton Fire District P.O. Box 780, Templeton, CA 93465 (805) 434-4911		Primary Contact: Chief Lloyd Holloway			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 12 BLS _____ 12 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 explain: _____	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>N/A</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Cuesta College		Mary Parker, Ed. D., R.N. (805) 546-3119
Student Eligibility: Open to the Public	Cost of Program Basic: <u>Current State mandated fees</u> Refresher: <u>Current State mandated fees</u>	Program Level: <u>Emergency Medical Technician - I</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>100</u> Cont. Education: Expiration Date:
		Number of courses: Initial training: <u>2</u> Refresher: <u>4</u> Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
SLO County EMS Agency		Thomas G. Lynch, BSBA, EMT-P (805) 546-8728
Student Eligibility: Open to the public	Cost of Program Basic <u>\$225</u> Refresher <u>\$125</u>	Program Level: <u>Emergency Medical Technician - I</u> Number of students completing training per year: Initial training: <u>90</u> Refresher: <u>150</u> Cont. Education: Expiration Date:
		Number of courses: Initial training: <u>3</u> Refresher: <u>8</u> Cont. Education: <u>10</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

SLO County EMS Agency		Thomas G. Lynch, BSBA, EMT-P (805) 546-8728
Student Eligibility: Open to the public	Cost of Program Basic <u>\$225</u>	Program Level: <u>Mobil Intensive Care Nurse</u> Number of students completing training per year: Initial training: <u>11</u> Refresher: <u>N/A</u> Cont. Education: Expiration Date: Number of courses: Initial training: <u>1</u> Refresher: <u>N/A</u> Cont. Education:
SLO County EMS Agency		Thomas G. Lynch, BSBA, EMT-P (805) 546-8728
Student Eligibility: Open to the public	Cost of Program Basic <u>\$3200</u>	Program Level: <u>Emergency Medical Technician - Paramedic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: Expiration Date: Number of courses: Initial training: <u>0</u> Refresher: Cont. Education:

TABLE 10: RESOURCES DIRECTORY -- Facilities

MS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone:		Arroyo Grande Community Hospital 345 S. Halcyon Road, Arroyo Grande, CA 93420 (805) 489-4261		Primary Contact:		Ellie Smith, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Standby emergency service	<input type="checkbox"/>				
		Basic emergency service	<input checked="" type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
EDAP:	<input checked="" type="checkbox"/> yes <input 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 & telephone:		California Mens Colony P.O. Box 8101, San Luis Obispo, CA 93409 (805) 547-7900		Primary Contact:		Grace Escamilla-Carter, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Standby emergency service	<input checked="" type="checkbox"/>				
		Basic emergency service	<input type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
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:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone:		County General Hospital 2180 Johnson Ave., San Luis Obispo, CA 93403 (805) 781-4800		Primary Contact:		Maggie Nalley, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>				
		Basic emergency service	<input checked="" type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
EDAP:	<input checked="" type="checkbox"/> yes <input 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 & telephone:		French Hospital Medical Center 1911 Johnson Ave., San Luis Obispo, CA 93401 (805) 543-5353		Primary Contact:		Linda Peterson, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>				
		Basic emergency service	<input checked="" type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
EDAP:	<input checked="" type="checkbox"/> yes <input 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:

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone:		Sierra Vista Regional Medical Center 1010 Murray Street, San Luis Obispo, CA 93406 (805) 546-7695		Primary Contact:		Jay Romano, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>				
		Basic emergency service	<input checked="" type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
EDAP:	<input checked="" type="checkbox"/> yes <input 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 & telephone:		Twin Cities Community Hospital 1100 Las Tablas Road, Templeton, CA 93465 (805) 434-2813		Primary Contact:		Beth Haberkern, R.N.	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>				
		Basic emergency service	<input checked="" type="checkbox"/>				
		Comprehensive emergency service	<input type="checkbox"/>				
EDAP:	<input checked="" type="checkbox"/> yes <input 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:

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agencies

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone:		San Luis Obispo County Sheriff's Department (805) 781-4550		Primary Contact:	Lt. Pat Hedges
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 20 Other		
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 checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of ambulances: <u>N/A</u>	

APPENDIX 1: SYSTEM ASSESSMENT FORM

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

STANDARD: 1.01 LEMSA Structure

CURRENT STATUS: The EMS Agency organizational structure is well defined as indicated on the attached organization chart. The agency is also undergoing a formal review and possible reorganization to meet the needs of the EMS system.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable to this standard. (N/A)

NEED(S): The completion of the formal reorganization plan, revisions and approval.

OBJECTIVES: Reorganize EMS Agency structure, as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.02 LEMSA Mission

CURRENT STATUS: The EMS Agency has a well defined Vision Statement (attached) that also serves as a mission statement. This document is under review for modification into a condensed one line mission statement.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Complete review and modification of vision statement.

OBJECTIVES: Develop a concise mission statement.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.03 Public Input

CURRENT STATUS: The EMS Agency is a very open organization with a well defined approach to public input that involves appointed members to serve on various functioning committees and the Board of Directors. Appointments to the Board of Directors and its committees is made by various professional associations, city and county governments and including consumer representations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued review of input process under the systems Quality Improvement Policy and Plan.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.04 Medical Director

CURRENT STATUS: The EMS Agency is fortunate to have a Medical Director who has considerable emergency medicine and administrative experience, including having served in the same capacity during the early years of the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES: The Medical Director is an active member of the Emergency Medical Directors Association of California (EMDAC).

NEED(S): To continue to have such an proactive Medical Director.

OBJECTIVES: To retain the services of the current Medical Director.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Planning Activities

STANDARD: 1.05 System Plan

CURRENT STATUS: This completed document serves as the EMS system plan.

COORDINATION WITH OTHER EMS AGENCIES: The EMS Agency works closely with many the Agencies both neighboring and distant.

NEED(S): Resources to maintain the plan.

OBJECTIVES: Utilize the plan to improve the system.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.06 Annual Plan Update

CURRENT STATUS: The annual plan is complete. The next year plan development is underway.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Guidance from the State EMS Authority on whether the plan submission template will remain the same.

OBJECTIVES: Establish a schedule for developing the annual plan.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.07 Trauma Planning

CURRENT STATUS: The EMS system does not have a specific trauma plan due to a lack of resources, all community hospitals receive trauma patients. There is no expressed desire nor a perceived need by local hospitals to pursue formal designation as a trauma center. Neighboring trauma centers are to far away to have any impact on this system.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review and modify specific patient destination policies to assure that patients are delivered to appropriate facilities for their condition, i.e., head injuries.

OBJECTIVES: Develop revised specific trauma destination policies, if needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.08 ALS Planning

CURRENT STATUS: All sections of the county receive ALS ambulance response, most of the larger cities also receive ALS fire department first response. Most smaller cities and the majority of the county also receive first responder fire department early cardiac defibrillation services.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continue to have the resource to provide ALS ambulance response countywide.

OBJECTIVES: Evaluate the need to recommend changing resource allocations to system participants.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.09 Inventory of Resources

CURRENT STATUS: Inventory is maintained and routinely modified as changes occur.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Routine resource updates from service providers.

OBJECTIVES: Assure that updates are routinely transmitted to the EMS Agency.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.10 Special Populations

CURRENT STATUS: The county OES maintains a list of disabled individuals that may require assistance in an emergency such as a problem at the Diablo Canyon Nuclear Power Plant. Other population groups are not necessarily tracked.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional resources for reaching specialized population groups.

OBJECTIVES: Identify special population groups and explore the acquisition of the necessary resources to perform the task.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 1.11 System Participants

CURRENT STATUS: While the role of each system participant is evident, formal agreements and the standards to use as measurements of those agreements, are neither complete or in some cases current. Ambulance provider contacts are currently just interim agreements that are undergoing revision.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Well defined system standards, policies and participant agreements.

OBJECTIVES: Develop appropriate standards, policies and agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Regulatory Activities

STANDARD: 1.12 Review and Monitoring

CURRENT STATUS: The review and monitoring process is under revision. The agency committees and the Quality Improvement (QI) plan are undergoing reorganization and implementation simultaneously.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Revision of the committee reorganization plan and full implementation of the QI policy and plan.

OBJECTIVES: Complete the committee reorganization and QI plan implementation.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.13 Coordination.

CURRENT STATUS: The EMS Agency is recognized as the system coordinator and endorsed by all appropriate and affected organizations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to maintain and enhance the role of the EMS Agency.

OBJECTIVES: Continue to actively participate in system coordination.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 1.14 Policy and Procedure Manual

CURRENT STATUS: The current manual is in serious need of an overhaul. New policies (less than two years old) are in an easily identified format. Older policies are unclear as to dates of authorization and who approved the policies. i.e., no authorizing signature section.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue the policy manual revision.

OBJECTIVES: Completion of the policy manual.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.15 Compliance with Policies

CURRENT STATUS: The existing committees play a loosely defined role in monitoring and reviewing policies. The evolving reorganization will result in a clearly defined mechanism for maintaining this vital function.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of the reorganization and implementation of the QI plan.

OBJECTIVES: Continue to meet the needs while improving the process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

System Finances

STANDARD: 1.16 Funding Mechanism

CURRENT STATUS: The EMS Agency is a non-profit public benefit corporation that exists on a variety of funding sources. The EMS Agency also receives its share of the EMS Fund through a contract with the County.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued stable funding to provide the necessary services.

OBJECTIVES: Maintain current funding levels and explore additional funding sources.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Medical Direction

STANDARD: 1.17 Medical Direction

CURRENT STATUS: The system has determined that a sufficient number of Base Hospitals exist. The role of the Base Hospital was in system monitoring was recently redefined in the QI policy.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Maintenance of the current medical control system.

OBJECTIVES: Continue to monitor the existing system and make changes as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.18 QI/QA

CURRENT STATUS: The recently approved QI plan is a provider based approach that identifies levels of involvement of participants including, thresholds for involving the EMS Agency in problem resolution or investigations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full implementation of the QI plan.

OBJECTIVES: Implement the QI plan and revise as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.19 Policies, Procedures, Protocols

CURRENT STATUS: A plan for reviewing and modifying all EMS policies is being developed. Many key policies were either recently revised, newly developed or under review. ALS protocols were recently revised and BLS protocols were recently developed and await final approval. Both the ALS and BLS protocols are available to other EMS Agencies for their use.

COORDINATION WITH OTHER EMS AGENCIES: As needed depending on the policy.

NEED(S): Resources to continue the process including the participation of

OBJECTIVES: Complete the policy revision process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.20 DNR Policy

CURRENT STATUS: The EMS Agency DNR policy was revised in November, 1993, in accordance with the statewide guidelines promulgated by the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review and public education.

OBJECTIVES: Continue with public education.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.21 Determination of Death

CURRENT STATUS: Revised in conjunction with DNR Policy.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review

OBJECTIVES: Review as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.22 Reporting of Abuse.

CURRENT STATUS: Existing policy in place for many years.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review policy.

OBJECTIVES: Review in conjunction with overall policy manual revision.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.23 Interfacility Transfer.

CURRENT STATUS: Existing policy in place for many years.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review policy.

OBJECTIVES: Review in conjunction with overall policy manual revision.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 1.24 ALS Systems

CURRENT STATUS: All ALS provides are approved to operate in the system.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Provider agreements that are currently under revision.

OBJECTIVES: Complete revised provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.25 On-Line Medical Control

CURRENT STATUS: Three hospitals serve as designated base hospitals.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Input from system providers regarding the need for a change in the number of base hospitals.

OBJECTIVES: Monitor the number and role of base hospitals.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Enhanced Level: Trauma Care System

STANDARD: 1. 26 Trauma System Plan

CURRENT STATUS: All hospitals in the system are designated to receive trauma patients, although none are designated at any trauma center level.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continue to develop specialty care designations of hospitals for specific types of trauma patients.

OBJECTIVES: Continue to develop destination policies.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Pediatric Emergency Medical And Critical Care System

STANDARD: 1.27 Pediatric System Plan

CURRENT STATUS: All hospitals are designated pediatric care providers under the EDAP guidelines.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Monitor pediatric care system.

OBJECTIVES: Monitor need for changes in destination policy.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Enhanced Level: Exclusive Operating Areas

STANDARD: 1.28 EOA Plan

CURRENT STATUS: Provider agreements under development.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of provider agreements.

OBJECTIVES: Complete provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

B. STAFFING/TRAINING

Local EMS Agency

STANDARD: 2.01 Assessment of Needs.

CURRENT STATUS: The assessment is an ongoing process.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued review.

OBJECTIVES: Determine needs.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 2.02 Approval of Training

CURRENT STATUS: Review of current programs is ongoing.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued monitoring.

OBJECTIVES: Develop resources for monitoring programs in more detail.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 2.03 Personnel

CURRENT STATUS: Certification policies are current and a QI policy addresses the notification process for unusual occurrences.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review of policies.

OBJECTIVES: Change policies as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Dispatchers

STANDARD: 2.04 Dispatcher Training

CURRENT STATUS: Personnel are currently not trained on EMD.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Training resources.

OBJECTIVES: Implement EMD training utilizing a recently awarded EMD grant.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

First Responders Non-Transporting

STANDARD: 2.05 First Responder Training

CURRENT STATUS: All fire services self monitor for compliance with Title 22 regulations, virtually all personnel trained to the First Responder. at a minimum, many departments have EMT-I/EMT-D as their minimum standard.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continue to upgrade first responders to EMT-I.

OBJECTIVES: Develop a first responder to EMT-I upgrade program that will suite the systems needs and maintain compliance with state regulations. Encourage non-defibrillation trained departments to adopt the Early Defibrillation program.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 2.06 Response

CURRENT STATUS: All fire departments routinely respond to medical emergencies.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Continue to utilize fire services as first responders.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 2.07 Medical Control

CURRENT STATUS: First responder/EMT-I treatment protocols are awaiting final approval.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Implement treatment protocols upon approval.

OBJECTIVES: Monitor implementation process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Transporting Personnel

STANDARD: 2.08 EMT-I Training

CURRENT STATUS: All ambulances are staffed with at least one paramedic and one EMT-I, often staffed with two paramedics.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need.

OBJECTIVES: Monitor staffing.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Hospital

STANDARD: 2.09 CPR Training

CURRENT STATUS: All hospitals require CPR, many require ancillary support personnel to be EMT-I trained, all ED medical and nursing staff personnel are ACLS trained. Virtually all regularly assigned ED physicians are American College of Emergency Medicine Board certified or eligible.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Continue to monitor personnel training.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

System Assessment

STANDARD: 2.10 Advanced Life Support

CURRENT STATUS: See 2.09

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor staffing.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Enhanced Level: Advanced Life Support

STANDARD: 2.11 Accreditation Process

CURRENT STATUS: Current policy requires all new paramedics in the system to undergo a preaccreditation review that includes an orientation. Reaccreditation is in-line with re-licensing requirements.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued monitoring.

OBJECTIVES: Monitor need for changes.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 2.12 Early Defibrillation

CURRENT STATUS: Early defibrillation policy revised within the last three months.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Monitor implementation of new policy revisions.

OBJECTIVES: Change policy as needed.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 2.13 Base hospital personnel.

CURRENT STATUS: MICNs and Base physicians receive an orientation on system policies.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review training needs if problems surface.

OBJECTIVES: Monitor orientation programs.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

C. COMMUNICATIONS

Communications Equipment

STANDARD: 3.01 Communications Plan

CURRENT STATUS: A major county-wide communications review is underway. The EMS Agency is an active participant in the review.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued support from ancillary agencies for development of the revised plan.

OBJECTIVES: Continue to work on plan development.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.02 Radios

CURRENT STATUS: All units appropriately equipped.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See 3.01

OBJECTIVES: Continue to assist in modification of the communications plan.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.03 Interfacility Transfer

CURRENT STATUS: All units are radio communications capable, two services are cellular phone equipped.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Require all services to be cell phone equipped.

OBJECTIVES: Develop standard for cellular phones.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 3.04 Dispatch Center

CURRENT STATUS: Geography prohibits 100% radio coverage.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See 3.01

OBJECTIVES: See 3.10

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.05 Hospitals

CURRENT STATUS: All hospitals have radio communication capabilities.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See 3.01

OBJECTIVES: See 3.01

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.06 MCI/Disasters

CURRENT STATUS: See 3.01

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See 3.01

OBJECTIVES: See 3.01

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Public Access

STANDARD: 3.07 911 Planning/Coordination

CURRENT STATUS: All PSAPS have enhanced 911.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs other than possibly combining PSAPs in the future.

OBJECTIVES: Monitor system.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.08 911 Public Education

CURRENT STATUS: No specific public education program exists.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need is evident.

OBJECTIVES: Monitor the need for education.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 3.09 Dispatch Triage

CURRENT STATUS: No standard exists. An EMD program under development through grant funding.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Cooperation of PSAPs to implement EMD.

OBJECTIVES: Develop and implement EMD program.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 3.10 Integrated Dispatch

CURRENT STATUS: All ambulances are dispatch by a single PSAP.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): All areas of the county are covered.

OBJECTIVES: Monitor need to re-deploy units.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

D. RESPONSE/TRANSPORTATION

Universal Level

STANDARD: 4.01 Service Area Boundaries

CURRENT STATUS: County ordinance establishes service area.

COORDINATION WITH OTHER EMS AGENCIES: Border areas reviewed with neighboring EMS Agencies.

NEED(S): Competed provider agreements.

OBJECTIVES: Establish provider agreements/

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.02 Monitoring

CURRENT STATUS: Provider agreements under development will address monitoring and compliance.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of new provider agreements.

OBJECTIVES: Implement new provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.03 Classifying Medical Responses

CURRENT STATUS: Calls are classified by three categories depending upon the requests.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): EMD program to ensure appropriate responses.

OBJECTIVES: Implement EMD utilizing state grant funds as a catalyst.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.04 Prescheduled Responses

CURRENT STATUS: Prescheduled transfers often result in extra crews being placed on duty to cover units on out of county long distance transfers.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): EMD program to assure on-line monitoring of transfer impacts on system.

OBJECTIVES: Implement EMD program.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.05 Response Time Standards

CURRENT STATUS: No standards exist.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Provider agreement completion and the associated response time standards.

OBJECTIVES: Complete provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.06 Staffing

CURRENT STATUS: All services comply with established standards. New equipment standards recently completed and awaiting approval.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Approval of equipment policy.

OBJECTIVES: Implement new equipment policy when approved and develop staffing policy.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.07 First Responder Agencies

CURRENT STATUS: All fire departments and industrial teams are active system participants.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued cooperation.

OBJECTIVES: Continue to establish appropriate policies.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 4.08 Medical and Rescue Aircraft

CURRENT STATUS: No standards currently exist. The Operations Committee is addressing this issue.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Determine what resources are available.

OBJECTIVES: Develop an aeromedical policy.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.09 Air Dispatch Center

CURRENT STATUS: The Sheriff's Department dispatch center coordinates incoming aircraft.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Better standards for dispatch personnel.

OBJECTIVES: Determine plan to develop appropriate policies.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.10 Aircraft Availability

CURRENT STATUS: No aircraft are currently based in the county. The determination of availability of out of county aircraft is on-going.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An air ambulance resource list.

OBJECTIVES: Complete resource list as part of Operations Committee review of air ambulances.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.11 Specialty Vehicles

CURRENT STATUS: Not addressed in any plan.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Determine availability of specialty vehicles.

OBJECTIVES: Complete survey of specialty vehicles.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 4.12 Disaster Responses

CURRENT STATUS: The EMS Agency and County OES work closely, both during planning phases and actual disaster operations.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC plan.

NEED(S): Review of plan.

OBJECTIVES: Continue review of resources.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.13 Intercounty Response

CURRENT STATUS: No agreements exist.

COORDINATION WITH OTHER EMS AGENCIES: Work with neighboring EMS Agencies and the RDMHC system.

NEED(S): Resources to develop agreements.

OBJECTIVES: Work with REGION I RDMHC Counties to develop plan.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 4.14 Incident Command System

CURRENT STATUS: A Scene Management policy is under revision and will address ICS issues. MCI plans are needed.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of revised Scene Management policy and development of MCI plans.

OBJECTIVES: Finalize Scene Management policy and develop MCI plans.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.15 MCI Plans

CURRENT STATUS: Upon completion of the State RDMHC plan the EMS system will integrate into the plan.

COORDINATION WITH OTHER EMS AGENCIES: As prescribed by the RDMHC plan.

NEED(S): Revise state plan.

OBJECTIVES: Implement plan upon completion.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 4.16 ALS Staffing

CURRENT STATUS: All ambulances are staffed with at least one paramedic and one EMT.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need to change standard.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.17 ALS Equipment

CURRENT STATUS: A new equipment and supply list is awaiting approval and implementation.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Approval of policy.

OBJECTIVES: Implement new equipment policy.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Ambulance Regulation

STANDARD: 4.18 Compliance

CURRENT STATUS: Interim provider agreements address the monitoring process. Permanent agreements will assign the contract monitoring responsibilities upon completion.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): New provider agreements.

OBJECTIVES: Continue to work on provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Exclusive Operating Permits

STANDARD: 4.19 Transportation Plan

CURRENT STATUS: The provider agreements under development address this need.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): New provider agreements.

OBJECTIVES: Complete the development of new provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.20 "Grandfathering"

CURRENT STATUS: All existing providers meet the requirement.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): New provider agreements.

OBJECTIVES: Complete development of new provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4..21 Compliance

CURRENT STATUS: Provider agreements require compliance.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): New provider agreements

OBJECTIVES: Complete development of new provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.22 Evaluation

CURRENT STATUS: Evaluation of the system is occurring concurrently with the development of new provider agreements.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completed provider agreements.

OBJECTIVES: Complete development of new provider agreements.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

E. FACILITIES/CRITICAL CARE

STANDARD: 5.01 Assessment of Capabilities

CURRENT STATUS: No review of capabilities has occurred in the last three years. The system relies on the Joint Commission on the Accreditation of Hospitals Organization (JCAHO) review process.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Criteria for evaluation process or acceptance of JCAHO reviews..

OBJECTIVES: Determine which methodology to use.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.02 Triage and Transfer Protocols

CURRENT STATUS: Patient destination policies are under review and modification. Hospitals have transfer agreements in place.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor the need to assist hospitals.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 5.03 Transfer Guidelines

CURRENT STATUS: Hospitals have transfer agreements, as needed.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need to assist hospitals with agreements.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 5.04 Specialty Care Facilities

CURRENT STATUS: The revised patient destination policy and specialty care designations are awaiting approval or under development.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Approval of revised destination policy.

OBJECTIVES: Complete the specialty care designation process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.05 Mass Casualty Management

CURRENT STATUS: The EMS Agency plans to review the MCI plan this fiscal. year.

COORDINATION WITH OTHER EMS AGENCIES: Coordination with the RDMHC process.

NEED(S): Develop a mechanism to conduct the review.

OBJECTIVES: Conduct a review of the MCI plan.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.06 Hospital Evacuation

CURRENT STATUS: There is no plan at this time.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process.

NEED(S): Integrated hospital evaluation plan.

OBJECTIVES: Develop an evacuation plan.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 5.07 Base Hospital Designation

CURRENT STATUS: The only three hospitals that want to base stations are currently designated.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need for additional base hospitals.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

Enhanced Level: Trauma Care System

STANDARD: 5.08 Trauma System Design

CURRENT STATUS: There are no currently designated trauma centers due to the relatively low patient volume that does not support formal designation. Specialty trauma patient destination policies are currently under review and awaiting approval.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Development and approval of specific specialty care destination policy subdivisions, i.e. neurological trauma.

OBJECTIVES: Complete development of specialty care sub-policies.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.09 Public Input

CURRENT STATUS: All EMS Agency committees have consumer and provider representation. The committee reorganization plan will still include appropriate representation.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need to add new members to committees.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Pediatric Emergency Medical And Critical Care System

STANDARD: 5.10 Pediatric System Design

CURRENT STATUS: All EDs are designated to receive pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Review the pediatric destination policy.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.11 Emergency Departments

CURRENT STATUS: All EDs are EDAP designated.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need for further evaluation.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 5.12 Public Input

CURRENT STATUS: The Clinical Advisory Committee has representation from all segments of the system including consumers.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor public input process and modify as needed.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 5.13 Specialty System Design

CURRENT STATUS: The Clinical Advisory Committee is developing specialty care designations for targeted conditions.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of designation process.

OBJECTIVES: Complete designation process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.14 Public Input

CURRENT STATUS: The Clinical Advisory Committee has consumer and provider representation.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need to add additional representatives to appropriate committees.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

F. DATA COLLECTION/SYSTEM EVALUATION

STANDARD: 6.01 QA/QI Program

CURRENT STATUS: The QA/QI plan is in the implementation phase and includes all levels of system participants.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Implemented plan.

OBJECTIVES: Complete QA/QI plan implementation.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.02 Prehospital Records

CURRENT STATUS: All providers maintain prehospital records and provide the EMS Agency with copies upon request, hospitals routinely receive records with patient delivery.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Computerized record generation.

OBJECTIVES: Complete implementation of computerized record generation.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.03 Prehospital Care Audits

CURRENT STATUS: All base hospitals and several ALS providers conduct care audits.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full linkage of records.

OBJECTIVES: Complete computerized data entry and records linkage program.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.04 Medical Dispatch

CURRENT STATUS: There is currently no mechanism in place to monitor the performance of dispatch personnel. In addition, no standards currently exist in the system since no call screening occurs. Virtually all calls are dispatched light and siren.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An EMD system.

OBJECTIVES: Implement model EMD program with state grand funds.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.05 Data Management System

CURRENT STATUS: There is no system currently in place. The data grant is providing the catalyst to implement the program.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): A data collection methodology.

OBJECTIVES: Implement a data collection program utilizing state grant funds as the catalyst.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.06 System Design Evaluation

CURRENT STATUS: The implementation of the data collection methodology will assist in supporting the QI plan in evaluating the needs of the community.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Implementation of the data collection methodology and completion of QI policy implementation.

OBJECTIVES: Implement data collection plan and QI policy.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.07 Provider Participation

CURRENT STATUS: All system providers both transporting and non-transporting are participating in the QI and evaluation process.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Implementation of the data collection project and QI plan.

OBJECTIVES: Implement the data collection project and QI plan.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.08 Reporting

CURRENT STATUS: An annual report is submitted to the County Health Officer who serves as the contract monitor.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Develop reports annually.

OBJECTIVES: Create annual report for FY 94/95 and annually thereafter.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 6.09 ALS Audit

CURRENT STATUS: The QI plan includes patient care and base hospital performance audit criteria.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full QI policy implementation and data collection methodologies.

OBJECTIVES: Implement QI and data collection plans.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.10 Trauma System Evaluation

CURRENT STATUS: The system does not have any trauma centers and the specialty care destination policy is awaiting approval and the development of sub-category designations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of specialty care designations and implementation.

OBJECTIVES: Complete specialty care designation process.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.11 Trauma Center Designation

CURRENT STATUS: The system does not have any designated trauma centers.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): There is no specific needs since the system does not have trauma centers.

OBJECTIVES: Monitor the need to designate trauma centers.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

G. PUBLIC INFORMATION AND EDUCATION

STANDARD: 7.01 Public Information Materials

CURRENT STATUS: The EMS Agency participates in public education on a request basis. There is insufficient staff to actively seek public education forums.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional resources to participate in public education in a proactive manner.

OBJECTIVES: Determine how best to use the limited resources of the EMS Agency.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 7.02 Injury Control

CURRENT STATUS: The EMS Agency cooperates with existing Health Department injury control programs.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to become more proactive.

OBJECTIVES: Evaluate role in injury prevention programs.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 7.03 Disaster Preparedness

CURRENT STATUS: The EMS Agency cooperates with existing OES preparedness programs.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to become more proactive.

OBJECTIVES: Evaluate role in public disaster preparedness.

TIMEFRAME FOR OBJECTIVES: Long-range Plan

STANDARD: 7.04 First Aid and CPR Training

CURRENT STATUS: The EMS Agency assists in the promotion of CPR and first aid training and is an active EMT training center.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to perform additional public outreach classes.

OBJECTIVES: Explore options to increase active role in public training.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

H. DISASTER MEDICAL RESPONSE

STANDARD: 8.01 Disaster Medical Planning

CURRENT STATUS: The EMS Agency is an active participant in disaster response planning with the Diablo Canyon Nuclear Power Plant emergency response plan as the template for the system.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional review of response capabilities.

OBJECTIVES: Convene a disaster plan review task force.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 8.02 Response Plans

CURRENT STATUS: The current plan is under about to undergo a review as noted in 8.01.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Operations Committee review of the existing plan.

OBJECTIVES: Review and modify the existing plan, as needed.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 8.03 HazMat Training

CURRENT STATUS: All ambulance service personnel are in the process of receiving HazMat First Responder Operations level training.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of training.

OBJECTIVES: Complete training.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.04 Incident Command System

CURRENT STATUS: The system currently utilizes ICS and is in the process of planning the training of personnel on SEMS. A revised scene management policy is also under development.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to complete training and a revise scene management policy

OBJECTIVES: Complete policy and training.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.05 Distribution of Casualties

CURRENT STATUS: The specialty care subdivisions of the patient destination policy are under development will address this issue. Radiologically contaminated patients are currently transported to one designated facility.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of the specialty care destination policy.

OBJECTIVES: Complete the policy.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.06 Needs Assessment

CURRENT STATUS: The EMS Agency has a specific assessment checklist for hospitals and ambulance providers and is an active participant in the RDMHC process. The process is tested annually in conjunction with the Diablo Canyon Nuclear Power Plant drill and in multiple real disasters during last 12 months.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process.

NEED(S): Better communication links.

OBJECTIVES: Establish better communication links.

TIMEFRAME FOR OBJECTIVE: Long-range Plan

STANDARD: 8.07 Disaster Communications

CURRENT STATUS: The FCC designated UHF Medical Channels 3&4 serve as the local EMS disaster communications channels. Amateur radio operators and cellular phones serve as a backup.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional radio channels.

OBJECTIVES: Develop redundant systems.

TIMEFRAME FOR OBJECTIVE: Long-range Plan

STANDARD: 8.08 Inventory of Resources

CURRENT STATUS: The EMS Agency maintains an EMS resource list.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review of list.

OBJECTIVES: Review list.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.09 DMAT Teams

CURRENT STATUS: There are no DMAT teams for over 100 miles. The EMS Agency relies on the RDMHC plan to summon teams.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process.

NEED(S): RDMHC system to function in an emergency.

OBJECTIVES: Continue to support the RDMHC process.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.10 Mutual Aid Agreements

CURRENT STATUS: This EMS system does not have mutual aid agreements and relies on the RDMHC plan for assistance.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Mutual aid agreements.

OBJECTIVES: Develop mutual aid agreements as part of evolving RDMHC plan.

TIMEFRAME FOR OBJECTIVE: Long-range Plan

STANDARD: 8.11 CCP Designation

CURRENT STATUS: There are no designated CCPs other than local hospitals.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of the need to establish CCPs.

OBJECTIVES: Determine need for CCP designation.

TIMEFRAME FOR OBJECTIVE: Long-range Plan

STANDARD: 8.12 Establishment of CCPs

CURRENT STATUS: There is no current plan to establish CCPs.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of the need to establish CCPs.

OBJECTIVES: Determine need for CCPs.

TIMEFRAME FOR OBJECTIVE: Long-range Plan

STANDARD: 8.13 Disaster Medical Training

CURRENT STATUS: EMS personnel are trained annually on the response plan to nuclear accidents due to the proximity of the power plant.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of need for additional training.

OBJECTIVES: Evaluate the need for additional training.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.14 Hospital Plans

CURRENT STATUS: Hospital plans are not necessarily integrated into a master plan.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An integrated plan.

OBJECTIVES: Develop an integrated plan.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.15 Interhospital Communications

CURRENT STATUS: The hospitals can communicate by radio but do not have a well defined operational plan.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An operational plan.

OBJECTIVES: Develop a communications operations plan.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.16 Prehospital Agency Plans

CURRENT STATUS: Internal plans are not necessarily coordinated with other agencies.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Coordinated plans.

OBJECTIVES: Develop coordinated plans.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 8.17 ALS Policies

CURRENT STATUS: ALS personnel are permitted to practice at their local scope of practice level as determined by counties that provide mutual aid.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need.

OBJECTIVES: No specific objective.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Specialty Care Systems

STANDARD: 8.18 Specialty Center Roles

CURRENT STATUS: The destination policy revisions will address specific patient destination for radiological exposures.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of other specialty care destinations secondary to MCIs.

OBJECTIVES: Evaluate need for addition destination policies.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

STANDARD: 8.19 Waiving Exclusivity

CURRENT STATUS: Interim provider agreements require the provision of disaster assistance within other areas of the county.

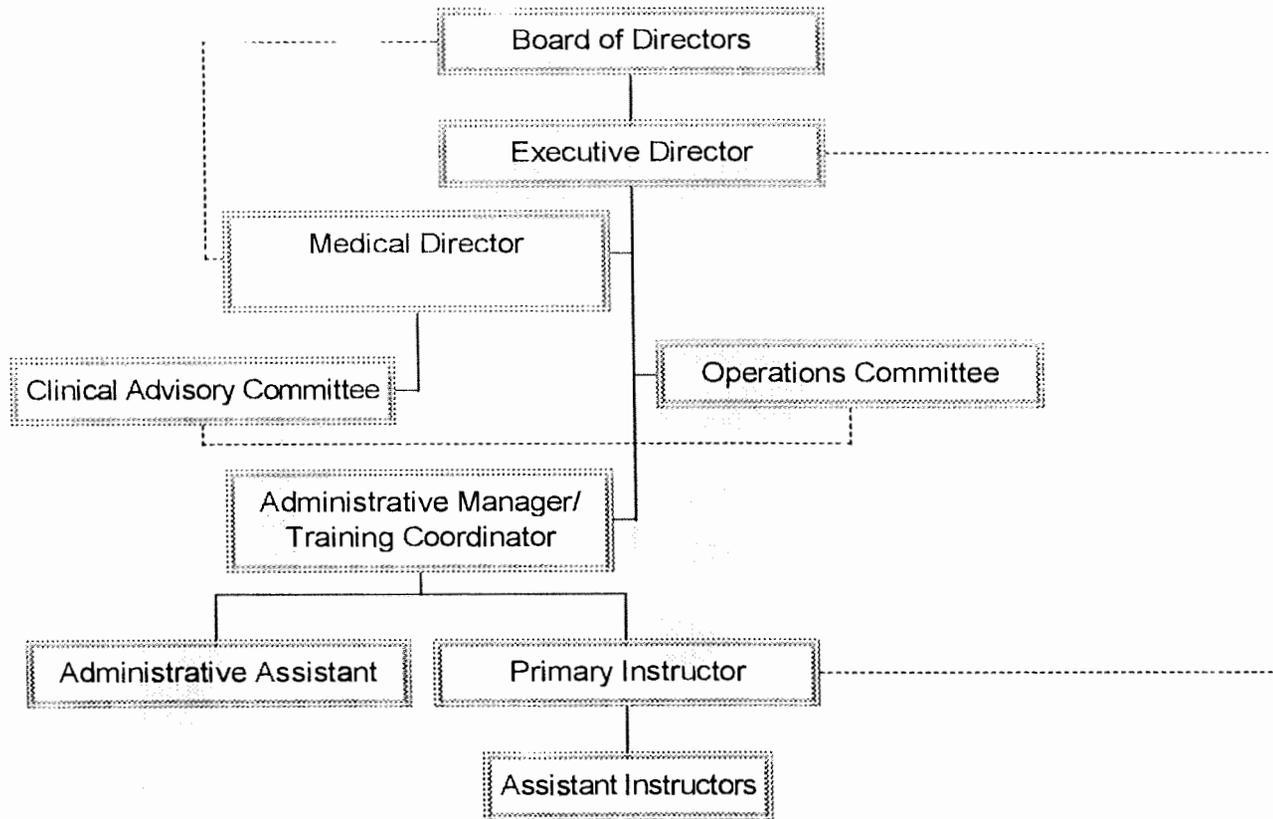
COORDINATION WITH OTHER EMS AGENCIES: N/A

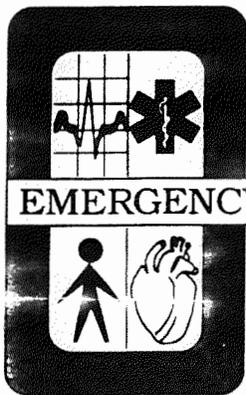
NEED(S): No specific need.

OBJECTIVES: Assure that permanent provider agreements require mutual aid participation within the county.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

San Luis Obispo County Emergency Medical Services Agency





SAN LUIS OBISPO COUNTY

EMERGENCY MEDICAL SERVICES AGENCY, INC.

712 Fiero Lane • Unit 29
 San Luis Obispo, CA 93401
 805/546-8728 • FAX 805/546-8736

OUR VISION...

The EMS Agency is a non-profit public benefit corporation dedicated to the assurance of optimal prehospital care in San Luis Obispo County. Our goal is to continuously improve the quality of the emergency medical care delivery system.

The EMS Agency works with the emergency medical services community in a multitude of ways. We provide system guidance and direction through public comment driven policy development. We monitor patient care through a comprehensive quality improvement program. We ensure medical disaster preparedness through the disaster planning process. We promote the appropriate use of 911, CPR, and First Aid through public education. We ensure excellent prehospital personnel through training, certification, accreditation, and continuing education program review.

The EMS Agency operates on three basic principles:

1. To foster growth, continuous improvement, and personal development of our staff and the members of the EMS community.
2. To promote and utilize innovative approaches to prehospital care.
3. To foster a cooperative and collaborative working environment.

We are proud of our staff, the quality of our programs, and our hospital and prehospital providers.

We believe we make a positive difference in our jobs and in our community.

As a public benefit agency, we are responsive and responsible to the community. We value and encourage the individual contribution of each member of our staff in the achievement of our goals.

SAN LUIS OBISPO EMS AGENCY

EMS PLAN

TABLE OF CONTENTS

Executive Summary.....i

Table 1: Summary of System Status - System Organization and Management..... 1

Table 2: System Resources and Organization - System Organization and Management... 14

Table 3: System Resources and Operations - Personnel/Training.....22

Table 4 System Resources and Operations - Communications.....23

Table 5: System Resources and Operations - Response/Transportation.....25

Table 6:: System Resources and Operations - Facilities/Critical Care.....26

Table 7: System Resources and Operations - Disaster Medical.....27

Table 8: Resources Directory - Providers.....29

Table 9: Resources Directory - Approved Training Programs.....41

Table 10: Resources Directory - Facilities.....43

Table 11: Resources Directory - Dispatch Agencies.....46

Appendix 1: System Assessment Form.....47

Appendix 2: EMS Agency Organization Chart.....78

Appendix 3: EMS Agency Vision Statement.....79

EMERGENCY MEDICAL SERVICES AUTHORITY

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



December 28, 1995

Tom Lynch
Executive Director
San Luis Obispo County EMS
712 Fiero Lane, Unit #29
San Luis Obispo, CA 93401

Dear Mr. Lynch:

We have completed our review of *San Luis Obispo County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers suggested that you might consider submitting block grant proposals to improve the status of the following Sections: 6.04 Medical Dispatch; 6.05 Data Management; and 6.06 System Design Evaluation. The block grant Request for Proposals is usually sent out in October and awards are made in May.

Jeff Gidley informed me that he requested you to send us revised sections for 5.05 - Facilities and Critical Care, and 8.14 - Hospital Disaster Plans, incorporating hospitals into your County MCI Plan and overall disaster management plans and exercises.

In the area of pediatrics, we recommend you review the Authority's EMSC final report to determine whether your pediatric care needs to be updated. The Authority is providing consultation visits to local EMS agencies to help integrate newly developed EMSC guidelines into the local EMS system. I encourage you to schedule an EMSC consultation visit within the next six months. EMSA is able to provide technical assistance at no cost to your agency through a federal EMSC grant from the Maternal and Child Health Bureau. Funds will not be available to do this type of technical assistance in the future. Please contact Carol Biancalana at (916) 322-4336, extension 309 to set up a visit.

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