
MONTEREY COUNTY

EMERGENCY MEDICAL SERVICES PLAN



Monterey County Health Department

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MONTEREY COUNTY EMS PLAN

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MONTEREY COUNTY EMS PLAN

**SECTION 1
SUMMARY**

This document is the first comprehensive revision of Monterey County's local emergency medical services ("EMS") plan since the California EMS Authority promulgated new *EMS SYSTEM STANDARDS AND GUIDELINES* beginning in June 1993. According to these *STANDARDS AND GUIDELINES*, the summary section should provide "a brief overview of the plan. It should identify the major needs which have been found and an abstract of the proposed program solutions."

There are only a few areas where the Monterey County EMS system does not currently meet the state-specified minimum standards. These areas, and our proposed program solutions, are described later in this summary. Few of them constitute major needs.

The most significant issue now before us--clearly a major need--is the preservation of County Service Area 74, through which our local EMS system has been funded since 1988. Monterey County Measure A (November 1988) was an "advisory election" on the following question:

"Shall the Board [of Supervisors] pursue the establishment of a countywide Paramedic Emergency Medical Services program, which . . . will be financed by a benefit assessment on the real property within the county not to exceed twelve dollars for basic services and, if requested by a city, district, or zone, five dollars for discretionary supplemental services annually for each benefit unit?"

Measure A received 67.1% of the vote, and the Board subsequently established County Service Area 74 (commonly called "CSA 74"). Five-dollar subzones have also been established in Salinas, Mid-Carmel Valley Fire Protection District, and North County Fire Protection District. The City of Monterey has a four-dollar subzone.

Since 1988, CSA 74 has ensured that a system of paramedic ambulance services is available to emergency victims throughout Monterey County, including areas where the call volume is insufficient to cover the cost of operating an ambulance. A recently enacted statewide initiative now threatens the survival of that system.

In November 1996, California voters approved Proposition 218 (the "Right to Vote on Taxes Act"). This amended the state constitution to say that no property-related "fee or charge may be imposed for general governmental services including, but not limited to, police, fire, ambulance or library services, where the service is available to the public at large in substantially the same manner as it is to property owners."

Under Proposition 218, a special tax may be used for such purposes if it is approved by a two-thirds vote of the electorate. Unfortunately, Measure A called the CSA-74 charge a "benefit assessment" and not a "special tax." After the passage of Proposition 218, County Counsel promptly sought and obtained judicial permission for the County to continue to levy the CSA-74 charges until the County's primary ambulance contract expires on January 1, 2001. Before then, we must ask the voters to ratify the CSA-74 levy as a special tax. The measure will require a two-thirds vote.

The measure is being planned for the November 1999 ballot. We intend to change only the name of the CSA-74 charge; we do not intend to propose any net tax increase. The only effect will be to preserve the county-wide paramedic system as approved by the voters in 1988. Similar ballot measures have succeeded elsewhere in California (e.g., Alameda County), and we are hopeful that the voters of Monterey County will choose to preserve their local EMS system.

The areas where the Monterey County EMS system does not currently meet the state-specified Minimum Standards, and our proposed program solutions, are as follows:

Annual EMS Plan Update: We will report EMS-system progress to the County Board of Supervisors and submit an updated EMS plan to the California EMS Authority every twelve months following the Authority's acceptance of this revised plan. See Section 2, Standard 1.06, below.

Medical Dispatch Training: We will work with the County Communications Division or any other interested dispatch agency to facilitate "Emergency Medical Dispatch" training for its personnel, in accordance with guidelines specified by the California EMS Authority. See Section 2, Standard 2.04, below.

Classifying Medical Requests: We will evaluate the desirability and feasibility of "priority dispatch" (where emergency vehicles may respond without lights and sirens to non-life-threatening emergencies) within the Monterey County EMS system. If indicated, we will implement "priority dispatch" with medical oversight and integration into the EMS quality-improvement program. See Section 2, Standard 4.03, below.

Specialty Vehicles: We will identify the availability and staffing of all-terrain vehicles, snowmobiles, and water-rescue vehicles within the Monterey County EMS system. See Section 2, Standard 4.11, below.

Hospital Triage & Transfer Protocols: We will evaluate the need for inter-hospital transfer agreements and facilitate their development if requested by the hospitals. See Section 2, Standards 5.02 & 5.03, below.

Hospital Evacuation Plans: We will work with hospital administration and staff to plan for coordination in the event of hospital evacuation. See Section 2, Standard 5.06, below.

Local EMS System Evaluation: We will establish a comprehensive EMS data-management system; explore the desirability, feasibility, and expense of further merging the existing medical and response-time databases; consider expanding the existing medical database to capture more of the information presently recorded on the paper Prehospital Care Record and Patient Outcome Report forms; and explore the desirability, feasibility, and expense of implementing an electronic (computerized) Prehospital Care Record. See Section 2, Standards 6.05 & 6.06, below.

Provider Participation in the Quality-Improvement Program: We will execute written agreements with the "first-responder" (i.e., police and fire) agencies and with the County-licensed non-emergency medical transport providers to ensure their participation in the EMS quality-improvement program. See Section 2, Standard 6.07, below.

Agreements for Medical Mutual Aid: We will continue to engage in medical mutual-aid planning with other counties in the region, as well as with the state, to develop a Master Medical Mutual Aid Plan. See Section 2, Standard 8.10, below.

Designation and Establishment of Casualty Collection Points: We will implement revised guidelines for casualty collection points if and when such guidelines are specified by the California EMS Authority. See Section 2, Standards 8.11 & 8.12, below.

The following is an overview of the contents of this document. Under the state *EMS SYSTEM STANDARDS AND GUIDELINES*, a local EMS plan must include six sections:

1. Summary
2. Assessment of System
 - A. System Organization and Management
 - B. Staffing/Training
 - C. Communications
 - D. Response/Transportation
 - E. Facilities/Critical Care
 - F. Data Collection/System Evaluation
 - G. Public Information and Education
 - H. Disaster Medical Response
3. System Resources and Operations
4. Resource Directories
5. Description of Plan Development Process
6. Annex

Section 2 (Assessment of System) contains the plan proper. For this section, the state has specified various "Minimum Standards" organized into the eight subsections (A-H) listed above. Most of the Minimum Standards are mandatory for every local EMS system. Some Standards--described as "Enhanced Level"--are optional and may not apply to all local systems. Some of the Minimum Standards are followed by "Recommended Guidelines," which are also optional.

According to the *EMS SYSTEM STANDARDS AND GUIDELINES*, Section 3 (System Resources and Operations) is intended to describe the resources available within the EMS system and to provide certain indicators of system operation. The checklist and fill-in-the-blank formats replace much of what was provided by narrative in previous years. Section 4 (Resource Directories) identifies specific resources within the system. Section 5 (Description of Plan Development Process) is a narrative description of the process of developing the plan. It should demonstrate that interested parties, both provider and consumer, had an opportunity to provide input on the plan and that the plan was approved by the appropriate governing body (here, the Monterey County Board of Supervisors). Section 6 (Annex) describes the granting of "exclusive operating areas."

NOTE: Language specified by the state EMS Authority for its Minimum Standards and Recommended Guidelines is quoted verbatim and italicized throughout this plan. Where a particular Minimum Standard has been met, nothing must be stated under "Need(s)," "Objective," or "Time Frame for Meeting Objective." We have, however, identified various needs and objectives for the Monterey County EMS system even where it meets the state's Minimum Standards.

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MONTEREY COUNTY EMS PLAN

**SECTION 2
ASSESSMENT OF SYSTEM**

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.01 Local EMS Agency Structure		X	N/A		
1.02 Local EMS Agency Mission		X	N/A		X
1.03 Public Input		X	N/A		X
1.04 Medical Director		X	X		

Planning Activities	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.05 System Plan		X	N/A	X	X
1.06 Annual Plan Update	X		N/A	X	
1.07 Trauma Planning		X			X
1.08 Advanced Life Support Planning		X	N/A		
1.09 Inventory of Resources		X	N/A		X
1.10 Special Populations		X	X		X
1.11 System Participants		X	X	X	

Regulatory Activities	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	N/A		X
1.13 Coordination		X	N/A		X
1.14 Policy & Procedures Manual		X	N/A		X
1.15 Compliance w/Policies		X	N/A	X	X

System Finances	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.16 Funding Mechanism		X	N/A	X	X

Medical Direction	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.17 Medical Direction		X	N/A		X
1.18 Quality Assurance/ Quality Improvement		X	X	X	
1.19 Policies, Procedures, Protocols		X	X	X	
1.20 Do-Not-Resuscitate Policy		X	N/A		

1.21	Determination of Death		X	N/A		
1.22	Reporting of Abuse		X	N/A		X
1.23	Interfacility Transfer		X	N/A		X

Enhanced Level: Advanced Life Support		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.24	Advanced Life Support Systems		X	X		X
1.25	On-Line Medical Direction		X			

Enhanced Level: Trauma Care System		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.26	Trauma System Plan			N/A		

Enhanced Level: Pediatric Emergency Medical and Critical Care System		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.27	Pediatric System Plan			N/A		

Enhanced Level: Exclusive Operating Areas	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.28 Exclusive Operating Area Plan		X	N/A		

B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	N/A		X
2.02 Approval of Training		X	N/A		X
2.03 Personnel		X	N/A		

Dispatchers	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.04 Dispatch Training	X			X	X

First Responders (non-transporting)	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.05 First Responder Training		X			
2.06 Response		X	N/A		

2.07	Medical Control		X	N/A		
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Transporting Personnel	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.08 EMT-I Training		X	X		

Hospital	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.09 CPR Training		X	N/A		
2.10 Advanced Life Support		X			

Enhanced Level: Advanced Life Support	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X	N/A		
2.12 Early Defibrillation		X	N/A		
2.13 Base Hospital Personnel		X	N/A		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
3.01 Communication Plan		X			X
3.02 Radios		X	X		
3.03 Interfacility Transfer		X	N/A		
3.04 Dispatch Center		X	N/A		
3.05 Hospitals		X		X	
3.06 Multi-Casualty Incidents/ Disasters		X	N/A		

Public Access	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
3.07 9-1-1 Planning/ Coordination		X	X		
3.08 9-1-1 Public Education		X	N/A		

Resource Management	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
3.09 Dispatch Triage		X		X	
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X		
4.02 Monitoring		X	X	X	
4.03 Classifying Medical Requests	X		N/A	X	
4.04 Scheduled Responses		X	N/A		
4.05 Response Time Standards		X			X
4.06 Staffing		X	N/A		
4.07 First Responder Agencies		X	N/A	X	
4.08 Medical & Rescue Aircraft		X	N/A		
4.09 Air Dispatch Center		X	N/A		
4.10 Aircraft Availability		X	N/A		
4.11 Specialty Vehicles	X				X
4.12 Disaster Response		X	N/A		X
4.13 Intercounty Response		X			
4.14 Incident Command System		X	N/A	X	X
4.15 Multi-Casualty Incident Plans		X	N/A		

Enhanced Level: Advanced Life Support	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
4.16 Advanced Life Support Staffing		X			
4.17 Advanced Life Support Equipment		X	N/A		

Enhanced Level: Ambulance Regulation	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
4.18 Compliance		X	N/A	X	

Enhanced Level: Exclusive Operating Permits	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
4.19 Transportation Plan		X	N/A		X
4.20 Grandfathering		X	N/A		X
4.21 Compliance		X	N/A		
4.22 Evaluation		X	N/A	X	X

E. FACILITIES/CRITICAL CARE

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		X

5.02	Triage & Transfer Protocols	X		N/A		X
5.03	Transfer Guidelines	X		N/A		X
5.04	Specialty Care Facilities		X	N/A		
5.05	Mass Casualty Management		X		X	X
5.06	Hospital Evacuation	X		N/A	X	X

Enhanced Level: Advanced Life Support		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.07	Base Hospital Designation		X	N/A		

Enhanced Level: Trauma Care System		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.08	Trauma System Design			N/A		
5.09	Public Input			N/A		X

Enhanced Level: Pediatric Emergency Medical and Critical Care System		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.10	Pediatric System Design			N/A		X
5.11	Emergency Departments					
5.12	Public Input			N/A		

Enhanced Level: Other Specialty Care Systems	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.13 Specialty System Design			N/A		
5.14 Public Input			N/A		

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.01 Quality Assurance/ Quality Improvement Program		X	X	X	
6.02 Prehospital Records		X	N/A		
6.03 Prehospital Care Audits		X		X	X
6.04 Medical Dispatch		X	N/A	X	X
6.05 Data Management System		X		X	X
6.06 System Design Evaluation	X		N/A	X	X
6.07 Provider Participation	X		N/A	X	X
6.08 Reporting		X	N/A		

Enhanced Level: Advanced Life Support	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.09 Advanced Life Support Audit		X		X	X

Enhanced Level: Trauma Care System	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.10 Trauma System Evaluation			N/A		X
6.11 Trauma Center Data					

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X			X
7.02 Injury Control		X			X
7.03 Disaster Preparedness		X	X		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	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X	N/A	X	X
8.02 Response Plans		X		X	X
8.03 Hazardous Materials Training		X	N/A		X
8.04 Incident Command System		X		X	
8.05 Distribution of Casualties		X		X	X
8.06 Needs Assessment		X		X	X
8.07 Disaster Communications		X	N/A		X
8.08 Inventory of Resources		X		X	X
8.09 Disaster Medical Assistance Teams		X	X	X	X
8.10 Mutual Aid Agreements	X		N/A	X	X
8.11 Casualty Collection Point Designation	X		N/A		X
8.12 Establishment of Casualty Collection Points	X		N/A		X

8.13	Disaster Medical Training		X			X
8.14	Hospital Plans		X		X	X
8.15	Interhospital Communications		X	N/A	X	
8.16	Prehospital Agency Plans		X			X

Enhanced Level: Advanced Life Support		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
8.17	Advanced Life Support Policies		X	N/A		X

Enhanced Level: Specialty Care Systems		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
8.18	Specialty Center Roles			N/A		

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
8.19	Waiving Exclusivity		X	N/A		

SYSTEM ORGANIZATION AND MANAGEMENT

1.01

MINIMUM STANDARD: *Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.*

CURRENT STATUS: Minimum Standard met.

The Monterey County Board of Supervisors has designated the EMS Agency within the Health Department as the local EMS Agency. The Director of Health serves as EMS Director. The Agency also includes a part-time Medical Director under contract, an EMS Administrator, an Administrative Services Assistant, an EMS Instructor, a Secretary, a Clerk II, a Data Entry Operator II, a Typist Clerk II, three EMS Analysts, and approximately twenty part-time instructors.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.02

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

CURRENT STATUS: Minimum Standard met.

In April 1981, the Monterey County Board of Supervisors designated the County Health Department as the local EMS Agency to plan, implement, and evaluate the Monterey County EMS system.

Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Hospital serve as "advanced life support" base hospitals. Mee Memorial Hospital serves as a receiving facility only. There is no designated trauma or pediatric center in Monterey County.

First-responder services are provided by numerous fire and police agencies, and most of their personnel are trained and certified by the EMS Agency as Monterey County First Responders. The fifty-six hour "First Responder" course, developed by the EMS Agency, has served as a model for similar programs throughout California. It far exceeds the minimum "public safety" (i.e., police, firefighter, and lifeguard) training requirements of state law.

Emergency ambulance transportation is provided exclusively at the EMT-Paramedic level, except for Fort Hunter Liggett, which operates its own EMT-I ambulance and has an agreement with American Medical Response-Monterey for EMT-Paramedic backup as necessary. The northern area of the County is served, under Monterey County contract, by American Medical Response West from Santa Cruz County (Watsonville). The south central area is served by San Luis Ambulance, while the south coast is served by the Cambria Community Healthcare District, both under Monterey County contracts. The central zone, with the exceptions noted below, is served by American Medical Response-Monterey under an exclusive franchise which became effective January 1, 1996.

The City of Carmel, the Carmel Valley Fire Protection District, and the Mid-Carmel Valley Fire Protection District have contracted independently, under Health & Safety Code § 1797.201, with Carmel Regional Fire Ambulance (a joint powers authority) for emergency ambulance services. Carmel Regional Fire Ambulance also serves certain other areas of Monterey County peripheral to, and accessible only from within, the territories of the agencies listed above.

There are no EMS aircraft operationally based in Monterey County. The County is served by aircraft based in Santa Clara, Fresno, and San Luis Obispo Counties.

System monitoring occurs through the quality-improvement process. The base hospitals and individual provider agencies necessarily conduct some components of the quality-improvement

system, in accordance with County policy.

NEED(S): None identified.

OBJECTIVE: Maintain open lines of communication with Carmel Regional Fire Ambulance and its constituent agencies. Resolve outstanding issues, if any, in the Carmel area as necessary to ensure a uniform standard of emergency ambulance service county-wide. If requested, negotiate and execute an ALS Service Provider Agreement with Carmel Regional Fire Ambulance.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.03

MINIMUM STANDARD: *Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health-care provider input regarding the development of plans, policies, and procedures, as described throughout this document.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency utilizes the Emergency Medical Care Committee (EMCC), four Regional Councils, and several other advisory committees to garner input regarding the development of plans, policies, and procedures. Meeting attendance has been sporadic, however, and several recent meetings have been summarily adjourned for lack of a quorum.

NEED(S): None identified.

OBJECTIVE: Continue to disseminate information to, and receive input from, the EMCC, Regional Councils, and other advisory committees. Clarify and refine the linkages between the EMCC and the various other advisory committees. Develop ad hoc, limited-term task forces as appropriate to address specific objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.04

MINIMUM STANDARD: *Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.*

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guidelines met.

The Director of Health serves as EMS Director, and the County contracts with a qualified emergency physician as part-time EMS Medical Director. Both physicians have administrative experience in emergency medical services systems. There is a Medical Advisory Committee which includes both physician and non-physician providers.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.05

MINIMUM STANDARD: *Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:*

- a. assess how the current system meets these guidelines,*
- b. identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and*
- c. provide a methodology and timeline for meeting these needs.*

CURRENT STATUS: Minimum Standard met.

Monterey County's previous EMS Plan was initially accepted in 1986 and was last amended for the April 1995 Request for Proposal for the provision of Emergency Ambulance Service. The document at hand is a completely revised Plan, which we hope will provide a more current and effective foundation for the ongoing process of planning and implementing the Monterey County EMS system.

NEED(S): Refine the process for monitoring the implementation of plan components and for modifying the plan to meet changing needs. Develop a specific action plan for each system component with methodology and timeline for implementation.

OBJECTIVE: Implement plan components on a timely basis. Modify plan as needed. Reevaluate plan components in light of future changes in the health-care industry.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

1.06

MINIMUM STANDARD: *Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.*

CURRENT STATUS: This document represents the initial revised plan to meet the state's new EMS System Standards and Guidelines. Thus there have been no annual updates as yet.

NEED(S): Report EMS-system progress to the County Board of Supervisors and submit an updated plan to the state EMS Authority every twelve months following state acceptance of this new plan.

OBJECTIVE: Provide annual reports to the County Board of Supervisors and update the EMS Plan each year.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

1.07

MINIMUM STANDARD: *The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.*

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

CURRENT STATUS: Minimum Standard met.

Trauma care is incorporated into patient-care and destination policies within the EMS Policy/Procedure Manual. There is no designated trauma center in Monterey County, and no formal trauma system exists. Trauma patients are transported to the closest, most appropriate facility.

COORDINATION WITH OTHER EMS AGENCIES: There are medical-control agreements with local EMS agencies in the surrounding counties. Monterey County also has contracts with out-of-county ground and air ambulance operators serving Monterey County.

NEED(S): None identified.

OBJECTIVE: Continue to monitor and evaluate trauma care within Monterey County. Consider the need, if any, for a coordinated and comprehensive trauma system plan.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.08

MINIMUM STANDARD: *Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.*

CURRENT STATUS: Minimum Standard met.

The entire County is covered by "advanced life support" (i.e., EMT-Paramedic) services. All emergency ambulance services routinely respond to calls with "advanced life support" resources, except for Fort Hunter Liggett (see 1.02 above). In addition, the Salinas Fire Department operates EMT-Paramedic first-response units within the City of Salinas.

COORDINATION WITH OTHER EMS AGENCIES: Northern Monterey County is served by EMT-Paramedic ambulances from the Santa Cruz County EMS system. Similarly, the southern regions of Monterey County are served by EMT-Paramedic ambulances from the San Luis Obispo County EMS system. In accordance with written agreements, both operate under the medical protocols of their home counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.09

MINIMUM STANDARD: *Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.*

CURRENT STATUS: Minimum Standard met.

The inventories in Sections 3 and 4 of this Plan describe existing personnel, vehicles, facilities, and agencies within the County.

NEED(S): None identified.

OBJECTIVE: Develop specialized inventories (e.g., for communication and dispatch resources) as necessary. Update all inventories annually.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX** long-range plan (more than one year)

1.10

MINIMUM STANDARD: *Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The largest groups requiring specialized services in Monterey County are Spanish speakers and the elderly.

The EMS Agency provides CPR training in Spanish, as well as English, and has also created instructional videos in Spanish. Agency staff regularly address senior-citizen groups regarding 9-1-1 system access, durable powers of attorney for health care, and do-not-resuscitate policies.

The primary contract ambulance operator and Emergency Medical Dispatch provider subscribes to a translation service which enables the provision of pre-arrival instructions to non-English-speaking callers; TDD (Telecommunications Device for the Deaf) equipment is also available for communication with the hearing-impaired.

NEED(S): None identified.

OBJECTIVE: Assure that all individuals and groups have necessary and appropriate access to prehospital emergency medical services. Identify other specific population groups, if any, requiring specialized services. Work with other local agencies which have specialized data (e.g., the Injury Prevention Program). Develop plans to enhance service delivery to the identified groups.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.11

MINIMUM STANDARD: *Each local EMS agency shall identify the optimal roles and responsibilities of system participants.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Procedures, policies and performance standards have been developed for system personnel at both the "basic" and "advanced life support" levels. Some medical equipment is not standardized throughout the system. A First Responder Agency Master Plan is currently under development.

Written agreements or licenses exist with all providers, including base hospitals, within the County EMS system. Emergency "advanced life support" ambulance services are provided within duly established exclusive operating areas (except as noted in Standard 1.28 below).

NEED(S): None identified.

OBJECTIVE: Implement the First Responder Agency Master Plan. Evaluate and refine the roles, responsibilities, and performance standards for EMS system participants. Create and execute written agreements which embody these refined roles, responsibilities, and standards. The agreements should also link the various providers' activities to the County quality-improvement plan.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

1.12

MINIMUM STANDARD: *Each local EMS agency shall provide for review and monitoring of EMS system operations.*

CURRENT STATUS: Minimum Standard met.

The primary ambulance provider, under the terms of its County contract, regularly supplies raw data on computer disc, as well as a variety of written summary reports. Under County policy, all field providers are required to complete "Prehospital Care Record" forms for each patient. These are reviewed by base-hospital personnel as necessary and submitted to the EMS Agency. The Agency maintains a computer database of patient-care information from the "Prehospital Care Records" completed by field personnel and from the "Patient Outcome Reports" submitted by the receiving hospitals. This database has been used both for specific analyses and for summary reports.

Under the County EMS quality-improvement program, all first-responder agencies, transport providers, and hospitals have designated liaisons to investigate and evaluate any specific issues that may arise. As necessary, the EMS Medical Director and Agency staff review specific issues on a case-by-case basis.

A Contract Compliance Committee has been established under the County EMS Ordinance to assist and advise the EMS Agency in monitoring compliance with contractual requirements.

NEED(S): None identified.

OBJECTIVE: Conduct ongoing monitoring of the EMS system's operational components. Enhance mechanisms for documenting compliance with EMS policies and procedures. Establish an integrated system for the collection and analysis of EMS data.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.13

MINIMUM STANDARD: *Each local EMS agency shall coordinate EMS system operations.*

CURRENT STATUS: Minimum Standard met.

Substantial coordination exists between the EMS Agency and the various providers. System coordination is currently provided through a network of the Emergency Medical Care Committee, four Regional Councils, the Medical Advisory Committee, and the Contract Compliance Committee. These committees have varying missions and schedules based on needs. The county-wide quality-improvement program also provides for interaction and coordination, as necessary, between the designated liaisons at the various provider agencies.

NEED(S): None identified.

OBJECTIVE: Maintain regular contact with all EMS system participants and promptly respond to requests for information or assistance.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.14

MINIMUM STANDARD: *Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.*

CURRENT STATUS: Minimum Standard met.

The Monterey County EMS Policy/Procedure Manual includes all EMS agency policies and procedures and is available to all EMS providers within the system. The policies and procedures are reviewed on a regular basis.

NEED(S): The Policy/Procedure Manual should be thoroughly edited and reorganized to ensure that it is internally consistent, reflects current practices, and accords with the County EMS Ordinance. This will be an arduous project.

OBJECTIVE: Maintain comprehensive Policy/Procedure Manual for EMS system participants. Review and modify according to needs. Begin comprehensive editing and reorganization of the entire Manual.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.15

MINIMUM STANDARD: *Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.*

CURRENT STATUS: Minimum Standard met.

Monterey County contracts with the EMT-Paramedic emergency ambulance providers. It licenses providers of non-emergency medical transportation under the County EMS Ordinance. All contracts and licenses mandate compliance with County EMS policies, and they include reporting requirements to enhance the monitoring of compliance.

A Contract Compliance Committee has been established in accordance with the County EMS Ordinance.

NEED(S): None identified.

OBJECTIVE: Continue to review, monitor, and enforce compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

1.16

MINIMUM STANDARD: *Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.*

CURRENT STATUS: Minimum Standard met.

Funding for the EMS Agency's various programs comes primarily from County Service Area No. 74 (CSA 74). Lesser revenues come from license fees, training contracts, and SB 12/612 funds.

NEED(S): None identified.

OBJECTIVE: Continue monitoring of EMS funding needs. Ensure that CSA 74 complies with all legal requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

1.17

MINIMUM STANDARD: *Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.*

CURRENT STATUS: Minimum Standard met.

Monterey County has designated three base hospitals to provide on-line medical control to prehospital personnel and to conduct retrospective review of prehospital care. Roles and responsibilities of the base hospitals and their Mobile Intensive Care Nurses are identified in the EMS Policy/Procedure Manual, as well as in the base-hospital contracts. There are no "alternative base stations." EMT-Paramedic providers and first-responder agencies participating in the early defibrillation report on medical issues to the EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES: Ambulances responding into Monterey County (under written agreements with Monterey County) from Santa Cruz or San Luis Obispo Counties contact base hospitals in their home counties for on-line medical control.

NEED(S): None identified.

OBJECTIVE: Evaluate the base-hospital mission, scope, and configuration. Revise contracts and policies as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.18

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

RECOMMENDED GUIDELINE: *Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.*

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Current EMS Policy 500-35 establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals and EMT-Paramedic service providers to participate in this program. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary.

The Medical Advisory Committee has recently proposed to evaluate and suggest revisions, as appropriate, to the system-wide QI program.

NEED(S): Written agreements with the first-responder agencies to participate in the system-wide QI program. Written agreements with the licensed non-emergency medical transport providers to participate in the system-wide QI program.

OBJECTIVE: Execute written agreements as above. Review and revise the QI program as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

1.19

MINIMUM STANDARD: *Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:*

- a. *triage*
- b. *treatment*
- c. *medical dispatch protocols*
- d. *transport*
- e. *on-scene treatment times*
- f. *transfer of emergency patients*
- g. *standing orders*
- h. *base-hospital contact*
- i. *on-scene physicians and other medical personnel*
- j. *local scope of practice for prehospital personnel.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

A comprehensive EMS Policy/Procedure Manual exists and is regularly updated with medical review.

The County, through its primary ambulance contract, has required the implementation of pre-arrival instructions within the ambulance contractor's service area. The primary ambulance contractor is also voluntarily providing this service throughout the rest of Monterey County (except for the City of Carmel, which maintains its own "public safety answering point" to receive 9-1-1 calls originating within City limits, and is currently unable to transfer the caller to the County ambulance contractor).

The City of Carmel and the Monterey County Communications Division are negotiating for the County to provide 9-1-1 answering services for the City. In that event, 9-1-1 calls from Carmel will be received at the County dispatch center, which will be able to transfer medical callers to the County's ambulance contractor for pre-arrival instructions. Pre-arrival instructions will then be available county-wide.

NEED(S): Mechanism for the provision of pre-arrival instructions to 9-1-1 callers from the City of Carmel.

OBJECTIVE: Implement the provision of pre-arrival instructions county-wide. Support the development of an agreement between the City of Carmel and the Monterey County Communications Division for the County to provide 9-1-1 answering services for the City.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

1.20

MINIMUM STANDARD: *Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.*

CURRENT STATUS: Minimum Standard met.

Current Monterey County EMS Policy 500-31 covers "do-not-resuscitate" orders and other advance directives, including durable powers of attorney for health care. This Policy follows the guidelines established by the California EMS Authority.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.21

MINIMUM STANDARD: *Each local EMS agency, in conjunction with the county coroner(s), shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.*

CURRENT STATUS: Minimum Standard met.

Monterey County EMS Policy 500-8 covers the prehospital determination of death.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.22

MINIMUM STANDARD: *Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS [sudden infant death syndrome] deaths.*

CURRENT STATUS: Minimum Standard met.

Monterey County EMS providers are taught the requirements and mechanisms for reporting suspected child abuse, elder abuse, and sudden infant death syndrome.

NEED(S): None identified.

OBJECTIVE: Include language concerning reporting requirements and mechanisms in all licenses and provider agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- long-range plan (more than one year)

1.23

MINIMUM STANDARD: *The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.*

CURRENT STATUS: Minimum Standard met.

Current Monterey County EMS Policy 400-4-85 covers the transfer of patients in the emergency medical services system. Current EMS Policy 500-47 covers non-emergency medical transportation.

NEED(S): None identified.

OBJECTIVE: Review and update Policies 400-4-85 and 500-47 as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

1.24 **Enhanced Level: Advanced Life Support**

MINIMUM STANDARD: *Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Except as noted below, written agreements exist between the ALS providers and the Monterey County EMS Agency. The County has developed and implemented, with state approval, exclusive operating areas for ALS emergency ambulance providers.

In 1995, the Monterey County EMS Agency developed, as an update to our EMS Plan then on file with the state EMS Authority, a competitive process for selecting providers and determining the scope of their operations under Health and Safety Code § 1797.224.

This plan update was duly submitted to, and approved by, the EMS Authority. The County then followed this competitive process in the selection of an ALS emergency ambulance provider to serve an exclusive operating area covering most of the County, beginning January 1, 1996. The franchise was awarded to a local provider, Peninsula Paramedic Services, Inc., which is now a wholly owned subsidiary of American Medical Response, Inc.

There is currently no written agreement between the EMS Agency and Carmel Regional Fire Ambulance, which contracts independently under Health & Safety Code § 1797.201 with the City of Carmel, the Carmel Valley Fire Protection District, and the Mid-Carmel Valley Fire Protection District.

NEED(S): None identified.

OBJECTIVE: Continue to monitor compliance with written provider agreements. If requested, execute an ALS service provider agreement with Carmel Regional Fire Ambulance.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX** long-range plan (more than one year)

1.25 **Enhanced Level: Advanced Life Support**

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

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

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

CURRENT STATUS: Minimum Standard met.

Monterey County has designated three base hospitals, which provide on-line medical control by physicians or authorized registered nurses. There are no alternative base stations in Monterey County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.26 **Enhanced Level: Trauma Care System**

MINIMUM STANDARD: *The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:*

- a. the optimal system design for trauma care in the EMS area, and*
- b. the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.*

CURRENT STATUS: There is no designated trauma center in Monterey County. No trauma care system plan has been proposed or developed. (See 1.07 above.)

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.27 **Enhanced Level: Pediatric Emergency Medical and Critical Care System**

MINIMUM STANDARD: *The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:*

- a. the optimal system design for pediatric emergency medical and critical care in the EMS area, and*
- b. the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.*

CURRENT STATUS: There is no specialized pediatric facility in Monterey County and no "pediatric emergency medical and critical care" system or plan has been proposed or developed. Pediatric patients are transported to the closest, most appropriate facility. Pediatric treatment, advanced airway, and other prehospital procedures have been implemented under protocols established by the EMS Agency.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.28 **Enhanced Level: Exclusive Operating Areas**

MINIMUM STANDARD: *The local EMS agency shall develop and submit for state approval a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:*

- a. *the optimal system design for ambulance service and advanced life support services in the EMS area, and*
- b. *the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.*

CURRENT STATUS: Minimum Standard met.

Within the Monterey County EMS system, all emergency ambulance services are provided at the EMT-Paramedic level within exclusive operating areas duly established under a plan previously approved by the California EMS Authority. As noted above, the City of Carmel, the Carmel Valley Fire Protection District, and the Mid-Carmel Valley Fire Protection District have contracted independently for emergency ambulance services under Health & Safety Code § 1797.201. Fort Hunter Liggett operates its own EMT-I ambulance and has an agreement with American Medical Response-Monterey for EMT-Paramedic backup as necessary.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

STAFFING/TRAINING

2.01

MINIMUM STANDARD: *The local EMS agency shall routinely assess personnel and training needs.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency monitors personnel and training needs. The Agency also provides CPR, defibrillation, and First Responder training. There is no authorized EMT-Paramedic training program in Monterey County.

NEED(S): None identified.

OBJECTIVE: Continue to monitor, provide, and improve local EMS training to meet the needs of the various provider agencies throughout Monterey County.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

2.02

MINIMUM STANDARD: *The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency has established mechanisms for the approval of EMS education programs within Monterey County, and the Agency monitors all such programs for compliance with state regulations.

NEED(S): None identified.

OBJECTIVE: Continued monitoring of training programs.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

2.03

MINIMUM STANDARD: *The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.*

CURRENT STATUS: Minimum Standard met.

State licensure and County accreditation are required for EMT-Paramedics. The EMS Agency certifies First Responders who have satisfactorily completed a fifty-six hour course developed by the Agency. (See 1.02 above.) The Agency also certifies EMT-Is, first-responder defibrillators, EMT-I defibrillators, and Mobile Intensive Care Nurses.

Monterey County EMS policies establish a process by which prehospital providers notify the EMS Agency of unusual occurrences which could affect EMS personnel certification.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.04

MINIMUM STANDARD: *Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.*

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

CURRENT STATUS: 9-1-1 emergency calls, except for those originating within the City of Carmel, are received at the County Communications Center (the primary PSAP). If the call originates within the territory of the County's primary ambulance contractor and is medical in nature, then it is promptly transferred to a secondary PSAP at the contractor's dispatch center. There, the ambulance is dispatched, and pre-arrival instructions are given, by dispatchers trained and certified in accordance with the California EMS Authority's Emergency Medical Dispatch Guidelines.

If the call originates within the areas (i.e., the City of Carmel, the Carmel Valley Fire Protection District, and the Mid-Carmel Valley Fire Protection District) which have contracted independently with Carmel Regional Fire Ambulance (CRFA) under Health & Safety Code § 1797.201, then the CRFA ambulance is dispatched directly by operators at the County Communications Center. These operators have emergency medical orientation. Callers from the two Fire Districts are currently transferred, whenever necessary, to the County's primary ambulance contractor for pre-arrival instructions from dispatchers trained and certified in accordance with the California EMS Authority's Emergency Medical Dispatch Guidelines. Callers from the City of Carmel are not currently transferred for such pre-arrival instructions (see 1.19 above).

There are County EMS policies for the authorization of Emergency Medical Dispatch (EMD) providers (Policy 500-38), EMD training (500-39), dispatcher certification (500-40), and quality improvement (500-41). EMD training and testing programs are available to public and private PSAP dispatchers. The EMS Agency is ready, willing, and able to assist any dispatch agency with the implementation of EMD, but it cannot (absent a contract or other authority) require any particular agency to have its personnel trained and certified as emergency medical dispatchers.

NEED(S): Ensure that all medical dispatch personnel (both public and private) receive EMD training in accordance with the California EMS Authority's Emergency Medical Dispatch Guidelines.

OBJECTIVE: Work with the County Communications Division and/or any other interested dispatch agency to facilitate EMD training for its medical dispatch personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

2.05

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: Minimum Standard met.

All first-responder personnel have, at least, been trained in first aid and CPR within the past three years according to Title 22, California Code of Regulations, Division 9, Chapter 1.5. Most fire-service personnel have been trained and certified to the Monterey County First Responder level. Many are certified at the EMT-I level. Automated first-responder defibrillation is available throughout most of the County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.06

MINIMUM STANDARD: *Public safety agencies and industrial first-aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.*

CURRENT STATUS: Minimum Standard met.

Various public-safety agencies (fire, law enforcement, and park ranger) provide medical first response within the County in accordance with Monterey County EMS policies. The EMS Agency trains first-responder personnel from the Bureau of Land Management, the Naval Postgraduate School, and Fort Hunter Liggett. The Monterey Bay Aquarium staffs EMT-Is for first response.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.07

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

CURRENT STATUS: Minimum Standard met.

The County EMS Policy/Procedure Manual includes medical protocols for EMS first responders.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.08

MINIMUM STANDARD: *All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Within the Monterey County EMS system, all emergency ambulances are staffed with at least one currently certified EMT-I and at least one currently licensed and locally accredited EMT-Paramedic. (Fort Hunter Liggett, a federal reservation, operates its own EMT-I ambulance and has an agreement with American Medical Response-Monterey for EMT-Paramedic backup as necessary.)

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.09

MINIMUM STANDARD: *All allied health personnel who provide direct emergency patient care shall be trained in CPR.*

CURRENT STATUS: Minimum Standard met.

All hospital allied health personnel who provide direct emergency patient care have been trained in CPR.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.10

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

RECOMMENDED GUIDELINE: *All emergency department physicians should be certified by the American Board of Emergency Medicine.*

CURRENT STATUS: Minimum Standard met.

All emergency department physicians and registered nurses who provide direct emergency patient care are trained in "advanced life support."

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.11 **Enhanced Level: Advanced Life Support**

MINIMUM STANDARD: *The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency has established a procedure for accreditation of "advanced life support" personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the County EMS system, assurance of competence in any optional scope of practice, and enrollment into the County quality-improvement process.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.12 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has established policies and procedures for the accreditation of "public safety" and "basic life support" personnel in early defibrillation. All urban first-responder agencies have implemented early defibrillation programs.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.13 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

To receive County authorization, all base-hospital Mobile Intensive Care Nurses are required to be knowledgeable about County EMS policies and procedures and have training in radio communications techniques. There are no alternative base stations in Monterey County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

COMMUNICATIONS

3.01

MINIMUM STANDARD: *The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.*

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has established a communications system for emergency medical services. All emergency ambulances, EMT-Paramedic first responders, and acute care facilities are able to communicate with each other by radio and/or cellular telephone.

COORDINATION WITH OTHER EMS AGENCIES: The current system was begun in the mid-1970s, under a grant from the Office of Traffic Safety, as a joint project with Santa Cruz and San Benito Counties. The EMS Agency works with its counterparts in adjacent counties on communications issues of mutual concern.

NEED(S): Radio coverage is problematic in certain isolated areas.

OBJECTIVE: Evaluate the cost and benefit of improving radio coverage to certain isolated areas.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

3.02

MINIMUM STANDARD: *Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

All emergency ambulances and EMT-Paramedic first responders have two-way radios which comply with the local EMS communications plan and which allow for dispatch and ambulance-to-hospital communication. All emergency ambulances have two-way radio equipment which allows for vehicle-to-vehicle (including both ambulances and non-transporting first-responder units) communication.

NEED(S): Ambulance crews' hand-held radios should have tactical channels (CALCORD) capable of communicating with first-responding units.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.03

MINIMUM STANDARD: Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

CURRENT STATUS: Minimum Standard met.

All Monterey County-authorized emergency ambulances providing interfacility transfers within the County have the ability to communicate with both the sending and receiving facilities by radio and/or cellular telephone.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.04

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

CURRENT STATUS: Minimum Standard met.

All Monterey County-authorized emergency ambulances, where geography allows, have the ability to communicate with the County Communications Center.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.05

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

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

CURRENT STATUS: Minimum Standard met.

MedNet Channel 2 has been used for communication between hospitals. A new 800 MHz radio system will link the hospitals, the County Health Department, and the EMS Agency. The equipment is already operational at the Health Department, the EMS Agency, and three of the four hospitals. The last hospital radio will be installed at Salinas Valley Memorial Hospital as soon as maintenance agreements are executed.

NEED(S): Complete the 800 MHz disaster radio network.

OBJECTIVE: Execute radio-maintenance agreements with Salinas Valley Memorial Hospital. Install remaining hardware and train personnel to use the new 800 MHz network.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

3.06

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency regularly reviews the disaster-related communications capabilities of the EMS-system participants. We have begun development of a comprehensive, county-wide medical disaster plan which will include disaster communications. The 800 MHz disaster radio network is discussed under Standard 3.05 above.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.07

MINIMUM STANDARD: *The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.*

RECOMMENDED GUIDELINE: *The local EMS agency should promote the development of enhanced 9-1-1 systems.*

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

So-called "enhanced 9-1-1" is in place county-wide.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.08

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has developed public-service announcements that emphasize "Make the Right Call."

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.09

MINIMUM STANDARD: *The local EMS agency shall establish guidelines for proper dispatch triage which identify appropriate medical response.*

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

CURRENT STATUS: Minimum Standard met.

All 9-1-1 emergency ambulance responses are provided at the EMT-Paramedic level, except for Fort Hunter Liggett, which operates its own EMT-I ambulance and has an agreement with American Medical Response-Monterey for EMT-Paramedic backup as necessary. Most first response is provided at the Monterey County-certified "First Responder" or EMT-I levels. The Salinas Fire Department provides EMT-Paramedic first response within the City of Salinas.

"Priority dispatch" is currently being studied. Under the terms of the County's Request for Proposal for the provision of Emergency Ambulance Service (April 1995), any Code-2 protocol for use by the ambulance contractor will be developed in concert with the County EMS Medical Director, medical review committees, first responders, and other agencies in the affected area. See 4.03 below.

The EMS Agency has ensured, through County contract, that caller interrogation and pre-arrival instructions are provided by the primary ambulance contractor within its service area. In addition, the contractor is voluntarily providing these services county-wide (except for the City of Carmel), on any call which is transferred to it, as discussed under Standards 1.19 and 2.04 above.

The EMS Agency has established standardized dispatch and triage policies for non-emergency medical transport providers in current EMS Policy 500-47.

NEED(S): Complete evaluation of the desirability and feasibility of "priority dispatch."

OBJECTIVE: If indicated, implement "priority dispatch" with medical oversight and integration into the EMS system quality-improvement program.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

3.10

MINIMUM STANDARD: *The local EMS system shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies.*

RECOMMENDED GUIDELINE: *The local EMS agency should develop a mechanism to ensure appropriate systemwide ambulance coverage during periods of peak demand.*

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The County Communications Center coordinates emergency services county-wide using standardized radio frequencies. The primary ambulance provider, under the terms of its County contract, is required to manage its resources to ensure appropriate system-wide ambulance coverage during periods of peak demand through a system status plan, revised as necessary.

The Monterey County Request for Proposal for the provision of Emergency Ambulance Service (April 1995) provides at pp. 31-32 as follows:

"It is the County's long-term goal to implement a consolidated public safety dispatch center and to include EMS dispatch at that center. The County plans on including the ambulance Contractor in the planning phase of this effort. Because the components of such a plan are unknown, the County reserves the right to take over the EMS dispatch functions at the end of the first five-year period of the contract or at the end of any extended term. The County will give the Contractor 13 months' advance notice on this issue and may require a decrease in Contractor's fees or subsidy commensurate with any decrease in Contractor's costs."

Under this provision, the County could "take over the EMS dispatch functions" on January 1, 2001, if the County gives the required advance notice to the ambulance contractor by December 1, 1999. The County Public Safety Communications Division has not yet expressed its intent in this regard. To comply with the state's current EMS Systems Standards and Guidelines, all County medical dispatchers will have to receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. See 2.04 above.

Should the County determine that it would improve service and be more cost-effective to take over any EMS dispatch functions from its ambulance contractor, the EMS Agency will assist the Public Safety Communications Division and the ambulance contractor in planning and executing the takeover.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

RESPONSE/TRANSPORTATION

4.01

MINIMUM STANDARD: *The local EMS agency shall determine the boundaries of emergency medical transportation service areas.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Boundaries for EMS ground transport agencies have been defined by the Board of Supervisors as exclusive operating areas. The exclusive operating areas have been revised via the ambulance study recently compiled.

Monterey County Ordinance No. 3815 (3/28/95) amended Chapter 15.40 of the Monterey County Code relating to the EMS system and medical transport services. Section 15.40.040.E addresses the establishment of exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County has contracts with out-of-county ambulance operators serving the northern and southern regions of Monterey County. There are medical-control agreements with local EMS agencies in the surrounding counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.02

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Emergency medical transportation services operate under Monterey County contracts which mandate compliance with appropriate statutes, regulations, policies, and procedures. The EMS Agency and the base hospitals monitor compliance. Other medical transportation services are licensed as described below.

Monterey County Ordinance No. 3815 (3/28/95) amended Chapter 15.40 of the Monterey County Code relating to the EMS system and medical transport services. Under this Ordinance, a County contract, license, or variance is required to perform any of the following services: advanced life support, base hospital, ambulance service, or air ambulance service. § 15.40.040.A. "Convalescent transport services" must also obtain Monterey County licensure. § 15.40.050.A.

NEED(S): Revise Chapter 15.40 as necessary.

OBJECTIVE: Revise Chapter 15.40 as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

4.03

MINIMUM STANDARD: *The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, non-emergent) and shall determine the appropriate level of medical response to each.*

CURRENT STATUS:

In general, 9-1-1 calls are treated as emergency events, with full Code-3 responses from all responders. There are no formal protocols for Code-2 ambulance response. Ambulance response can be downgraded, however, by the first-responder agency or the 9-1-1 PSAP.

"Priority dispatch" is currently being studied. Under the terms of the County's Request for Proposal for the provision of Emergency Ambulance Service (April 1995), any Code-2 protocol for use by the ambulance contractor will be developed in concert with the County EMS Medical Director, medical review committees, first responders, and other agencies in the affected area.

NEED(S): Complete evaluation of the desirability and feasibility of "priority dispatch."

OBJECTIVE: If indicated, implement "priority dispatch" with medical oversight and integration into the EMS system quality-improvement program.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

4.04

MINIMUM STANDARD: *Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.*

CURRENT STATUS: Minimum Standard met.

All County-authorized emergency ambulances are staffed and equipped at the EMT-Paramedic level. Non-emergency ground medical transportation is available at various levels, including convalescent transport vehicle, EMT-I ambulance, EMT-Paramedic ambulance, and critical care transport unit. All County-authorized providers operate under Monterey County contract, license, or variance. There are no authorized medical transport aircraft based in Monterey County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.05

MINIMUM STANDARD: *Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.*

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

- a. *the response time for a basic life support and CPR capable first responder does not exceed:*

*Metro/urban -- 5 minutes
Suburban/rural -- 15 minutes
Wilderness -- as quickly as possible*

- b. *the response time for an early defibrillation-capable responder does not exceed:*

*Metro/urban -- 5 minutes
Suburban/rural -- as quickly as possible
Wilderness -- as quickly as possible*

- c. *the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:*

*Metro/urban -- 8 minutes
Suburban/rural -- 20 minutes
Wilderness -- as quickly as possible*

- d. *the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:*

*Metro/urban -- 8 minutes
Suburban/rural -- 20 minutes
Wilderness -- as quickly as possible*

CURRENT STATUS: Minimum Standard met.

The provider contracts required by the EMS Agency specify response-time standards. In the Central Zone, the primary ALS ambulance contractor must meet the following standards for 90% of its emergency ("Code 3") responses:

Urban 8 minutes

Rural 12 minutes
Wilderness 45 minutes

COORDINATION WITH OTHER EMS AGENCIES: Monterey County coordinates with neighboring counties to improve, whenever possible, response times in the northern and southern regions of the County.

NEED(S): Existing response-time standards should be reviewed periodically by the Regional Councils and the Emergency Medical Care Committee, and modified as appropriate. Response-time standards should consider constraints of geography and resource availability.

OBJECTIVE: Continue to monitor and refine performance standards for prehospital EMS providers with input from County and community representatives.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

4.06

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

CURRENT STATUS: Minimum Standard met.

Adequate regulations, policies, and procedures exist to assure that all emergency medical transport vehicles are staffed and equipped according to current state and local standards.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.07

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has been involved with first-responder agencies in various respects, including the following: system integration; training, continuing education, and testing for personnel certified as Monterey County "First Responders"; EMT-I continuing education and testing; defibrillation training; and the provision of durable medical equipment and disposable medical supplies.

NEED(S): A First Responder Master Plan which would:

1. Identify, assist, and support first-responder services in Monterey County.
2. Recognize that first responders are the foundation of the EMS delivery system and a critical link in the "chain of survival" for medical emergencies.
3. Facilitate the planning, organization, management, and evaluation of the Monterey County first-responder system with emphasis on rural and remote areas.
4. Improve first-responder service delivery in areas requesting enhancement.

OBJECTIVE: Complete and implement the First Responder Master Plan as above.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
long-range plan (more than one year)

4.08

MINIMUM STANDARD: *The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:*

- (a) authorization of aircraft to be utilized in Prehospital patient care,*
- (b) requesting of EMS aircraft,*
- (c) dispatching of EMS aircraft,*
- (d) determination of EMS aircraft patient destination,*
- (e) orientation of pilots and medical flight crews to the local EMS system, and*
- (f) addressing the resolving formal complaints regarding EMS aircraft.*

CURRENT STATUS: Minimum Standard met.

There are no EMS aircraft operationally based in Monterey County. EMS aircraft from surrounding counties operate under contract with Monterey County and are requested through the normal dispatch centers. The Air Ambulance Operations Policy was last revised in June 1995. It covers request, dispatch, communications, cancellation, air/ground ambulance rendezvous, safety, patient destination, reporting requirements, and quality improvement. It includes a map of air ambulance response and destination sectors. Representatives of the out-of-county EMS aircraft agencies regularly attend Monterey County EMS committee meetings.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County has contracts with out-of-county air ambulance operators serving Monterey County. There are medical-control agreements with local EMS agencies in the surrounding counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.09

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

CURRENT STATUS: Minimum Standard met.

EMS aircraft requests are coordinated by the Monterey County Communications Center.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.10

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has executed written agreements with aeromedical services operating within the Monterey County EMS area.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County has contracts with out-of-county air ambulance operators serving Monterey County. There are medical-control agreements with local EMS agencies in the surrounding counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.11

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

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

CURRENT STATUS: The issue has not been addressed by the local EMS Agency. Individual agencies within the County have various rescue capabilities. Some of these are identified within the County's Coastal Incident Response Plan.

COORDINATION WITH OTHER EMS AGENCIES: There is a need for improved coordination with neighboring counties regarding special rescue resources.

NEED(S): Inventory of special rescue resources within the County with a mechanism for their activation when needed. Coordinate with neighboring counties.

OBJECTIVE: Establish an inventory of special rescue resources for the Monterey County EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

4.12

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

CURRENT STATUS: Minimum Standard met.

The County's existing medical disaster plan is currently being revised. The EMS Agency has applied to the state EMS Authority for a grant to enhance and accelerate this project.

NEED(S): Revision of the medical disaster plan to encompass the EMS Agency, the Health Department, and the medical community at large.

OBJECTIVE: Complete revision of the medical disaster plan.

TIME FRAME FOR MEETING OBJECTIVE:

 short-range plan (one year or less)
XX long-range plan (more than one year)

4.13

MINIMUM STANDARD: *The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.*

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has agreements, permitting inter-county response of emergency medical transport vehicles and EMS personnel, with local EMS agencies in surrounding counties.

COORDINATION WITH OTHER EMS AGENCIES: See above.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.14

MINIMUM STANDARD: *The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.*

CURRENT STATUS: Minimum Standard met.

With the advice and assistance of the various responding agencies, the EMS Agency has developed and implemented a county-wide multi-casualty incident response plan incorporating the "Incident Command System."

NEED(S): Reassess and revise the multi-casualty incident response plan as necessary.

OBJECTIVE: Reassess and revise the multi-casualty incident response plan as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

XX short-range plan (one year or less)

XX long-range plan (more than one year)

4.15

MINIMUM STANDARD: *Multi-casualty response plans and procedures shall utilize state standards and guidelines.*

CURRENT STATUS: Minimum Standard met.

Existing state standards and guidelines are utilized as a basis for the County's multi-casualty response plans and procedures.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.16 **Enhanced Level: Advanced Life Support**

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: Minimum Standard met.

All County-authorized ALS ambulances are staffed with at least one EMT-Paramedic and one EMT-I.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.17 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Adequate regulations, policies, and procedures exist to assure that every emergency ALS ambulance is appropriately equipped for the scope of practice of its level of staffing.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.18 **Enhanced Level: Ambulance Regulation**

MINIMUM STANDARD: *The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.*

CURRENT STATUS: Minimum Standard met.

Monterey County Ordinance No. 3815 (3/28/95) amended Chapter 15.40 of the Monterey County Code relating to the EMS system and medical transport services. A County contract, license, or variance is required to perform any of the following services: advanced life support, base hospital, ambulance service, or air ambulance service. § 15.40.040.A. "Convalescent transport services" must also obtain Monterey County licensure. § 15.40.050.A.

All County-authorized emergency medical transportation services operate at the EMT-Paramedic level under contracts which mandate compliance with appropriate statutes, regulations, policies, and procedures. The Salinas Fire Department provides EMT-Paramedic first-responder services under its Monterey County contract, as well.

NEED(S): Revise Chapter 15.40 as necessary.

OBJECTIVE: Revise Chapter 15.40 as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

4.19 **Enhanced Level: Exclusive Operating Permits**

MINIMUM STANDARD: *Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:*

- (a) minimum standards for transportation services,*
- (b) optimal transportation system efficiency and effectiveness, and*
- (c) use of a competitive process to ensure system optimization.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency has implemented exclusive operating areas, under Health & Safety Code § 1797.224, in accordance with an EMS transportation plan approved by the Board of Supervisors and by the state EMS Authority.

The County's primary ambulance contract expires on December 31, 2000. Under its terms, the County may grant an initial three-year extension, and a subsequent two-year extension, if specified conditions are met. Agreement for any such extension must be reached at least one year before the scheduled termination date.

NEED(S): Revise the EMS transportation plan as necessary to ensure optimal transportation system efficiency and effectiveness. Develop a request for proposals for the expiration of current primary ambulance franchise in the year 2001, should the County elect not to extend the current contract beyond December 31, 2000.

OBJECTIVE: Continue to monitor the transportation system and revise plans as necessary. If necessary, develop a request for proposals as above.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX** long-range plan (more than one year)

4.20 **Enhanced Level: Exclusive Operating Permits**

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

CURRENT STATUS: Minimum Standard met.

Exclusive operating areas have been established in accordance with the Health & Safety Code and with the approval of the state EMS Authority and the Monterey County Board of Supervisors.

NEED(S): Monitor existing contracts with currently "grandfathered" providers from neighboring counties for possible extension when the contracts expire.

OBJECTIVE: As above.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

4.21 **Enhanced Level: Exclusive Operating Permits**

MINIMUM STANDARD: The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS: Minimum Standard met.

County ordinance and contracts require compliance with applicable policies and procedures regarding system operations and patient care. Compliance is monitored by the providers, the base hospitals, and the EMS Agency.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.22 Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARD: *The local EMS agency shall periodically evaluate the design of exclusive operating areas.*

CURRENT STATUS: Minimum Standard met.

The design of the County's exclusive operating areas was most recently revised through the Request for Proposal for the provision of Emergency Ambulance Service (April 1995), which attempted to establish a single EMT-Paramedic ambulance provider for the entire Central Zone in January 1996. The process did not, however, completely achieve this goal: after selection of the exclusive provider for the Central Zone, one city and three fire districts elected to contract independently for emergency ambulance service under Health & Safety Code § 1797.201. (The Court of Appeal subsequently disqualified one of the three fire districts under § 1797.201.)

NEED(S): Periodically re-evaluate the design of exclusive operating areas.

OBJECTIVE: Periodically re-evaluate the design of exclusive operating areas.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

FACILITIES/CRITICAL CARE

5.01

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The EMS Agency has written agreements with all four acute-care hospitals in Monterey County. Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Hospital are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital.

NEED(S): Periodic reassessment of the EMS-related capabilities of the various acute care facilities in Monterey County.

OBJECTIVE: Conduct periodic reassessment as above.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

5.02

MINIMUM STANDARD: *The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.*

CURRENT STATUS: The EMS Agency has established prehospital triage protocols. The Agency has not been involved with the development of inter-hospital transfer agreements.

COORDINATION WITH OTHER EMS AGENCIES: None to date.

NEED(S): Evaluate the need for inter-hospital transfer agreements and facilitate their development if requested.

OBJECTIVE: Meet with the hospital administrators to evaluate the need for inter-hospital transfer agreements. Meet with EMS agencies from Santa Cruz, San Benito, and San Luis Obispo Counties to coordinate inter-county transfers as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

5.03

MINIMUM STANDARD: *The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.*

CURRENT STATUS: The Agency has not been involved with the development of inter-hospital transfer agreements.

COORDINATION WITH OTHER EMS AGENCIES: None to date.

NEED(S): Evaluate the need for inter-hospital transfer agreements and facilitate their development if requested to do so. Meet with EMS agencies from Santa Cruz, San Benito, and San Luis Obispo Counties to coordinate inter-county transfers as necessary.

OBJECTIVE: Meet with the hospital administrators to evaluate the need for inter-hospital transfer agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

5.04

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

CURRENT STATUS: Minimum Standard met.

Mee Memorial Hospital is currently designated as a receiving hospital, monitored by its Receiving Hospital Coordinator (the other acute care facilities are designated as EMT-Paramedic base hospitals). There are no specialty care facilities in Monterey County; therefore, no criteria have been developed for such facilities. There has been work on pediatrics in the development of prehospital treatment guidelines.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County has medical-control agreements with the adjacent counties and provider agreements with ground and air transport providers serving Monterey County from the adjacent counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.05

MINIMUM STANDARD: *The local EMS agency shall encourage hospitals to prepare for mass casualty management.*

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

CURRENT STATUS: Minimum Standard met.

There is a comprehensive plan for mass-casualty incidents. Individual hospitals have their own disaster and mass-casualty incident plans. The new 800 MHz disaster radio network (see 3.05 above) will link the hospitals, the Health Department, and the EMS Agency. The EMS Agency has recently been awarded a state grant to accelerate the development of a comprehensive county-wide disaster plan to include the medical community at large.

NEED(S): Continue to assist hospitals with preparation for mass-casualty management.

OBJECTIVE: Review individual facility and County plans to ensure that they are coordinated and integrated within a comprehensive disaster plan which includes the medical community at large.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

5.06

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

CURRENT STATUS: Evacuation policies and procedures have been developed by the individual hospitals as required by law. The County multi-casualty incident plan can be implemented to facilitate the transport and distribution of patients from hospitals being evacuated.

COORDINATION WITH OTHER EMS AGENCIES: There have been discussions with the local EMS agencies from the adjacent counties. There is no written regional plan specific to hospital evacuation.

NEED(S): Coordinated hospital and County planning.

OBJECTIVE: Work with hospital administration and staff to plan for coordination in the event of hospital evacuation.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

5.07 **Enhanced Level: Advanced Life Support**

MINIMUM STANDARD: The local EMS shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

CURRENT STATUS: Minimum Standard met.

Three hospitals (Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial) have been designated as EMT-Paramedic base hospitals. All eligible facilities were allowed to apply. The designated base hospitals have executed written agreements with the County as required by Title 22, California Code of Regulations § 100169(b)(5).

COORDINATION WITH OTHER EMS AGENCIES: Ambulance providers responding into Monterey County from Santa Cruz and San Luis Obispo Counties are authorized to operate under medical control from their home counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.08

Enhanced Level: Trauma Care System

MINIMUM STANDARD: *Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:*

- (a) the number and level of trauma centers (including the use of trauma centers in other counties),*
- (b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,*
- (c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,*
- (d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and*
- (e) a plan for monitoring and evaluation of the system.*

CURRENT STATUS: Current EMS protocols direct trauma-patient destination from the field. Such protocols are periodically reviewed by the Medical Advisory Committee. There is no designated trauma center in Monterey County, nor has any local acute care facility actively sought such designation; therefore, there is no formal "trauma care system" as defined in Title 22, California Code of Regulations. EMS Agency staff are currently assisting in the development of a statistical profile of injury for Monterey County, which will be helpful in trauma-care planning.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.09 **Enhanced Level: Trauma Care System**

MINIMUM STANDARD: *In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.*

CURRENT STATUS: There is no designated trauma center in Monterey County, nor has any local acute care facility actively sought such designation; therefore, there is no formal trauma care system as defined in Title 22, California Code of Regulations. EMS Agency staff are currently assisting in the development of a statistical profile of injury for Monterey County, which will be helpful in trauma-care planning.

The EMS Agency welcomes and receives relevant input from both prehospital and hospital providers and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (which includes consumer representatives) and the Medical Advisory Committee. Meetings of the four EMS Regional Councils are also held occasionally as necessary.

NEED(S): Explore possible triage of trauma patients at the scene according to the so-called MAP criteria (i.e., mechanism, anatomy, physiology), with transport to nearest appropriate facility in-County or evacuation to appropriate trauma center elsewhere in the region.

OBJECTIVES:

- (1) Statistical analysis of current trauma patient volume, mechanisms of injury, etc.
- (2) Determine whether current volume supports need for a formal trauma system.
- (3) Assess the capabilities and desires of local hospital administration, nursing, and medical staff with regard to trauma care.
- (4) Based on the above, decide whether to maintain/upgrade a system using regional trauma center(s) or to develop a local trauma system within the County.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

5.10 Enhanced Level: Pediatric Emergency Medical and Critical Care System

MINIMUM STANDARD: *Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:*

- (a) *the number and role of system participants, particularly of emergency departments,*
- (b) *the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,*
- (c) *identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,*
- (d) *identification of providers who are qualified to transport such patients to a designated facility,*
- (e) *identification of tertiary care centers for pediatric critical care and pediatric trauma,*
- (f) *the role of non-pediatric specialty care hospitals including those outside of the primary triage area, and*
- (g) *a plan for monitoring and evaluation of the system.*

CURRENT STATUS: Specific prehospital guidelines have been established for the treatment of seriously ill or injured pediatric patients. Local hospitals have established procedures for transferring critically ill pediatric patients after stabilization. There is no designated pediatric critical-care center in Monterey County. There is, therefore, no formal "pediatric emergency medical and critical care system plan."

NEED(S): Needs assessment.

OBJECTIVE: Evaluate the need, if any, for a "pediatric emergency medical and critical care system plan" for Monterey County.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

5.11 **Enhanced Level: Pediatric Emergency Medical and Critical Care System**

MINIMUM STANDARD: *Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:*

- (a) *staffing,*
- (b) *training,*
- (c) *equipment,*
- (d) *identification of patients for whom consultation with a pediatric critical care center is appropriate,*
- (e) *quality assurance/quality improvement, and*
- (f) *data reporting to the local EMS agency.*

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

CURRENT STATUS: See 5.10 above. Every emergency department meets JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) standards for pediatric capability and is capable of caring for critical pediatric patients.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.12 **Enhanced Level: Pediatric Emergency Medical and Critical Care System**

MINIMUM STANDARD: *In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.*

CURRENT STATUS: To date, no "pediatric emergency medical and critical care system plan" has been proposed or established. The EMS Agency welcomes and receives relevant input from both prehospital and hospital providers and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (which includes consumer representatives) and the Medical Advisory Committee. Meetings of the four EMS Regional Councils are also held occasionally as necessary.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.13 **Enhanced Level: Other Specialty Care Systems**

MINIMUM STANDARD: *Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:*

- (a) the number and role of system participants,*
- (b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,*
- (c) identification of patients who should be triaged or transferred to a designated center,*
- (d) the role of non-designated hospitals including those which are outside of the primary triage area, and*
- (e) a plan for monitoring and evaluation of the system.*

CURRENT STATUS: Specific clinical conditions have not been identified for the development of specialty care plans.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.14 **Enhanced Level: Other Specialty Care Systems**

MINIMUM STANDARD: *In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.*

CURRENT STATUS: To date, no "other specialty care system" plan has been proposed or established. The EMS Agency welcomes and receives relevant input from both prehospital and hospital providers and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (which includes consumer representatives) and the Medical Advisory Committee. Meetings of the four EMS Regional Councils are also held occasionally as necessary.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

DATA COLLECTION/SYSTEM EVALUATION

6.01

MINIMUM STANDARD: *The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The program shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Current EMS Policy 500-35 establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals and EMT-Paramedic service providers to participate in this program. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary.

The EMS Agency has various resources to evaluate the response and care provided to specific patients. Written resources include the Prehospital Care Record completed by the field responder, the Patient Outcome Report completed by the receiving facility, and the incident report, if any, submitted to the Agency. Electronic resources include dispatch-computer records from County Communications and the primary ambulance contractor. Radio/telephone traffic is tape recorded by the base hospitals (except for Community Hospital of the Monterey Peninsula), County Communications, and the primary ambulance contractor. Most importantly, the EMS Medical Director relies upon various human resources to assist in the evaluation of prehospital response and treatment. These essential individuals include the base-hospital coordinators, the base-hospital physicians, and the designated EMS liaisons at each participating agency.

NEED(S): Written agreements with the first-responder agencies to participate in the system-wide QI program. Written policies under which the licensed non-emergency medical transport providers would participate in the system-wide QI program.

OBJECTIVE: Develop written agreements and policies as above.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

6.02

MINIMUM STANDARD: *Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.*

CURRENT STATUS: Minimum Standard met.

Prehospital records for all patient responses are completed and forwarded to appropriate agencies as specified in current EMS Policy 500-26 ("Prehospital Care/First Responder Record Completion").

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.03

MINIMUM STANDARD: *Audits of prehospital care, including both system response and clinical aspects, shall be conducted.*

RECOMMENDED GUIDELINE: *The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient, and discharge records.*

CURRENT STATUS: Minimum Standard met.

Various audits of prehospital care are conducted by the EMS Agency, the base hospitals, and the field providers. Some audits are routine; others are in response to specific complaints. Prehospital records are routinely linked with hospital outcome information via the Patient Outcome Report included with the Prehospital Care Record form. Prehospital records, however, are currently linked with dispatch, in-patient, and discharge records only upon a specific request for information regarding a particular case.

The EMS Agency has retained an expert consultant to develop a county-wide consolidated data-collection system.

NEED(S): Establish a comprehensive audit program for any aspect of the EMS system, as necessary, to include appropriate clinical indicators and outcome measurements.

OBJECTIVE: Establish an effectively linked data-collection and quality-improvement program.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.04

MINIMUM STANDARD: *The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post-dispatch directions.*

CURRENT STATUS: Minimum Standard met.

All 9-1-1 medical emergency responses currently include first responders (who may be certified at various levels) and ambulances staffed at the EMT-Paramedic level (except for Fort Hunter Liggett, see 1.02 above). Most emergency responses are conducted with lights and sirens ("Code 3"). "Priority dispatch" is currently being evaluated for possible implementation (see 3.09 and 4.03 above).

Caller interrogation and pre-arrival instructions are provided by the primary ambulance contractor under its County Contract. Tape recordings of such calls are maintained for at least one year. Current EMS Policy 500-41 ("Emergency Medical Dispatch Quality Improvement") establishes procedures for system monitoring, specific call review, documentation, random audits, and confidentiality.

The EMS Agency meets monthly with dispatch staff from the primary ambulance contractor and from the County 9-1-1 centers to review and improve medical dispatching.

NEED(S): Continue to monitor and refine the provision of emergency medical dispatch. Complete evaluation of "priority dispatch" and implement it if appropriate. Facilitate the provision of prearrival medical instructions in all areas of the County.

OBJECTIVE: Conduct periodic random audits of emergency medical dispatch calls.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.05

MINIMUM STANDARD: *The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high-risk patient groups) and the QA/QI audit of the care provided to specific patients.*

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: Minimum Standard met, although there is room for improvement.

The EMS system generates both clinical and response-time data. On the clinical side, the EMS Agency is supposed to receive a copy of the Prehospital Care Record for every patient contact. The Agency also receives Patient Outcome Reports from the base and receiving hospitals on most patients transported. From these documents, selected data elements are hand-keyed into a computerized database.

From this database, various reports can be generated. Specific reports are provided upon request. In response to requests from various provider agencies, the EMS Agency has developed a standardized set of monthly summary reports for general distribution. The current database does not, however, satisfy all of the minimum state reporting requirements, and it does not include either air-ambulance or first-responder records.

Response-time data are captured by the dispatch computers at County Communications and at the primary ambulance contractor. These computers should soon be electronically linked, as required by the Request for Proposal (April 1995). The EMS Agency currently has direct, real-time access to the ambulance contractor's dispatch computer. The Agency also receives data from both computers monthly on disc. Response-time data are used to generate summary reports as well as to audit specific calls, but the medical and response-time databases have not yet been completely merged--the EMS Agency has only recently developed that capability.

COORDINATION WITH OTHER EMS AGENCIES: The EMS Agency regularly monitors the efforts of other agencies, including the state EMS Authority, to coordinate and consolidate EMS data collection and analysis.

NEED(S): Explore the desirability, feasibility, and expense of further merging the medical and response-time databases. Consider expanding the medical database to capture more of the information presently recorded on the Prehospital Care Record and Patient Outcome Report forms. Explore the desirability, feasibility, and expense of implementing an "electronic PCR."

OBJECTIVE: Refine the summary report format from the medical database to meet the needs of system participants. Distribute such reports monthly to all interested parties. Enhance the EMS data-collection system to satisfy state reporting requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.06

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

CURRENT STATUS: The EMS Agency consistently evaluates its program components but lacks a regular comprehensive review. See, for example, 1.02, 1.03, 1.12, 1.15, and 1.18 above. Manual collection of information is required. Comprehensive system analysis is time- and resource-consuming using the present methods of evaluation.

Various aspects of the local EMS system are monitored by several standing committees. These committees include the EMCC, four Regional Councils, and the Medical Advisory Committee. A Contract Compliance Committee has recently been established to monitor the performance of the primary ambulance contractor under the terms of its County contract.

NEED(S): The establishment of a comprehensive data-management system as described in Standard 6.05 above will allow overall EMS system program evaluation.

OBJECTIVE: The EMS Agency will regularly evaluate and report on the status of EMS system operations through its data-management system and the quality-improvement program.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.07

MINIMUM STANDARD: *The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.*

CURRENT STATUS: As noted under Standard 1.18 above, current EMS Policy 500-35 establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals and EMT-Paramedic service providers to participate, as required by state law, in this program.

Monterey County licenses providers of non-emergency medical transportation under its County EMS Ordinance. All contracts and licenses mandate compliance with County EMS policies, and they include reporting requirements to enhance the monitoring of compliance. Some providers report more conscientiously and consistently than others, however.

NEED(S): Written agreements with the first-responder agencies to participate in the system-wide QI program. Written agreements with the licensed non-emergency medical transport providers to participate in the system-wide QI program.

OBJECTIVE: Execute written agreements as above.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.08

MINIMUM STANDARD: *The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board of Supervisors, provider agencies, and Emergency Medical Care Committee.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency regularly reports to the Emergency Medical Care Committee and to the Board of Supervisors on various system issues.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.09

Enhanced Level: Advanced Life Support

MINIMUM STANDARD: *The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.*

RECOMMENDED GUIDELINE: *The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.*

CURRENT STATUS: Minimum Standard met.

As noted under Standard 6.05 above, the EMS Agency is supposed to receive a copy of the Prehospital Care Record for every patient contact. The Agency also receives Patient Outcome Reports from the base and receiving hospitals on most--approximately 90%--of the patients transported. From these documents, selected data elements are hand-keyed into a computerized database. Air-ambulance records have not routinely been entered into the database.

NEED(S): See 6.05 above.

OBJECTIVE: Enhance the EMS data-collection system to satisfy state reporting requirements.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

6.10 **Enhanced Level: Trauma Care System**

MINIMUM STANDARD: *The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:*

- (a) *a trauma registry,*
- (b) *a mechanism to identify patients whose care fell outside of established criteria, and*
- (c) *a process of identifying potential improvements to the system design and operation.*

CURRENT STATUS: There is no formal trauma system in Monterey County, and no hospital has been designated as a trauma center. The EMS Agency, in cooperation with the local hospitals, has recently begun an evaluation of local trauma care as the first step in developing an appropriate trauma system for Monterey County.

NEED(S): Complete the evaluation as described above.

OBJECTIVE: Develop and implement a trauma-care system which is appropriate for the needs of Monterey County.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

6.11 **Enhanced Level: Trauma Care System**

MINIMUM STANDARD: *The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient-specific information which is required for quality assurance/quality improvement and system evaluation.*

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

CURRENT STATUS: There is no designated trauma center in Monterey County. See 6.10 above.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

PUBLIC INFORMATION AND EDUCATION

7.01

MINIMUM STANDARD: *The local EMS agency shall promote the development and dissemination of information materials for the public which address:*

- (a) *understanding of EMS system design and operation,*
- (b) *proper access to the system,*
- (c) *self help (e.g., CPR, first aid, etc.),*
- (d) *patient and consumer rights as they relate to the EMS system,*
- (e) *health and safety habits as they relate to the prevention and reduction of health risks in target areas, and*
- (f) *appropriate utilization of emergency departments.*

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has developed information and materials for public dissemination. Both Agency and provider staff have been involved in the County's CPR program. Staffing limitations and other program priorities have restricted other efforts in public information and education.

NEED(S): Coordinate and assist the various provider groups in developing information for the public regarding EMS activities as needed.

OBJECTIVE: Provide assistance as above.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

7.02

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

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency supports and provides resources, including data, to the Injury Prevention Section of the Monterey County Health Department. The Injury Prevention Section currently conducts the following programs:

Child Safety Seat Program: Using funds received from Municipal Court fines, this program provides child safety seats to low-income recipients, with education on proper safety-seat use.

Safe Kids on the Move: This is a comprehensive traffic safety program designed to increase the use of safety equipment such as bicycle helmets and car safety seats.

Teens for Seat Belts: This program provides training and support to promote the use of seat belts by "high-risk" youth.

Violent Injury Prevention Program: This program is aimed at reducing the number of violent acts committed by persons under nineteen years of age in the City of Salinas. It also provides public-health nursing follow-up for those under eighteen who are victims of gunshots, stabbings, and other assaults.

NEED(S): Expanded programs on car, bicycle, and pedestrian safety.

OBJECTIVE: Continue to support and assist the County's injury-prevention programs.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

7.03

MINIMUM STANDARD: *The local EMS agency, in conjunction with the local office of emergency services (OES), shall promote citizen disaster preparedness activities.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The County's existing medical disaster plan is currently being revised to meet new EMS guidelines. The EMS Agency has received a grant from the state EMS Authority to enhance and accelerate this project, which will ultimately involve both the County Health Department and the medical community at large. The three-year project includes public information and education on disaster medical preparedness.

The County Office of Emergency Services and several cities, including Salinas and Monterey, are currently promoting citizen disaster preparedness through the development of neighborhood emergency response teams.

NEED(S): Revision of the medical disaster plan as above.

OBJECTIVE: Complete revision of the medical disaster plan.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

7.04

MINIMUM STANDARD: *The local EMS agency shall promote the availability of first aid and CPR training for the general public.*

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has taken a leading role in promoting CPR training for residents of Monterey County. Various agencies have provided such training.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

DISASTER MEDICAL RESPONSE

8.01

MINIMUM STANDARD: *In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency is currently developing a comprehensive medical disaster response plan for the Monterey County Operational Area. This plan will include the medical disaster plan recently developed for the County Health Department. The next step will be to develop a plan for the medical community at large, including the four acute care hospitals, various extended-care facilities, home health agencies, "urgent care" centers, pharmacies, and the local Red Cross chapters. Toward that end, a Hospital Medical Disaster Advisory Committee was formed in early 1997, and the EMS Agency continues to host its monthly meetings.

After these new plans have been integrated, the Operational Area Multi-Hazard Emergency Plan (Annex D) will be revised accordingly. All such planning is coordinated with the local Office of Emergency Services.

COORDINATION WITH OTHER EMS AGENCIES: We currently attend the meetings of Region II Operational Area Disaster Medical/Health Coordinators held quarterly in Contra Costa County. These meetings provide an excellent forum for sharing information about medical response plans.

NEED(S): Collaborative disaster planning among the medical community at large. Integration of such planning with current County efforts.

OBJECTIVE: Provide technical assistance, act as facilitator, and coordinate the production of a comprehensive medical response plan for the Monterey County Operational Area. Revise and expand Annex D of the Multi-Hazard Emergency Plan to reflect both the medical community's and the Health Department's disaster response plans.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.02

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

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

CURRENT STATUS: Minimum Standard met.

Current medical response plans and procedures for catastrophic disasters are applicable to incidents caused by a variety of hazards, including toxic substances. These plans and procedures are currently under revision, as noted in 8.01 above.

NEED(S): Updated medical response plans and procedures.

OBJECTIVE: Coordinate the Health Department's disaster plan with the medical community at large to produce a comprehensive medical disaster plan for the entire County. (See 8.01 above.) Develop and provide public information and education regarding these plans.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.03

MINIMUM STANDARD: *All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.*

CURRENT STATUS: Minimum Standard met.

The fire departments and the Environmental Health Division of the County Health Department have trained and equipped their personnel for hazardous materials response. All emergency ambulance providers are required to attend hazardous-materials training.

NEED(S): Continuation of existing liaison among EMS providers, first-responder agencies, transport providers, hospitals, and the Office of Emergency Services.

OBJECTIVE: Continue to assess the availability of hazardous-materials training for EMS system participants.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

8.04

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

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

CURRENT STATUS: Minimum Standard met.

Medical response plans and procedures for catastrophic disasters use the Incident Command System as the basis for field management.

The introductory module from the California Standardized Emergency Management System (SEMS) curriculum is mandatory for all new Health Department employees. Personnel who are primarily involved in disaster management have received both the introductory and the emergency-operations-center courses from the SEMS curriculum.

NEED(S): Each division of the Health Department will have to determine which, if any, additional SEMS training is appropriate for its employees.

OBJECTIVE: Train all Health Department personnel with the appropriate module(s) from the SEMS curriculum.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

8.05

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

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

CURRENT STATUS: Minimum Standard met.

Patient distribution procedures are specified in the County Multi-Casualty Incident plan. All hospital emergency departments have met state and JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) standards and are considered capable of receiving and treating patients exposed to hazardous materials.

COORDINATION WITH OTHER EMS AGENCIES: Coordination is through the Region II Disaster Medical Health Coordinator, and directly with Santa Cruz, San Benito, and San Luis Obispo Counties as necessary.

NEED(S): Review and revise procedures as necessary.

OBJECTIVE: Continue to provide ongoing review. Revise procedures as needed. Establish options for the distribution of casualties and identify appropriate facilities as needed based on unique incident factors.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.06

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

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

CURRENT STATUS: Minimum Standard met.

Specific components of the County disaster plan address out-of-county medical mutual aid requests. A comprehensive Regional Disaster Health and Medical Coordination system has been established for OES Region II with the Contra Costa County EMS Agency in the lead. The Monterey County Emergency Operations Center has a two-way radio link, via satellite, with OES Region II and with the state.

NEED(S): Ongoing review and revision of disaster management policies, procedures, and plans.

OBJECTIVE: Continue to identify disaster situations that require outside assistance. Refine written procedures as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.07

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

CURRENT STATUS: Minimum Standard met.

CALCORD is the identified frequency for coordination at the tactical level. Additionally, all fire and emergency ambulance units are capable of unit-to-unit communication. Some ambulances are also equipped with cellular telephones. An 800 MHz radio system has been developed to link the County Emergency Operations Center, the Health Department, the EMS Agency, and the four acute care hospitals.

COORDINATION WITH OTHER EMS AGENCIES: Hospitals in Santa Cruz County are considering joining our 800 MHz radio system. Such planning will be coordinated with the Santa Cruz County EMS Agency.

NEED(S): Capability to communicate with out-of-county ambulances responding into Monterey County on mutual-aid requests.

OBJECTIVE: Establish communications capability with out-of-county ambulances responding into Monterey County on mutual-aid requests.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

8.08

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

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

CURRENT STATUS: Minimum Standard met.

Resource directories have been developed in cooperation with the County Office of Emergency Services. These directories have been supplied to the Regional Disaster Medical Health Coordinator.

NEED(S): Periodic review and updating of resource directories.

OBJECTIVE: Review and update resource directories.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.09

MINIMUM STANDARD: *The local EMS agency shall establish and maintain relationships with DMAT teams in its area.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The Monterey County EMS Agency has participated on the Region II DMAT Committee since its inception in February 1997. We have shared information about the DMAT ("disaster medical assistance team") concept--especially about recruitment--with our EMCC, local hospitals, fire departments, Health Department, and others in the community. Public Health nurses and fire personnel have expressed their interest in participating.

NEED(S): There is no DMAT currently established in northern California. Such a team would provide organized medical resources during a disaster within Region II as well as locally.

OBJECTIVE: Continue to participate in regional DMAT planning and disseminate appropriate information throughout Monterey County.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.10

MINIMUM STANDARD: *The local EMS agency shall ensure the existence of medical mutual-aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources, will be made available during significant medical incidents and during periods of extraordinary system demand.*

CURRENT STATUS: Inter-county medical mutual aid planning has been extensive, particularly with the Regional Disaster Medical Health Coordinator. As yet, no regional medical mutual-aid agreement exists.

COORDINATION WITH OTHER EMS AGENCIES: The EMS Agency will continue to work with the OES Region II Disaster Medical Health Coordinator to draft and execute regional medical mutual-aid agreements.

NEED(S): Master Medical Mutual Aid Plan within the region and the state.

OBJECTIVE: Continue to engage in medical mutual-aid planning with other counties in the region as well as with the state.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.11

MINIMUM STANDARD: *The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).*

CURRENT STATUS: There are no designated casualty collection points within Monterey County for which staffing would be available to the extent specified in current state guidelines. The California EMS Authority is currently re-evaluating the entire CCP concept.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S): Revised state CCP guidelines.

OBJECTIVE: Implement revised CCP guidelines as promulgated by the state EMS Authority.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

8.12

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

CURRENT STATUS: See 8.11 above.

NEED(S): See 8.11 above.

OBJECTIVE: See 8.11 above.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

8.13

MINIMUM STANDARD: *The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.*

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

CURRENT STATUS: Minimum Standard met.

The START ("Simple Triage and Rapid Transport") system is taught in all local first-responder and EMT-I training programs. The County Multi-Casualty Incident (MCI) plan is taught in-house by various provider agencies. MCI drills are conducted regularly (five or six times a year) by various fire agencies; the EMS Agency facilitates. Such drills include the local ambulance providers.

Policies, procedures, and treatment guidelines for substance-specific hazardous-material incidents have been developed by the state EMS Authority. The Monterey County Hazardous Materials Response Plan requires hazardous-materials training for all ambulance personnel. EMS providers, including transport personnel and first responders, participate in hazardous-materials exercises.

NEED(S): Ensure that all EMT-Paramedics are appropriately trained with respect to the Monterey County MCI plan.

OBJECTIVE: Continue to review the disaster medical training of EMS responders. Coordinate disaster medical training as needed. Ensure that all EMT-Paramedics are appropriately trained with respect to the Monterey County MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- XX long-range plan (more than one year)

8.14

MINIMUM STANDARD: *The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).*

RECOMMENDED GUIDELINE: *At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.*

CURRENT STATUS: Minimum Standard met.

The EMS Agency is currently developing a comprehensive medical disaster response plan for the Monterey County Operational Area. Toward that end, a Hospital Medical Disaster Advisory Committee was formed in early 1997, and the EMS Agency continues to host its monthly meetings. (See 8.01 above.)

NEED(S): Collaborative disaster planning among the medical community at large. Integration of such planning with current County efforts.

OBJECTIVE: Provide technical assistance, act as facilitator, and coordinate the production of a comprehensive medical response plan for the Monterey County Operational Area. Revise and expand Annex D of the Multi-Hazard Emergency Plan to reflect both the medical community's and the Health Department's disaster response plans.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- XX long-range plan (more than one year)

8.15

MINIMUM STANDARD: *The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.*

CURRENT STATUS: Minimum Standard met.

The hospitals currently have the ability to communicate with each other on MedNet Channel 2. A new 800 MHz radio system will link the hospitals, the County Health Department, and the EMS Agency. The equipment is already operational at the Health Department and the EMS Agency, and the hospital radios will be installed as soon as maintenance agreements are executed.

NEED(S): Complete the 800 MHz disaster radio network.

OBJECTIVE: Execute radio-maintenance agreements with the hospitals. Install remaining hardware and train personnel to use the new 800 MHz network.

TIME FRAME FOR MEETING OBJECTIVE:

- XX short-range plan (one year or less)
- long-range plan (more than one year)

8.16

MINIMUM STANDARD: *The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.*

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

CURRENT STATUS: Minimum Standard met.

All acute-care hospitals and prehospital medical response agencies have developed written guidelines for the management of significant medical incidents and have trained staff in their use.

NEED(S): Refine such written guidelines as necessary.

OBJECTIVE: Assist hospitals and prehospital medical response agencies with the continued refinement of their written guidelines for the management of significant medical incidents. Facilitate staff training as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

short-range plan (one year or less)
XX long-range plan (more than one year)

8.17 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Title 22, California Code of Regulations § 100164(g) expressly authorizes EMT-Paramedics to function outside their home EMS systems during significant medical incidents. It provides as follows:

During a mutual aid response into another jurisdiction, an EMT-P may utilize the EMT-P scope of practice according to the policies and procedures established by his/her accrediting local EMS agency.

In addition, the Monterey County EMS Agency is working with the state EMS Authority and with the OES Region II Disaster Medical Health Coordinator to draft and execute standardized ambulance mutual-aid agreements throughout the Region.

NEED(S): Standardized ambulance mutual-aid agreements.

OBJECTIVE: Continue to work with the state EMS Authority and with the OES Region II Disaster Medical Health Coordinator to draft and execute standardized ambulance mutual-aid agreements throughout the Region.

TIME FRAME FOR MEETING OBJECTIVE:

short-range plan (one year or less)
XX long-range plan (more than one year)

8.18 **Enhanced Level: Specialty Care Systems**

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

CURRENT STATUS: Monterey County currently has no identified trauma center or other specialty-care center.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

MONTEREY COUNTY EMS PLAN

**SECTION 3
SYSTEM RESOURCES AND OPERATIONS**

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

Note: The California EMS System Standards and Guidelines have placed TABLE 1 (SUMMARY OF SYSTEM STATUS) in Section 2 of this Plan, above.

EMS System: Monterey County

Reporting Year: Fiscal Year 1996-97

1. Percentage of population served by each level of care:
 - a. Basic Life Support (BLS)
 - b. Limited Advanced Life Support (LALS)
 - c. Advanced Life Support (ALS) **100%**

2. Type of agency:

Public Health Department	XXX
County Health Services Agency	
Other (non-health) County Department	
Joint Powers Agency	
Private Non-profit Entity	
Other: _____	

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

Public Health Officer	XXX
Health Services Agency Director/Administrator	
Board of Directors	
Other: _____	

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

Implementation of exclusive operating areas (ambulance franchising)	XXX
Designation of trauma centers/trauma care system planning	
Designation/approval of pediatric facilities	

Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	XXX
Enforcement of ambulance service contracts	XXX
Operation of ambulance service	
Continuing education	XXX
Personnel training	XXX
Operation 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 12/612)	XXX
Other: _____	

5. EMS agency budget for Fiscal Year 1996-97

A. EXPENSES

Salaries and benefits (all but contract personnel)	576,065
Contract Services (e.g., medical director)	29,080
Operations (e.g., copying, postage, facilities)	265,445
Travel	7,500
Fixed assets	21,060
Indirect expenses (overhead)	32,560

Ambulance subsidy	582,926
EMS Fund payments to physicians/hospitals	0
First-Responder Equipment	80,000
Dispatch center operations (non-staff)	0
Training program operations	108,333
Critical Incident Stress Debriefing	7,000
Special projects	142,900
Other: _____	

TOTAL EXPENSES **1,852,869**

B. SOURCES OF REVENUE

Special project grant(s) from EMSA	0
Preventive Health and Health Services Block Grant	0
Office of Traffic Safety	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	1,897,034
County contracts (e.g., multi-county agencies)	0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds/ Job Training Partnership Act funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0

Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
type: _____	
Other critical care center designation fees	0
type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	80,200
Other grants	0
Other fees	0
Other (specify): Prop 13, misc	1,000
TOTAL REVENUE	2,019,194

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

\$166,325 designated reserves for multi-year special EMS projects.

6. Fee structure for Fiscal Year 1996-97

First responder certification	0
EMS dispatcher certification	0
EMT-I certification	0

EMT-I recertification	0
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	0
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	0
Mobile Intensive Care Nurse/Authorized Registered Nurse recertification	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/Authorized Registered Nurse training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application	0
type: _____	
Other critical care center designation	0

type: _____

Ambulance service license

0

Ambulance vehicle permits

950/vehicle/year

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1996-97.

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (cont.)

EMS System: Monterey County

Reporting Year: Fiscal Year 1996-97

CATEGORY	ACTUAL TITLE	FTE POSITIONS	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)
EMS Admin./ Coord./Dir.	EMS Administrator	1	27.65	32.44%
Asst. Admin./ Admin. Asst./ Admin. Mgr.	EMS Analyst Admin. Services Assistant	2 1	22.76 19.40	32.44% 32.44%
ALS Coord./ Field Coord./ Trng. Coord.	Prehospital Care Coordinator	1	20.73	32.44%
Program Coord./ Field Liaison	EMS Instructor	1	19.63	32.44%
Trauma Coord.				
Med. Director	Medical Director	0.2	60.00	7.65%
Other MD/ Med. Consult./ Trng. Med. Dir.				
Disaster Med Planner				

Dispatch Supervisor				
Medical Planner				
Data Evaluator/ Analyst				
QA/QI Coordinator				
Public Info. & Ed. Coord.				
Ex. Secretary	Secretary	1	13.70	32.44%
Other Clerical	Clerk II	1	10.22	32.44%
	Typist/Clerk II	1	9.56	32.44%
Data Entry Clerk	Data Entry Operator II	1	11.39	32.44%
Other				

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

EMS System: Monterey County

Reporting Year: Fiscal Year 1994-95

	EMT-Is	EMT-IIs	EMT-Ps	MICN	EMS Dispatchers
Total certified	254			48	
Number of newly certified this year	106			13	
Number of recertified this year	148			35	
Number of certificate reviews resulting in: (a) formal investigations (b) probation (c) suspensions (d) revocations (e) denials (f) denials of renewal (g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards:

0

2. Early defibrillation:

- a. Number of EMT-I (defib) certified: 12
- b. Number of public safety (defib) certified (non-EMT-I): 337
- c. Do you have a first responder training program? Yes

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS
Communications**

EMS System: Monterey County

County: Monterey

Reporting Year: 1996

- | | | |
|----|--|-----------------------|
| 1. | Number of primary Public Service Answering Points (PSAP): | 3 |
| 2. | Number of secondary PSAPs: | 1 |
| 3. | Number of dispatch centers directly dispatching ambulances: | 2 |
| 4. | Number of designated dispatch centers for EMS aircraft: | 2 |
| 5. | Do you have an operational area disaster communication system? | No |
| a. | Radio primary frequency: | N/A |
| b. | Other methods: _____ | |
| c. | Can all medical response units communicate on the same disaster communications system? | Yes |
| d. | Do you participate in OASIS? | Yes |
| e. | Do you have a plan to utilize RACES as a back-up communication system? | Yes |
| 1. | Within the operational area? | Yes |
| 2. | Between the operational area and the region and/or state? | Yes |
| 6. | Who is your primary dispatch agency for day-to-day emergency communications? | County Communications |
| 7. | Who is your primary dispatch agency for a disaster? | County Communications |

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

EMS System: Monterey County
 County: Monterey
 Reporting Year: 1996

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas:	4
2.	Percentage of population covered by Exclusive Operating Areas (EOA):	94.7%
3.	Total number responses	15,293
	a. Number of emergency responses	14,116
	b. Number of non-emergency responses	1,177
4.	Total number of transports	12,817
	a. Number of emergency transports	11,669
	b. Number of non-emergency transports	1,148

Early Defibrillation Programs

5.	Number of public safety defibrillation programs	15
	a. Automated	15
	b. Manual	0
6.	Number of EMT-Defibrillation programs	0
	a. Automated	0
	b. Manual	0

Air Ambulance Services

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

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	N/A	N/A	N/A	N/A
2. Early defibrillation capable responder.	N/A	N/A	N/A	N/A
3. Advanced life capable responder.	8 minutes	12 minutes	45 minutes	N/A
4. EMS transport unit.	8 minutes	12 minutes	45 minutes	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Monterey County

Reporting Year: 1996

Trauma care system N/A

1. Trauma patients N/A

- a. Number of patients meeting trauma triage criteria
- b. Number of major trauma victims transported directly to a trauma center by ambulance
- c. Number of major trauma patients transferred to a trauma center
- d. Number of patients meeting triage criteria who weren't treated at a trauma center

Emergency departments:

2. Total number of emergency departments 4

- a. Number of referral emergency services 0
- b. Number of standby emergency services 0
- c. Number of basic emergency services 4
- b. Number of comprehensive emergency services 0

3. Number of receiving hospitals with agreements 4

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS
Disaster Medical**

EMS System: Monterey County
 County: Monterey
 Reporting Year: 1996

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? N/A
2. CISD

Do you have a CISD provider with 24 hour capability? Yes
3. Medical Response Team
 - a. Do you have any team medical response capability? No
 - b. For each team, are they incorporated into your local response plan? N/A
 - c. Are they available for statewide response? N/A
 - d. Are they part of a formal out-of-state response system? N/A
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? N/A
 - d. Do you have the ability to do decontamination in the field? N/A

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes**
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **12 cities + approximately 20 special districts**
3. Have you tested your MCI plan this year in a:
 - a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties with which you have a written medical mutual aid agreement. **None**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **No**
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? **No**
7. Are you part of a multi-county EMS system for disaster response? **No**
8. Are you a separate department or agency? **No**
9. If not, to whom do you report? **Monterey County Director of Health**
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **N/A**

**TABLE 8: RESOURCES DIRECTORY
Providers**

EMS System: Monterey County

County: Monterey

Reporting Year: 1997

(See Section 4 of this EMS Plan, below, for information on EMS providers within the Monterey County EMS system.)

TABLE 9: RESOURCES DIRECTORY
Approved Training Programs

EMS System: Monterey County

County: Monterey

Reporting Year: 1997

Training Institution Name/Address: **Monterey Peninsula College**
980 Fremont Street
Monterey, CA 93940

Contact Person telephone no.: **Peggy Earl (831) 755-5013**

Student Eligibility: **open**

Cost of Program (basic/refresher): **basic \$90 + books**
refresher \$0

Program Level: **EMT-I**

Number of students completing training per year:

initial training:

refresher:

cont. education:

expiration date:

Number of courses:

initial training:

refresher:

cont. education:

Training Institution Name/Address:

**Hartnell College
156 Homestead Avenue
Salinas, CA 93901**

Contact Person telephone no.:

**Nursing Department
(831) 755-6711**

Student Eligibility:

open

Cost of Program (basic/refresher):

**basic \$90 + books
refresher \$0**

Program Level:

EMT-I

Number of students completing training per year:

initial training:

refresher:

cont. education:

expiration date:

Number of courses:

initial training:

refresher:

cont. education:

**TABLE 10: RESOURCES DIRECTORY
Facilities**

EMS System: Monterey County

County: Monterey

Reporting Year: 1997

Name, address, & telephone: **Natividad Medical Center
1330 Natividad Road
Salinas, CA 93906
(831) 755-4111**

Primary Contact: **Howard Classen, CEO**

Written Contract: **Yes**

Basic/Comp EMS Permit
Health & Safety Code § 1798.101: **No**

Base Hospital: **Yes**

Pediatric Critical Care Center: **No**

EDAP: **No**

PICU: **No**

Burn Center: **No**

Trauma Center: **No**

If Trauma Center, what level: **N/A**

Name, address, & telephone:	Mee Memorial Hospital 300 Canal Street King City, CA 93930 (831) 385-6000
Primary Contact:	Walter Beck, CEO
Written Contract:	Yes
Basic/Comp EMS Permit Health & Safety Code § 1798.101:	No
Base Hospital:	No
Pediatric Critical Care Center:	No
EDAP:	No
PICU:	No
Burn Center:	No
Trauma Center:	No
If Trauma Center, what level:	N/A

Name, address, & telephone:	Community Hospital of the Monterey Peninsula P.O. Box HH Monterey, CA 93942 (831) 624-5311
Primary Contact:	Jay Hudson, President and CEO
Written Contract:	Yes
Basic/Comp EMS Permit Health & Safety Code § 1798.101:	No
Base Hospital:	Yes
Pediatric Critical Care Center:	No
EDAP:	No
PICU:	No
Burn Center:	No
Trauma Center:	No
If Trauma Center, what level:	N/A

Name, address, & telephone:	Salinas Valley Memorial Health Care System 450 East Romie Lane Salinas, CA 93901 (831) 757-4333
Primary Contact:	Sam Downing, Chief Executive Officer
Written Contract:	Yes
Basic/Comp EMS Permit Health & Safety Code § 1798.101:	No
Base Hospital:	Yes
Pediatric Critical Care Center:	No
EDAP:	No
PICU:	No
Burn Center:	No
Trauma Center:	No
If Trauma Center, what level:	N/A

**TABLE 11a: RESOURCES DIRECTORY
Disaster Medical Responders**

EMS System: Monterey County

County: Monterey

Date: 11/13/97

County Office of Emergency Services (OES) Coordinator: Harry Robins

Work Telephone No.: (831) 755-5120

Home Telephone No.:

Office Pager No.: (831) 755-9499

FAX No.: (831) 755-5004

24-HR No.:

Alternate's Name: John Sherwin

Work Telephone No.: (831) 755-5107

Home Telephone No.:

Office Pager No.: (831) 755-9044

FAX No.: (831) 755-5004

24-HR No.:

County EMS Disaster Medical Services (DMS) Coordinator: Chris Le Venton
EMS Administrator

Work Telephone No.: (831) 755-5013

Home Telephone No.:

Office Pager No.: (831) 755-9198

FAX No.: (831) 455-0680

24-HR No.:

Alternate's Name:

David Bezouska

Work Telephone No.: (831) 755-5013

Home Telephone No.:

Office Pager No.: (831) 755-9198

FAX No.: (831) 455-0680

24-HR No.:

County Health Officer's Name:

Robert J. Melton, M.D., M.P.H.
Director of Health

Work Telephone No.: (831) 755-4526

Home Telephone No.:

Office Pager No.: (831) 755-9628

FAX No.: (831) 755-4797

24-HR No.:

Alternate's Name:

James I. Stubblefield, M.D.
EMS Medical Director

Work Telephone No.: (831) 755-0700

Home Telephone No.:

Office Pager No.:

FAX No.: (831) 753-6286

24-HR No.:

Medical/Health EOC telephone no. (831) 755-5446

Medical/Health EOC FAX no.: (831) 755-5004

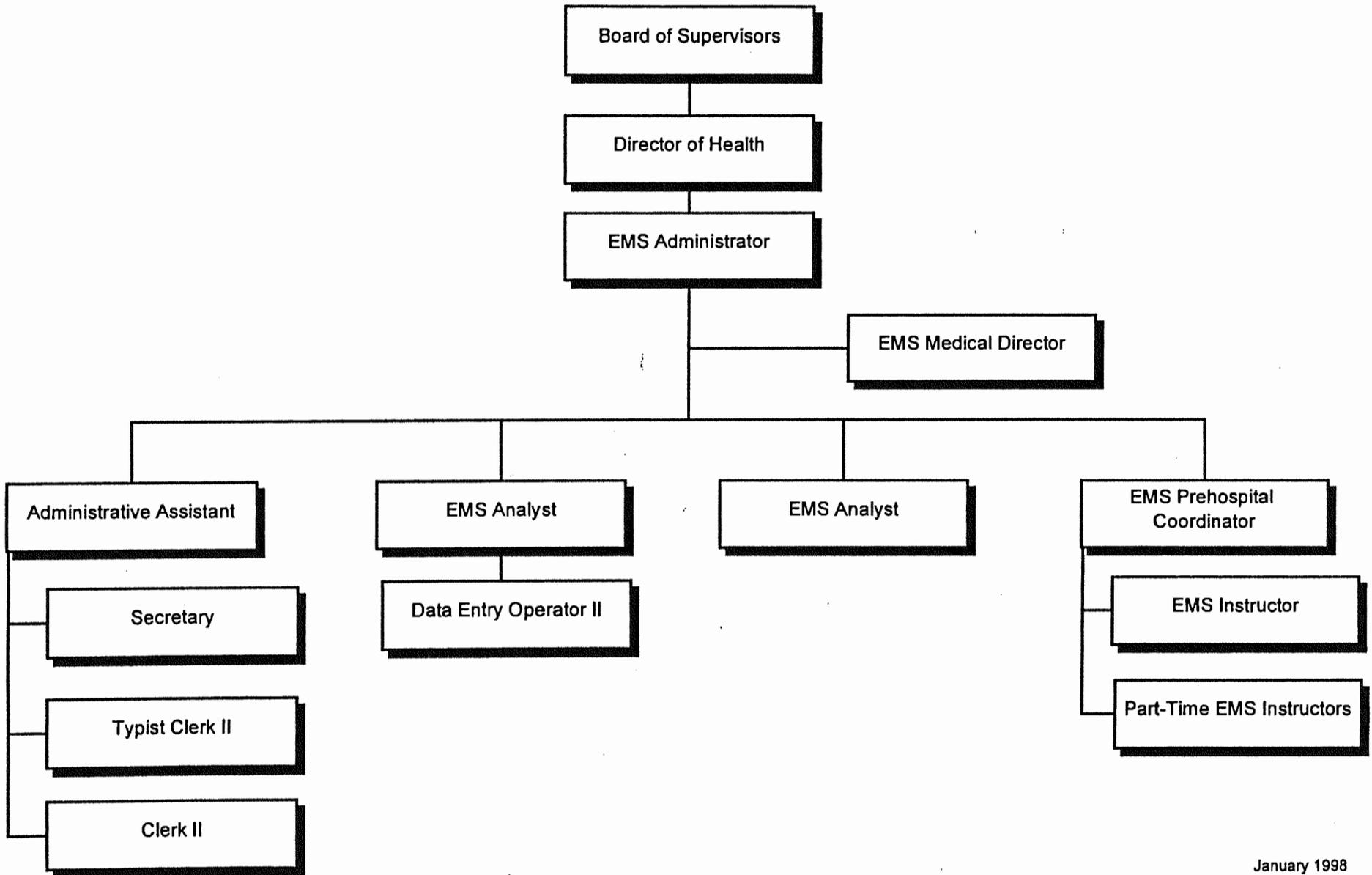
Amateur Radio contact name: Bob Spencer

RDMHC for this OES Region: Art Lathrop

Medical/Health
radio frequency used: 800 MHz

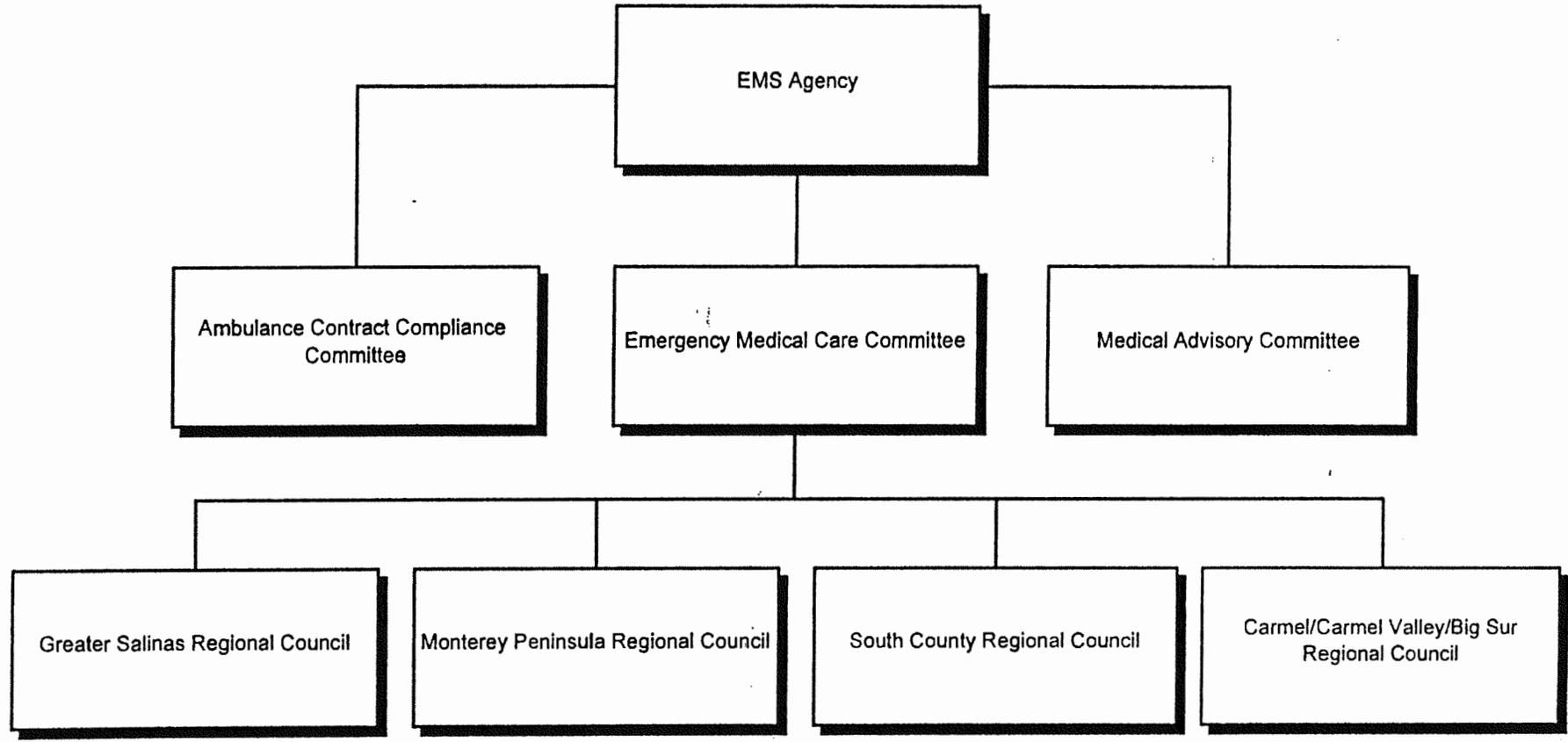
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Emergency Medical Services Agency Organizational Chart



January 1998

HEALTH DEPARTMENT
EMS Division
Advisory Committees



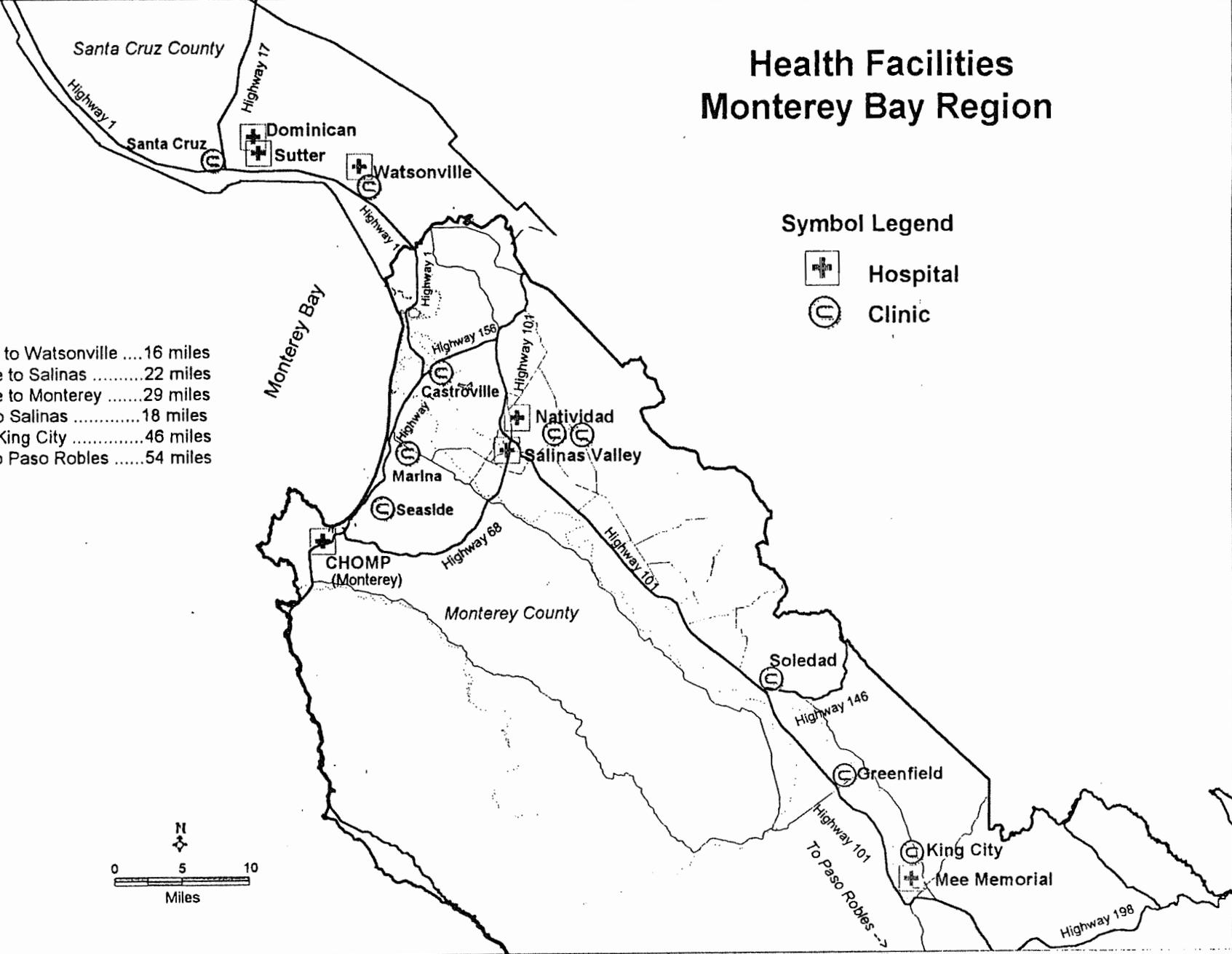
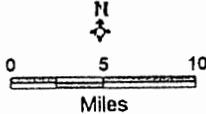
Health Facilities Monterey Bay Region

Symbol Legend

-  Hospital
-  Clinic

Distances

- Santa Cruz to Watsonville16 miles
- Watsonville to Salinas22 miles
- Watsonville to Monterey29 miles
- Monterey to Salinas18 miles
- Salinas to King City46 miles
- King City to Paso Robles54 miles



MONTEREY COUNTY EMS PLAN

**SECTION 4
RESOURCE DIRECTORIES**

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: American Medical Response
ADDRESS: 465 Reservation Road, Marina CA 93933
PHONE #: (831) 883-3280
PRIMARY CONTACT: Mike Poirier, Operations Manager
WRITTEN CONTRACT: yes
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	57
EMT-I defib	0
EMT-P	45
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT no TRANSPORT yes NUMBER OF AMBULANCES	27
MEDICAL DIRECTOR?	yes
OWNERSHIP:	private
DATE SURVEY COMPLETED:	2/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: American Medical Transport, Inc.
dba Central Coast Ambulance Services

ADDRESS: P.O. Box 1072, Seaside, CA 93955

PHONE #: (831) 899-3800

PRIMARY CONTACT: Margaret Camara, President

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	1
"First Responder" defib	0
EMT-I	7
EMT-I defib	0
EMT-P	0
first aid & CPR	3
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT no TRANSPORT yes NUMBER OF AMBULANCES	4
MEDICAL DIRECTOR?	no
OWNERSHIP:	private
DATE SURVEY COMPLETED:	4/3/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Aromas Calif. Dept. of Forestry and Fire Prot.

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 2

"First Responder" defib 0

EMT-I 4

EMT-I defib 4

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Aromas Tri-County Fire Protection District

ADDRESS: 492 Carpenteria Road, Aromas, CA 95004

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 0

"First Responder" defib 0

EMT-I 16

EMT-I defib 16

EMT-P 5

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Big Sur Volunteer Fire Brigade**
ADDRESS: P.O. Box 520, Big Sur, CA 93920
PHONE #: (831) 667-2113
PRIMARY CONTACT: Martha Odegard
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	23
"First Responder" defib	0
EMT-I	7
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: private non-profit

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Bradley Battalion, Calif. Dept. of Forestry and Fire Prot.**
ADDRESS: 2221 Garden Rd., Monterey, CA 93940
PHONE #: (831) 647-6208
PRIMARY CONTACT: Rick Hutchinson
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	5-23
"First Responder" defib	2
EMT-I	1
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes (fire season)

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Cachagua Fire Protection District
ADDRESS: P.O. Box 2090, Carmel Valley, CA 93924
PHONE #: (831) 659-7700
PRIMARY CONTACT: Batt. Chief Jaime del Valle
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	11
"First Responder" defib	11
EMT-I	6
EMT-I defib	6
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 12/1/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: California Department of Forestry (CDF)

ADDRESS: 2221 Garden Road

PHONE #: (831) 642-6208

PRIMARY CONTACT: Mikel Martin

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 77 + 80 seasonal employees

"First Responder" defib 0

EMT-I 0

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 2/28/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: California Highway Patrol
ADDRESS: 19055 Portola Drive, Salinas, CA 93908
PHONE #: (831) 455-1822
PRIMARY CONTACT: Officer S. Boyce
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	10
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	50
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- state

DATE SURVEY COMPLETED: 3/18/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Carmel Battalion, Calif. Dept. of Forestry and Fire Prot.

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	5-19
"First Responder" defib	0
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes (fire season)

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Carmel-by-the-Sea Fire Department

ADDRESS: Box 6418, Carmel, CA 93921

PHONE #: (831) 624-1718

PRIMARY CONTACT: Bill Hill, Fire Chief

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 29

Monterey County "First Responder" certified 3

"First Responder" defib 0

EMT-I 18

EMT-I defib 9

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT no **TRANSPORT** yes **NUMBER OF AMBULANCES** 1 (CRFA)

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 2/26/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Carmel Highlands Fire Protection District

ADDRESS: 73 Fern Canyon Road, Carmel, CA 93923

PHONE #: (831) 624-2374

PRIMARY CONTACT: Lt. Shaun M. Jewett

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
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Monterey County "First Responder" certified	0
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"First Responder" defib	7
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EMT-I	0
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EMT-I defib	10
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EMT-P	0
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SERVICES AVAILABLE 24 HOURS?	yes
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NON-TRANSPORT yes	TRANSPORT no	NUMBER OF AMBULANCES n/a
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MEDICAL DIRECTOR?	no
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OWNERSHIP:	public -- fire -- fire district
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DATE SURVEY COMPLETED:	2/25/97
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**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Carmel Regional Fire Ambulance

ADDRESS: 8455 Carmel Valley Road

PHONE #: (831) 624-7881

PRIMARY CONTACT: Sidney Reade

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	14
EMT-I defib	0
EMT-P	16

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT no **TRANSPORT yes** **NUMBER OF AMBULANCES** 5

MEDICAL DIRECTOR? no

OWNERSHIP: public -- joint powers agreement -- one city and two fire districts

DATE SURVEY COMPLETED: 11/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Carmel Valley Fire Protection District
ADDRESS: P.O. Box 965, Carmel Valley, CA 93924
PHONE #: (831) 659-2021
PRIMARY CONTACT: Chief Bill Sims
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	2
"First Responder" defib	11
EMT-I	0
EMT-I defib	14
EMT-P	2

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT yes NUMBER OF AMBULANCES 1

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 11/19/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Cypress Fire Protection District
ADDRESS: 2221 Garden Road, Monterey, CA 93940
PHONE #: (831) 647-6208
PRIMARY CONTACT: Rick Hutchinson
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	23
"First Responder" defib	16
EMT-I	13
EMT-I defib	11
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Fort Hunter Liggett Fire Department

ADDRESS: Fort Hunter Liggett, CA 93928-7025

PHONE #: (831) 386-2517

PRIMARY CONTACT: Asst. Chief Scruton

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 1

"First Responder" defib 0

EMT-I 0

EMT-I defib 15

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT no **TRANSPORT** yes **NUMBER OF AMBULANCES** 2

MEDICAL DIRECTOR? yes

OWNERSHIP: public -- fire -- federal

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Gonzales Police Department
ADDRESS: 109 Fourth Street, P.O. Box 647, Gonzales, CA
PHONE #: (831) 675-5010
PRIMARY CONTACT: Sgt. P. Miller
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	15
Monterey County "First Responder" certified	13
"First Responder" defib	0
EMT-I	2
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Greenfield Police Department**
ADDRESS: 215 El Camino Real, Greenfield, CA 93927
PHONE #: (831) 674-5118
PRIMARY CONTACT: Officer Dale Lombard
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	12
Monterey County "First Responder" certified	10
"First Responder" defib	0
EMT-I	2
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: King City Battalion, Calif. Dept. of Forestry and Fire Prot.

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Riek Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 6-19

"First Responder" defib 0

EMT-I 2

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes (fire season)

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **King City Police Department**
ADDRESS: 415 Bassett Street, King City, CA 93930
PHONE #: (831) 385-4848
PRIMARY CONTACT: Sgt. McCollough
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	26
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Marina Department of Public Safety

ADDRESS: 211 Hillcrest Avenue, Marina, CA 93933

PHONE #: (831) 384-5225

PRIMARY CONTACT: George Stapleton, Fire Chief

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 47

"First Responder" defib 0

EMT-I 0

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- public safety department -- city

DATE SURVEY COMPLETED: 2/28/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Mid-Carmel Valley Fire Protection District
ADDRESS: 8455 Carmel Valley Road, Carmel, CA 93923
PHONE #: (831) 624-5907
PRIMARY CONTACT: Sidney Reade
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	7
Monterey County "First Responder" certified	2
"First Responder" defib	2
EMT-I	2
EMT-I defib	22
EMT-P	2
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- fire -- fire district
DATE SURVEY COMPLETED:	11/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Mid Coast Fire Brigade**
ADDRESS: 37102 Garrapatos Road, Carmel, CA 93923
PHONE #: (831) 624-3473
PRIMARY CONTACT: Jim Cox
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	8
Monterey County "First Responder" certified	2
"First Responder" defib	0
EMT-I	2
EMT-I defib	0
EMT-P	0
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- fire-medical

DATE SURVEY COMPLETED: 3/29/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Monterey Airport Fire Department

ADDRESS: 200 Fred Kane Dr., Monterey, CA 93940

PHONE #: (831) 648-7008

PRIMARY CONTACT: Deputy Chief King

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 0

"First Responder" defib 8

EMT-I 0

EMT-I defib 3

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 11/19/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Monterey County Sheriff--Search & Rescue Team

ADDRESS: 1200 Aguajito Road #2, Monterey, CA 93940

PHONE #: (831) 647-7702

PRIMARY CONTACT: Sgt. John DiCarlo

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 34

"First Responder" defib 0

EMT-I 0

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- county

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Monterey Fire Department**
ADDRESS: City Hall, Monterey, CA 93940
PHONE #: (831) 646-3900
PRIMARY CONTACT: Division Chief Mike Cooley
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	39
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 11/24/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: North County Fire Protection District
ADDRESS: 11200 Speegle Street, Castroville, CA 95012
PHONE #: (831) 633-2578
PRIMARY CONTACT: Division Chief Mike Vindhurst
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	24
EMT-I	0
EMT-I defib	27
EMT-P	0
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- fire -- fire district

DATE SURVEY COMPLETED: 12/11/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: N.S.A.M.B. Fire Department
Navy Postgraduate School Fire Department

ADDRESS: 1399 Cunningham Rd., Monterey, CA 93943-5217

PHONE #: (831) 242-7544

PRIMARY CONTACT: Gregg Curry

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	13
"First Responder" defib	0
EMT-I	32
EMT-I defib	52
EMT-P	0
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- fire -- federal
DATE SURVEY COMPLETED:	11/21/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Pacific Grove Fire Department
ADDRESS: 600 Pine Avenue, Pacific Grove, CA 93950
PHONE #: (831) 648-3110
PRIMARY CONTACT: Chief Greg Glass
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	12
"First Responder" defib	4
EMT-I	0
EMT-I defib	15
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Pacific Grove Police Department
ADDRESS: 580 Pine Avenue, Pacific Grove, CA 93950
PHONE #: (831) 648-3147
PRIMARY CONTACT: Capt. Ed Harriger
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	29
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	0
EMT-I defib	0
EMT-P	0
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- law -- city

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Pebble Beach Community Services District Fire Department
ADDRESS: 3101-B Forest Lake Road, Pebble Beach, CA 93953
PHONE #: (831) 647-6208
PRIMARY CONTACT: Rick Hutchinson
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	12
"First Responder" defib	12
EMT-I	7
EMT-I defib	7
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Salinas Fire Department**
ADDRESS: 222 Lincoln Avenue, Salinas, CA 93901
PHONE #: (831) 758-7261
PRIMARY CONTACT: Captain Scott Myhre
WRITTEN CONTRACT: yes
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	58
EMT-I defib	0
EMT-P	22
SERVICES AVAILABLE 24 HOURS?	yes
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- fire -- city
DATE SURVEY COMPLETED:	11/20/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Salinas Police Department
ADDRESS: 222 Lincoln Avenue, Salinas, CA 93901
PHONE #: (831) 758-7164
PRIMARY CONTACT: Sgt. Ernie Bentley
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	132
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/25/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Salinas Rural Fire District**
ADDRESS: 19900 Portola Drive, Salinas, CA 93908
PHONE #: (831) 455-1829
PRIMARY CONTACT: Lt. Dale Williams
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	14
"First Responder" defib	26
EMT-I	12
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 11/19/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: San Ardo Volunteer Fire Company

ADDRESS: P.O. Box 311, San Ardo, CA 93450

PHONE #: (831) 627-2465

PRIMARY CONTACT: Chief William Lopez

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 0

Monterey County "First Responder" certified 5

"First Responder" defib 0

EMT-I 3

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? usually

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP:

DATE SURVEY COMPLETED: 3/3/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Sand City Police Department
ADDRESS: #1 Sylvan - Park, Sand City, CA 93955
PHONE #: (831) 394-1498
PRIMARY CONTACT: Chief Klein/Sgt. Crisan
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	10
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 3/4/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Seaside Fire Department
ADDRESS: 1635 Broadway, Seaside, CA 93955
PHONE #: (831) 899-6262
PRIMARY CONTACT: R. Rader
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	3
EMT-I	0
EMT-I defib	34
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 2/27/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: Seaside Police Department
 ADDRESS: 440 Harcourt Avenue, Seaside, CA 93955
 PHONE #: (831) 899-6290
 PRIMARY CONTACT: Capt. James Davis
 WRITTEN CONTRACT: no
 SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	28
Monterey County "First Responder" certified	0
"First Responder" defib	0
EMT-I	0
EMT-I defib	0
EMT-P	0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 4/7/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Soledad Police Department
Department of Public Safety**

ADDRESS: 236 Main Street, P.O. Box 606, Soledad, CA 93960

PHONE #: (831) 678-1332

PRIMARY CONTACT: Jack Griggs, Chief of Police, Director of Public Safety

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	13
Monterey County "First Responder" certified	2
"First Responder" defib	0
EMT-I	1
EMT-I defib	0
EMT-P	0
SERVICES AVAILABLE 24 HOURS?	no
NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a	
MEDICAL DIRECTOR?	no
OWNERSHIP:	public -- law -- city
DATE SURVEY COMPLETED:	3/4/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: South Monterey County Fire Protection District

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement
of 15 hrs first aid + 6 hrs CPR) 13

Monterey County "First Responder" certified 12

"First Responder" defib 11

EMT-I 8

EMT-I defib 0

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes **TRANSPORT** no **NUMBER OF AMBULANCES** n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY
PROVIDER SURVEY**

AGENCY: **Spreckels Volunteer Fire Company**
ADDRESS: P.O. Box 7247, Spreckels, CA 93962
PHONE #: (831) 455-2211
PRIMARY CONTACT: Mike Peterson, Chief
WRITTEN CONTRACT: no
SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

"public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR)	0
Monterey County "First Responder" certified	0
"First Responder" defib	14
EMT-I	1
EMT-I defib	2
EMT-P	1

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes TRANSPORT no NUMBER OF AMBULANCES n/a

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- community services district

DATE SURVEY COMPLETED: 3/3/97

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MONTEREY COUNTY EMS PLAN

**SECTION 5
DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

A first draft of Section 2 (Assessment of System) was prepared by the staff of the Monterey County EMS Agency. The draft was distributed to the members of the Emergency Medical Care Committee, the four EMS Regional Councils, and the Medical Advisory Committee for their review and written comments. The draft was distributed in subsections, as follows:

February 1997	Subsection A (System Organization and Management)
March 1997	Subsections B (Staffing/Training) and C (Communications)
May 1997	Subsections D (Response/Transportation) and E (Facilities/Critical Care)
October 1997	Subsections F (Data Collection/System Evaluation) and G (Public Information and Education)
March 1998	Subsection H (Disaster Medical Response)

Written comments on the first draft were received until June 1998. During this period, the various EMS providers were surveyed for the information required in Section 4 (Resource Directories), and EMS Agency staff drafted Section 3 (System Resources and Operations) and Section 6 (Annex--Exclusive Operating Areas).

The first draft was then revised to incorporate the written comments received and reflect system changes since its publication. In October 1998, we distributed Draft #2 (comprising Sections 2, 3, 4, and 6) of the EMS plan to the membership of the committees listed above, and solicited any further written comments. Draft #2 was also submitted to County Counsel for preliminary review.

During November and December 1998, meetings of the four EMS Regional Councils were scheduled to review the draft EMS plan and recommend any necessary changes. The outcome was as follows:

Carmel/Carmel Valley/Big Sur Regional Council
November 16, 1998

The Council recommended that all references to the Carmel Highlands Fire Protection District be changed to reflect the fact that the Court of Appeal has found that the District does not qualify for status under Health and Safety Code § 1797.201. The Council recommended that the draft EMS plan go forward to the Emergency Medical Care Committee with the above changes.

South County Regional Council
November 19, 1998

The Council recommended the following changes to Comment Draft #2:

- a. That all references to the local area code be changed to 831.
- b. That the agency information sheets in Section 4 (Resource Directories) be placed in alphabetical order by agency name.
- c. That the NEED(S) section under standard 3.02 (page 40) be revised to read as follows:

"NEED(S): Ambulance crews' hand-held radios should have tactical channels (CALCORD) capable of communicating with first-responding units."

The Council recommended that the draft EMS plan go forward to the Emergency Medical Care Committee with the above changes.

Monterey Peninsula Regional Council

November 30, 1998 -- canceled for lack of a quorum.

Salinas Regional Council

December 1, 1998 -- canceled for lack of a quorum.

Staff then prepared Draft #3 to incorporate the changes recommended by the Regional Councils. At the same time, the first-responder agencies were again surveyed for any updates to Section 4 (Resource Directories). Staff also drafted Section 1 (Summary) and Section 5 (Description of Plan Development Process). The full Draft #3 was distributed to County Counsel and to the members of the Emergency Medical Care Committee for their review.

The EMS plan was placed on the Emergency Medical Care Committee's agenda for its regular meeting in February 1999. At that meeting, the Committee was apprised of County Counsel's suggested changes to the document. The Committee suggested two minor corrections and unanimously recommended that the EMS plan be put into final form for submission to the Board of Supervisors. The final document will be brought to the Board of Supervisors for its approval before submission to the EMS Authority.

Henceforth, we intend to bring one subsection of Section 2 (Assessment of System) before the Emergency Medical Care Committee each month for annual review and revision. The Committee typically recesses during July, August, and December. This will allow each of the eight subsections to be reviewed, revised, approved by the Committee and the Board, and submitted to the EMS Authority, in an annual routine.

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EMERGENCY MEDICAL SERVICES AUTHORITY

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



October 2, 2000

Chris Le Venton
EMS Administrator
Monterey County EMS Agency
19065 Portola Drive, Suite I
Salinas, CA 93908

Chris
Dear Mr. Le Venton:

We have completed our review of *Monterey County's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Handewith at (916) 322-4336, extension 415.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard".

Richard E. Watson
Interim Director

RW:MH:mh