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EXECUTIVE SUMMARY

The Tuolumne County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within the Human Services Agency on July 1, 1997, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the Tuolumne County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

Grant funding was obtained from the EMS Authority for fiscal year 1998/1999 to assist the Tuolumne County EMS Agency in preparing its first EMS Plan. Between 1981 (the first year of the EMS Act which created organized EMS systems in the State of California) and 1997 EMS planning for Tuolumne County was performed by the Alpine, Mother Lode, San Joaquin EMS Agency (JPA), commonly referred to as the Regional EMS Agency.

In general, the EMS system for Tuolumne County is a stable system that provides efficient and timely prehospital emergency medical services to its residents and visitors through universal 9-1-1 access; county, special district and city first response agencies; Tuolumne County Ambulance, out of county response from Mercy Ambulance; neighboring air ambulance providers; two acute care hospitals located within the county; and tertiary medical centers located outside the county. With this in mind, there remain parts of the EMS system requiring both minor and major improvements.

The Tuolumne County EMS System currently meets or exceeds 88 of the State EMS Authority's 121 minimum standards and recommended guidelines. Areas targeted for major improvement in this plan include:

Medical Dispatch: Expanding the current priority dispatching service by implementing an emergency medical dispatch (EMD) program based on national standards to include pre-arrival and post dispatch instructions, the integration of emergency and non-emergency medical dispatch into a single dispatch center, and the dispatching of medical calls using the computer-aided dispatch (CAD) system.

Trauma System Planning: Development of a systematic approach to the delivery of pre-hospital and hospital care to victims of acute injury to include: the development and implementation of field triage protocols to assist in identifying patients who would benefit from direct transport to a tertiary medical center and; the identification of the roles and responsibilities of general acute care hospitals and tertiary medical centers serving Tuolumne County.

Quality Assurance/Quality Improvement: The development of a comprehensive multi-disciplinary program for QA/QI to include components for dispatch, first response, AED, ambulance and hospital.

Expanded Scope of Practice: The expansion of the paramedic scope of practice during interfacility transfers to include those medications and procedures which frequently require the use of nursing personnel.

A detailed explanation of how the Tuolumne County EMS System compares to each of the 121 State Standards and Guidelines is contained in the System Needs and Plan Objectives section of this plan.

ASSESSMENT OF SYSTEM

Summary of System Status

This section provides a summary of how the Tuolumne County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time-frame the agency has established for either meeting the standard or revising the current status. Items marked with an * indicate objectives which the EMS Authority recommends be approached in a regional setting between neighboring jurisdictions.

A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

System Organization and Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA		
1.03 Public Input		X	NA		
1.04 Medical Director		X	X		
Planning Activities					
1.05 System Plan		X	NA		
1.06 Annual Plan Update		X	NA	X	
1.07 Trauma Planning*	X			X	X
1.08 ALS Planning*		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations	X				X
1.11 System Participants		X	X		

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Compliance w/ Policies		X	NA		

System Finances

1.16 Funding Mechanism	X		NA	X	

Medical Direction

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

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan	X		NA		X

Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			X

Staffing and Training

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

Dispatchers

2.04 Dispatch Training	X				X

First Responders (non-transporting)

2.05 First Responder Training		X	NO		X
2.06 Response		X	NA		
2.07 Medical Control	X		NA	X	

Transporting Personnel

2.08 EMT-I Training		X	X		

Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	NO		

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*	X				X
3.02 Radios		X	X		
3.03 Inter-facility Transfer*		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	NA		

Public Access

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

Resource Management

3.09 Dispatch Triage	X			X	X
3.10 Integrated Dispatch	X				X

Response and Transportation

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

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	NO		X
4.17 ALS Equipment		X	NA		

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

Enhanced Level: Exclusive Operating Permits

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

Facilities and Critical Care

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

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*	X		NA	X	

Enhanced Level: Trauma Care System

5.08 Trauma System Design	X		NA		X
5.09 Public Input		NA	NA		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design	X		NA		X
5.11 Emergency Depts	X				X
5.12 Public Input		NA	NA		

Enhanced Level: Other Specialty Care Systems

5.13 Spc System Design		NA	NA		
5.14 Public Input		NA	NA		

Data Collection and System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program	X				X
6.02 Prehospital Records	X		NA	X	
6.03 Prehospital Care Audits	X				X
6.04 Medical Dispatch	X		NA		X
6.05 Data Management System*		X	X		X
6.06 System Design Evaluation		X	NA		X
6.07 Provider Participation		X	NA		X
6.08 Reporting		X	NA		

Enhanced Level: Advanced Life Support

6.09 ALS Audit	X		X		X

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		NA	NA		
6.11 Trauma Center Data		NA	NA		

Public Information and Education

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

Disaster Medical Response

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

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			

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

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		NA	NA		

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System Needs and Plan Objectives

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- current status of the Tuolumne County EMS system as it relates to the individual standard;
- efforts to coordinate resources and services with other local EMS agencies (LEMSAs) as required by the State of California EMS Authority;
- needs of the Tuolumne County system as it relates to the individual standard;
- objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- assignment of each objective to the annual work plan, long range plan, or both.

The needs and objectives of the EMS plan are designed to address the EMS Systems Standards and Guidelines. Most of the objectives are written as general statements such as Objective 6.01 which states: "Develop and implement a comprehensive, multi-disciplinary QA/QI program." Some objectives may be refined when they are included in annual work plan, pediatric plan, transportation plan, trauma plan, etc..

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1.01 LOCAL EMS AGENCY (LEMSA) STRUCTURE

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The Tuolumne County EMS Agency is established within the County Health Department which is part of the County Human Services Agency. The EMS agency is directly responsible to the Director of the Human Services Agency who in turn is responsible to both the County Administrative Office and the Board of Supervisors. Agency staff is comprised of a Medical Director, an EMS Coordinator, and a senior office assistant. Support service is provided by many other County departments including: County Counsel, County Administration, Human Services Agency and Personnel.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.02 LOCAL EMS AGENCY (LEMSA) MISSION

MINIMUM STANDARDS:
Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its QA/QI and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
A comprehensive emergency medical services system has been established and continuously evaluated by Tuolumne County through the oversight of the County's Emergency Medical Care Committee since 1981. The mission of the Tuolumne County EMS Agency is to ensure that quality emergency medical care is available in a coordinated, professional and timely manner for all of the residents and visitors of Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Refer to section 6 for needs and objective concerning QA/QI.

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

1.03 PUBLIC INPUT

MINIMUM STANDARDS:
Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The County Emergency Medical Care Committee provides a forum for consumers and health care providers, both as members of the committee and as the general public, to comment on the development, utilization and evaluation of plans, policies and procedures. Additionally, members of the general public are always provided with the opportunity to comment on the EMS system directly to the Tuolumne County Board of Supervisors and the EMCC.

COORDINATION WITH OTHER EMS AGENCIES:
None.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:
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:
Dr. Robert E. Marshall, M.D. currently serves as the EMS Agency Medical Director. Dr. Marshall has extensive experience in EMS administration and emergency medicine through his positions as the county health officer for Calaveras and Tuolumne Counties and as a former emergency department physician.

Dr. James Owen, M.D. (FACEP), the Base Hospital Medical Director for Sonora Community Hospital serves as an Assistant EMS Agency Medical Director.

Dr. Peter Beoris, M.D. (FACEP), the Base Hospital Medical Director for Tuolumne General Hospital serves as an Assistant EMS Agency Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.05 SYSTEM PLAN

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

The plan shall:

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

OBJECTIVE
Monitor and amend the EMS system plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

OBJECTIVE:
Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.07 TRAUMA PLANNING

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

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

CURRENT STATUS:
Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93 by the county's former regional EMS agency, a trauma system was not established for Tuolumne County or the EMS region as a whole. Currently the county's population and the capabilities of the two licensed general acute care facilities do not support the establishment of trauma centers of other specialty care centers in Tuolumne County. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher level facilities in the central valley.

COORDINATION WITH OTHER EMS AGENCIES:
None.

NEED(S):
Short-term needs include the development of policies for field triage and patient destination. Long-term needs include the development of a comprehensive trauma plan.

OBJECTIVE:
Development of field triage and patient destination polices in the short-term and the development of a comprehensive trauma plan in the long-term.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.08 ALS PLANNING

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:
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 GUIDELINES:
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:
No work has been performed in this area.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Begin the process of identifying population groups served by the EMS system which may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

OBJECTIVE:
Work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.11 SYSTEM PARTICIPANTS

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

RECOMMENDED GUIDELINES:
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:
Written contracts are in place for each ambulance provider, base/receiving hospital, and fire department first response agency. Roles and responsibilities of all EMS system participants including dispatch, county search and rescue and the U.S. Forest Service have been established through policy, protocols, and training standards.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.12 REVIEW AND MONITORING

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
EMS system operations are routinely reviewed and monitored through on-site visits and a review of reports, records, and patient care reports by the EMS agency, the EMCC, and the county base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.13 COORDINATION

MINIMUM STANDARDS:
Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including weekly meetings between the EMS agency and the County ambulance service.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
A policy and procedure manual has been developed and distributed to all system providers.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.15 COMPLIANCE WITH POLICIES

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The Tuolumne County EMS Agency is funded through county general fund revenues, ambulance enterprise fund revenues, PHHS project grants, and certification/accreditation fees. Tuolumne County has not created an EMS Fund as described in H&S Code Section 1797.98 .

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Additional personnel hours are needed to adequately address the needs identified in this plan.

OBJECTIVE:
Increase the EMS Coordinator position to full-time and evaluate the need for additional staff after one year.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Medical direction is delineated through agreements, treatment protocols and other medical policies.

COORDINATION WITH OTHER EMS AGENCIES:
N/A

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.18 QUALITY ASSURANCE (QA) and QUALITY IMPROVEMENT (QI)

MINIMUM STANDARDS:
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 GUIDELINES:
Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:
QA/QI is provided by real time evaluation of calls by base hospital staff and retrospectively through review performed by the base hospital, ambulance service and EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
A comprehensive multi-disciplinary QA/QI program needs to be developed.

OBJECTIVE:
Create a Medical Control Committee with the mission of developing and implementing a comprehensive multi-disciplinary QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.19 POLICIES, PROCEDURES, PROTOCOLS

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

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

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

CURRENT STATUS:
Policies, protocols or policy statements regarding treatment, transport, on-scene times, standing orders and local scope of practice have been established. The policies for medical dispatch, transfer of emergency patients, base hospital contact and scene physicians are in place but need revision.

Tuolumne County's dispatch center does not provide pre-arrival/post dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
The following policies are in need of revision: medical dispatch, transfer of emergency patients, base hospital contact and scene physicians.

OBJECTIVE:
1) Revise policies for triage, medical dispatch, transfer of emergency patients, base hospital contact and scene physicians.
2) Develop plan for Implementing Emergency Medical Dispatch with pre-arrival/post dispatch instructions.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
X Long-Range Plan (more than one year)

1.20 DNR POLICY

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Tuolumne County continues to use the comprehensive Do Not Resuscitate policy created ~~bu~~ *by* our former regional system and adopted by the Emergency Medical Services Authority as the State Standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
A procedure for reporting DNR deaths by Hospice and Home Health personnel needs to be developed to reduce/eliminate unnecessary 9-1-1 calls and the response of EMS units.

OBJECTIVE:
Develop a mechanism for Hospice and Home Health personnel to report DNR deaths.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
A policy allowing EMS personnel to determine death in the field has been established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.22 REPORTING OF ABUSE

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.23 INTERFACILITY TRANSFER

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
The addition of medications for use and/or monitoring during inter-facility transfer to reduce the need for nursing staff on transfers.

OBJECTIVE:
Develop policies expanding the ALS scope of practice during inter-facility transfers.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.24 ALS SYSTEMS

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

CURRENT STATUS:
Currently, Tuolumne County is the sole provider of ALS services in the Tuolumne County EMS system. A County ordinance has been established for issuing permits for service and awarding "exclusive rights."

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:
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 GUIDELINES:
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:
On-line medical control is provided by both the general acute care hospitals located in Tuolumne County. Policies have been established for base hospital configuration and designation.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93 by the former regional EMS system, a trauma plan was never established for Tuolumne County's geographic region. Currently, air medical transport is utilized, when available, for transporting patients with major injuries directly from scene to facilities with a higher level care than can be provided in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:
Tuolumne County is dependent on the larger health care system in the central valley, bay area and Sacramento valley for high level trauma services due to the limited resources available in the county.

NEED(S):
Refer to 1.07.

OBJECTIVE:
Refer to 1.07.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted.

2) Former EMS-C policies need to be re-established.

3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:
The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.28 EXCLUSIVE OPERATING AREA (EOA) PLAN

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Ambulance ordinance adopted with ambulance permit process and EOAs being addressed.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.01 ASSESSMENT OF NEEDS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Training needs are assessed through reports, meetings with EMS providers and training programs and the evaluation of training needs by the Emergency Medical Care Committee.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Procedures are in place to approve and monitor EMS personnel training programs and continuing education providers.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.03 PERSONNEL

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Policies or mechanisms have been adopted for first responder and EMT certification, paramedic accreditation, MICN authorization and certification reviews.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.04 DISPATCH TRAINING

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

CURRENT STATUS:
All EMS dispatch personnel are required to be POST certified and required to attend an initial EMD training course. However, EMD has not been fully implemented in Tuolumne County and medical dispatch personnel do not provide pre-arrival instructions to callers (refer to 3.09).

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
A process needs to be developed to ensure the continue education/refresher training of EMS dispatch personnel in EMD. Additionally, local polices need to be established for issuing EMD certification.

OBJECTIVE:
Development of a process for the continued training of EMS dispatchers in EMD and the development of policies for issuing EMD certification.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:
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:
All first responder personnel are required to complete an initial 40 hour first responder medical course and an annual 8 hour first responder course update. Automatic External Defibrillator (AED) services are currently being conducted by 5 of the 10 first response agencies in the county with expansion to other departments and stations continuously being evaluated.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None.

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.06 RESPONSE

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
All public safety agencies in Tuolumne County, including the U.S. Forest Service, the California Highway Patrol, County and City law enforcement agencies and County and City fire departments respond to medical emergencies commensurate with their primary mission.

Most of Tuolumne County's large timber, mining and manufacturing centers participate in the industrial first aid/CPR training provided by Tuolumne County Ambulance personnel and respond to medical emergencies within their own companies.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.07 MEDICAL CONTROL

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
All non-transporting first response agencies operate in accordance with the agency's policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Development of BLS treatment protocols.

OBJECTIVE:
Develop BLS treatment protocols for use by first response personnel.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.08 EMT-I TRAINING

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

RECOMMENDED GUIDELINES:
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:
By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. EMT ambulance personnel have not been trained in or authorized to perform AED or manual defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A.

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.09 CPR TRAINING

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
CPR training is provided by Tuolumne County Ambulance personnel to all interested agencies. The Tuolumne County Emergency Medical Care Committee is responsible for annually evaluating the CPR needs of the county. Additionally, most allied health personnel such as hospital, law enforcement, fire service and school personnel are required by state regulation to be trained in CPR within a year of employment.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.10 ADVANCED LIFE SUPPORT

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

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

CURRENT STATUS:
Agency policy requires all emergency department MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Policies and procedures exist to accredit and orient ALS personnel.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.12 EARLY DEFIBRILLATION

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Policies and procedures exist to accredit personnel as early defibrillation technicians.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the Tuolumne County EMS Agency or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

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3.01 COMMUNICATIONS PLAN

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

CURRENT STATUS:
The Tuolumne County EMS Agency does not have a written plan for EMS communications.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
Development of a written communications plan which addresses day-to-day and multi-casualty incident communication requirements including pre-arranged frequencies.

OBJECTIVE:
Develop a comprehensive EMS communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.02 RADIOS

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

CURRENT STATUS:
All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard

NEED(S):
Refer to 3.01

OBJECTIVE:
Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

3.03 INTER-FACILITY TRANSFER

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Accomplished through cellular telephones and state med-net frequencies for radio communication.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
Refer to 3.01

OBJECTIVE:
Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

3.04 DISPATCH CENTER

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Exceeds the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

3.05 HOSPITALS

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

RECOMMENDED GUIDELINES:
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:
Both general acute care hospitals in Tuolumne County may communicate by two-way radio. Access to other relevant services is accomplished by telephones using specified telephone numbers.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

3.06 MULTI-CAUSALITY INCIDENTS (MCIs) and DISASTERS

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The review of communication capabilities is reviewed during are annual MCI exercise. Amateur radio operators are available on a volunteer basis to assist during disasters through the County Office of Emergency Services.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Refer to 3.01

OBJECTIVE:
Refer to 3.01

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

3.07 9-1-1 PLANNING/COORDINATION

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

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

CURRENT STATUS:
Enhanced 9-1-1 service is available throughout Tuolumne County. The Tuolumne County Sheriff's Department dispatch conducts coordination meetings with the county's 9-1-1 dispatch centers on an as needed basis.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
The possibility of installing highway call boxes in the county needs to be evaluated.

OBJECTIVE:
Evaluate the possibility of installing highway call boxes.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.08 9-1-1 PUBLIC EDUCATION

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
9-1-1 public education is provided through programs sponsored by Tuolumne County Ambulance, the Tuolumne County Sheriff's Department school resource officers and through public speaking engagements.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

3.09 DISPATCH TRIAGE

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

RECOMMENDED GUIDELINES:
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:
An ALS ambulance is dispatched to all 9-1-1 medical requests with first response dispatch being determined by dispatch guidelines. Although all dispatcher are initial trained in POST EMD, an EMD system including pre-arrival instructions has not been implemented.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Short term: Medical dispatch policies need to be revised to reflect current EMS standards and to ensure the response of appropriate EMS resources.

Long term: An Emergency Medical Dispatch program based on current national standards and including pre-arrival instructions needs to be implemented.

OBJECTIVE:
Revise/update current medical dispatch polices.

Implement an EMD program.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.10 INTEGRATED DISPATCH

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

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

CURRENT STATUS:
Emergency Medical Dispatch is performed by the Tuolumne County Sheriff's Department and is capable of and routinely communicates with and accepts and transfers 9-1-1 calls to other primary and secondary service answering points serving Tuolumne County. However, the non-emergency medical dispatching in Tuolumne County is performed through a private answering service and the on-duty ambulance crews. This separation of functions, along with other factors, prohibits the kind of resource management necessary to effectively ensure the appropriate system-wide ambulance coverage during peak periods of demands.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

OBJECTIVE:
The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.01 SERVICE AREA BOUNDARIES

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

RECOMMENDED GUIDELINES:
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:
County ambulance ordinance completed with a mechanism for defining and re-defining service areas. Currently, the County consists of one service area assigned to Tuolumne County Ambulance with a small portion of that service in the southwest parts of the County being augmented by Mercy Ambulance based immediately across the border in Mariposa County.

COORDINATION WITH OTHER EMS AGENCIES:
Ambulance service in the south-west portion of the county is coordinated with Mariposa County.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

4.02 MONITORING

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

RECOMMENDED GUIDELINES:
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:
The minimum standard is met through written agreements, auditing/reporting, inspections and investigation of unusual occurrences.

The recommended guideline is met through the County's ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.03 CLASSIFYING MEDICAL REQUESTS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Medical requests are classified and resources assigned according to a written medical dispatch card system. All medical requests receive an ALS ambulance response and "emergent" and special needs calls receive the additional response of first responders or other appropriate resources, i.e. County Search and Rescue.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
The medical dispatch card system needs to be evaluated and updated.

OBJECTIVE:
Evaluate and update the medical dispatch card system and policies.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Ambulance availability in the county is maintained through operational standards included in the ambulance service contract.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.05 RESPONSE TIME STANDARDS

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

RECOMMENDED GUIDELINES:
Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defibrillation First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

CURRENT STATUS:
EMS response time standards have not been developed. Ambulance response times are routinely monitored by the EMS agency and the EMCC.

COORDINATION WITH OTHER EMS AGENCIES:
Mariposa County ambulances are routinely used to respond to the south-west portion of Tuolumne County due to their shorter response times

NEED(S):
Establishment of response time standards

OBJECTIVE:
Develop response time standards appropriate for the Tuolumne County EMS system with the goal of meeting or exceeding the State minimum standards.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.06 STAFFING

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. BLS staffed ambulances are routinely used for non-emergent transfers and stand-by special events.

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.07 FIRST RESPONDER AGENCIES

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
All of the fire departments in the county, except one district, have entered into an agreement with the county for participation in the EMS system. The one district without an agreement consists of approximately one square mile of rural population density and does not participate in the EMS system. First response and rescue services in this area are provided by the County Fire Department.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.08 MEDICAL & RESCUE AIRCRAFT

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

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Policies regarding request, dispatch, patient destination and landing sites have been established. A policy regarding classifying and authorizing medical aircraft is currently being developed.

COORDINATION WITH OTHER EMS AGENCIES:
Services classified by other LEMSAs are used in the EMS system.

NEED(S):

Establishment of an EMS aircraft classification and authorization policy. Establishment of written agreements with EMS aircraft providers serving the EMS system.

OBJECTIVE:

Establishment of an EMS aircraft classification and authorization policy. Establishment of written agreements with EMS aircraft providers serving the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.09 AIR DISPATCH CENTER

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The Tuolumne County Sheriff's Department dispatch center is responsible for coordinating the use of EMS aircraft in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Written agreements with aeromedical services have not been established

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
Development of written agreements with EMS aircraft providers serving Tuolumne County

OBJECTIVE:
Execute written agreements with EMS aircraft providers

TIME FRAME FOR MEETING OBJECTIVE:

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

4.11 SPECIALTY VEHICLES

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

CURRENT STATUS:
All-terrain vehicles, snow mobiles, boats and water rescue vehicles are maintained by Tuolumne County ambulance, Tuolumne County Sheriff's Office, Tuolumne County Search and Rescue and by many of the fire departments in the county. All specialty vehicles are available and respond as needed.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
Development of an EMS resource directory of specialty vehicles.

OBJECTIVE:
Develop an EMS resource directory of specialty vehicles.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.12 DISASTER RESPONSE

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The OES Region IV MCI Plan has been adopted by the county Boards of Supervisors and has been implemented in the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.13 INTER-COUNTY RESPONSE

MINIMUM STANDARDS:
The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

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

CURRENT STATUS:
County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel.

Day-to-day mutual-aid from neighboring providers is available as needed. The development of written mutual aid agreements has been delayed until a statewide EMS mutual aid agreement is developed.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.14 INCIDENT COMMAND SYSTEM

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.15 MULTI-CAUSALITY INCIDENTS (MCI) PLANS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County. Additionally, all EMS and disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations developed by OES.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.16 ALS STAFFING

MINIMUM STANDARDS:
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 an 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:
By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. Ambulances stationed in the urban corridor of the county are routinely staffed with two paramedics. The EMS agency along with the county ambulance service have determined that EMT Defibrillation on ALS ambulances is not warranted.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Evaluate the need for expanding the EMT scope of practice.

OBJECTIVE:
Evaluate the need for expanding the EMT scope of practice.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.17 ALS EQUIPMENT

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The minimum medication and equipment inventory on all in-service ambulances is specified by EMS agency policy.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.18 COMPLIANCE

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Tuolumne County's Ambulance Ordinance requires EMS transportation agencies to comply with applicable policies and procedures regarding system operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:
Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, 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 bid process to ensure system optimization.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no immediate plans for developing exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
None

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no plans for developing exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.21 COMPLIANCE

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The minimum standard is not applicable at this time.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.22 EVALUATION

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The minimum standard is not applicable at this time.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:
The local EMS agency shall periodically assess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:
Revised base and receiving hospital agreements for the two general acute care hospitals in the county are currently being developed. The EMS related capabilities of both facilities have been well established.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Finalize base and receiving hospital agreements with the acute care hospitals in Tuolumne County.

OBJECTIVE:
Complete base/receiving hospital agreements with Sonora Community Hospital and Tuolumne General Hospital.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.02 TRIAGE & TRANSFER PROTOCOLS

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Prehospital triage protocols and transfer protocols and agreements currently in use are those adopted by the former regional EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
As practical, work with adjacent EMS systems to establish standard triage and transfer protocols.

NEED(S):
Evaluate and update the field triage protocols.

OBJECTIVE:
Evaluate and update the field triage protocols.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
No formal transfer guidelines have been established since Tuolumne County formed its own Local EMS agency in July 1997. Patients requiring specialized services, not available in Tuolumne County, are routinely transferred by ground or air to designated and non-designated specialty care centers in the central valley, Sacramento valley, and bay area.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
Development of a resource guide for specialty services available at facilities in neighboring EMS systems.

Development of guidelines for identify patients who should be considered for transfer to facilities of higher capability.

OBJECTIVE:
Develop a resource guide of specialty services available at facilities in neighboring EMS systems.

Develop guidelines for identify patients who should be considered for transfer to facilities of higher capability.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.04 SPECIALTY CARE FACILITIES

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Base and receiving hospital agreements are currently being developed with the two general acute care hospitals in the county. The hospitals in Tuolumne County do not provide specialty services such as a burn unit, pediatric intensive care unit, or specialized trauma services. However, psychiatric services are available at Tuolumne General Hospital and obstetric services are available at Sonora Community Hospital.

COORDINATION WITH OTHER EMS AGENCIES:
Tuolumne County routinely transport/transfers patients to specialty care facilities in Northern and Central California. Tuolumne County relies on the monitoring efforts of other LEMSAs to monitor the specialty care facilities in their jurisdictions.

NEED(S):
Finalization of base and receiving hospital agreements

OBJECTIVE:
Complete base/receiving hospital agreements with both facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.05 MASS CASUALTY MANAGEMENT

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

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

CURRENT STATUS:
Both hospitals in Tuolumne County have implemented and operate in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.06 HOSPITAL EVACUATION

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Plans for hospital evacuation have been developed by each hospital and would be managed in accordance with the Standardized Emergency Management System (SEMS) and the Multi-Causality Incident Plan.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.07 BASE HOSPITAL DESIGNATION

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
A policy regarding base hospital designation has been established.

COORDINATION WITH OTHER EMS AGENCIES:
Mariposa and Calaveras County ambulance providers continue to Tuolumne County base hospital for on-line medical control when transporting patients into Tuolumne County.

NEED(S):
Base Hospitals agreements need to be updated to reflect the changes made in the Base Hospital Designation Policy.

OBJECTIVE:
Update base hospital agreements with Tuolumne General Hospital and Sonora Community Hospital.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Patients requiring specialized trauma or surgical services are routinely transported from the field by air ambulance to higher level facilities in Stanislaus County or transported by ground to local hospitals for stabilization and transfer to designated and non-designated facilities in Northern and Central California. Designation of trauma centers in Tuolumne County is currently not practical since neither hospital in county has the resources to meet the requirements of a level 1, level 2 or level 3 trauma center.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Evaluate the need for designing and implementing a formal trauma care system for Tuolumne County.

OBJECTIVE:
Evaluate the need for designing and implementing a formal trauma care system for Tuolumne County.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.09 PUBLIC INPUT

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.10 PEDIATRIC SYSTEM DESIGN

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

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted; 2) Former EMS-C policies need to be re-established; 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:
The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.11 EMERGENCY DEPARTMENTS (Pediatrics)

MINIMUM STANDARDS:
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 GUIDELINES:
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:
Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted; 2) Former EMS-C policies need to be re-established 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE:
The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.12 PUBLIC INPUT (Pediatrics)

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Refer to Objective 1.27

OBJECTIVE:
Refer to Objective 1.27

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
No specialty care planning is currently being consider except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.14 PUBLIC INPUT (Specialty Care)

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
No specialty care planning is currently being consider except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:
The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all 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 GUIDELINES:
The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS:
The Quality Assurance/Quality Improvement (QA/QI) has not been revised since Tuolumne County formed its own LEMSA in July 1997. Currently the QA/QI program consists base hospital review of calls, monthly hospital and provider review of specific calls and, EMS agency and EMCC review of EMS data.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Development of a comprehensive, multi-function approach to EMS QA/QI.

OBJECTIVE:
Develop and implement a comprehensive, multi-function QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.02 PREHOSPITAL RECORDS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Patient care records (PCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
To obtain copies of patient records from air ambulance providers and ground ambulances providers based outside of Tuolumne County for responses into Tuolumne County.

OBJECTIVE:
Develop a mechanism for obtaining patient care records from ground and air providers based outside Tuolumne County for responses into Tuolumne County.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.03 PREHOSPITAL CARE AUDITS

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

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

CURRENT STATUS:
No standardized medical audits of prehospital care are currently being performed. Ambulance performance reports are reviewed by the EMCC on a bi-monthly basis.

The EMS agency uses EMS Data Pro™ for EMS data management. The software is capable of linking prehospital, dispatch, emergency department, and discharge records. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	Tuolumne County Ambulance (monthly)
Dispatch	Tuolumne County Sheriff's Department (as requested)
Emergency Department	Tuolumne General Hospital and Sonora Community Hospital (Monthly)
In-Patient	None
Discharge	None

COORDINATION WITH OTHER EMS AGENCIES:
None.

NEEDS:
Development of formal prehospital care and performance audits. Determination of the feasibility of collecting data from first response agencies, dispatch, and other prehospital providers such as Air Med Team, Medi-Fight and Mercy Ambulance.

OBJECTIVE:
As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.04 MEDICAL DISPATCH

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Internal peer-to-peer review of medical dispatching is currently being performed by the Tuolumne County Sheriff's Department.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Integration of the medical dispatch into the overall EMS QA/QI program. Establishment of system based performance and evaluation criteria for medical dispatching.

OBJECTIVE:
The integration of medical dispatch into the overall EMS QA/QI program and the establishment of system based performance and evaluation criteria for medical dispatching.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:
The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:
The local EMS 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:
Tuolumne County uses EMS Data Pro™ as its integrated data management system, which includes response and clinical data. This system meets and exceeds the state standards for EMS data management and is capable of combing primary and secondary PSAP (dispatch), first response, ambulance, emergency department and in-hospital data into a single record.

COORDINATION WITH OTHER EMS AGENCIES:
Tuolumne County staff currently serve on the EMS Authority's Statewide Data Task Force.

NEEDS:
The collection of data from the emergency departments, medical dispatch and first response dispatch in an electronic format capable of import into EMS Data Pro™.

OBJECTIVE:
Develop a mechanism for the electronic collection of emergency department, medical dispatch and first response dispatch data into EMS Data Pro.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
The county Emergency Medical Care Committee reviews local operations, policies, practices and the overall design and effectiveness of the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

OBJECTIVE:
As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.07 PROVIDER PARTICIPATION

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
A mechanism for ensuring provider participation was established through the County's ambulance ordinance. Currently, only providers based in Tuolumne County participate in system QA/QI.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Incorporation of air and ground providers based outside of Tuolumne County in the EMS QA/QI program.

OBJECTIVE:
Inclusion into the of Air Med team, Medi-Flight, Mercy Ambulance and other providers based outside of Tuolumne who routinely respond into Tuolumne County into the QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.08 REPORTING

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Reports on system design and operations are presented at every EMCC meeting and to the Board of Supervisors when requested or warranted.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEEDS:
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

6.09 ALS AUDIT

MINIMUM STANDARDS:
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 GUIDELINES:
The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:
The review of ALS prehospital and base hospital care is performed monthly. The agency's integrated data management system, EMS Data Pro™ does include prehospital, base hospital, and receiving hospital data.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

OBJECTIVE:
As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:
The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
This objective is not applicable at this time since Tuolumne County has not implemented a trauma care system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING THE OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:
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 GUIDELINES:
The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS:
This objective is not applicable at this time since Tuolumne County has not implemented a trauma care system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

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7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:
The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

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

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

CURRENT STATUS:
Public education regarding the EMS system, access, self-help, consumer rights, prevention and emergency department utilization are provided by each hospital, Tuolumne County Ambulance, the Tuolumne County Health Department and local fire service agencies.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

7.02 INJURY CONTROL

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

RECOMMENDED GUIDELINES:
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:
The Tuolumne County Public Health Department administers programs for seat belt use, bicycle safety and infant safety including the use of car seats and baby safety in your home.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Evaluate EMS and hospital data to identify high risk groups for injury prevention.

OBJECTIVE:
Evaluate EMS and hospital data to identify high risk groups for injury prevention

TIME FRAME FOR MEETING OBJECTIVE:

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

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:
The local EMS agency, in conjunction with the local Office of Emergency Services (OES), shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:
The local EMS agency, in conjunction with the local office of OES, should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:
The EMS agency works closely with the County OES to promote citizen awareness of disaster preparedness and to produce and disseminate information.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Not assessed

OBJECTIVE:
None

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

7.04 FIRST AID & CPR TRAINING

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

RECOMMENDED GUIDELINES:
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:
CPR and first-aid training is readily available through Tuolumne County Ambulance, Columbia College and the American Red Cross.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Tuolumne County uses the State of California's Standardized Emergency Management System (SEMS) and the OES Region IV MCI Plan for responding to medical disasters. The EMS agency works closely with county OES and serves on the County Disaster Committee.

COORDINATION WITH OTHER EMS AGENCIES:
Evaluation and revision of MCI plans are coordinated with OES Region IV.

NEED(S):
Increase the number of available certified MCI instructors and develop minimum training standards for all EMS personnel.

OBJECTIVE:
1. Send 4-6 County ambulance personnel through the OES Region IV MCI Instructor Course.
2. Develop minimum training standards for all EMS certifications.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.02 RESPONSE PLANS

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

RECOMMENDED GUIDELINES:
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:
Tuolumne County uses SEMS and the OES Region IV MCI Plan for responding to medical disasters.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Assess the need for developing additional polices or response plans to type specific medical emergencies, i.e. hazardous material incidents.

OBJECTIVE:
Conduct an assessment to determine the need for developing additional polices or response plans to type specific medical emergencies, i.e. hazardous material incidents.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.03 HAZMAT TRAINING

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
A county-wide hazardous material response plan (policy) is currently being developed. All first response and ambulance personnel are currently trained to Haz-Mat Responder "Awareness Level" as a minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Establish the roles and responsibilities for EMS personnel regarding hazardous materials incidents.

OBJECTIVE:
Continue to participate in the development of the county-wide hazardous material response plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.04 INCIDENT COMMAND SYSTEM

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

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

CURRENT STATUS:
The OES Region IV MCI Plan used by Tuolumne County incorporates the Incident Command System. Completion of ICS 100 and MCI training is required for all EMS personnel. Additionally all County departments are required to train response and management personnel in SEMS.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Develop minimum training standards for all EMS certifications.

OBJECTIVE:
Develop minimum training standards for all EMS certifications.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.05 DISTRIBUTION OF CASUALTIES

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

CURRENT STATUS:
Distribution of patients is addressed in Module II of the OES Region IV MCI Plan and used by the county Disaster Control Facilities (DCF) to determine hospital capabilities and distribute patients during MCIs and disasters. Map developed by OES Region IV and posted at the DCF lists each hospital with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries

COORDINATION WITH OTHER EMS AGENCIES:
The OES Region IV MCI Plan was developed as a joint project with representation from all 11 counties in OES Region IV.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.06 NEEDS ASSESSMENT

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

CURRENT STATUS:
Procedures for the early assessment of needs and a means for communicating emergency requests to the state and other jurisdictions have been developed and are coordinated through the County's Office of Emergency Services.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.07 DISASTER COMMUNICATIONS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
All transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities. However, no frequency has been officially designated for disaster medical communications.

COORDINATION WITH OTHER EMS AGENCIES:
None

NEED(S):
A disaster/MCI communication plan which includes designated tactical, command and hospital frequencies needs to be developed to integrate dispatch, ambulance, first response, law enforcement and hospital communications during an MCI/disaster.

OBJECTIVE:
Develop a *communications* plan ~~for plan~~ which includes designated tactical, command and hospital frequencies needs to be developed to integrate dispatch, ambulance, first response, law enforcement and hospital communications during an MCI/disaster.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:
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 GUIDELINES:
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:
The most recent Disaster Medical Resource Directory was created in 1987.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Refer to 4.11

OBJECTIVE:
Refer to 4.11

TIME FRAME FOR MEETING OBJECTIVE:

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

8.09 DISASTER MEDICAL ASSISTANCE TEAM (DMAT)

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

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

CURRENT STATUS:
No DMAT teams exist within OES Region IV.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel.

Day-to-day mutual-aid from neighboring providers is available as needed. The development of written mutual aid agreements has been delayed until a statewide medical master mutual aid agreement is developed.

COORDINATION WITH OTHER EMS AGENCIES:
The development of a master mutual aid is being coordinated through OES Region IV.

NEED(S):
None.

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than)

8.11 CAUSALITY COLLECTION POINT (CCP) DESIGNATION

MINIMUM STANDARDS:
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).

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Several sites for CCPs have been identified throughout the county. However, no formal plans have been developed for their activation, staffing or use.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Determine the County's need for formalizing CCP designations and developing plans and obtaining supply caches for CCP activation, staffing and use.

OBJECTIVE:
Determine the County's need for formalizing CCP designations and developing plans and obtaining supplies caches for CCP activation, staffing and use. If warranted, develop plans and obtain supply caches for CCP activation, staffing and use.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.12 ESTABLISHMENT OF CCPs

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Refer to 8.11

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Refer to 8.11

OBJECTIVE:
Refer to 8.11

TIME FRAME FOR MEETING OBJECTIVE:

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

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:
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 GUIDELINES:
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:
Completion of ICS 100 and Haz-Mat Awareness training is required for all EMS personnel. Ambulance and base hospital emergency department personnel are required to complete the MCI Field Operations Course or the Hospital Operations Course. First Responder receive approximately 4 hours of MCI field operations training during their initial First Responder course. An MCI field and hospital exercise is conducted annually.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
1) The incorporations of MCI field operations training into all EMT training courses.
2) Availability of an 8 hour MCI Field Operations Course and 4 Hour Hospital Operations Course need to be increased with a minimum goal of one of each course being taught each year.

OBJECTIVE:
Incorporation of MCI field operations training into all EMT training programs.

Increase the availability of MCI Field and Hospital Operations Courses.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:
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 GUIDELINES:
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:
Hospitals have internal and externals plans consistent with the County's disaster plan. Additionally, the hospitals participate in county disaster planning and annual MCI/disaster exercises.

COORDINATION WITH OTHER EMS AGENCIES:
Many of the county-wide disaster exercises involve activation of the Regional Disaster Control Facility and/or the Regional Disaster Medical/Health Coordinator.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.15 INTERHOSPITAL COMMUNICATIONS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Hospitals in Tuolumne County have the capability of communicated with medical dispatch and each other through the County Med-Net system. Amateur radio (RACES) operators are used for hospital communication in the event both normal radio and telephone communications are lost.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long -Range Plan (more than one year)

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:
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 GUIDELINES:
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:
The OES Region IV MCI Plan is used by all providers and hospitals for the management of significant medical incidents. MCI training is provided to all EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.17 ALS POLICIES

MINIMUM STANDARDS:
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.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
County ordinance allows ALS personnel from other jurisdictions to respond to Tuolumne County and function under their own jurisdiction's scope of practice.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
None

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.18 SPECIALTY CENTER ROLES

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

RECOMMENDED GUIDELINES:
None

CURRENT STATUS:
Not applicable

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:
Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS:
Not applicable

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
N/A

OBJECTIVE:
N/A

TIME FRAME FOR MEETING OBJECTIVE:
Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

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Table 2 System Organization and Management

EMS System: Tuolumne County EMS Agency Reporting Year: 1998-99

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

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

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

2. Type of agency B

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

3. The person responsible for day-to-day activities of EMS agency reports to: B
   a - Public Health Officer
   b - Health Services Agency Director/Administrator
   c - Board of Directors
   d - Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	no
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	X
Non-medical disaster planning	assists with
Administration of critical incident stress debriefing (CISD) team	no
Administration of disaster medical assistance team (DMAT)	n/a
Administration of EMS Fund [Senate Bill (SB) 12/612]	n/a

5. EMS agency budget for FY: 1998-99

A. EXPENSES

Salaries and benefits (all but contract personnel)	$50,000
Contract Services	$0
Operations (e.g. copying, postage, facilities)	$0
Travel	$0
Fixed assets	$0
Indirect expenses (overhead)	$0
Ambulance subsidy	$0
EMS Fund payments to physicians/hospital	n/a
Dispatch center operations (non-staff)	$0
Training program operations	$0
Other: First Responder Training, Medical Supplies and related expenses	$20,000
EMSAAC Membership Dues	$0
TOTAL EXPENSES	$70,000

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	$18,600
Office of Traffic Safety (OTS)	$0
State general fund	$0
County general fund	$0
Other local tax funds (e.g., EMS district)	$0
County contracts (e.g. multi-county agencies)	$0
Certification fees	$2,255
Training program approval fees	$0
Training program tuition/Average daily attendance funds (ADA), Job Training Partnership ACT (JTPA) funds or 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 or designation fees Type:_____	$0
Ambulance service/vehicle fees	$0
Contributions	$0
EMS Fund (SB 12/612)	n/a
Other (specify): Ambulance Enterprise Fund	$50,000
TOTAL REVENUE	$70,855

6. Fee structure for FY 1998-99

First responder certification	$0.00
EMS dispatcher certification	n/a
EMT-I certification	$30.00 + DOJ fee
EMT-I re-certification	$20.00
EMT-D/AED accreditation	no charge
EMT-D/AED re-accreditation	no charge
EMT-II certification	n/a
EMT-II re-certification	n/a
EMT-P accreditation	$50.00
EMT-P Re-accreditation	$0.00
Mobile Intensive Care Nurse (MICN) authorization	$40.00
MICN re-authorization	$20.00
EMT-I training program approval	no charge
EMT-II training program approval	no charge
EMT-P training program approval	no charge
MICN training program approval	no charge
Base hospital application	no charge
Base hospital designation	no charge
Trauma center application	no charge
Trauma center designation	no charge
Pediatric facility approval	no charge
Pediatric facility designation	no charge
Other critical care center application or designation fees	none
Ambulance service license	no fee has been established
Ambulance vehicle permits	no charge
BLS Ambulance Special Event Coverage	no charge
ALS Ambulance Special Event Coverage	no charge
Air Ambulance Authorization Fees (unit based in the county)	n/a
Air Ambulance Authorization Fees (unit based outside the county)	no charge
Documents and Copying	actual cost
Other:_____	_____

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EMS System: Tuolumne County EMS Agency **Reporting Year:** 1998-99

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Coordinator	.75 FTE	$19.37	41.7%	Contract position prior to September 1998
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	.20 FTE	$50.47	12.6%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Senior Office Assistant	.30	$8.56	47%	
Data Entry Clerk					
Other					

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

Table 3 Personnel/Training

EMS System: Tuolumne County EMS Agency Reporting Year: 1998

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	147	0		28	0
Number newly certified this year	4	0		0	0
Number re-certified this year	28	0		17	0
Total number of accredited personnel on July 1 of the reporting year			25		
Number of certification reviews resulting in:					
a) formal investigations	1				
b) probation	1				
c) suspensions					
d) revocations					
e) denials	1				
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 0[1]
2. Early Defibrillation:
   a) Number of EMT-I (defib) certified 21
   b) Number of public safety (defib) certified (non-EMT-I) 26
3. Do you have a first responder training program? yes

[1]Currently not tracked by the EMS agency.

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Table 4 Communications

EMS System: Tuolumne County EMS Agency

County: Tuolumne

Reporting Year: 1998-99

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

1.	Number of primary Public Service Answering Points (PSAP)	2
2.	Number of secondary PSAPs	3
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of designated dispatch centers for EMS Aircraft	1
5.	Do you have an operational area disaster communication system?	no
	a. Radio primary frequency	CALCORD (not officially designated)
	b. Other methods:	RACES
	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

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Table 5 Response and Transportation

EMS System: Tuolumne County EMS Agency

Reporting Year: 1998

Per Dan Burch

Transporting Agencies

1.	Number of exclusive operating areas	0
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	n/a
3.	Total number responses	3266
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	3263
	b) Number non-emergency responses (Code 1: normal)	3
4.	Total number of transports	3041
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	3035
	b) Number of non-emergency transports (Code 1: normal)	6

Early Defibrillation Providers

5.	Number of public safety Defibrillation providers	
	a) Automated	5
	b) Manual	0
6.	Number of EMT-Defibrillation providers	
	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	82
	a) Number of emergency (scene) responses	29
	b) Number of non-emergency responses	53

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.	URBAN	SUBURBAN or RURAL	WILDERNESS	SYSTEM WIDE
1 BLS and CPR first responder.	unk	unk	unk	unk
2. AED first responder.	unk	unk	unk	unk
3. ALS responder	n/a	n/a	n/a	n/a
4. Ambulance.	11 mins	19 mins	55 mins	22 mins

Table 6 Facilities and Critical Care

Trauma[2]

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

Emergency Departments

Total number of emergency departments	2
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	2
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	2

[2]A trauma system has not been developed in Tuolumne County

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Table 7 Disaster Medical

EMS System: Tuolumne County EMS Agency

County: Tuolumne

Reporting Year: 1998

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? No CCPs have been designated.
   b. How are they staffed? If necessary CCPs would be staffed with first responders, ambulance personnel, Red Cross volunteers and public health personnel.
   c. Do you have a supply system for supporting them for 72 hours? no

2. Critical Incident Stress Debriefing (CISD)
   Do you have a CISD provider with 24 hour capability? no

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? 1

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? yes

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no

7. Are you part of a multi-county EMS system for disaster response? no

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

Table 8 Providers

EMS System: Tuolumne County EMS Agency **County:** Tuolumne **Reporting Year:** 1998

Tuolumne County Ambulance Service **P.O. Box 5024 Sonora California 95370**			**Primary Contact: Bill Caldera, Manager (209) 532-3227**		
Written Contract: ✓ yes □ no	Service: ✓ Ground □ Air □ Water	✓ Transport □ Non-Transport	Air classification: □ auxiliary rescue □ air ambulance □ ALS rescue □ BLS rescue	If Air: □ Rotary □ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 0 EMT 14 EMT-D 0 EMT-II 0 EMT-P 16
Ownership: ✓ Public □ Private	Medical Director: □ yes ✓ no	If public: □ Fire □ Law ✓ Other: Ambulance	If public: □ city; ✓ county; □ state; □ fire district; □ Federal	System available 24 hours? ✓ yes □ no	Number of ambulances: 8

California Department of Forestry & Fire Protection **785 Mountain Ranch Road, San Andreas CA 95249**			**Primary Contact: Dale Albright, Chief (209) 754-3831**		
Written Contract: ✓ yes □ no	Service: ✓ Ground □ Air □ Water	□ Transport ✓ Non-Transport	Air classification: □ auxiliary rescue □ air ambulance □ ALS rescue □ BLS rescue	If Air: □ Rotary □ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 0 EMT 15 EMT-D 0 EMT-II 0 EMT-P 0
Ownership: ✓ Public □ Private	Medical Director: □ yes ✓ no	If public: ✓ Fire □ Law □ Other:_____	If public: □ city; □ county; ✓ state; □ fire district; □ Federal	System available 24 hours? ✓ yes □ no	Number of ambulances: 0

EMS System: Tuolumne County EMS Agency **County:** Tuolumne **Reporting Year:** 1998

Tuolumne County Fire Department **2 South Forest Road, Sonora CA 95370**			**Primary Contact: Scott Newman, Chief (209) 533-5548**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 24 FR-Defib 11 EMT-I 0 EMT-D 1 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ✓ county; ☐ state; ☐ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Columbia College Fire Department **P.O. Box 1849,Columbia CA 95310**			**Primary Contact: Preston Birdwell, Station Manager** **(209) 533-5207**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 0 EMT-I 1 EMT-D 0 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ✓ state; ☐ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Columbia-Springfield Fire District **P.O. Box 311, Columbia CA 95310**			**Primary Contact: Jim Helms, Chief (209) 532-3772**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 5 EMT-I 7 EMT-D 1 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Groveland Fire Department (G.C.S.D.) **P.O. Box 350, Groveland CA 95321**			**Primary Contact: Steve Williamson, Chief (209) 962-7891**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 3 EMT 0 EMT-D 7 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

EMS System: Tuolumne County EMS Agency **County:** Tuolumne **Reporting Year:** 1998

Jamestown Fire District **P.O. Box 771, Jamestown CA 95327**			**Primary Contact: Ray Parsons, Chief (209) 984-5623**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 1 FR-Defib 0 EMT-I 0 EMT-D 0 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Mi-Wuk/Sugar Pine Fire District **P.O. Box 530, Mi-Wuk Village CA 95346**			**Primary Contact: Jeff Goularte, Chief (209) 586-5256**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 0 FR-Defib 7 EMT-I 0 EMT-D 5 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Sonora City Fire Department **201 Shepherd Street, Sonora CA 95370**			**Primary Contact: Mike Barrows, Chief (209) 532-7432**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 3 FR-Defib 1 EMT-I 4 EMT-D 10 EMT-II 0 EMT-P 1
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ✓ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Strawberry Fire District **P.O. Box 85, Strawberry CA 95383**			**Primary Contact: Tom Brick, Chief (209) 965-4408**		
Written Contract: ☐ yes ✓ no (Strawberry Fire Dist does not provide EMS)	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR n/a FR-Defib n/a EMT-I n/a EMT-D n/a EMT-II n/a EMT-P n/a
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

EMS System: Tuolumne County EMS Agency **County:** Tuolumne **Reporting Year:** 1998

Twain Harte Fire District **P.O. Box 447, Twain Harte CA 95383**			**Primary Contact: Gary Johnson, Chief (209) 586-4800**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 1 FR-Defib 8 EMT-I 0 EMT-D 2 EMT-II 0 EMT-P 0
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

Tuolumne Fire District **P.O. Box 968, Tuolumne City CA 95379**			**Primary Contact: Kevin Patton, Chief (209) 928-4505**		
Written Contract: ✓ yes ☐ no	Service: ✓ Ground ☐ Air ☐ Water	☐ Transport ✓ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: FR 24 FR-Defib 0 EMT-I 3 EMT-D 0 EMT-II 0 EMT-P 1
Ownership: ✓ Public ☐ Private	Medical Director: ☐ yes ✓ no	If public: ✓ Fire ☐ Law ☐ Other:_____	If public: ☐ city; ☐ county; ☐ state; ✓ fire district; ☐ Federal	System available 24 hours? ✓ yes ☐ no	Number of ambulances: 0

EMS System: Tuolumne County EMS Agency **Reporting Year:** 1998

County: Tuolumne

Name, Address & telephone: Sonora Community Hospital 1 Forest Road, Sonora, Ca. 95370 (209) 532-3161				**Primary Contact:** Larry Davis, Administrator	
Written Contract: ☒ yes ☐ no	Referral Emergency Service: ☐ Standby Emergency Service: ☐ Basic Emergency Service: ☒ Comprehensive Emergency Service: ☐			Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: ☐ yes ☒ no
EDAP: ☐ yes ☒ no	PICU: ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center, what Level: n/a

Name, Address & telephone: Tuolumne General Hospital 101 East Hospital Road, Sonora, Ca. 95370 (209) 533-7100				**Primary Contact:** Joe Mitchell, Administrator	
Written Contract: ☒ yes ☐ no	Referral Emergency Service: ☐ Standby Emergency Service: ☐ Basic Emergency Service: ☒ Comprehensive Emergency Service: ☐			Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: ☐ yes ☒ no
EDAP: ☐ yes ☒ no	PICU: ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center, what Level: n/a

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EMS System: Tuolumne County EMS Agency **Reporting Year:** 1998/99

County: Tuolumne

Tuolumne County Sheriff's Office, Communications Center **28 North Lower Sunset Drive, Sonora, Ca. 95370 (209) 533-5815**				**Primary Contact:** **Sue West**
Written Contract: ☐ yes ☒ no		☒ Day-to-day ☒ Disaster	Number of personnel providing services: ____ EMD ____ EMT-D ____ ALS ____ BLS ____ LALS 10-12 Other (public safety)	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☒ Law ☐ Other, ____	If public: ☐ city ☒ county ☐ state ☐spec district ☐ federal	

Sonora City Police Department, Communications Center **100 South Green Street, Sonora, Ca. 95370 (209) 532-8143**				**Primary Contact:** Katharine Nickley
Written Contract: ☐ yes ☒ no		☒ Day-to-day ☐ Disaster	Number of personnel providing services: ____ EMD ____ EMT-D ____ ALS ____ BLS ____ LALS 7 Other (public safety)	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☒ Law ☐ Other, ____	If public: ☒ city ☐ county ☐ state ☐spec district ☐ federal	

EMS System: Tuolumne County EMS Agency **Reporting Year:** 1998

County: Tuolumne

California Department of Forestry and Fire Protection Emergency Communications Center 785 Mountain Ranch Road, San Andreas CA 95370 (209) 753-3831				**Primary Contact: Jeff Millan**
Written Contract: ☐ yes ☒ no		☒ Day-to-day ☒ Disaster	Number of personnel providing services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (public safety)	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other,_____	If public: ☐ city ☐ county ☒ state ☐spec district ☐ federal	

DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

In July 1997, Tuolumne County withdrew from the Mountain-Valley EMS Agency, for which it had been a member since 1980, in order to form its own EMS System to better address the unique challenges of delivering pre-hospital care in Tuolumne County. In the Spring of 1998, after our first year of independence, Tuolumne County applied and received a grant from the State Emergency Medical Services Authority to develop an EMS Plan as required by statute.

A sub-committee was formed by the Tuolumne County Emergency Medical Care Committee to assist the EMS agency in developing the EMS plan. The sub-committee consisted of representatives from the EMS agency, Tuolumne County OES, Tuolumne County Sheriff's Department, Tuolumne County Ambulance, Sonora City Fire, Sonora Community Hospital and Tuolumne General Hospital. The sub-committee held meetings between October 1998 and March 1999 to review samples of EMS plan's from other counties, to define the optimal system for Tuolumne County, to determine current status of the EMS system in relation to the State's Standards and Guidelines, to establish goals and objectives for each component of the EMS plan, and finally to review the completed draft of the EMS plan.

In April 1999, after two months of review the Tuolumne County Emergency Medical Care Committee approved, with minor changes, submitting the EMS Plan to the Tuolumne nCounty Board of Supervisors for approval.

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9TH STREET
SACRAMENTO, CA 95814-7043
16) 322-4336 FAX: (916) 324-2875

May 18, 2000

Dan Burch
EMS Coordinator
Tuolumne County EMS Agency
1210 Sanguinetti Road
Sonora, CA 95370

Dear Mr. Burch:

We have completed our review of *Tuolumne County's Emergency Medical Services Plan: 1998*, 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.

Sincerely,

Maureen McNeil

for Richard E. Watson
Interim Director

RW:MH:mh