

EL DORADO COUNTY - EMS PLAN

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## **Section I – Executive Summary**

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## **SECTION I - EXECUTIVE SUMMARY**

El Dorado County is located in the Sierra-Nevada mountain range of north-central California, with a population of approximately 153,000 residents. It encompasses 1,712 square miles, and combines both arid and alpine environments, with weather extremes characteristic of both. Elevations in the County range from 200 feet to more than 10,800 feet. Douglas County, Nevada, borders the County on the east; Placer County on the north; Alpine and Amador Counties on the south; and Sacramento County on the west.

U.S. Highway 50 runs between Sacramento and the City of South Lake Tahoe, and bisects the County east to west. El Dorado County is heavily impacted by tourism, particularly by rafters on the American River, hikers and campers in the National Forests, and skiers and gamblers in the South Lake Tahoe area. These activities create a high risk potential for the need for emergency medical services. From November to March, and again from June through September, tourism in the Tahoe Basin can quadruple the resident population. More than three million people visit the Lake Tahoe area annually.

Most of the County's residential and tourist traffic is along the Highway 50 corridor, which is often congested due to the heavy volume of automobiles traveling to and from Lake Tahoe. Traffic congestion and variable weather conditions often cause significant traffic delays. Additionally, there are numerous isolated communities and mountainous wilderness areas north and south of Highway 50.

Due to difficult access and winding mountain roads, timely response to these communities and wilderness areas is hindered, causing ambulance response times of 45 minutes or more in outlying areas of the County.

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The combination of mountainous terrain, extreme weather conditions (the average annual snowfall for Lake Tahoe is 215.4 inches), significant variations in seasonal population, congested highways, isolated communities and wilderness areas pose significant challenges to the timely delivery of emergency medical care and rescue services to El Dorado County residents and visitors.

Geopolitically, the County is divided into two County Service Areas (CSA's), CSA No. 3 (the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas) and CSA No. 7 (the western slope of El Dorado County, including Placerville and the bedroom communities of Sacramento).

The County Service Areas are funding mechanisms to subsidize enhanced ambulance and dispatch services, with the citizens of the Meeks Bay and Tahoma areas and CSA No. 7 paying special taxes, and the citizens of the Tahoe Basin and the City of South Lake Tahoe paying benefit assessments. Additional revenues for funding emergency medical services are generated from billings for ambulance transports and transfers, medical skills provided, and supplies used.

El Dorado County has a performance-based contract with Lake Tahoe Ambulance, Inc., a private sector company, to provide ambulance services in the South Shore area of the Tahoe basin of CSA No. 3. The City of South Lake Tahoe Dispatch Center provides emergency medical dispatch for the South Shore area under contract with the County.

The West Shore of Lake Tahoe (Meeks Bay and Tahoma area) is an isolated area, where the North Tahoe Fire Protection District, which is dispatched from Tahoe City under contract with the Placer County Sheriff's Department, provides ambulance service.

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El Dorado County operates under a public utility model in CSA #7, providing, among other services, medical control, ambulance billing and financial oversight of ambulance services. Transport services and dispatch are contracted for under a performance-based contract with the El Dorado County Regional Prehospital Emergency Services Operations Authority, a Joint Powers Authority (JPA). The JPA subcontracts directly with the transport and dispatch service providers.

In December 1999, the El Dorado County Board of Supervisors approved the development of an Exclusive Operating Area (EOA) for CSA #3, as a part of an approved EMS Plan. Until establishment of the EOA as part of this amended Plan, the entire County remained under a status quo with the current providers. After approval, CSA #7 and the Tahoe West Shore area will remain under the status quo.

During fiscal year 97/98, there were approximately 10,000 emergency medical calls for assistance in El Dorado County.

There are two in-County base hospitals: Marshall Hospital in Placerville, and Barton Memorial Hospital in the City of South Lake Tahoe. Marshall Hospital is awaiting designation as a Level III Trauma Center; approval is anticipated following completion of a formal application process. Barton Memorial Hospital functions as a Level IV Trauma Receiving Center and has expressed interest in becoming a level III Trauma Center, as well. At present, neither has a formal trauma center designation.

El Dorado County utilizes helicopter transport companies to augment emergency medical transport capabilities.

The State EMS Authority approved the El Dorado County Trauma Plan in August 1998. This has enabled the EMS Agency to move forward in several areas:

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- ◆ Ability to designate Trauma Centers;
  - ◆ Ongoing Continuous Quality Improvement (CQI) utilizing the newly installed Trauma Registry System (Collector); and
  - ◆ Ability to improve relationships with contiguous Trauma Centers that provide higher levels of trauma care.

The El Dorado County EMS Agency has multiple opportunities to improve the system, including, but not limited to:

- ◆ Development of an ALS/BLS Master Plan for non-transporting providers serving isolated communities and wilderness recreation areas;
- ◆ Enhanced, integrated data collection and surveillance for improved system status management and trauma patient outcome tracking; and
- ◆ Comprehensive disaster planning and coordination with the Office of Emergency Services (OES) to address not only the common disaster threats posed by the usual vectors, but those threats unique to El Dorado County including forest fires, floods, rock and mud slides, avalanches, major vehicle Multiple Casualty Incidents (MCI's), and earthquakes.

There are many challenges facing the El Dorado County EMS Agency. Development of this EMS Plan is essential for defining those challenges. Adoption of this Plan will provide a check and balance for the system Countywide, and will also ensure that quality prehospital patient care and the well being of the individuals served by this system continue to be the highest priority.

## **Section II - Assessment of System**

The California EMS System Standards and Guidelines were prepared pursuant to Section 1797.103 of the California Health and Safety Code, which used the Federal EMS Act as a model. Its purpose is to guide local EMS agencies in the planning, organization, management, and evaluation of local EMS systems. The Federal EMS Act defines an EMS system as "a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar conditions) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system." [Section 1201(1), U.S. Public Health Service Act]

System standards for each of the eight components of the EMS Plan are summarized, including the Current Status, Needs and Objectives established for El Dorado County.

## SECTION II – ASSESSMENT OF SYSTEM

**TABLE 1: SUMMARY OF SYSTEM STATUS**

### A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	None	X	
1.02 LEMSA Mission		X	None	X	
1.03 Public Input		X	None		X
1.04 Medical Director		X	N/A		

#### Planning Activities

1.05 System Plan		X	None		
1.06 Annual Plan Update		X	None		
1.07 Trauma Planning*		X			X
1.08 ALS Planning*		X	None		X
1.09 Inventory of Resources		X	None		
1.10 Special Populations	X				X
1.11 System Participants		X	X		

#### Regulatory Activities

1.12 Review & Monitoring		X	None		
1.13 Coordination		X	None		
1.14 Policy & Procedures Manual	X		None	X	
1.15 Compliance w/Policies		X	None		

#### System Finances

1.16 Funding Mechanism		X	None		
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<b>Medical Direction</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>1.17</b> Medical Direction*		X	None		
<b>1.18</b> QA/QI		X	X		
<b>1.19</b> Policies, Procedures, Protocols		X	X		
<b>1.20</b> DNR Policies		X	None		
<b>1.21</b> Determination of Death		X	None		
<b>1.22</b> Reporting of Abuse	X		None		X
<b>1.23</b> Interfacility Transfer		X	None		

**Enhanced Level: Advanced Life Support**

<b>1.24</b> ALS Systems		X	X		
<b>1.25</b> On-Line Medical Direction		X	X		

**Enhanced Level: Trauma Care System**

<b>1.26</b> Trauma System Plan		X	None		
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**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

<b>1.27</b> Pediatric System Plan		X	None		
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**Enhanced Level: Exclusive Operating Areas**

<b>1.28</b> EOA Plan		X	None		
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## B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	None		X
2.02 Approval of Training		X	None		X
2.03 Personnel		X	None		

### Dispatchers

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

2.05 First Responder Training		X			X
2.06 Response		X	None		X
2.07 Medical Control	X		None		X

### Transporting Personnel

2.08 EMT-I Training		X	X		
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### Hospital

2.09 CPR Training		X	None		
2.10 Advanced Life Support		X	X		

### Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	None		
2.12 Early Defibrillation		X	None		
2.13 Base Hospital Personnel		X	None		

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X	None		
3.04 Dispatch Center		X	None		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	None		

### Public Access

3.07 9-1-1 Planning/ Coordination		X	X		
3.08 9-1-1 Public Education		X	None		

### Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

## D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests	X		None	X	
4.04	Pre-scheduled Responses		X	None		
4.05	Response Time Standards*	X				X
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft*		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability*		X	None		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response*	X				X
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		

### Enhanced Level: Advanced Life Support

4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>4.18</b> Compliance		X	None		

**Enhanced Level: Exclusive Operating Permits**

<b>4.19</b> Transportation Plan		X	None		
<b>4.20</b> "Grandfathering"		X	None		
<b>4.21</b> Compliance		X	None		
<b>4.22</b> Evaluation		X	None		

## E. FACILITIES/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	None		
5.03	Transfer Guidelines*		X	None		
5.04	Specialty Care Facilities*		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	None		

### Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X	None		
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### Enhanced Level: Trauma Care System

5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design		N/A	None		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		N/A	None		

### Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

## F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	None		
6.03 Prehospital Care Audits		X			X
6.04 Medical Dispatch		X	None		
6.05 Data Management System*		X	N/A		
6.06 System Design Evaluation		X	None		
6.07 Provider Participation		X	None		
6.08 Reporting		X	None		

### Enhanced Level: Advanced Life Support

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

6.10 Trauma System Evaluation		X	None		
6.11 Trauma Center Data		X	X		

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## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	None		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements*		X	None		
8.11	CCP Designation*		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		

### Enhanced Level: Advanced Life Support

8.17	ALS Policies		X	None		
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### Enhanced Level: Specialty Care Systems

8.18	Specialty Center Roles		X	None		
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### Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19	Waiving Exclusivity		X	None		
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**STATE OF CALIFORNIA EMS AUTHORITY**

**EMS SYSTEMS**

**MINIMUM STANDARDS and RECOMMENDED GUIDELINES**

**System Organization and Management**

**Staffing and Training**

**Communications**

**Response and Transportation**

**Facilities and Critical Care**

**Data Collection and System Evaluation**

**Public Information and Education**

**Disaster Medical Response**

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## System Organization and Management

### Agency Administration

#### Standard:

1.01 Each local EMS Agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### Current Status:

The EMS Agency has a formal organizational structure which includes an EMS Director, EMS Medical Director, three Quality Improvement Coordinators (1.50 FTE), an Administrative Secretary, and an Administrative Technician. The EMS Agency was designated by the El Dorado County Board of Supervisors to be a division of the El Dorado County Public Health Department and is included in the county structure which delineates other county resources including the Public Health Officer, County Counsel, Risk Management and administrative personnel.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. To further enhance the organizational structure, the Agency will: Identify staffing needs, review and modify job descriptions and employee classifications; Evaluate non-agency resources and establish relationships that would enhance the technical and clinical expertise available to the EMS Agency; Prioritize Agency tasks to align with monetary and staffing resources, monitor the rapidly changing Managed Care environment and provider competition for transport services.

#### Objective 1.01:

Align staffing positions, finances, and tasks to meet the objective of appropriate fiscal, technical and clinical expertise within the system.

#### Time Frame for Meeting Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Agency Administration

#### Standard:

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

#### Current Status:

Proactive EMS system monitoring occurs using the continuous quality improvement (CQI) approach. CQI evaluations are conducted by the Agency's Quality Improvement Coordinators (1.50 FTE), who are experienced EMS professionals tasked with implementing the Agency's CQI requirements on a system-wide basis. This approach also allows for addressing complaint-driven issues. In addition, performance-based contract reviews provide comprehensive oversight and control of the entire EMS system provider base.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. To enhance the QA/QI system the Agency will: Amplify the role of the Agency in enforcing contract provisions; Expand current quality improvement program; Improve access to system performance data which will allow for new and focused CQI approaches.

#### Objective 1.02:

Continue contract review and provide appropriate feedback to individual providers and system participants; use the information developed in this process to identify and implement needed system changes; continue to execute the CQI program.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Agency Administration

#### Standard:

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

#### Current Status:

The EMS Agency currently utilizes the Emergency Medical Care Committees (EMCC's), Medical Advisory Committee (MAC), and multiple advisory committees to receive consumer and health care provider input and advice.

Two EMCC committees exist in El Dorado County and represent the geopolitical regions. However, even with significant guidance and leadership being provided by the EMS Agency, these committees have not successfully defined their roles and responsibilities. There has been limited participation, with frequent failures to meet quorum requirements as defined by the Brown Act. As a result, the impact of the EMCC committee process on the EMS system is minimal.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. To strengthen the EMCC committee process, the Agency will recommend to the Board of Supervisors that a single countywide EMCC be established, that the current committee structure be reviewed, and that representation be established from a wide diversity of community interests.

#### Objective 1.03:

Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Agency Administration

#### Standard:

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

#### Recommended Guideline:

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:

The EMS Agency Medical Director is an American Board Certified Surgeon with extensive trauma and emergency room experience, and also functions as the backup El Dorado County Health Officer.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The Recommended Guideline is inappropriate for the size and composition of the medical community of this County.

#### Objective 1.04:

Continue to ensure that the El Dorado County EMS Agency Medical Director is an experienced, fully qualified, licensed physician.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

- 1.05 Each local EMS agency shall develop an EMS system plan based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
  - b) identify system needs for patients within each of the targeted clinical categories (as defined in Section II), and
  - c) provide a methodology and time line for meeting these needs.

#### Current Status:

This is a countywide EMS Plan developed by El Dorado County for submission to the State EMS Authority. The plan assesses how the current El Dorado County EMS system meets the State guidelines, identifies system needs for patients within targeted clinical categories, and provides methodology and time lines for addressing the needs identified in this Plan.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.05:

Utilize El Dorado County EMS Plan as a basis for providing methodology and time lines for meeting EMS system needs.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Current Status:

This is the first submission of an El Dorado County EMS Plan. Upon completion of this process, the agency will submit annual updates to the EMS Authority.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.06:

Provide annual EMS Plan updates.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

The El Dorado County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority.

#### Coordination with other EMS Agencies:

Coordination is accomplished through informal communication with adjacent EMS agencies, as well as formal participation with the local Office of Emergency Services (OES) utilizing the Region IV Plan.

#### Need(s):

Meets Standard. To comply with the Recommended Guideline, upon application from intracounty acute care facilities, the Agency will proceed with designating Trauma Center levels and ensuring that appropriate agreements have been executed.

#### Objective 1.07:

Continue to utilize the approved, comprehensive Trauma Plan, and designate Trauma Center levels through executed agreements.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Current Status:

All emergency ambulances that respond to 9-1-1 calls within El Dorado County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County.

#### Coordination with other EMS Agencies:

By informal reciprocal agreement with adjacent counties, mutual aid is provided as well as received.

#### Need(s):

Meets Standard. To improve first responder ALS services in remote areas of the County, the Agency will continue to monitor needs, and to encourage expansion of these services where appropriate.

#### Objective 1.08:

Develop a plan for first responder ALS services in remote areas, including innovative approaches to financial and training barriers.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Current Status:

Detailed inventories exist for personnel, vehicles, facilities, and agencies within the jurisdiction of El Dorado County. Due to EMS Authority grants, comprehensive first responder and disaster resource data have been thoroughly inventoried.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.09:

Collect and update the resource inventory annually.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

While there are no Countywide targeted programs for groups that may require specialized services, the Tahoe Basin Area Coordinating Council for Disabled has developed an emergency evacuation plan for the disabled.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

To meet this Standard, the Agency must identify specific population groups requiring specialized services. To meet the Recommended Guideline, the Agency must develop plans to enhance service delivery to identified population groups requiring specialized services.

#### Objective 1.10:

Assure appropriate access to the EMS system by all individuals and groups.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Planning Activities

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

Written agreements and standards have been developed and executed for all system participants, identifying roles and responsibilities. Adherence to standards is ensured through EMS Agency quality assurance activities and contract compliance reviews. Presently, El Dorado County does not have exclusive operating areas established for ambulance service providers.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline. The Agency has been directed by the El Dorado County Board of Supervisors to establish an exclusive operating area in CSA #3.

#### Objective 1.11:

Clarify exclusive the roles of ambulance service providers operating in El Dorado County; continue to develop and update agreements.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Regulatory Activities

#### Standard:

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

#### Current Status:

EMS system operations are routinely reviewed and monitored through data surveillance, on-site Quality Assurance reviews, and performance-based contract reviews.

#### Coordination with other EMS Agencies:

Not applicable to this standard.

#### Need(s):

Meets Standard.

#### Objective 1.12:

Provide ongoing and direct review and monitoring of all system components and service providers participating in the EMS system; document compliance with performance-based contracts; enforce penalties for noncompliance; communicate findings of system reviews to affected system participants; and facilitate programs to improve operations efficiency and effectiveness.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Regulatory Activities

#### Standard:

1.13 Each local EMS agency shall coordinate EMS system operations.

#### Current Status:

System operations are coordinated and refined on a continuous basis through the use of performance-based contracts, agreements, plans and committees.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.13:

Continue to refine coordination of system operations, provide regular contact with all EMS system participants; promptly respond to all requests for information and assistance.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Regulatory Activities

#### Standard:

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

#### Current Status:

The EMS Agency policies and procedures manual is a living document that is under active development and revision, and will include input from the EMS Agency and advice and consent of the Medical Advisory Committee (MAC).

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

To meet this Standard, the Agency will continue to develop and refine the EMS policy and procedures manual.

#### Objective 1.14:

Develop and maintain a comprehensive policy and procedure manual and make it available to all EMS system participants; review and modify on a regular basis.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Regulatory Activities

#### Standard:

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

#### Current Status:

The EMS Agency has contracts and agreements in place with base hospitals, emergency medical dispatch centers, and transportation providers to enforce compliance with system policies, California State statutes and the El Dorado County Ambulance Ordinance. Compliance is assured through regular quality assurance reviews and performance-based contract reviews.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.15:

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

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### System Finances

#### Standard:

1.16 Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of the Emergency Medical Services Fund.

#### Current Status:

The EMS Agency is fully funded by a combination of dollars from ambulance service fees, certification fees, and the EMS Fund.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.16:

Ensure continued EMS Agency operations regardless of funding source.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Current Status:

Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, dispatch contracts, Base Hospital agreements, and quality assurance review of service delivery. The County EMS Medical Director exercises indirect medical control over the entire County EMS system.

The County has designated two Base Hospitals whose roles and responsibilities are identified in base hospital agreements. These are the only two acute care hospital facilities located in El Dorado County. The base hospitals exercise direct medical control over all field responses.

Roles, responsibilities and relationships between prehospital and hospital providers are established in the EMS system protocols, policies and procedures, Base Hospital agreements, and provider agreements.

#### Coordination with other EMS Agencies:

While there are no formal relationships with other local EMS agencies, the Agency recognizes the ability of other paramedics to function under their County policies and protocols when operating in this County under emergency circumstances.

#### Need(s):

Meets Standard.

#### Objective 1.17:

Continue the present strong direct and indirect medical control system; refine as needed.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

This Agency is heavily involved in Quality Assurance/Quality Improvement (QA/QI) activities through the efforts of 1.5 FTE personnel who are also paramedics in this system.

The ambulance service providers for the west slope and the Lake Tahoe basin internally review 100% of all documentation associated with providing ambulance services. Additionally, the EMS Agency's Quality Assurance Coordinators review all Patient Care Reports (PCR's) and conduct field audits to verify ambulance service provider findings and assure that appropriate prehospital care is being provided by system EMS personnel.

Base Hospital Medical Directors, pursuant to Appendix B of Base Hospital Agreements, are also required to review prehospital patient care on a concurrent, retrospective and continuing basis. By agreement, Base Hospital Medical Directors are also required to submit to the EMS Agency monthly reports of any calls identified as questionable by the emergency room staff, Base Hospital Director, and/or Base Hospital Coordinator. The Marshall Hospital internal quality review program meets or exceeds all QA/QI requirements in the Marshall Base Hospital Agreement.

Barton Memorial Hospital presently does not fulfill the QA/QI requirements of the Barton Base Hospital Agreement. However, since a new Medical Director has assumed medical control of Barton Base Hospital functions, this EMS Agency has been assured by Barton's administration that it will make prudent efforts to satisfy the requirements specified in Appendix B of the Barton Base Hospital Agreement.

Dispatch QA is done at the Agency level through case and statistical review, as well as through use of the recently installed ProQA and AQUA software programs for pre-arrival instruction competency of dispatchers.

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**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

This standard and recommended guideline are clearly met by both ambulance service providers operating in the County and by Marshall Hospital. Barton Memorial Hospital does not meet this standard and guideline. This Agency will continuously monitor Barton Memorial Hospital progress in meeting its QA/QI responsibilities, until this Agency is assured that all requirements are met. Additionally, this Agency will continue to further develop and refine existing quality assurance/improvement programs to include all EMS system participants, and to enhance data collection capabilities to quantify QA outcomes.

**Objective 1.18:**

Continue policy development and performance evaluation to ensure system-wide quality assurance program compliance by all system participants including field EMS personnel, Marshall Hospital, and Barton Memorial Hospital.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
  - b) treatment,
  - c) medical dispatch protocols,
  - d) transport,
  - e) on-scene treatment times,
  - f) transfer of emergency patients,
  - g) standing orders,
  - h) base hospital contact,
  - i) on scene physicians and other medical personnel,
  - j) local scope of practice for prehospital personnel.

#### Recommended Guideline:

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

#### Current Status:

Detailed policies, procedures and protocols are in place for most clinical and operational situations. Policies, procedures and protocols for pre-arrival and post dispatch activities have been developed and implemented. Emergency Medical Dispatch (EMD) protocols with an automated CQI link have been established through ProQA and AQUA software programs. El Dorado County has also adopted the Region IV MCI Disaster Plan which includes triage procedures.

#### Coordination with other EMS Agencies:

The State of Nevada has adopted El Dorado County field treatment protocols to be utilized by Nevada transport providers who provide backup service to the eastern portion of the County.

#### Need(s):

Meets Standard and Recommended Guideline. Continue to refine policies and procedure manual, and field treatment protocols.

#### Objective 1.19:

Update and ensure that countywide policies, procedures and protocols are in place for all providers of prehospital services and agencies functioning within the system.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Current Status:

A "Do Not Resuscitate" (DNR) policy is in place in accordance with the EMS Authority DNR guidelines.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.20:

Continue to update DNR policy to reflect current legal precedents.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Current Status:

A "Determination of Death" policy is in place.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.21:

Continue to update "Determination of Death" policy in conjunction with county coroner to reflect current legal precedents.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Current Status:

There is an undocumented understanding among providers regarding the necessity to report suspected child abuse and elder abuse. A formal mechanism for reporting suspected SIDS deaths has been implemented.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

To meet this Standard, a mechanism for reporting child and elder abuse needs to be developed.

#### Objective 1.22:

Develop a mechanism for reporting child and elder abuse.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Medical Direction

#### Standard:

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

#### Current Status:

Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.23:

Continue to monitor and review interfacility transfer policies and protocols.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Advanced Life Support

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

ALS services are authorized as part of the El Dorado County EMS system through agreements between the ALS providers and the EMS Agency. An Exclusive operating areas will be established in CSA #3 per directive of the Board of Supervisors as a part of this plan.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 1.24:

Continue to review and update ALS agreements, and have an approved EMS Plan that reflects the directives from the El Dorado County Board of Supervisors, County Counsel, and the State EMS Authority regarding establishment of exclusive operating areas.

#### Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Advanced Life Support

#### Standard:

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

#### Recommended Guideline:

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

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

#### Current Status:

The only two acute care facilities in El Dorado County have been designated as base hospitals. They provide on-line medical control by physicians or certified mobile intensive care nurses. There are base hospital agreements in place. Barton Memorial Hospital also functions as a base hospital for an out-of state provider that uses El Dorado County protocols.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 1.25:

Review and update agreements as needed.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Trauma Care System

#### Standard:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### Current Status:

The El Dorado County Trauma Plan has been adopted by the El Dorado County Board of Supervisors and approved by the State EMS Authority.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.26:

Review and update the Trauma Plan as required.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### Pediatric Emergency Medical and Critical Care System

#### Standard:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based upon community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### Current Status:

There are no eligible pediatric facilities in El Dorado County. El Dorado County's pediatric emergency medical and critical care system plan is met by transferring most seriously ill or injured children to a regional designated pediatric intensive care center.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 1.27:

Continue to review and evaluate pediatric critical care.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## System Organization and Management

### **Exclusive Operating Area**

#### **Standard:**

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

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

#### **Current Status:**

Exclusive operating areas have not been established.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard. An exclusive operating area will be established in CSA #3 per directive of the Board of Supervisors as a part of this Plan.

#### **Objective 1.28:**

To have an approved EMS Plan that reflects directives from the El Dorado County Board of Supervisors, County Counsel, and the State EMS Authority regarding establishment of exclusive operating areas.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Local EMS Agency

#### Standard:

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

#### Current Status:

The EMS Agency assesses training needs for all prehospital personnel working in the County. Training programs for prehospital care have been developed and implemented. A paramedic continuing education program is in place. An EMT-1 continuing education program is being developed.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The EMS Agency plans to develop and implement an EMT-1 continuing education program and develop a formal training needs assessment tool.

#### Objective 2.01:

Improve the ability to track and assess personnel and training needs through the use of EMS Data Pro software and other data surveillance software.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Local EMS Agency

#### Standard:

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

#### Current Status:

Procedures and mechanisms are in place to approve and monitor EMS education and paramedic continuing education (CE) programs. Currently an EMT-1 CE program is being developed.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. To enhance the system, the Agency plans to develop a mechanism to implement quality assurance oversight to ensure that the quality of approved training programs meets the Agency standards, and to develop guidelines and establish program approval for EMT-1 continuing education.

#### Objective 2.02:

Assure the training programs approved by the County comply with state and local guidelines.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Local EMS Agency

#### Standard:

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

#### Current Status:

There are mechanisms for certification, accreditation, and related actions, as well as a process for prehospital providers to notify the EMS Agency of incidents which could impact system personnel certification.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 2.03:

Continue to develop policies and procedures which assure that qualified personnel are operating within the system.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Dispatchers

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

First responders and ambulance services are dispatched by designated medical dispatch agencies located in two public safety dispatch centers. Both dispatch agencies use County-approved Medical Priority's Advanced Medical Priority Dispatch System, including use of the ProQA and AQUA software. All dispatch staff are currently certified under the National Academy of Emergency Medical Dispatch.

#### Coordination with other EMS Agencies:

By informal agreement, Grass Valley CDF will provide emergency medical dispatch in the event that all El Dorado County dispatch providers are unable to provide service.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 2.04:

Continue ongoing and direct review and monitoring of the EMD system operations and medical dispatch personnel certification.

#### Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### First Responders (non-transporting)

#### Standard:

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

#### Recommended Guideline:

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:

Public safety personnel are trained to a minimum of public safety first aid in accordance with Title 22. The majority of first responders are with various fire services within the County, and are trained to at least the first responder technician level. Not all first responder technicians are AED certified, nor are they all trained up to the EMT-I level. The JPA is obligated by contract to develop an ALS/BLS Master Plan for the West Slope. This plan has not been provided to the EMS Agency. Following the conclusion of the first responder analysis, a countywide ALS/BLS Master Plan will be developed by the Agency.

*EMS First Responder Unit* is defined as any vehicle requested through an authorized PSAP to provide emergency medical care.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. To meet the Recommended Guideline, the EMS Agency will complete the first responder needs assessment (basic and advanced life support), and establish a countywide master plan to address first responder needs and EMS Agency requirements.

#### Objective 2.05:

Develop and implement a plan to enhance non-transporting EMS first responder capability based on identified needs, funding availability, and Agency authority.

#### Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### First Responders (non-transporting)

#### Standard:

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

#### Current Status:

There are a number of organizations providing medical first response within the County, including, but not limited to, fire services, law enforcement and industrial first aid teams. The EMS Agency has policies relating to fire service first-responder personnel, but no formal policies relating to law enforcement or industrial first aid teams.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The Agency should establish liaison among the first responder organizations, as well as between the organizations and the EMS Agency. The Agency is not currently considering developing nor implementing formal policies relating to law enforcement or industrial first aid teams.

#### Objective 2.06:

Facilitate and coordinate countywide first responder programs.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### **First Responders (non-transporting)**

#### **Standard:**

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

#### **Current Status:**

The EMS Agency does not have policies, procedures, or guidelines that provide medical protocols for EMS first responders. Monitoring and evaluation of first responder efforts are limited.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

To meet this Standard, the Agency must develop and implement EMS first responder policies, procedures, guidelines and field treatment protocols.

#### **Objective 2.07:**

Ensure that all EMS first responders operate under local medical direction policies.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Transport Personnel

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

At least one emergency medical transport vehicle attendant is certified at the EMT-P level.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 2.08:

Maintain current status.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Hospital

#### Standard:

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

#### Current Status:

All first responders, ambulance, and hospital personnel who provide direct emergency patient care are required to be trained in CPR.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 2.09:

Continue to ensure that all health personnel who provide direct emergency patient care are trained in CPR.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Hospital

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

All base hospital emergency physicians and MICNs are required to maintain ACLS certification. Base hospitals require that all licensed critical care nursing staff possess ACLS certification. Hospitals recommend but do not require that emergency department physicians be Board certified by ABEM; however, ACLS certification is required.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 2.10:

Maintain current status.

#### Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Advanced Life Support

#### Standard:

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

#### Current Status:

Procedures are in place for the accreditation of advanced life support personnel that include orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, and evaluation of optional scopes of practice. A Continuous Quality Improvement program is in place and available through the base hospitals to all EMS personnel.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 2.11:

Maintain current status.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### **Advanced Life Support**

#### **Standard:**

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

#### **Current Status:**

Automated External Defibrillation (AED) policies and procedures are in place for EMT-I and first responder level certification. The current local policy requires a minimum of 40 hours of first responder training for AED certification.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.12:**

Continue to update AED certification policies to optimize early defibrillation basic life support personnel.

Redevelop AED agreements to require detailed data reporting and required skills maintenance, and to allow 100 percent QA review.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Staffing/Training

### Advanced Life Support

#### Standard:

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

#### Current Status:

All base hospitals providing medical direction have trained Mobile Intensive Care Nurses (MICNs) per the Base Hospital Agreement. Physicians are trained in-house and are assisted by MICNs.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 2.13:

Maintain current status.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communications Equipment

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

El Dorado County does not currently have a formal communications. However, radio frequency coordination is specified in each provider performance-based contract. West Slope emergency medical transport vehicles and non-transporting advanced life support responders have cellular telephone capabilities. The use of satellite systems is currently under evaluation, but is not in use in El Dorado County at this time.

#### Coordination with other EMS Agencies:

Communication arrangements with out-of-county EMS agencies are established in the OES disaster plan for Region IV.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.01:

Support use of cellular telephone and satellite system technology countywide as funding becomes available.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communications Equipment

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

Currently El Dorado County has two-way radio communication between emergency medical transport vehicles, non-transporting advanced life support responders, dispatch, hospitals and other fire agencies.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.02:

The above Standard and Recommended Guideline for communications capabilities is met, but need to be incorporated into a local EMS communications plan as stated in Standard 3.01.

Continue to monitor and ensure that communications capabilities meet ongoing system needs.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communications Equipment

#### Standard:

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### Current Status:

All ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through VHF radio frequencies. All permitted ALS transporting vehicles providing service on the West Slope have cellular phone capabilities.

#### Coordination with other EMS Agencies:

The El Dorado County EMS system coordinates and maintains communications for interfacility transfers with out-of-county sending and receiving facilities.

#### Need(s):

Meets Standard. To enhance communications, the Agency should identify areas in the County where radio communication is ineffective and incorporate remedies into an EMS communications plan, including utilization of cellular phones on the East Slope.

#### Objective 3.03:

Ensure seamless communications in the El Dorado County EMS system.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communications Equipment

#### Standard:

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

#### Current Status:

All El Dorado County medical transport vehicles have the ability to communicate with a single dispatch center or disaster communications command post.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 3.04:

Continue to monitor and update communication capabilities as needed.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communications Equipment

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

El Dorado County base stations have communication capabilities via hand-held radios linked to the local Office of Emergency Services (OES). The OES repeater allows for direct communications between OES and the base hospitals in emergency situations where normal communication channels are not available.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.05:

Continue the process of monitoring and upgrading EMS communication needs within the County.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Communication Equipment

#### Standard:

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

#### Current Status:

In the event of multi-casualty incidents and disasters, communications linkage between prehospital and hospital providers is provided through the CDF Emergency Command Center (ECC) in conjunction with the communications component of the OES Region IV Plan. In the event of a disaster in the Tahoe basin, the Tahoe Amateur Radio Association (TARA) provides radio communication assistance.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 3.06:

Develop and implement a comprehensive plan to enhance EMS communications countywide.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Public Access

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

Enhanced 9-1-1 (E9-1-1) has been implemented in El Dorado County. Currently, El Dorado County cellular 9-1-1 calls are initially routed to Sacramento California Highway Patrol, then routed to local EMS dispatch, resulting in possible delayed local dispatch.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.07:

Continue to promote development of enhanced 9-1-1 systems in El Dorado County, including linking with statewide and/or regional 9-1-1 cellular accesses.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Public Access

#### Standard:

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

#### Current Status:

The EMS Agency endorses and participates (EMS Week) in public education regarding the 9-1-1 telephone service in the County. The Agency distributes brochures for children on CPR and the Heimlich Maneuver in both English and Spanish, bike helmet safety stickers, fire safety stickers, and 9-1-1 educational coloring books as part of the EMS Week effort. Direct education is provided by other agencies, facilities or providers.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 3.08:

Assist with the provision of public information regarding appropriate use of 9-1-1.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Resource Management

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

The County has established guidelines for an emergency medical dispatch priority reference system, including systemized caller interrogation and pre-arrival instructions. The ProQA portion of the Advanced Medical Priority Dispatch System, which includes dispatch triage policies, allows tiered response dispatch.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.09:

Continue to refine current programs.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Communications

### Resource Management

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

El Dorado County currently provides functionally integrated dispatch for emergency services coordination, using standardized communication frequencies and procedures. The local EMS Agency currently ensures system-wide ambulance coverage during peak demand as specified in ambulance and dispatch provider contracts.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.10:

Continue to monitor ambulance communications during periods of peak demand.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

Emergency medical transport service areas, approximately equivalent to the geographical descriptions of the County Service Areas, have been established and will be included in the updated County Ambulance Ordinance.

### **Coordination with other EMS Agencies:**

Ambulance service is being provided by North Tahoe Fire Protection District, an out-of-county provider, under contract with the County, to the Tahoe West Shore Area of County Service Area No. 3 (Meeks Bay). Ambulance service is being provided by the CSA# 3 provider to a portion of Alpine County. Agreements and contracts are on file.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 4.01:**

Medical transport areas specifically defined and included in the Ambulance Ordinance.

### **Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

County performance-based contracts with providers and the County Ambulance Ordinance enable the local EMS Agency to permit and monitor medical transportation services.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 4.02:**

Continue to monitor compliance with performance-based contract requirements as well as the County Ambulance Ordinance. Create and implement contracts and update the County Ambulance Ordinance as needed.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

Dispatch and EMD programs (ProQA) have been installed in both County dispatch centers. ProQA software allows for automated assistance to the dispatcher in determining the urgency of, and response level required for, all medical requests. However, tiered response has not been implemented in the County; all 9-1-1 requests are currently dispatched Code-3, regardless of the seriousness. Oversight of dispatch medical functions is a responsibility and function of the EMS Agency. QA of system status management plans and dispatch is closely monitored through the QA function of this Agency.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

To meet this standard, the Agency must evaluate successful tiered response systems being utilized in other dispatch organizations; develop an EMD dispatch plan for El Dorado County based on those findings; train El Dorado County dispatchers to utilize those tiered response capabilities appropriate for El Dorado County; implement El Dorado County-specific tiered response system.

### **Objective 4.03:**

Develop and maintain highest level of appropriate dispatch and emergency response services.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

Emergency medical transport vehicles are required, by policy and service contracts, to pre-schedule transfers in such a way as to cause no negative impact to emergency medical transport service.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.04:**

The EMS Agency will continue to monitor provision of non-emergency transport for negative impact on the emergency system.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Response and Transportation

### **Standard:**

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

### **Recommended Guideline:**

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

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

### **Current Status:**

The provider contracts required by the EMS Agency specify the required response time methodology, which utilizes Patient Care Reports (PCR's) through use of ambulance billing software (SweetSoft).

The EMS Agency tracks response times from time-of-call to patient contact, and provides reports to ground and air transport providers. Because of the rural nature of El Dorado County, the lack of a competent CAD (dispatch) mapping program, and the movement of ambulances from one location to another as required by the System Status Management Plans established for both service areas, it is difficult to establish meaningful standards. Nonetheless, long response times are evaluated to determine appropriateness. With additional accumulation of response time data, standards will be established for urban area responses.

The response area definitions currently used in El Dorado County are as follows:

<b>Response Area</b>	<b>U.S. Census Population Per Square Mile</b>
Urban	1,000 or more
Semi-Rural/Rural	10 to 999
Wilderness	Less than 10

**Coordination with other EMS Agencies:**

CAD systems currently being installed by dispatch providers (in and out of county) are designed to provide response instruction to the ground ambulance, air ambulance, and air rescue providers.

**Need(s):**

To meet this Standard and Recommended Guideline, both dispatch agencies must fully implement in-county CAD systems to allow the EMS Agency to accumulate statistically significant response time data to develop and implement response time standards as derived from this internal data. Once standards are developed, the Agency will monitor and report response time data to ground ambulance, air ambulance, and air rescue providers. The development of these CAD systems has been riddled with technical problems, despite very large investments in time and money by the County.

**Objective 4.05:**

Perform response time analysis and establish standards.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

The ambulance ordinance, state and local regulations, policies, and procedures are in place to assure that ambulances are staffed and equipped. Periodic unannounced site inspections are conducted by Agency QA staff to assure compliance.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.06:**

Maintain contracts, policies and onsite quality assurance reviews to assure that standards are met and maintained.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

It is estimated that over 70% of all fire department responses are medical in nature. While the EMS Agency is unsure of the consistency and quality of medical first response in El Dorado County, the systems are integrated. A First Responder Analysis is currently being completed with the use of grant funding from the State EMS Authority. This analysis evaluated all aspects of medical first response in El Dorado County and determined current resources and levels and quality of service.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.07:**

Continue to monitor integration levels of first responder agencies within the system; continue to implement system improvements based upon data derived from the First Responder System Status Analysis grant. The Agency's long term goal is to develop a countywide ALS/BLS master plan.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in 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.

### **Current Status:**

The EMS Agency has established policies and procedures for designating and authorizing air ambulance and air rescue providers to respond within El Dorado County. There are five helicopter providers serving the County (four private air ambulance services and one CHP Rescue helicopter). These providers are requested through the three dispatch centers, two in-county and one out-of-county. In-county dispatch is coordinated by use of a Helicopter Dispatch Priority Schedule based upon fastest response capabilities.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.08:**

Maintain coordinated air medical response to specific emergency events.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Response and Transportation

### **Standard:**

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

### **Current Status:**

Air ambulance and air rescue requests are facilitated by the appropriate dispatch center(s).

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.09:**

Continue to evaluate dispatch requirements and enhance as necessary.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

The EMS Agency has agreements with air ambulance and air rescue providers that specify availability and staffing levels.

### **Coordination with other EMS Agencies:**

The EMS Agency participates in a five-county EMS task force that coordinates air ambulance and air rescue deployment and dispatch.

### **Need(s):**

Meets Standard.

### **Objective 4.10:**

Assure ongoing adequate resources for air ambulance and air rescue responses and transportation.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

In El Dorado County, the Search and Rescue operation of the Sheriff's Department is fully responsible for, and equipped for, snow, water and high angle rescue. The Agency is satisfied with the oversight of this program by the Sheriff's Department.

**Coordination with other EMS Agencies:**

Search and rescue operations are coordinated by the Sheriff's Department with other counties.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 4.11:**

Continue to ensure that the level of rescue services meets the needs of the community.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

The El Dorado County Office of Emergency Services has a countywide disaster preparedness plan, which includes requirements for mobilizing response and transport vehicles.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.12:**

Assure that the disaster preparedness plan is continually updated to address changing demographics.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### Standard:

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

### Recommended Guideline:

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

### Current Status:

The EMS Agency does not currently have intercounty mutual aid agreements.

### Coordination with other EMS Agencies:

Intercounty mutual aid agreements need to be established with adjacent county EMS agencies.

### Need(s):

To meet this Standard and Recommended Guideline, the Agency must determine the current status of intercounty mutual aid requirements and agreements.

### Objective 4.13:

Develop agreements as required to assure comprehensive mutual aid response coverage and financial responsibilities.

### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

El Dorado County utilizes the OES Region IV Multi-Casualty Incident Response Plan to manage multi-casualty incidents. New medics coming into the EMS system may not be consistently required by the specific fire agencies to undergo training on the MCI Response Plan.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.14:**

Enhance compliance with this Standard by developing, implementing and enforcing an EMS Agency policy that requires that current personnel obtain refresher training, and all new personnel entering the EMS system shall undergo mandatory training on the MCI Response Plan.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Standard:**

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

### **Current Status:**

Existing state guidelines are utilized as the basis for the El Dorado County multi-casualty response plan.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.15:**

Ongoing review and enhancement of the El Dorado County multi-casualty response plan as conditions change and/or State standards are revised.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### Advanced Life Support

#### Standard:

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

#### Recommended Guideline:

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

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

#### Current Status:

All ALS ambulances are staffed with a minimum of one paramedic and one EMT-1

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 4.16:

Assure that all EMT-1 personnel who work on ALS ambulances are trained to provide defibrillation using available defibrillators.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Advanced Life Support**

#### **Standard:**

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

#### **Current Status:**

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped to the minimum ALS standard, and compliance is assured by onsite quality assurance reviews.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.17:**

Ongoing review and monitoring.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### Ambulance Regulation

#### Standard:

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

#### Current Status:

El Dorado County has performance-based contracts with all ground ambulance transportation providers and agreements with air ambulance providers that assure compliance to applicable policies and procedures. The Ambulance Ordinance revision has been submitted to County Counsel. We anticipate that this thoroughly updated ordinance will further ensure compliance.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 4.18:

Ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Exclusive Operating Permits**

#### **Standard:**

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:
- a) minimum standards for transportation services,
  - b) optimal transportation system efficiency and effectiveness, and
  - c) use of a competitive process to ensure system optimization.

#### **Current Status:**

Exclusive operating areas have not previously been established. This County operates under an Ambulance Ordinance that defines all 9-1-1 ambulance services as ALS services. The County has Performance-based Contracts with each service and transport provider. The County also operates under System Status Management Plans and there are strong QA/QI processes in place. However, an EOA for competitive services in CSA# 3 has been voted on and approved by the Board of Supervisors, and is incorporated for approval herein.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard. The Agency is submitting an EOA for CSA# 3 herein.

#### **Objective 4.19:**

To be completed according to the above directives.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### Exclusive Operating Permits

#### Standard:

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

#### Current Status:

The County has determined that no existing provider has met all the requirements for non-competitive selection in CSA #3, and will select a provider after competitive process.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The Agency has been directed to establish an EOA in CSA #3 only.

#### Objective 4.20:

To be determined according to the above directives.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### Exclusive Operating Permits

#### Standard:

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

#### Current Status:

Exclusive operating areas have not previously been established in El Dorado County, and therefore no exclusive operating permits have been issued.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The Agency has been directed to establish an EOA in CSA# 3 only.

#### Objective 4.21:

To be determined according to the above directives.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Response and Transportation

### **Exclusive Operating Permits**

#### **Standard:**

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

#### **Current Status:**

Exclusive operating areas have not previously been established in El Dorado County. The Agency has been directed to establish an EOA in CSA# 3 only.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.22:**

To continue to evaluate the design of exclusive operating areas.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

Pursuant to State trauma regulations, criteria have been included in our approved Trauma Plan that will lead to designation of trauma center levels in the near future. Base hospital agreements are in place with Barton Memorial Hospital and Marshall Hospital.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 5.01:**

Continue to assess and monitor EMS-related capabilities of acute care facilities. When acute care facilities apply for trauma center level designation, inspect and designate as appropriate.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Standard:**

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

### **Current Status:**

The local EMS Agency has developed comprehensive transfer of care policies, utilizing the prehospital triage protocols and procedures in the Region IV MCI Disaster Plan and the El Dorado County Trauma Plan. It is the responsibility of the base hospitals to establish formal arrangements with higher level of care specialty hospitals to accept base hospital patients that require a specialized higher level of care.

### **Coordination with other EMS Agencies:**

Prehospital triage and transfer protocols as established in the Trauma Plan were developed in collaboration with the Sierra-Sacramento Valley EMS Agency.

### **Need(s):**

Meets Standard.

### **Objective 5.02:**

Continue to monitor and assure compliance.

### **Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Standard:**

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

### **Current Status:**

Acute care facilities and their attending physicians identify patients who should be transferred. These institutions utilize their own adopted guidelines for patient transfers. El Dorado County EMS Agency recognizes the right of the acute care hospitals physicians and nurses to make appropriate transfer decisions. Transfer agreements are in place between El Dorado County acute care hospitals and appropriate hospitals of higher-level care.

### **Coordination with other EMS Agencies:**

Transfer agreements are established between acute care hospitals.

### **Need(s):**

Meets Standard.

### **Objective 5.03:**

Assure currency of interfacility transfer agreements.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Facilities and Critical Care

### **Standard:**

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

### **Current Status:**

The EMS Agency has designated as Base Hospitals the only two acute care hospital facilities located in El Dorado County. The approved El Dorado County Trauma Plan contains the criteria for designation of receiving hospitals and triage criteria for specified groups of emergency patients.

### **Coordination with other EMS Agencies:**

Receiving hospital designation and specialty care facility destination policies were developed in collaboration with the Sierra-Sacramento Valley EMS Agency.

### **Need(s):**

Meets Standard.

### **Objective 5.04:**

Ongoing monitoring of the receiving hospitals.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Facilities and Critical Care

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

Individual hospitals have their own disaster and mass-casualty incident plans which are integrated with the OES Region IV MCI Plan.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 5.05:**

Ensure that policies, procedures and guidelines are in place to assure that hospitals are prepared for mass-casualty management.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Standard:**

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

### **Current Status:**

Comprehensive plans for hospital evacuation have been developed by individual hospitals.

### **Coordination with other EMS Agencies:**

Coordination with other agencies is done through Region IV OES.

### **Need(s):**

Meets Standard.

### **Objective 5.06:**

Maintain current hospital evacuation plans for each hospital.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Advanced Life Support**

#### **Standard:**

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

#### **Current Status:**

Barton Memorial Hospital and Marshall Hospital have been designated as base hospitals in El Dorado County. These are the only two acute care hospitals and both have signed agreements with the County to provide base hospital services. No alternative base stations have been designated.

#### **Coordination with other EMS Agencies:**

Alpine County, California, and Douglas County, Nevada, also utilize Barton Memorial Hospital as their base station.

#### **Need(s):**

Meets Standard.

#### **Objective 5.07:**

Maintain current base hospital configuration and expand if required.

#### **Time Frames for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### Trauma Care System

#### Standard:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
  - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers.
  - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
  - e) a plan for monitoring and evaluation of the system.

#### Current Status:

The recently approved El Dorado County Trauma Plan includes all the above requirements and designations.

#### Coordination with other EMS Agencies:

We continue to coordinate with Sierra-Sacramento Valley EMS Agency regarding trauma center and trauma review issues.

#### Need(s):

Meets Standard.

#### Objective 5.08:

Continue to monitor trauma care needs and assure highest level of patient care.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### Trauma Care System

#### Standard:

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

#### Current Status:

The approved El Dorado County Trauma Plan was developed in collaboration with and input from both providers and consumers.

As the trauma system grows, the Agency will continue to develop the trauma system based upon data accumulated through the QA process, the trauma "Collector" system, and input from providers and consumers, in order to assure that development is responsive to clearly identified needs to metamorphose in positive ways.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 5.09:

Continue to solicit input from both providers and consumers.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Pediatric Emergency Medical and Critical Care Systems**

#### **Standard:**

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

#### **Current Status:**

No designated pediatric centers for emergency medical and critical care are established in El Dorado County.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Not applicable for this County.

#### **Objective 5.10:**

None.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### **Pediatric Emergency Medical and Critical Care Systems**

#### **Standard:**

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
  - b) training,
  - c) equipment,
  - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - e) quality assurance/quality improvement, and
  - f) data reporting to the local EMS agency.

#### **Recommended Guideline:**

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

#### **Current Status:**

There are two acute care hospital emergency rooms in El Dorado County – one in each geographic area. These hospitals have established adequate minimum standards for pediatric capabilities.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard. Recommended Guideline is not applicable to El Dorado County.

#### **Objective 5.11:**

Monitor minimum standards for pediatric capability in emergency departments in El Dorado County.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Facilities and Critical Care

### **Pediatric Emergency Medical and Critical Care Systems**

#### **Standard:**

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital and hospital providers and consumers.

#### **Current Status:**

El Dorado County does not have a pediatric emergency medical and critical care system.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Not applicable for this County.

#### **Objective 5.12:**

None.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### Other Specialty Care Systems

#### Standard:

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system, for the specific condition involved including:
- a) the number and role of system participants,
  - b) the design of catchment areas (including inter-county transport, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center,
  - d) the role of non-designated hospitals, including those which are outside of the primary triage area,
  - e) A plan for monitoring and evaluation of the system.

#### Current Status:

No specialty care plans are being developed.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Not applicable for this County.

#### Objective 5.13:

None.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Facilities and Critical Care

### Other Specialty Care Systems

#### Standard:

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

#### Current Status:

Other special care is rendered by out-of-county specialty hospitals with which local acute care hospitals have transfer agreements.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 5.14:

None.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

**Standard:**

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all 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 QI/QA programs and shall coordinate them with other providers.

**Recommended Guideline:**

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

**Current Status:**

The EMS Agency, through its 1.5 FTE QA positions, provides ongoing system wide quality assurance. The Agency uses the Trauma Registry System ("Collector") and the SweetSoft 2000 software system to capture state-required data elements, and to produce reports for the purpose of QA/QI. The QA/QI program is designed to address compliance with policies, procedures and protocols, identification of preventable morbidity and mortality, and assures conformance to state standards and guidelines. The providers perform 100% concurrent QA through peer review.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 6.01:**

Continue the comprehensive continuous quality improvement plan for El Dorado County EMS system evaluation and enhancement. Compile EMS data from all system participants, analyze data and identify trends, and implement action plans as required for future system wide quality improvement initiatives.

**Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### **Standard:**

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

### **Current Status:**

The EMS Agency has established a prehospital care report (PCR) to be completed by all ambulance transport providers and non-transporting first responders. Copies of these reports are distributed to the base hospital and Ambulance Billing/EMS Agency, and a copy is retained by providers for QA purposes.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets or exceeds standard.

### **Objective 6.02:**

Continue to evaluate prehospital care reporting.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### **Standard:**

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

### **Recommended Guideline:**

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, inpatient and discharge records.

### **Current Status:**

Audits of prehospital care are done by the EMS Agency, the base hospital(s), and the prehospital providers. The Agency has prehospital records and requests dispatch, emergency department, inpatient and discharge records on a case-by-case basis for audit purposes.

In the case of trauma patients who are entered into the trauma registry ("Collector") system, hospital discharge data is reported to the base hospitals, the Collector System, and the EMS Agency for appropriate distribution and analysis.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard. To comply with the Recommended Guideline, the desirable long-term goal is to develop direct linkage of dispatch and prehospital care. Linkage to in-hospital discharge data is an unrealistic goal for a local EMS agency.

### **Objective 6.03:**

Develop direct linkage of patient care records between the EMS Agency, dispatch and the emergency departments for audit purposes.

### **Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### **Standard:**

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

### **Current Status:**

Emergency Medical Dispatching is reviewed by QA staff countywide using AQUA software. Pre-arrival instructions are monitored via the ProQA system.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.04:**

Continue present QA structure for Emergency Medical Dispatching. Utilizing the data gleaned from the ProQA/AQUA systems, produce EMS system protocols leading to definitive, economical tiered response.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

**Standard:**

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards (when they are available).

**Recommended Guideline:**

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:**

El Dorado County EMS Agency has established computer programs for comprehensive data entry of prehospital (SweetSoft 2000) and trauma registry (Collector) report information. These reports are used for system wide planning, including patient care protocol development, system status management, fiscal analysis, first responder integration and peer review.

**Coordination with other EMS Agencies:**

In cooperation with Sierra-Sacramento Valley EMS Agency, trauma registry data is collected on a local and regional basis so that significant comparisons may be made.

**Need(s):**

Meets Standard. Compliance with portions of the Recommended Guideline is an unrealistic goal for a local EMS agency because of the difficulties regarding linkage to in-hospital discharge data.

**Objective 6.05:**

Continue to expand system wide reporting capabilities.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

**Standard:**

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

**Current Status:**

EMS system evaluations are performed by EMS Agency personnel through continuous interactions with the base hospitals, prehospital providers, first responder agencies, the EMCC, and other emergency service providers. The EMS system resources in El Dorado County are adequate to meet system requirements, standards, and guidelines. Approval of this EMS Plan will provide evaluation of EMS system design and operational effectiveness, and policies and procedures.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard.

**Objective 6.06:**

Evaluate and report on the status of EMS system resources and operations through the annual update of the EMS Plan.

**Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### **Standard:**

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

### **Current Status:**

Through contracts, ambulance ordinance, agreements, policies and procedures, the EMS Agency is empowered to require provider participation in system evaluation programs.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.07:**

Update the County Ambulance Ordinance, transport, and other provider agreements to require increased provider participation in system wide EMS program evaluations.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### **Standard:**

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

### **Current Status:**

Upon submission of this Plan, the EMS Agency provided an annual evaluation report of system design and operations to the Board of Supervisors, provider agencies, and the EMCC.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.08:**

Utilize the annual update of the EMS Plan as the annual report to the Board of Supervisors and other appropriate parties.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Data Collection and System Evaluation

### Advanced Life Support

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

The EMS Agency presently captures and audits activities of prehospital advanced life support providers and base and receiving hospital activities.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 6.09:

Continue to audit ALS treatment and evaluate prehospital activities.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Data Collection and System Evaluation

### Trauma Care System

#### Standard:

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

#### Current Status:

El Dorado County presently has an approved Trauma Plan and has implemented a trauma registry (Collector) to meet the above requirements.

#### Coordination with other EMS Agencies:

Not required for this standard, but trauma registry data is collected and evaluated in collaboration with the Sierra-Sacramento Valley EMS Agency.

#### Need(s):

Meets Standard.

#### Objective 6.10:

Continue to update the Trauma Plan and assure that adequate data is being captured for trauma system evaluation.

#### Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Data Collection and System Evaluation

### Trauma Care System

#### Standard:

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

#### Recommended Guideline:

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

#### Current Status:

The EMS Agency collects trauma data from both acute care hospitals through the trauma registry for quality assurance/quality improvement and system evaluation.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 6.11:

Continue to monitor and evaluate trauma data to identify and implement EMS system improvement opportunities.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Public Information and Education

### **Standard:**

7.01 The local EMS agency shall promote the development and dissemination of informational 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 Guideline:**

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

### **Current Status:**

The EMS Agency is involved with the Public Health Department, the JPA, and Lake Tahoe Ambulance in the development of information and materials for dissemination to the public. During EMS Week, the Agency distributes informational material regarding CPR, first aid and 9-1-1 access information to the community. At this time, patient and consumer rights are addressed on a case-by-case basis. Staffing limitations and program priorities, however, have limited the efforts in this area. The JPA participates in numerous public information and education events, including the *Fire Clownz*, the *Every 15 Minutes* program, El Dorado County Fair, CPR and First Aid public training programs. Lake Tahoe Ambulance participates with South Lake Tahoe Fire Department in public school education, and also participates in the Tahoe Basin Fire Fest and the Barton Health Fair.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline. The Agency will, in coordination with the Public Health Department and other EMS system participants, expand the development of informational materials for the public regarding EMS activities and patient and consumer rights.

### **Objective 7.01:**

Building on the considerable educational programs sponsored by the Public Health Department and other EMS system participants, develop an EMS Agency information and education plan to accomplish this objective.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Public Information and Education

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

In conjunction with the Public Health Department's Health Promotions Division, the EMS Agency supports and provides resources to the injury control and preventive medicine programs. Funded by an EMS Authority grant, the EMS Agency in collaboration with the Health Promotions Division of the Public Health Department, has established a countywide injury prevention coalition. The coalition develops and distributes public information to target populations on methods and opportunities to reduce the incidence of injuries.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.02:**

Continue to advocate and support existing injury control programs.

### **Time frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Public Information and Education

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

The local EMS Agency in conjunction with the Public Health Department and the Office of Emergency Services is involved in planning and promoting citizen disaster preparedness activities.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.03:**

Continue to provide citizen awareness programs on emergency preparedness.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Public Information and Education

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

The EMS Agency supports and encourages CPR training for the general public. Multiple providers in the County offer first aid and CPR training and are actively promoting such programs to the general public and high-risk groups.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.04:**

Continue to advocate for and support first aid and CPR training programs.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

Regular planning meetings are held with OES and the Public Health Department for multiple disaster possibilities. OES is the lead agency that interfaces with the EMS Agency and the Public Health Department for major emergency responses.

### **Coordination with other EMS Agencies:**

The EMS Agency interfaces directly with the local and Region IV Offices of Emergency Services for catastrophic disaster planning and response.

### **Need(s):**

Meets Standard.

### **Objective 8.01:**

Continue to participate in emergency medical response planning.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

Medical response plans have been developed by State OES and are in place for a variety of potential hazards. The EMS Agency interfaces with the State EMS Authority Office of Disaster Planning as well as with the local and Regional Offices of Emergency Services.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.02:**

Continue to interface and coordinate with the State EMS Authority as well as local and Region IV Offices of Emergency Services relative to disaster planning and response.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

Although not currently required by contract, West slope EMS personnel are firefighter paramedics who are trained to either the Awareness or Operational level for hazardous materials responses, and the Tahoe Basin ambulance transport providers participate in HazMat training with area fire department personnel. In addition, Lake Tahoe Ambulance carries hazardous material identification manuals. El Dorado County Sheriff Department's Search and Rescue personnel are not required to be trained because they do not respond to hazardous materials incidents.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.03:**

Maintain record of EMS staff training levels and hazard material response equipment Countywide.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

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

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.04:**

Continue to assure that all medical personnel practicing in the County have received ICS and SEMS training.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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:**

The El Dorado County Trauma Plan includes written procedures for distributing disaster casualties to the most appropriate medical facilities. El Dorado County has a hazardous materials response plan through Environmental Health Management. In the event of a mass disaster involving chemical contamination or radiation, initially the base hospital medical director contacts the DCF (designated control facility) that coordinates the response with appropriate hospitals with special facilities and capabilities, and makes contact with the regional poison control center. However, early on in such a disaster, OES assumes control of the incident. In the even of a terrorist incident, the FBI assumes control.

**Coordination with other EMS Agencies:**

Coordination with other EMS Agencies is accomplished through regional OES.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 8.05:**

Continue to strengthen relationships and close integration with OES.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

Specific components of the OES Region IV disaster plan address requests for assistance from agencies outside the County. Procedures and special resources are included and identified in the disaster plan. Annual, multi-jurisdictional, disaster drills are conducted to assess the effectiveness of established written procedures and outside special resources.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 8.06:**

Continue to enhance the level of disaster preparedness and rehearsal.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

All El Dorado County EMS personnel, except those located in the West Shore area of Lake Tahoe, utilize the local fire net frequency (County fire low band 46.08) for interagency communication and coordination. EMS personnel located in the West Shore area of Lake Tahoe utilize command frequencies dictated by Placer County Dispatch.

### **Coordination with other EMS Agencies:**

Interface with other EMS Agencies, including dispatch, to assure multi-jurisdictional use of common frequencies.

### **Need(s):**

Meets Standard.

### **Objective 8.07:**

Utilize common communication frequencies inside and outside the County to the greatest degree possible. Continue coordination with other EMS Agencies to ensure use of common frequencies.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Recommended Guideline:**

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

### **Current Status:**

Pursuant to the Disaster Response Planning grant, a thorough analysis and inventory of disaster medical resources has been completed and a report is being compiled to submit to the Board of Supervisors and the State EMS Authority. The report will be available to interested system participants. Agreements are in place between the local hospitals, their resource vendors and regional trauma centers.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.08:**

Maintain an inventory of disaster medical resources.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

Disaster Medical Assistance Teams (DMAT) have not been established in El Dorado County. A DMAT team consists of approximately 100 members, and is comprised of medical staff including surgeons, physicians, nurses, paramedics and other resources. The closest DMAT team to El Dorado County is CA6 based in the Bay Area. Requests for DMAT assistance are made by the County Emergency Operations Center (EOC) through the Emergency Medical Services Authority.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Not applicable for this County.

**Objective 8.09:**

None.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

As confirmed during our millennium celebration planning, the EMS Agency through OES Region IV has in place all the necessary structure coordinating regional resources during significant medical incidents and periods of extraordinary system demand. OES Region IV has developed "Strike Teams" of regional private ambulance, helicopter, and National Guard resources to respond during periods of extraordinary system demand.

### **Coordination with other EMS Agencies:**

Coordination with other EMS Agencies occurs through involvement with OES Region IV.

### **Need(s):**

Meets Standard.

### **Objective 8.10:**

Continue to ensure adequate response resources in the event of significant medical incidents and extraordinary system demand.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

In-county Casualty Collection Points (referred to as Primary Shelter Sites) have been designated by OES in conjunction with the Public Health Department. It is not known where out-of-county Casualty Collection Points are located.

### **Coordination with other EMS Agencies:**

To assure the best mutual aid response, coordination with other EMS Agencies is required to identify out-of-county Casualty Collection Points.

### **Need(s):**

Meets Standard.

### **Objective 8.11:**

Continue to designate new Casualty Collection Points (Primary Shelter Sites) as needed and determine the location of Casualty Collection Points in adjacent counties.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

Casualty Collection Points have been designated, and systems to communicate with them have been established in El Dorado County.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.12:**

Continue to enhance the Casualty Collection Point system in El Dorado County.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

This component has been adequately addressed during initial EMS training. All ambulance service personnel are required to have eight hours of HAZMAT training and participate in exercises and ongoing SEMS training.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 8.13:**

Continue to ensure adequate disaster medical training of EMS responders for disaster response and management of toxic or radioactive substances.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

El Dorado County hospitals have internal and external disaster plans. It is the responsibility of the hospitals to ensure that these disaster plans are integrated into the County's disaster plan. Drills are conducted every six months in both hospitals.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 8.14:**

Continue to refine disaster plans for hospitals, providers, and EMS system.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

### **Standard:**

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

### **Current Status:**

Geography and distance preclude total emergency inter-hospital communication capability within El Dorado County. However, with local telephone/cell phone and MedNet ring-down capabilities, communication needs are met. In the event that normal communications are lost, a fire unit is placed at each hospital, and inter-hospital communications will be reestablished utilizing County dispatch channels.

During a disaster in the Tahoe basin, the Tahoe Amateur Radio Association (TARA) provides radio communications assistance.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.15:**

Continue to incorporate state-of-the-art communication technology as it becomes available.

### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

---

## Disaster Medical Response

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

All El Dorado County prehospital medical response agencies and acute care hospitals have developed guidelines for management of significant medical incidents, and their staffs have been trained. Guidelines have been developed in conjunction with OES.

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline.

**Objective 8.16:**

Enhance guidelines and training as appropriate.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

### Advanced Life Support

#### Standard:

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

#### Current Status:

Current policies and procedures allow out-of-county responders to function in El Dorado County under their county's protocols.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 8.17:

Continue to ensure that other EMS systems are allowed to respond and function during significant medical incidents in El Dorado County.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

### Specialty Care Systems

#### Standard:

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

#### Current Status:

The role of identified specialty centers during significant medical incidents and the impact of such incidents have been addressed in the approved El Dorado County Trauma Plan.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 8.18:

Update Trauma Plan as required.

#### Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

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## Disaster Medical Response

### **Exclusive Operating Areas/Ambulance Regulation**

#### **Standard:**

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

#### **Current Status:**

El Dorado County did not previously have exclusive operating areas. An exclusive operating permit will be issued to the service provider selected in CSA #3 through an RFP.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 8.19:**

Exclusivity waivers will be put in place when exclusive operating permits are issued.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

## **Section III - System Resources and Operations**

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 2 - 7 respectively.

**SECTION III – SYSTEM RESOURCES AND OPERATIONS**

**TABLE 2: SYSTEM RESOURCES AND OPERATION – System Organization & Management**

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 1998

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: EL DORADO

a. Basic Life Support (BLS)	<u>0</u> %
b. Limited Advanced Life Support (LALS)	<u>0</u> %
c. Advanced Life Support (ALS)	<u>100</u> %
  
2. Type of agency a.
  - a - Public Health Department
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-profit Entity
  - f - Other: \_\_\_\_\_
  
3. The person responsible for day-to-day activities of EMS agency reports to d.
  - a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: DIRECTOR OF THE PUBLIC HEALTH DEPARTMENT
  
4. Indicate the non-required functions which are performed by the agency

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>N/A</u>
Designation of other critical care centers	<u>N/A</u>
Development of transfer agreements	<u>N/A</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>No</u>

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

Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	<u>No</u>
Administration of critical incidents stress debriefing (CISD) team	<u>No</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>No</u>
Other: <u>SPECIAL TAX &amp; BENEFIT ASSESSMENT ADMINISTRATION</u>	
Other: _____	
Other: _____	

5. EMS agency budget for FY 98/99

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ <u>234,101</u>
Contract Services (e.g. medical director)	<u>                    </u>
Operations (e.g. copying, postage, facilities)	<u>76,244</u>
Travel	<u>4,850</u>
Fixed assets	<u>3,325</u>
Indirect expenses (overhead)	<u>33,401</u>
Ambulance subsidy	<u>                    </u>
EMS Fund payments to physicians/hospital	<u>                    </u>
Dispatch center operations (non-staff)	<u>                    </u>
Training program operations	<u>                    </u>
Other: _____	
Other: _____	
Other: _____	

**TOTAL EXPENSES** \$ 351,401

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ 17,184

Office of Traffic Safety (OTS) \_\_\_\_\_

State general fund \_\_\_\_\_

County general fund \_\_\_\_\_

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

County contracts (e.g. multi-county agencies) \_\_\_\_\_

Certification fees 4,000

Training program approval fees \_\_\_\_\_

Training program tuition/Average daily attendance funds (ADA)  
Job Training Partnership ACT (JTPA) funds/other payments \_\_\_\_\_

Base hospital application fees \_\_\_\_\_

Base hospital designation fees \_\_\_\_\_

Trauma center application fees \_\_\_\_\_

Trauma center designation fees \_\_\_\_\_

Pediatric facility approval fees \_\_\_\_\_

Pediatric facility designation fees \_\_\_\_\_

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

Other critical care center application fees	\$ _____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle license fees	_____
Ambulance vehicle permit fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: _____	_____
Other (specify): <u>AMBULANCE SERVICE FEES</u>	<u>330,217</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>351,401</u></b>

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

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

6. Fee structure for FY 98/99

           We do not charge any fees

  XX   Our fee structure is:

First responder certification	\$ <u>10</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>10</u>
EMT-I recertification	<u>10</u>
EMT-defibrillation certification	<u>10</u>
EMT-defibrillation recertification	<u>10</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	<u>10</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>10</u>
MICN/ARN recertification	<u>10</u>
EMT-I training program approval	<u>0</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>0</u>
Base hospital application	<u>0</u>
Base hospital designation	<u>0</u>
Trauma center application	<u>Pending</u>
Trauma center designation	<u>Pending</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>



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

**EMS System:** El Dorado County EMS Agency

**Reporting Year:** 1998

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of salary)	COMMENTS
EMS Administrator/ Coordinator/Director	EMS Agency Director	1.0	\$28.06	11.3%	Deputy Public Health Director
Asst. Admin./Admin. Asst./Admin. Manager					
ALS Coord./Field Coord./Training Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coordinator					
Med. Director	EMS Agency Medical Director	0.5	\$50.78	N/A	Extra Help
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Medical Planner					

**Include an organizational chart of the local EMS Agency and a county organizational chart(s) indicating how the LEMSA fits within the county structure. See Appendix A**

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

**EMS System:** El Dorado County EMS Agency

**Reporting Year:** 1998

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Data Evaluator/ Analyst	Administrative Technician	1.0	\$13.57	11.3%	
QA/QI Coordinator	Quality Improvement Coordinator	1.5	\$19.59	11.3%	
Public Info. & Ed. Coordinator					
Exec. Secretary	Administrative Secretary	1.0	\$13.03	11.3%	
Other Clerical					
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 structure. See Appendix A**

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

EMS System: El Dorado County EMS Agency

Reporting Year: 1998

	EMT-Is	EMT-IIIs	EMT-Ps	MICN	EMS Dispatchers
Total certified	668	N/A	97	42	32
Number of newly certified this year	162	N/A	0	9	0
Number recertified this year	244	N/A	N/A	26	0
Total number of accredited personnel on July 1 of the reporting year	0	N/A	14	0	0
Number of certificate reviews resulting in:					
a) formal investigations	1	N/A	1	0	0
b) probation	0	N/A	0	0	0
c) suspensions	0	N/A	0	0	0
d) revocations	0	N/A	0	0	0
e) denials	0	N/A	0	0	0
f) denials of renewals	0	N/A	0	0	0
g) no action taken	0	N/A	1	0	0

1. Number of EMS dispatchers trained to EMSA standards: 32

2. Early defibrillation:

a) Number of EMT-I (defib) certified 238

b) Number of public safety (defib) certified (non-EMTI) 92

3. Do you have a first responder training program?  yes  no

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

EMS System: EMS Agency

County: El Dorado County

Reporting Year: 1998

1. Number of primary Public Service Answering Points (PSAP) 3
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS aircraft 3
5. Do you have an operational area disaster communication system? yes  no 
  - a. Radio primary frequency CLEMARS "1" 154-920  
CLEMARS "2" 154-935
  - b. Other methods HAM
  - c. Can all medical response units communicate on the same disaster communications system? yes  no
  - d. Do you participate in OASIS? yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system? yes  no 
    - 1) Within the operational area? yes  no
    - 2) Between the operational area and the region and/or state? yes  no
6. Who is your primary dispatch agency for day-to-day emergencies? #1 CDF/CAMINO  
#2 SOUTH LAKE TAHOE PD  
#3 PLACER COUNTY SHERIFF
7. Who is your primary dispatch agency for a disaster? #1 CDF/CAMINO  
(FEDERAL, STATE, LOCAL GOV'T)

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

EMS System: EMS Agency  
 County: El Dorado County  
 Reporting Year: 1998

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas		<u>0</u>
2. Percentage or population covered by Exclusive Operating Areas (EOA)		<u>0.0%</u>
3. Total number responses		<u>10,645</u>
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>8,694</u>
b) Number non-emergency responses	(Code 1: normal)	<u>941</u>
4. Total number of transports		<u>7,517</u>
a) Number or emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>6,985</u>
b) Number of non-emergency transports	(Code 1: normal)	<u>532</u>

**Early Defibrillation Providers**

5. Number of public safety defibrillation programs		<u>1</u>
a) Automated		<u>1</u>
b) Manual		<u>-</u>
6. Number of EMT-Defibrillation programs		<u>0</u>
a) Automated		<u>-</u>
b) Manual		<u>-</u>

**Air Ambulance Services**

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

\* Policy issued requiring counts by month effective 7/1/99.

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

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

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	–	–	–	No Standard
2. Early defibrillation capable responder.	–	–	–	No Standard
3. Advanced life capable responder.	–	–	–	Data Not Available
4. EMS transport ambulance unit.	14.2 minutes	19.3 minutes	Data Not Available	15.6 minutes

---

**TABLE 6: SYSTEM RESOURCES AND OPERATION – Facilities/Critical Care**

**EMS System:** EMS Agency  
**County:** El Dorado County  
**Reporting Year:** 1998

**Trauma Care System**

1. Trauma patients:

- a) Number of patients meeting trauma triage criteria (4 months ending 12/98) 66
- b) Number of major trauma victims transported directly to a trauma center by ambulance Data Not Available
- c) Number of major trauma patients transferred to a trauma center 5
- d) Number of patients meeting triage criteria who weren't treated at a trauma center Data Not Available

**Emergency Departments:**

- 2. Total number of emergency departments 2
  - a) Number of referral emergency services Data Not Available
  - b) Number of standby emergency services Data Not Available
  - c) Number of basic emergency services Data Not Available
  - 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

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

EMS System: EMS Agency  
County: El Dorado County  
Reporting Year: 1998

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? SEE "APPENDIX B – Primary Shelter Sites"
  - b. How are they staffed? VOLUNTEERS
  - c. Do you have a supply system for supporting them for 72 hours?      yes \_\_\_ no X
- 2. CISD
  - Do you have a CISD provider with 24 hour capability      yes X no \_\_\_
- 3. Medical Response Team
  - a. Do you have any team medical response capability      yes \_\_\_ no X
  - b. For each team, are they incorporated into your local response plan?      yes \_\_\_ no X
  - c. Are they available for statewide response?      yes \_\_\_ no X
  - d. Are they part of a formal out-of state response system?      yes \_\_\_ no X
- 4. Hazardous materials
  - a. Do you have any HazMat trained medical response teams?      yes X no \_\_\_
  - b. At what HazMat level are they trained? F.R.O.
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no \_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes X no \_\_\_

**OPERATIONS**

- 1. Are you using a standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no \_\_\_
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      3



## **Section IV - Resource Directories**

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 8 - 11 respectively.

**SECTION IV – RESOURCES DIRECTORY**

**TABLE 8: RESOURCES DIRECTORY – Providers**

EMS System: \_\_\_\_\_ EMS AGENCY \_\_\_\_\_ County: EL DORADO Reporting Year: 1998

Name, address & telephone: <u>E.D.Co.Regional Prehospital Emer. Svcs. Op's Auth. (JPA), 3202 Country Club Drive, Cameron Park, CA 95682 530-672-0299</u>			Primary Contact: <u>Carol Gallagher 530-672-0299</u>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>136</u> PS <u>98</u> BLS <u>          </u> LALS <u>          </u> PS-Defib <u>          </u> EMT-D <u>38</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6.5</u>

Name, address & telephone: <u>Lake Tahoe Ambulance, 113 Emerald Bay Rd, So.Lake Tahoe, CA 96150 530-542-5662</u>			Primary Contact: <u>Charles Staib 530-542-5662</u>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>          </u> PS <u>4</u> BLS <u>          </u> LALS <u>          </u> PS-Defib <u>          </u> EMT-D <u>12</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

## TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: EMS AGENCY County: EL DORADO Reporting Year: 1998

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

Training Institution Name Lake Tahoe Community College Contact Person Telephone No. Lori Gaskin 530-541-4660 x225

Address 1 College Dr., South Lake Tahoe, CA 96150-4524

Student Eligibility: *	Cost of Program	**Program Level: <u>AED</u>
Open to general public	Basic <u>\$8/unit x .5 units</u>	Number of students completing training per year:
	Refresher	Initial training: <u>20</u>
		Refresher: <u>20</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 2002</u>
		Number of courses: <u>2 per year</u>
		Initial training: <u>1</u>
		Refresher: <u>1</u>
		Cont. Education: <u>N/A</u>

Training Institution Name Lake Tahoe Community College Contact Person Telephone No. Lori Gaskin 530-541-4660 x225

Address 1 College Dr., South Lake Tahoe, CA 96150-4524

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-1</u>
Open to general public	Basic <u>\$8/unit x 8 units</u>	Number of students completing training per year:
	Refresher <u>\$8/unit x 2.5 units</u>	Initial training: <u>100</u>
		Refresher: <u>50</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 2002</u>
		Number of courses: <u>8/year</u>
		Initial training: <u>4/year</u>
		Refresher: <u>4/year</u>
		Cont. Education: <u>N/A</u>

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

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

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

EMS System: EMS AGENCY County: EL DORADO Reporting Year: 1998

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

Training Institution Name El Dorado County Training Officers Contact Person Telephone No. Brian Veerkamp 530-677-7622  
 Address 990 Lassen Ln., El Dorado Hills, CA 95762

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-1</u>
Open to general public	Basic <u>\$75</u>	Number of students completing training per year:
	Refresher <u>\$50</u>	Initial training: <u>80</u>
		Refresher: <u>100</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 2002</u>
		Number of courses: <u>11</u>
		Initial training: <u>4</u>
		Refresher: <u>7</u>
		Cont. Education: <u>N/A</u>

Training Institution Name El Dorado County Training Officers Contact Person Telephone No. Brian Veerkamp 530-677-7622  
 Address 990 Lassen Ln., El Dorado Hills, CA 95762

Student Eligibility: *	Cost of Program	**Program Level: <u>First Responder</u>
Open to general public	Basic <u>\$10 per student</u>	Number of students completing training per year:
	Refresher <u>\$10 per student</u>	Initial training: <u>40</u>
		Refresher: <u>100</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 2002</u>
		Number of courses: <u>14</u>
		Initial training: <u>4</u>
		Refresher: <u>10</u>
		Cont. Education: <u>N/A</u>

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

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

## TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: EMS AGENCY County: EL DORADO Reporting Year: 1998

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

Training Institution Name El Dorado County Training Officers Contact Person Telephone No. Brian Veerkamp 530-677-7622  
 Address 990 Lassen Ln., El Dorado Hills, CA 95762

Student Eligibility: *  Restricted to departments with AED Agreements	Cost of Program	**Program Level: <u>AED</u>
	Basic <u>\$10.00</u>	Number of students completing training per year:
	Refresher <u>\$10.00</u>	Initial training: <u>35</u>
		Refresher: <u>150</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 2002</u>
		Number of courses: <u>11</u>
		Initial training: <u>3</u>
		Refresher: <u>8</u>
		Cont. Education: <u>N/A</u>

Training Institution Name \_\_\_\_\_ Contact Person Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_

Student Eligibility: *	Cost of Program	**Program Level: _____
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: _____
		Cont. Education: _____
		Expiration Date: _____
		Number of courses: _____
		Initial training: _____
		Refresher: _____
		Cont. Education: _____

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

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

**TABLE 10: RESOURCES DIRECTORY – Facilities**

EMS System:                     EMS AGENCY                     County:           EL DORADO           Reporting Year:   1998  

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

Name, address & telephone: <u>Marshall Hospital</u> <u>Marshall Way, Placerville, CA 95667</u>			Primary Contact: <u>Bruce Tufts 530-626-2636</u>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what level:**** Undesignated	

Name, address & telephone: <u>Barton Memorial Hospital</u> <u>P.O. Box 9578, So. Lake Tahoe, CA 96158</u>			Primary Contact: <u>Susy Walker 530-542-3000 x2231</u>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what level:**** Undesignated	

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



**Section V - Description of Plan Development  
Process**

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## SECTION V - DESCRIPTION OF PLAN DEVELOPMENT PROCESS

- A. This EMS Plan was written entirely as an internal team effort by the EMS Agency Staff.
- B. The State guidelines were used as a framework but all data was derived from internal sources.
- C. The methodology was as follows: The work was scheduled when a maximum number of staff was available. The staff went into the conference room where a laptop computer and projector were available. The Plan was projected onto a screen, and all research materials were available. Each Standard was projected and discussed. When a consensus was reached, the group moved on to another standard. When that day's work was completed, the day's material was printed out and given to each member of the team. This enabled staff to conduct extensive system inquiry and research to confirm or modify the accuracy of the information in each portion of the Plan. At the next meeting, a review was done of the previous session's work and when it was completed, any agreed-upon corrections were made. Once this process was cycled through a given Standard, the team moved on to the next areas and repeated this process.
- D. During this process, advice and input from members of the system and the community were solicited, and this was often enormously supportive to realize a document that was understandable and which also reflects the depth of knowledge in each area.
- E. Seventy-five copies of the document were then sent out for community review and input; where changes were appropriate, they were made. All comments of the community were compiled and submitted to the Board of Supervisors for their interest, analysis and action, where appropriate.
- F. The Board of Supervisors then adopted the Plan as amended. It was submitted to the EMS Authority as a draft, pending the EOA issues being clarified within the County.
- G. During December, 1999, the Board of Supervisors voted to establish an EOA in CSA #3, and this directive is reflected in this revision of this Plan.
- H. The Plan was updated in accordance with the Board of Supervisors' directive and submitted to County Counsel for review.
- I. EMS Agency staff then finalized the Plan, sent it out for community review and input, and incorporated appropriate changes.
- J. Following adoption, the Plan was submitted to the State EMS Authority for approval.

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**COPY OF  
BOARD OF SUPERVISORS RESOLUTION  
ADOPTING THIS REVISED EMS PLAN  
WILL BE PLACED HERE**

**Section VI - Annex**

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**SECTION VI - ANNEX**

**ANNEX 1 - Trauma Care System Plan**

**Not included in this Revision.**

**The Complete Trauma Plan  
will be included in the adopted EMS Plan.**

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**ANNEX 2 - AB 3153 Compliance: Exclusive Operating Areas  
(Implementation of Section 1797.224, H&SC)**

## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> El Dorado County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> County Service Area No. 3 – South Shore Area
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. <b>Lake Tahoe Ambulance, Inc. In operation in CSA #3-South Shore Area from 1972 to 1992; 11 month physical break in service; 1993 to possible physical break in service in July 1997; August 1997 to present.</b>
<b>Area or Subarea (Zone) Geographic Description:</b> CSA #3-South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay)
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. <b>In December 1999, the El Dorado County Board of Supervisors voted to establish an Exclusive Operating Area.</b>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). <b>ALS Emergency Ambulance</b>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <b>Following approval of EMS Plan with this EOA, an RFP will be issued and selection of provider will be as determined by a special committee using criteria described in RFP.</b>

## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> <b>El Dorado County EMS Agency</b>
<b>Area or Subarea (Zone) Name or Title:</b> <b>County Service Area No. 3 – Tahoe West Shore Area (Meeks Bay area)</b>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <b>North Tahoe Fire Protection District (out-of-county provider) In operation in CSA #3-Tahoe West Shore Area since prior to 1990</b>
<b>Area or Subarea (Zone) Geographic Description:</b> <b>CSA #3-Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay area) excluding South Lake Tahoe Area</b>
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> <b>Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response</b>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> <b>Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response</b>
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <b>Not Applicable</b>

## **ANNEX 3 - Pediatric Subsystem Plan**

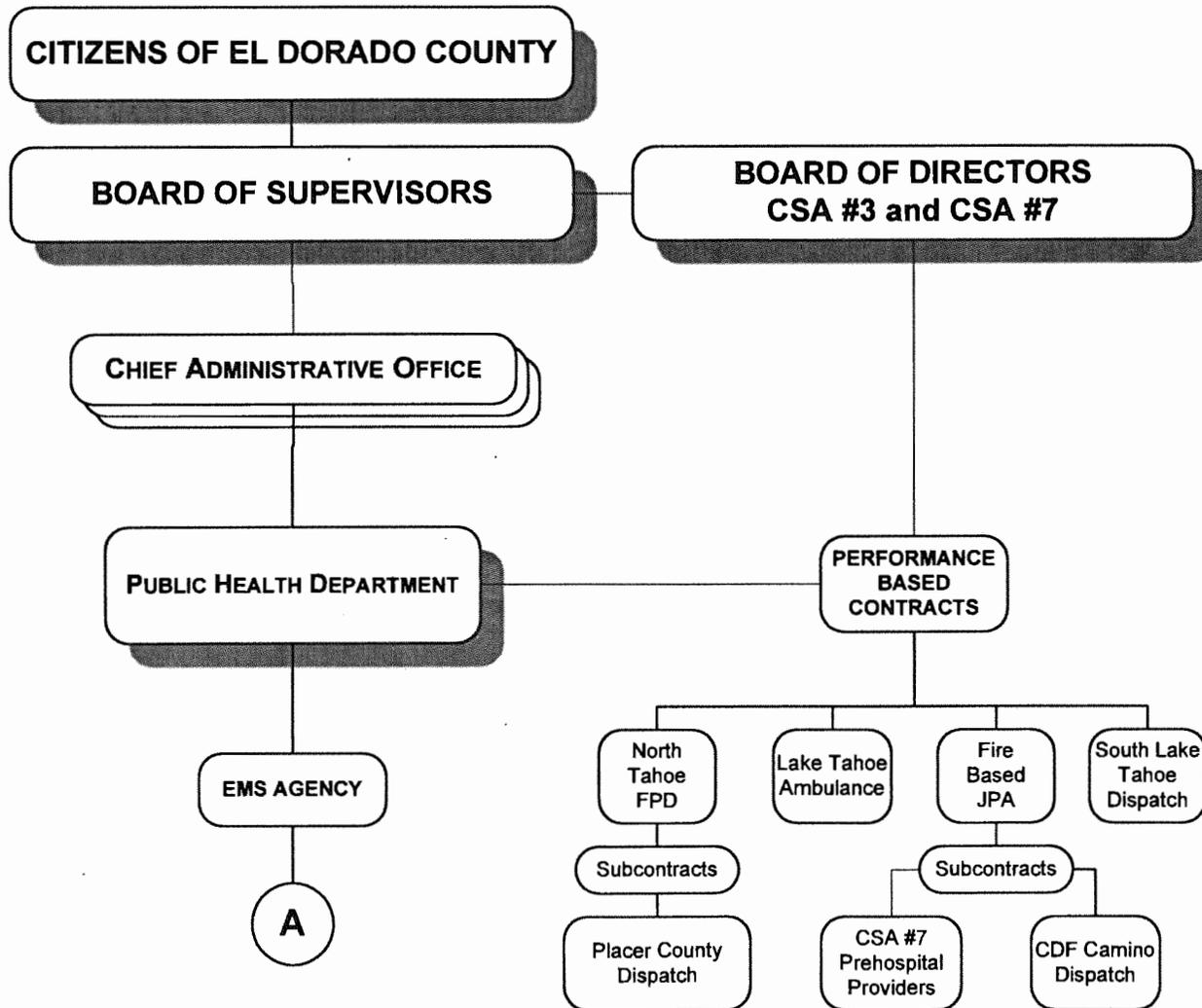
El Dorado County does not have a Pediatric Subsystem Plan because there are no pediatric specialty care facilities located in the County.

## **Section VII - Appendices**

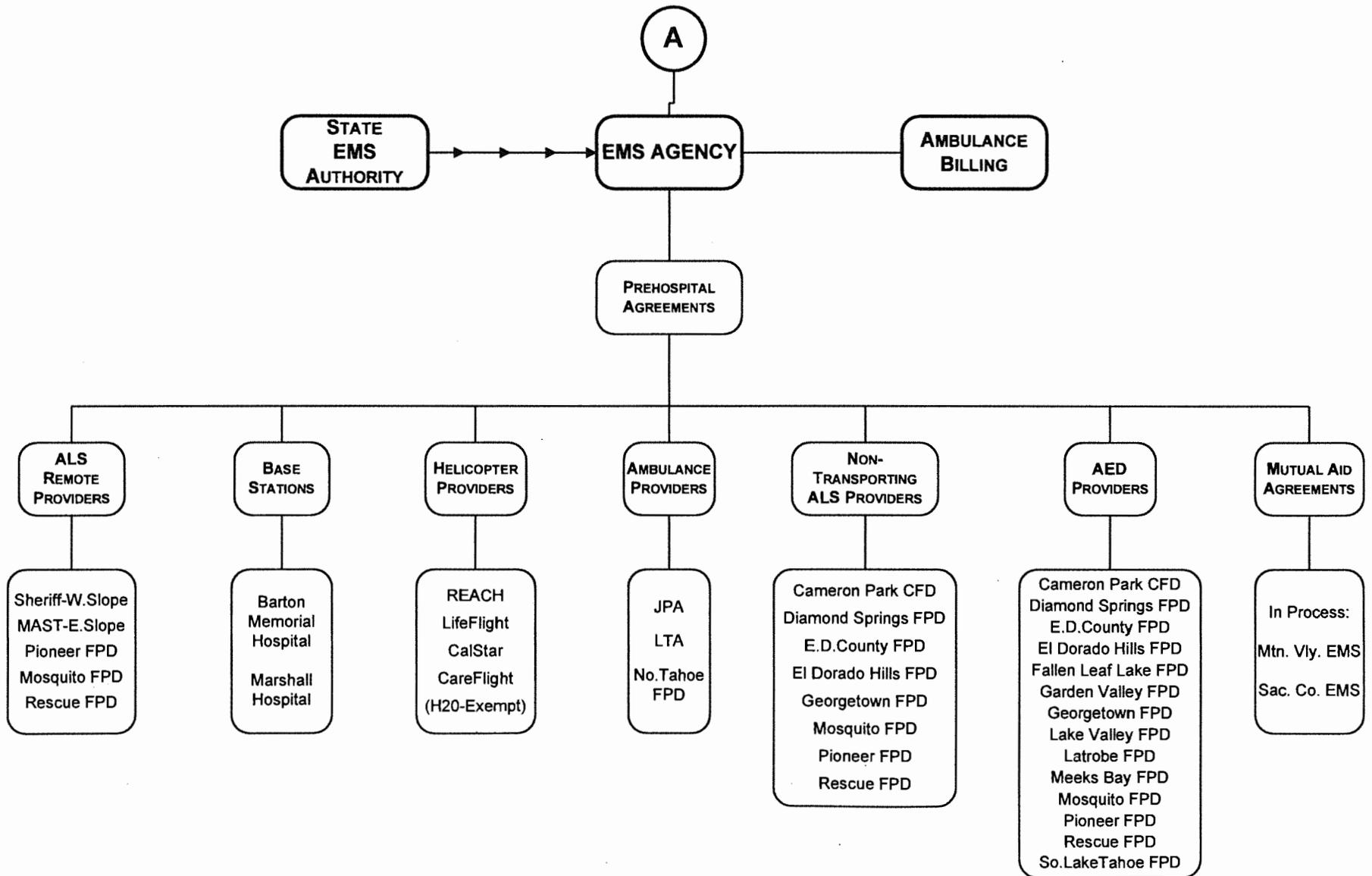
**SECTION VII - APPENDICES**

**APPENDIX A - Organization Charts**

# EL DORADO COUNTY ORGANIZATION CHART

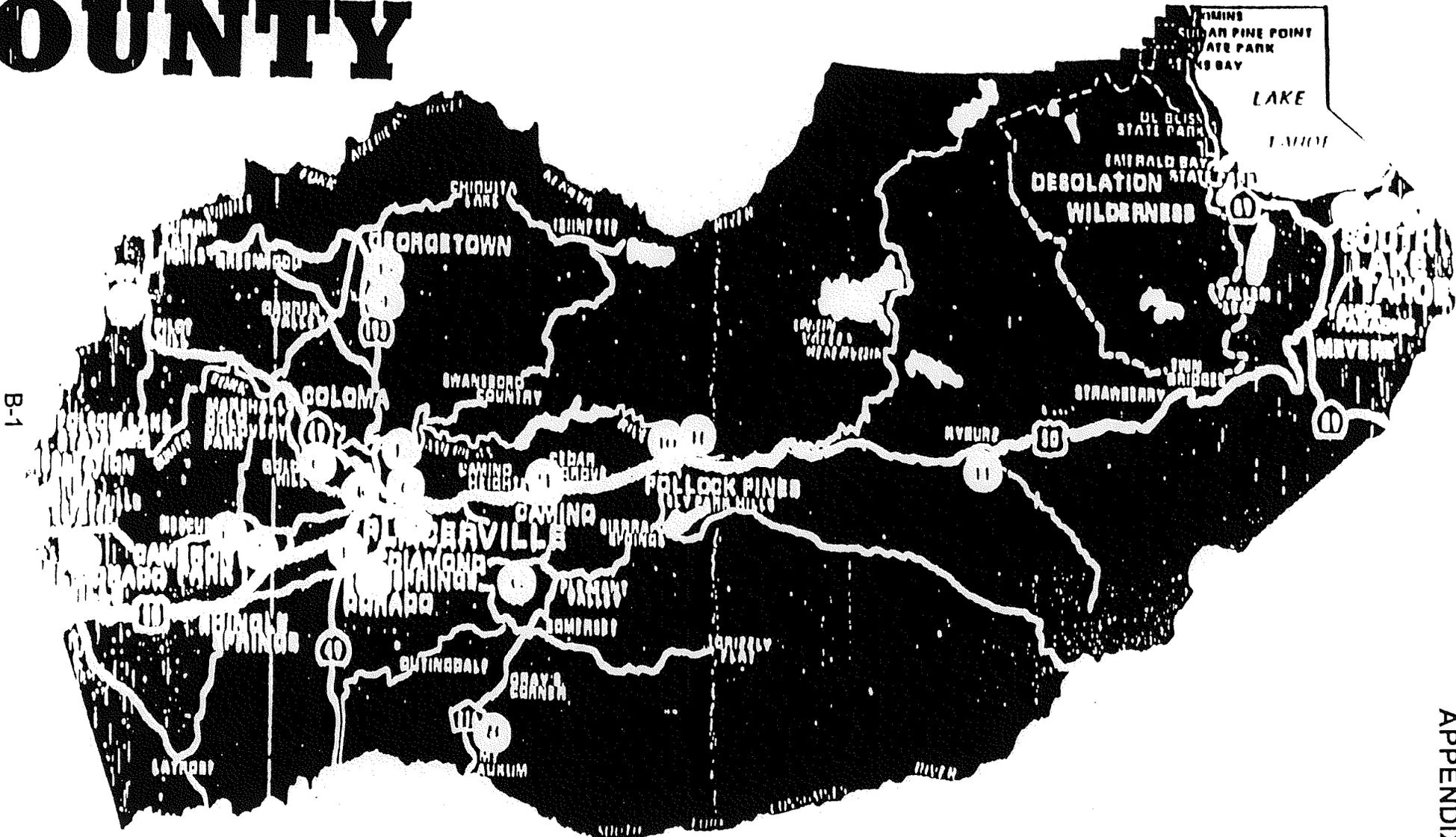


# EL DORADO COUNTY EMS SYSTEM CHART



**APPENDIX B - Primary Shelter Sites (CCPs)**

# EL DORADO COUNTY



B-1

PRIMARY SHELTERS	(RED)	1 THROUGH 12
SECONDARY SHELTERS	(BLUE)	A THROUGH I
RESERVE SHELTERS	(BLACK)	1 THROUGH 1

**PRIMARY SHELTER SITES  
EL DORADO COUNTY**

<u>PRIMARY SHELTER SITES (RED)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<p>1. OAKRIDGE HIGH SCHOOL 1120 Harvard Way El Dorado Hills, CA 95630 (916) 933-3940</p> <p>Primary Contact Person: James Fraysier Home Phone: (916) 677-7408</p> <p>Secondary Contact Person: Greg McNamara Home Phone: (916) 621-0675</p>	1,189	NO
<p>2. NORTHSIDE K/8 BLACK MINE UNIFIED 3000 Highway 49 Cool, CA 95614 (916) 333-4128</p> <p>Primary Contact Person: Charles Pryor Home Phone: (916) 333-4128</p> <p>Secondary Contact Person: David Kramer Home Phone: (916) 885-9163</p>	500	NO
<p>3. PONDEROSA HIGH SCHOOL 3661 Ponderosa Road Shingle Springs, CA 95682 (916) 622-5590</p> <p>Primary Contact Person: David W. Sargent Home Phone: (916) 621-1673</p> <p>Secondary Contact Person: Joyce Boesch Home Phone: (916) 622-7979</p>	289	NO
<p>4. GOLDEN SIERRA HIGH/BLACK OAK MINE U. 5101 Garden Valley Road Garden Valley, CA 95633 (916) 333-4128</p> <p>Primary Contact Person: Charles Pryor Home Phone: (916) 333-1767</p> <p>Secondary Contact Person: Terry Gary Home Phone: (916) 889-8350</p>	499	NO

**PRIMARY SHELTER SITES  
EL DORADO COUNTY**

<u>PRIMARY SHELTER SITES (RED)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<p>5. TOWN HALL, CITY OF PLACERVILLE 549 Main Street Placerville, CA 95667 (916) 642-5232</p> <p>Primary Contact Person: Ron Mueller Home Phone: (916) 622-9394</p> <p>Secondary Contact Person: Steve Youel Home Phone: (916) 622-5976</p>	140	YES
<p>6. EL DORADO HIGH SCHOOL 561 Canal Street Placerville, CA 95667 (916) 622-3634</p> <p>Primary Contact Person: Bill Ceccareli Home Phone: (916) 622-1250</p> <p>Secondary Contact Person: Dan Augino Home Phone: (916) 626-7910</p>	300	NO
<p>7. INDEPENDENCE (EDUHSD) 2227 Pleasant Valley Road Diamond Springs, CA 95619 (916) 622-7090</p> <p>Primary Contact Person: Dennis Brimer Home Phone: (209) 245-4990</p> <p>Secondary Contact Person: Ray Scannell Home Phone: (916) 452-8329</p>	50	NO
<p>8. PIONEER UNION SCHOOL DISTRICT P. O. Box 8 Somerset, CA 95684 (916) 622-7210</p> <p>Primary Contact Person: Richard Williams Home Phone: (916) 677-6475</p> <p>Secondary Contact Person: Dr. Paul Porter Home Phone: (916) 933-4279</p>	600	NO

**PRIMARY SHELTER SITES  
EL DORADO COUNTY**

<u>PRIMARY SHELTER SITES (RED)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERAL CAPABLE</u>
<p>9. CAMINO SCHOOL 3060 Snows Road Camino, CA 95709 (916) 644-2204</p> <p>Primary Contact Person: Roy Hardy Home Phone: (916) 644-2769</p> <p>Secondary Contact Person: Rodger Smith Home Phone: (916) 644-2921</p>	325	NO
<p>10. POLLOCK PINES COMMUNITY CENTER Pony Express Village 2675 Sanders Drive 95726 Pollock Pines, CA 95726 (916) 647-8005</p> <p>Primary Contact Person: Vicky York Home Phone: (916) 644-2573</p> <p>Secondary Contact Person: Chuck Risley Home Phone: (916) 644-5586</p>	100	NO
<p>11. SILVER FORK SCHOOL DISTRICT 1325 Sugar Loaf Ave. Kyburz, CA 95720 (916) 293-3163</p> <p>Primary Contact Person: James B. Vardy Home Phone: (209) 245-4541</p> <p>Secondary Contact Person: Joanne Sutter Home Phone: (209) 293-3301</p>	38	YES
<p>12. PARKS AND REC BUILDING (SLT) 1180 Rufus Allen Blvd. South Lake Tahoe, CA 96150-8202 (916) 541-4611</p> <p>Primary Contact Person: Don Radford Home Phone: (916) 544-1918</p> <p>Secondary Contact Person: Judy Crawford Home Phone: (916) 577-1233</p>	132	YES

**SECONDARY SHELTER SITES  
EL DORADO COUNTY**

<u>SECONDARY SHELTER SITES (BLUE)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<p><b>A. WILLIAM BROOKS SCHOOL</b> 3610 Park Drive El Dorado Hills, CA 95630 (916) 677-2875</p> <p>Primary Contact Person: Barbra Hooker Home Phone: (916) 933-4320</p> <p>Secondary Contact Person: Rich Kelly Home Phone: (916) 667-8081</p>	166	NO
<p><b>B. RESCUE ELEMENTARY SCHOOL</b> 3880 Green Valley Road Rescue, CA 95672 (916) 677-2720: 933-1885</p> <p>Primary Contact Person: Anthony P. DeVille Home Phone: (916) 677-2720</p> <p>Secondary Contact Person: Tom Skelton Home Phone: (916) 626-4108</p>	570	NO
<p><b>C. GOLD TRAIL UNION SCHOOL</b> 889 Cold Springs Road Placerville, CA 95667 (916) 622-6240</p> <p>Primary Contact Person: Steve Herrington Home Phone: (916) 933-2928</p> <p>Secondary Contact Person: Don Schaefer Home Phone: (916) 677-2228</p>	66	NO
<p><b>D. CREEKSIDE K-5/BLACK OAK MINE</b> 5065 Garden Valley Road Garden Valley, CA 95633 (916) 333-4128</p> <p>Primary Contact Person: Charles Pryor Home Phone: (916) 333-1767</p> <p>Secondary Contact Person: Betsy Eaves Home Phone: (916) 621-1720</p>	160	NO

**SECONDARY SHELTER SITES  
EL DORADO COUNTY**

<u>SECONDARY SHELTER SITES (BLUE)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<p><b>E. HERBERT GREEN SCHOOL</b> 3781 Forni Road Placerville, CA 95667 (916) 622-6464</p> <p>Primary Contact Person: Donald Hall Home Phone: (916) 626-5879</p> <p>Secondary Contact Person: Maria Brugger Home Phone: (916) 677-3529</p>	200	NO
<p><b>F. MARKHAM SCHOOL</b> 2800 Moulton Drive Placerville, CA 95667 (916) 622-0403</p> <p>Primary Contact Person: Jim Coate Home Phone: (916) 622-3889</p> <p>Secondary Contact Person: Gilbert Gonzales Home Phone: (916) 677-3977</p>	200	NO
<p><b>G. PLEASANT VALLEY</b> 3171 Pleasant Valley Road Placerville, CA 95667 (916) 644-9620</p> <p>Primary Contact Person: Peggy Lacina Home Phone: (916) 644-9620</p> <p>Secondary Contact Person: Tom Turner Home Phone: (916) 626-3150</p>	300	NO
<p><b>H. SIERRA RIDGE SCHOOL</b> Amber Trail Pollock Pines, CA 95626 (916) 644-5416</p> <p>Primary Contact Person: Stephen Malkemus Home Phone: (916) 644-2202</p> <p>Secondary Contact Person: Tim Gannon Home Phone: (916) 644-6528</p>	300	NO

**SECONDARY SHELTER SITES  
EL DORADO COUNTY**

<u>SECONDARY SHELTER SITES (BLUE)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<b>I. SOUTH LAKE TAHOE MIDDLE SCHOOL 2940 Highway 50 South Lake Tahoe, CA 95702 (916) 541-6404</b>	83	YES
<b>Primary Contact Person: James Valdes Home Phone: (702) 831-5613</b>		
<b>Secondary Contact Person: Richard Robinson Home Phone: (916) 544-0563</b>		

**RESERVE SHELTER SITES  
EL DORADO COUNTY**

<u>RESERVE SHELTER SITES (YELLOW)</u>	<u>OCCUPANT CAPACITY</u>	<u>GENERATOR CAPABLE</u>
<ul style="list-style-type: none"> <li>• <b>EDC FAIRGROUNDS MAIN EXHIBIT HALL</b> 100 Placerville Drive Placerville, CA 95667 (916) 621-5860</li> </ul> <p>Primary Contact Person: Charles Wiglesworth Home Phone: (916) 644-5104</p> <p>Secondary Contact Person: Lennie Sax Home Phone: (916) 644-3975</p>	500	YES
<ul style="list-style-type: none"> <li>• <b>SOUTH TAHOE HIGH SCHOOL</b> 1735 Lake Tahoe Blvd. South Lake Tahoe, CA 95702 (916) 541-4111</li> </ul> <p>Primary Contact Person: William Murray Home Phone: (916) 577-8993</p> <p>Secondary Contact Person: Rudy Signal Home Phone: (916) 541-5015</p>	300	NO

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## APPENDIX C - Definitions and Abbreviations

The following terms and abbreviations are utilized throughout this plan. The definitions are provided for clarification and enhanced understanding of the ambulance systems mentioned herein.

AED – Automated External Defibrillation.

Advanced Life Support (ALS) – Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance – Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirm or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

ABEM – American Board of Emergency Medicine.

Ambulance Unit – An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies.

AQUA – Advanced Quality Assurance Software that provides automated EMD case review.

Basic Life Support (BLS) – As defined in Health and Safety Code Section 1797.60.

CCP – Casualty Collection Points (Primary Shelter Sites) as defined by the California EMS Authority.

Code-One Call – Any non Code-3 or Code-2 request for service which are scheduled or unscheduled where a physician has determined a need for an ambulance because of a potential for an emergency.

Code-Three Call – Any request for service perceived or actual life threatening, as determined by dispatch personnel, in accordance with County policy, requiring immediate dispatch with the use of lights and sirens.

Code-Two Call – Any request for service designated as non-life threatening by dispatch personnel in accordance with County policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.

Collector – Trauma registry software.

Computer-Aided Dispatch or CAD – Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

CPR – Cardiopulmonary Resuscitation.

CQI – Continuous Quality Improvement.

Emergency Medical Dispatch (EMD) – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician - I - or EMT-I – An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I (FS) and EMT-I.

Emergency Medical Technician - Defibrillator (EMT-D) – Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Emergency Medical Technician - Paramedic - or EMT-P – Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid certificate/license issued pursuant to this division.

EMS Agency – El Dorado County Emergency Medical Services Agency, established by the County of El Dorado, which monitors the medical control and standards of the county EMS system.

EOA – Exclusive operating area as provided for by 1997 of the Health and Safety Code.

DMAT – Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

Limited Advanced Life Support – Special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support.

MCI – Multi-Casualty Incident.

MICN or Mobile Intensive Care Nurse -- A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

OES – Office of Emergency Services.

PCR – Patient Care Report.

ProQA – Medical Priority Dispatch System Software.

QA – Quality Assurance.

QI – Quality Improvement.

Semi-rural/Rural Area – designation is appropriate for areas which are not urban, and not wilderness, and consist of an area having a population density greater than 10 persons and less than 1,000 persons per square mile.

SEMS – Standardized Emergency Management System as required by California State Statute.

System Status Management or Systems Status Management Plan (SSMP) – A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

Urban Area – designation is appropriate for areas which are not semi-rural/rural, not wilderness, and with a population density greater than 1,000 persons per square mile.

Wilderness Area – designation is appropriate for areas which are not urban, not rural/semi-rural, and consist of an area having a population density of less than 10 persons per square mile.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



June 8, 2000

Randall M. Schrader  
Deputy Director EMS Agency  
El Dorado County EMS Agency  
415 Placerville Drive, Suite J  
Placerville, CA 95667

Dear Mr. Schrader:

We have completed our review of *El Dorado 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,

A handwritten signature in cursive script that reads "Laureen McNeil".

for Richard E. Watson  
Interim Director

RW:MH:mh