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# MONTEREY COUNTY

## EMERGENCY MEDICAL SERVICES PLAN



**Monterey County Health Department**

*Inquiries to:*

Monterey County EMS Agency  
19065 Portola Drive, Suite 1  
Salinas, CA 93908

(831) 755-5013

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# MONTEREY COUNTY EMS PLAN

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**MONTEREY COUNTY EMS PLAN**

**SECTION 1  
SUMMARY**

This document is the 2001 revision of Monterey County's local emergency medical services ("EMS") plan, in accordance with the current *EMS SYSTEM STANDARDS AND GUIDELINES* promulgated by the California EMS Authority. According to these *STANDARDS AND GUIDELINES*, the summary section should provide "a brief overview of the plan. It should identify the major needs which have been found and an abstract of the proposed program solutions."

There are only a few areas where the Monterey County EMS system does not currently meet the state-specified minimum standards. These are described below:

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

**Hospital Transfer Guidelines and Agreements:** We will evaluate the need for inter-hospital transfer agreements and facilitate their development if requested by the hospitals. See Section 2, Standard 5.03, below.

**Hospital Evacuation Plans:** EMS Agency staff have drafted a hospital evacuation plan and introduced it to the county-wide Disaster Committee. The draft will be presented to the Medical Advisory Committee and the Fire Chiefs Association for comment. It will be brought back to the Medical Advisory Committee for approval and then returned to the Disaster Committee for implementation. See Section 2, Standard 5.06, below.

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

**Provider Participation in the Quality-Improvement Program:** We have executed written agreements with most--but not all--of the "first-responder" (i.e., police and fire) agencies and with the County-licensed non-emergency medical transport providers to ensure their participation in the EMS quality-improvement program. We will execute written agreements with additional first-responder agencies upon request. See Section 2, Standard 6.07, below.

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

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

As discussed under Standards 1.01, 1.03, and 6.06, below, an ad hoc "task force" comprising six fire-service representatives, a law-enforcement representative, a base-hospital emergency physician, a Mobile Intensive Care Nurse, an ambulance company representative, the EMS Medical Director, the EMS Administrator, and the Director of Health has begun meeting to develop specific written recommendations for improving the Monterey County EMS system. The group originally intended to publish its recommendations by September 2000, but that deadline has passed, and it is not known when the recommendations will be published. Any proposed system changes will be brought to the appropriate EMS advisory committees and then to the Board of Supervisors, as necessary, before implementation. Such changes will be incorporated into subsequent revisions of this local EMS plan as they are approved and implemented.

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

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

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

According to the *EMS SYSTEM STANDARDS AND GUIDELINES*, Section 3 (System Resources and Operations) is intended to describe the resources available within the EMS system

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

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

**MONTEREY COUNTY EMS PLAN**

**SECTION 2  
ASSESSMENT OF SYSTEM**

**TABLE 1: SUMMARY OF SYSTEM STATUS**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

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

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

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

| <b>Medical Direction</b>                       | <b>Does not currently meet Standard</b> | <b>Meets Minimum Standard</b> | <b>Meets Recommended Guideline</b> | <b>Short-range Plan</b> | <b>Long-range Plan</b> |
|--|---|-------------------------------|------------------------------------|-------------------------|------------------------|
| 1.17 Medical Direction                         |   | X                             | N/A                                |                         | X                      |
| 1.18 Quality Assurance/<br>Quality Improvement |   | X                             | X                                  | X                       |                        |
| 1.19 Policies, Procedures, Protocols           |   | X                             | X                                  |                         |                        |
| 1.20 Do-Not-Resuscitate Policy                 |   | X                             | N/A                                |                         |                        |
| 1.21 Determination of Death                    |   | X                             | N/A                                |                         |                        |

|      |                        |  |   |     |   |  |
|------|------------------------|--|---|-----|---|--|
| 1.22 | Reporting of Abuse     |  | X | N/A |   |  |
| 1.23 | Interfacility Transfer |  | X | N/A | X |  |

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

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

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

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

**B. STAFFING/TRAINING**

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

| <b>Dispatchers</b>        | <b>Does not<br/>currently<br/>meet<br/>Standard</b> | <b>Meets<br/>Minimum<br/>Standard</b> | <b>Meets<br/>Recommended<br/>Guideline</b> | <b>Short-range<br/>Plan</b> | <b>Long-range<br/>Plan</b> |
|---------------------------|---|---------------------------------------|--|-----------------------------|----------------------------|
| 2.04 Dispatch<br>Training |   | X                                     |  | X                           | X                          |

| <b>First Responders<br/>(non-transporting)</b> | <b>Does not<br/>currently<br/>meet<br/>Standard</b> | <b>Meets<br/>Minimum<br/>Standard</b> | <b>Meets<br/>Recommended<br/>Guideline</b> | <b>Short-range<br/>Plan</b> | <b>Long-range<br/>Plan</b> |
|--|---|---------------------------------------|--|-----------------------------|----------------------------|
| 2.05 First Responder<br>Training               |   | X                                     |  |                             |                            |
| 2.06 Response                                  |   | X                                     | N/A  |                             |                            |
| 2.07 Medical<br>Control                        |   | X                                     | N/A  |                             |                            |

| <b>Transporting Personnel</b> | <b>Does not currently meet Standard</b> | <b>Meets Minimum Standard</b> | <b>Meets Recommended Guideline</b> | <b>Short-range Plan</b> | <b>Long-range Plan</b> |
|-------------------------------|---|-------------------------------|------------------------------------|-------------------------|------------------------|
| 2.08 EMT-I Training           |   | X                             | X                                  |                         |                        |

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

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

**C. COMMUNICATIONS**

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

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

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

**D. RESPONSE/TRANSPORTATION**

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

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

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

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

**E. FACILITIES/CRITICAL CARE**

| <b>Universal Level</b>          | <b>Does not currently meet Standard</b> | <b>Meets Minimum Standard</b> | <b>Meets Recommended Guideline</b> | <b>Short-range Plan</b> | <b>Long-range Plan</b> |
|---------------------------------|---|-------------------------------|------------------------------------|-------------------------|------------------------|
| 5.01 Assessment of Capabilities |   | X                             | X                                  |                         | X                      |
| 5.02 Triage &                   |   | X                             | N/A                                |                         | X                      |

|      |                           |   |   |     |   |   |
|------|---------------------------|---|---|-----|---|---|
|      | Transfer Protocols        |   |   |     |   |   |
| 5.03 | Transfer Guidelines       | X |   | N/A |   | X |
| 5.04 | Specialty Care Facilities |   | X | N/A |   |   |
| 5.05 | Mass Casualty Management  |   | X |     | X | X |
| 5.06 | Hospital Evacuation       | X |   | N/A | X |   |

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

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

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

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

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

| <b>Enhanced Level:<br/>Advanced Life Support</b> | <b>Does not<br/>currently<br/>meet<br/>Standard</b> | <b>Meets<br/>Minimum<br/>Standard</b> | <b>Meets<br/>Recommended<br/>Guideline</b> | <b>Short-range<br/>Plan</b> | <b>Long-range<br/>Plan</b> |
|--|---|---------------------------------------|--|-----------------------------|----------------------------|
|--|---|---------------------------------------|--|-----------------------------|----------------------------|

|      |                             |  |   |  |   |   |
|------|-----------------------------|--|---|--|---|---|
| 6.09 | Advanced Life Support Audit |  | X |  | X | X |
|------|-----------------------------|--|---|--|---|---|

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

**G. PUBLIC INFORMATION AND EDUCATION**

|      | <b>Universal Level</b>       | Does not currently meet Standard | Meets Minimum Standard | Meets Recommended Guideline | Short-range Plan | Long-range Plan |
|------|------------------------------|----------------------------------|------------------------|-----------------------------|------------------|-----------------|
| 7.01 | Public Information Materials |                                  | X                      |                             |                  | X               |
| 7.02 | Injury Control               |                                  | X                      |                             |                  | X               |
| 7.03 | Disaster Preparedness        |                                  | X                      | X                           | X                | X               |
| 7.04 | First Aid & CPR Training     |                                  | X                      |                             |                  |                 |

**H. DISASTER MEDICAL RESPONSE**

| Universal Level                                  | Does not currently meet Standard | Meets Minimum Standard | Meets Recommended Guideline | Short-range Plan | Long-range Plan |
|--|----------------------------------|------------------------|-----------------------------|------------------|-----------------|
| 8.01 Disaster Medical Planning                   |                                  | X                      | N/A                         | X                | X               |
| 8.02 Response Plans                              |                                  | X                      | X                           | X                | X               |
| 8.03 Hazardous Materials Training                |                                  | X                      | N/A                         |                  | X               |
| 8.04 Incident Command System                     |                                  | X                      |                             | X                |                 |
| 8.05 Distribution of Casualties                  |                                  | X                      |                             | X                | X               |
| 8.06 Needs Assessment                            |                                  | X                      | X                           | X                | X               |
| 8.07 Disaster Communications                     |                                  | X                      | N/A                         |                  | X               |
| 8.08 Inventory of Resources                      |                                  | X                      |                             | X                | X               |
| 8.09 Disaster Medical Assistance Teams           |                                  | X                      | X                           |                  |                 |
| 8.10 Mutual Aid Agreements                       | X                                |                        | N/A                         | X                | X               |
| 8.11 Casualty Collection Point Designation       | X                                |                        | N/A                         |                  | X               |
| 8.12 Establishment of Casualty Collection Points | X                                |                        | N/A                         |                  | X               |
| 8.13 Disaster Medical Training                   |                                  | X                      |                             |                  | X               |

|      |                              |  |   |     |   |   |
|------|------------------------------|--|---|-----|---|---|
| 8.14 | Hospital Plans               |  | X | X   | X | X |
| 8.15 | Interhospital Communications |  | X | N/A |   |   |
| 8.16 | Prehospital Agency Plans     |  | X |     |   | X |

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

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

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

# SYSTEM ORGANIZATION AND MANAGEMENT

## 1.01

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

**CURRENT STATUS:** Minimum Standard met.

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

The EMS Agency has been directed to postpone filling the vacant positions until the "task force" described under 1.03 below has published its recommendations.

**NEED(S):** Recruit qualified individuals and fill vacant positions.

**OBJECTIVE:** Recruit qualified individuals and fill vacant positions.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.02

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

**CURRENT STATUS:** Minimum Standard met.

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

Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System serve as "advanced life support" base hospitals. Mee Memorial

Hospital serves as a receiving facility only. There is no designated trauma or pediatric center in Monterey County.

First-responder services are provided by numerous fire and police agencies, and most of their personnel are trained and certified by the EMS Agency as Monterey County First Responders. The 56-hour First Responder course, developed by the EMS Agency, has served as a model for similar programs throughout California. It far exceeds the minimum "public safety" (i.e., police, firefighter, and lifeguard) training requirements of state law.

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

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

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

System monitoring occurs through the quality-improvement process. The base hospitals and individual provider agencies necessarily conduct some components of the quality-improvement system, in accordance with County policy.

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.03

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

**CURRENT STATUS:** Minimum Standard met.

The EMS Agency utilizes the Emergency Medical Care Committee (EMCC), four Regional Councils, a Medical Advisory Committee, a Contract Compliance Committee, and several other advisory committees to garner input regarding the development of plans, policies, and procedures. Some committees--the Regional Councils, in particular--seldom obtain the necessary quorum. It has been suggested that the number of advisory committees could be reduced by merging some of the committees. Monitoring ambulance contract compliance, for example, could readily become a function of the EMCC.

The local Fire Chiefs Association has proposed that an additional advisory committee be established to address EMS operational issues involving the fire service. EMS Agency staff meet regularly with the EMS Subcommittee of the Fire Chiefs Association to discuss and resolve issues of mutual concern. The EMS Administrator attends the Fire Chiefs Association's meetings. EMS Agency staff also attend the regular meetings of the Fire Training Officers Association.

An ad hoc "task force" comprising six fire-service representatives, a law-enforcement representative, a base-hospital emergency physician, a Mobile Intensive Care Nurse, an ambulance company representative, the EMS Medical Director, the EMS Administrator, and the Director of Health has begun meeting to develop specific written recommendations for improving the Monterey County EMS system. The group originally intended to publish its recommendations by September 2000, but that deadline has passed, and it is not known when the recommendations will be published. Any proposed system changes will be brought to the appropriate EMS advisory committees and then to the Board of Supervisors, as necessary, before implementation. Such changes will be incorporated into subsequent revisions of this local EMS plan as they are approved and implemented.

**NEED(S):** None identified.

**OBJECTIVE:** Continue to disseminate information to, and receive input from, the EMCC, Regional Councils, and other advisory committees. Clarify and refine the linkages between the EMCC and the various other advisory committees. Develop ad hoc, limited-term task forces as appropriate to address specific objectives. Evaluate the possible merger of some standing committees. Work with the Fire Chiefs Association to establish a specific advisory committee to address EMS operational issues involving the fire service.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.04**

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

**RECOMMENDED GUIDELINES:**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guidelines met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **1.05**

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

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

- c. *provide a methodology and timeline for meeting these needs.*

**CURRENT STATUS:** Minimum Standard met.

Monterey County's previous EMS plan was initially accepted by the EMS Authority in 1986 and was last amended for the April 1995 Request for Proposal for the provision of Emergency Ambulance Service. The document at hand was completely revised in 1999, and updated in 2000, to provide a more current and effective foundation for the ongoing process of planning and implementing the Monterey County EMS system.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.06**

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

**CURRENT STATUS:** Minimum Standard met. This document is an annual update to the completely revised local EMS plan that was filed with the EMS Authority in 1999.

**NEED(S):** None identified.

**OBJECTIVE:** Report EMS-system progress to the County Board of Supervisors and submit an annual update to the state EMS Authority.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.07**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.08**

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

**CURRENT STATUS:** Minimum Standard met.

"Advanced life support" (i.e., EMT-Paramedic) services are available throughout Monterey County. All emergency ambulance services routinely respond to calls with "advanced life support" resources, except for Fort Hunter Liggett (see 1.02 above). In addition, the Salinas Fire Department operates non-transporting EMT-Paramedic units within the City of Salinas.

**COORDINATION WITH OTHER EMS AGENCIES:** Northern Monterey County is served by EMT-Paramedic ambulances from the Santa Cruz County EMS system. Similarly, the southern

regions of Monterey County are served by EMT-Paramedic ambulances from the San Luis Obispo County EMS system. In accordance with written agreements, both operate under the medical protocols of their home counties.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **1.09**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** Develop specialized inventories as necessary. Update all inventories annually.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.10**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

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

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**1.11**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

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

The EMS Agency has developed, in concert with fire-service representatives, a draft agreement between the EMS Agency and the first-responder agencies. Under its terms, the first-responder

agency would agree to comply with County EMS policies, which include reporting requirements and participation in the QI program. In return, the EMS Agency would agree to include the first-responder agency in the County's First Responder Equipment Funding Program. The draft agreement was distributed for review and comment to all law-enforcement agencies providing medical response.

On March 14, 2000, the Board of Supervisors approved such agreements with the following agencies: Aromas Fire, Big Sur Volunteer Fire Brigade, Cachagua Fire Protection District, Carmel Fire Department, Carmel Highlands Fire District, California Department of Forestry and Fire Protection San Benito-Monterey Ranger Unit, City of Monterey Fire Department, City of Pacific Grove, City of Salinas, City of Soledad Fire Department, Cypress Fire Protection District, Gonzales Police Department, Marina Department of Public Safety, Mid-Carmel Valley Fire Protection District, Mid-Coast Fire Brigade, Mission-Soledad Rural Fire Department, Monterey County Parks Department, Monterey County Sheriff, Monterey Peninsula Airport District, Naval Postgraduate School Fire Department, North County Fire Protection District, Salinas Rural Fire District, Seaside Fire Department, South Monterey County Fire Protection District, and the Spreckels Volunteer Fire Company. Agreements were later executed with the City of Greenfield and the Pebble Beach Community Services District.

**NEED(S):** Execute written agreements with additional first-responder agencies if requested.

**OBJECTIVE:** Evaluate the current need for a First Responder Agency Master Plan. Complete and implement that plan if indicated. Execute written agreements with additional first-responder agencies as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.12

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

**CURRENT STATUS:** Minimum Standard met.

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

summary reports.

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

A Contract Compliance Committee has been established under the County EMS Ordinance to assist and advise the EMS Agency in monitoring compliance with contractual requirements. The proposed fire service EMS operations committee (see 1.03 above) could assist in monitoring first-responder performance, response times, etc.

**NEED(S):** None identified.

**OBJECTIVE:** Continue to review and monitor EMS system operations. Establish an integrated system for the collection and analysis of EMS data.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.13**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.14**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.15**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**1.16**

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

**CURRENT STATUS:** Minimum Standard met.

Funding for the EMS Agency's various programs comes primarily through County Service Area No. 74 (CSA 74). On March 7, 2000, local voters overwhelmingly approved replacing the CSA-74 benefit assessment on real property with a special tax of the same amount. This will ensure stable funding in compliance with Proposition 218. Lesser revenues come from license fees, training contracts, and Senate Bill (SB) 12/612 funds.

The EMS Agency now administers the County's Emergency Medical Services Fund (SB 12/612 funds). This Fund, which reimburses local physicians for providing uncompensated emergency medical care, was formerly administered by Natividad Medical Center.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**1.17**

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

**CURRENT STATUS:** Minimum Standard met.

Monterey County has designated three base hospitals to provide on-line medical control to prehospital personnel and to conduct retrospective review of prehospital care. Roles and responsibilities of the base hospitals and their Mobile Intensive Care Nurses are identified in the EMS Policy/Procedure Manual, as well as in the base-hospital contracts. There are no "alternative

base stations." EMT-Paramedic providers and first-responder agencies participating in the early defibrillation report on medical issues to the EMS Medical Director.

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.18**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Current EMS Policy 500-35 establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals, EMT-Paramedic service providers, and first-responder agencies to participate in this program. Non-emergency medical transport providers are bound by the terms of their Monterey County licenses to comply with all County EMS policies, including Policy 500-35. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to establish in-house QI procedures and to coordinate with other agencies as necessary.

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

**NEED(S):** Review and revise the QI program as appropriate.

**OBJECTIVE:** Review and revise the QI program as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**1.19**

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

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

The County, through its primary ambulance contract, has required the implementation of pre-arrival instructions within the ambulance contractor's service area. The primary ambulance contractor is also voluntarily providing this service throughout the rest of Monterey County. This is accomplished through a one-button transfer of the caller from the primary County PSAP in Salinas or Monterey to the ambulance contractor in Marina.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## 1.20

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## 1.21

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## 1.22

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

**CURRENT STATUS:** Minimum Standard met.

Monterey County EMS providers are taught the requirements and mechanisms for reporting

suspected child abuse, elder abuse, and sudden infant death syndrome.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **1.23**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** Policy 400-4-85 should be updated soon.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **1.24 Enhanced Level: Advanced Life Support**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

In 1995, the Monterey County EMS Agency developed, as an update to our EMS plan then on file with the state EMS Authority, a competitive process for selecting providers and determining the scope of their operations under Health and Safety Code § 1797.224. This plan update was duly submitted to, and approved by, the EMS Authority. The County then followed this competitive process in the selection of an ALS emergency ambulance provider to serve an exclusive operating area covering most of the County, beginning January 1, 1996. The franchise was awarded to a local provider, Peninsula Paramedic Services, Inc., which is now a wholly owned subsidiary of American Medical Response, Inc.

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**1.25 Enhanced Level: Advanced Life Support**

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

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **1.26 Enhanced Level: Trauma Care System**

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

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

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **1.28**      **Enhanced Level: Exclusive Operating Areas**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

In 1995, the Monterey County EMS Agency developed, as an update to our EMS plan then on file with the state EMS Authority, a competitive process for selecting providers and determining the scope of their operations under Health and Safety Code § 1797.224. This plan update was duly submitted to, and approved by, the EMS Authority. The County then followed this competitive process in the selection of an ALS emergency ambulance provider to serve an exclusive operating area covering most of the County, beginning January 1, 1996. The franchise was awarded to a local provider, Peninsula Paramedic Services, Inc., which is now a wholly owned subsidiary of American Medical Response, Inc.

The last competitive bid process resulted in what is, at most, a 10-year primary ambulance contract

(an initial term of 5 years, with provisions for a subsequent 3-year and then a 2-year extension). Thus a new plan for exclusive operating areas will have to be developed, approved by the EMS Authority, and implemented by January 1, 2006, at the latest.

**NEED(S):** If directed by the County Board of Supervisors, develop, obtain state approval, and implement a new plan for exclusive operating areas by January 1, 2006, at the latest.

**OBJECTIVE:** If directed by the County Board of Supervisors, develop, obtain state approval, and implement a new plan for exclusive operating areas by January 1, 2006, at the latest.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## STAFFING/TRAINING

### 2.01

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 2.02

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** Continued monitoring of training programs.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **2.03**

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

**CURRENT STATUS:** Minimum Standard met.

State licensure and County accreditation are required for EMT-Paramedics. The EMS Agency certifies First Responders who have satisfactorily completed a 56-hour course developed by the Agency. (See 1.02 above.) The Agency also certifies EMT-Is, first-responder defibrillators, EMT-I defibrillators, and Mobile Intensive Care Nurses.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.04**

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

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

**CURRENT STATUS:** Minimum Standard met.

9-1-1 emergency calls, except for those originating within the City of Carmel, are received at the County Communications Center (the primary PSAP). If the call originates within the territory of the County's primary ambulance contractor and is medical in nature, then it is promptly transferred to a secondary PSAP at the contractor's dispatch center. There, the ambulance is dispatched, and

**CURRENT STATUS:** Minimum Standard met.

All first-responder personnel have, at least, been trained in first aid and CPR within the past three years according to Title 22, California Code of Regulations, Division 9, Chapter 1.5. Most fire-service personnel have been trained and certified to the Monterey County First Responder level. Many are certified at the EMT-I level. Automated first-responder defibrillation is available throughout most--but not all--of the County.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.06**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.07**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.08**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.09**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.10**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **2.11**      **Enhanced Level: Advanced Life Support**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**2.12**      **Enhanced Level: Advanced Life Support**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**2.13**      **Enhanced Level: Advanced Life Support**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

# COMMUNICATIONS

## 3.01

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

The EMS Agency has developed a comprehensive EMS Communications System Manual, which is now an appendix to the Monterey County EMS plan. The Manual compiles information from a wide variety of sources describing this arcane but essential element of the local EMS system. It will serve as a reference for future planning. It will also help newcomers to understand and use the existing communications system most effectively. It covers the distinction between wire-based (traditional) and wireless (cellular, PCS) 9-1-1 telephone service.

The EMS Agency has also developed an Operational Area Disaster Medical/Health Plan (similarly appended to Monterey County EMS plan). This document covers the use of satellite communication in disaster situations.

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 3.02

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

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

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.03**

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

**CURRENT STATUS:** Minimum Standard met.

All Monterey County-authorized emergency ambulances providing interfacility transfers within the County have the ability to communicate with both the sending and receiving facilities by radio and/or cellular telephone. All Monterey-County licensed non-emergency medical transport vehicles are equipped with cellular telephones.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.04**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.05**

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

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

**CURRENT STATUS:** Minimum Standard met.

MedNet Channel 2 has been used for communication between hospitals. An 800 MHz radio system now links the hospitals, the primary ambulance provider, the County Emergency Operations Center, the County Health Department, and the EMS Agency.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.06**

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

**CURRENT STATUS:** Minimum Standard met.

The EMS Agency periodically reviews the disaster-related communications capabilities of the EMS-system participants. The EMS Agency has developed a comprehensive, county-wide medical disaster plan which includes disaster communications. The 800 MHz disaster radio network is discussed under 3.05 above.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.07**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

So-called "enhanced 9-1-1" is in place county-wide. The EMS Agency is monitoring developments regarding automatic location information (ALI) for cellular telephones.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.08**

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

**CURRENT STATUS:** Minimum Standard met.

The EMS Agency has developed public-service announcements that emphasize "Make the Right Call." EMS Agency staff meet monthly with representatives from all dispatch centers to monitor and improve the 9-1-1 system.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **3.09**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### **3.10**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The County Communications Center coordinates emergency services county-wide using standardized radio frequencies. The primary ambulance provider, under the terms of its County contract, is required to manage its resources to ensure appropriate system-wide ambulance coverage--at all times--through a system status plan, revised as necessary and filed with the EMS Agency.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **RESPONSE/TRANSPORTATION**

### **4.01**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Boundaries for EMS ground transport agencies have been defined by the Board of Supervisors as exclusive operating areas.

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

### **4.02**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Emergency medical transportation services operate under Monterey County contracts which

mandate compliance with appropriate statutes, regulations, policies, and procedures. The EMS Agency and the base hospitals monitor compliance. Other medical transportation services are licensed as described below.

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

**NEED(S):** Revise Chapter 15.40 as necessary.

**OBJECTIVE:** Revise Chapter 15.40 as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **4.03**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

The Request for Proposal also specifies criteria for non-emergency (Code-1) responses by the primary ambulance contractor. Current EMS Policy 500-47 (Non-contract Ambulance and Convalescent Transport Policy/Procedure) specifies triage criteria for non-emergency medical transportation services providing care below the level of "advanced life support."

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**4.04**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**4.05**

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

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

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

*Metro/urban -- 5 minutes*

*Suburban/rural -- 15 minutes*  
*Wilderness -- as quickly as possible*

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

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

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

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

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

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

**CURRENT STATUS:** Minimum Standard met.

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

|            |            |
|------------|------------|
| Urban      | 8 minutes  |
| Rural      | 12 minutes |
| Wilderness | 45 minutes |

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **4.06**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **4.07**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

4. Improve first-responder service delivery in areas requesting enhancement.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**4.08**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.09**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.10**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.11**

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

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

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

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **4.12**

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

**CURRENT STATUS:** Minimum Standard met.

The County's existing medical disaster plan has been revised under a grant from the state EMS Authority. The plan now encompasses the EMS Agency, the Health Department, and the medical community at large.

**NEED(S):** Update the medical disaster plan as appropriate.

**OBJECTIVE:** Update the medical disaster plan as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)

XX long-range plan (more than one year)

#### **4.13**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**COORDINATION WITH OTHER EMS AGENCIES:** See above.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.14**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

#### **4.15**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.16**      **Enhanced Level: Advanced Life Support**

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

**RECOMMENDED GUIDELINES:**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

#### **4.17 Enhanced Level: Advanced Life Support**

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

**CURRENT STATUS:** Minimum Standard met.

Adequate regulations, policies, and procedures exist to assure that every emergency ALS ambulance is appropriately equipped for the scope of practice of its level of staffing. A standardized equipment list for ALS ambulances is under development and will be brought to the Medical Advisory Committee for discussion and recommendation.

**NEED(S):** Complete the standardized equipment list for ALS ambulances as above.

**OBJECTIVE:** Complete the standardized equipment list for ALS ambulances as above.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

#### **4.18 Enhanced Level: Ambulance Regulation**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** Revise Chapter 15.40 as necessary.

**OBJECTIVE:** Revise Chapter 15.40 as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

#### **4.19 Enhanced Level: Exclusive Operating Permits**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

The County's primary ambulance contract expires on December 31, 2000. Under its terms, the County may grant an initial three-year extension, and a subsequent two-year extension, if specified conditions are met. A three-year extension (through December 31, 2003) has been granted.

**NEED(S):** Revise the EMS transportation plan as necessary to ensure optimal transportation system efficiency and effectiveness. Develop a request for proposals for the expiration of current primary ambulance franchise in the year 2004, should the County elect not to extend the current contract beyond December 31, 2003.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**4.20**      **Enhanced Level: Exclusive Operating Permits**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** Monitor existing contracts with currently "grandfathered" providers from neighboring counties for possible extension when the contracts expire on January 1, 2001.

**OBJECTIVE:** As above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**4.21**      **Enhanced Level: Exclusive Operating Permits**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **4.22**      **Enhanced Level: Exclusive Operating Permits**

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

**CURRENT STATUS:** Minimum Standard met.

The design of the County's exclusive operating areas was most recently revised through the Request for Proposal for the provision of Emergency Ambulance Service (April 1995), which attempted to establish a single EMT-Paramedic ambulance provider for the entire Central Zone in January 1996.

The process did not, however, completely achieve this goal: after selection of the exclusive provider for the Central Zone, the City of Carmel, the Carmel Valley Fire Protection District, the Mid-Carmel Valley Fire Protection District, and the Carmel Highlands Fire Protection District elected to contract independently for emergency ambulance service under Health & Safety Code § 1797.201. The Court of Appeal subsequently disqualified the Carmel Highlands Fire Protection District under § 1797.201, and that District is now served by the County-franchised ambulance provider.

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

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

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## FACILITIES/CRITICAL CARE

### 5.01

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

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

**OBJECTIVE:** Conduct periodic reassessment as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 5.02

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

**CURRENT STATUS:** Minimum Standard met.

The EMS Agency has established prehospital triage protocols.

Health and Safety Code § 1317.3(a) provides that "As a condition of licensure, each hospital shall adopt, in consultation with its medical staff, policies and transfer protocols consistent with this article and regulations adopted hereunder." The EMS Agency is ready, willing, and able to assist hospitals with the establishment of transfer protocols and agreements. To date, there has been no request for assistance in this regard. Moreover, because there is no designated specialty-care center (e.g., trauma center, pediatric center) in Monterey County, there has been no apparent need for Agency involvement in establishing transfer protocols and agreements.

**COORDINATION WITH OTHER EMS AGENCIES:** None to date.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### **5.03**

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

**CURRENT STATUS:** EMS Policy 400-4-85 covers the transfer of patients in the emergency medical services system. The EMS Agency has not established guidelines to identify patients to be considered for transfer to facilities of higher capability. Such transfers are now heavily regulated under federal law (the Emergency Medical Treatment and Active Labor Act, commonly known as "EMTALA" or "COBRA"), and there has been no apparent need for guidelines from the Monterey County EMS Agency.

The Agency is ready, willing, and able to assist hospitals with the establishment of transfer agreements. To date, there has been no request for assistance in this regard. Because there is no designated specialty-care center (e.g., trauma center, pediatric center) in Monterey County, there has been no apparent need for Agency involvement in establishing transfer agreements.

**COORDINATION WITH OTHER EMS AGENCIES:** None to date.

**NEED(S):** Evaluate the need for guidelines to identify patients to be considered for transfer to facilities of higher capability and facilitate their development if requested.

**OBJECTIVE:** Meet with the hospital administrators to evaluate the need for guidelines to identify patients to be considered for transfer to facilities of higher capability. Revise EMS Policy 400-4-85 as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **5.04**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **5.05**

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

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

**CURRENT STATUS:** Minimum Standard met.

There is a comprehensive plan for mass-casualty incidents. Individual hospitals have their own disaster and mass-casualty incident plans. The 800 MHz disaster radio network (see 3.05 above) now links the hospitals, the primary ambulance provider, the Health Department, the County Emergency Operations Center, and the EMS Agency. The EMS Agency has developed a

comprehensive county-wide disaster plan to include the medical community at large.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **5.06**

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

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

EMS Agency staff have drafted a hospital evacuation plan and introduced it to the county-wide Disaster Committee. The draft will be presented to the Medical Advisory Committee and the Fire Chiefs Association for comment. It will be brought back to the Medical Advisory Committee for approval and then returned to the Disaster Committee for implementation.

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

**NEED(S):** Coordinated hospital and County planning.

**OBJECTIVE:** Finish and implement the hospital evacuation plan as described above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **5.07**      **Enhanced Level: Advanced Life Support**

**MINIMUM STANDARD:** *The local EMS shall, using a process which allows all eligible facilities*

*to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.*

**CURRENT STATUS:** Minimum Standard met.

Three hospitals (Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System) have been designated as EMT-Paramedic base hospitals. All eligible facilities were allowed to apply. The designated base hospitals have executed written agreements with the County as required by Title 22, California Code of Regulations § 100174(b)(5).

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **5.08      Enhanced Level: Trauma Care System**

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

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

**CURRENT STATUS:** Current EMS protocols direct trauma-patient destination from the field. Such protocols are periodically reviewed by the Medical Advisory Committee. There is no

designated trauma center in Monterey County, nor has any local acute care facility actively sought such designation; therefore, there is no formal "trauma care system" as defined in Title 22, California Code of Regulations, Division 9, Chapter 7. EMS Agency staff are currently assisting in the development of a statistical profile of injury for Monterey County, which will be helpful in trauma-care planning.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **5.09**      **Enhanced Level: Trauma Care System**

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

**CURRENT STATUS:** There is no designated trauma center in Monterey County, nor has any local acute care facility actively sought such designation; therefore, there is no formal trauma care system as defined in Title 22, California Code of Regulations, Division 9, Chapter 7. EMS Agency staff are currently assisting in the development of a statistical profile of injury for Monterey County, which will be helpful in trauma-care planning.

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

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

### **OBJECTIVES:**

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

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

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

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

**NEED(S):** Needs assessment.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

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

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

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

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

**CURRENT STATUS:** To date, no "pediatric emergency medical and critical care system plan" has been proposed or established. The EMS Agency welcomes and receives relevant input from prehospital providers, hospital providers, and consumers, who meet with the Agency in monthly

meetings of the Emergency Medical Care Committee (which includes consumer representatives) and the Medical Advisory Committee (which is limited to provider representatives). Meetings of the four EMS Regional Councils are also held occasionally as necessary.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

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

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

# DATA COLLECTION/SYSTEM EVALUATION

## 6.01

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Current EMS Policy 500-35 establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals, first-responder agencies (see 1.11 above), and EMT-Paramedic service providers to participate in this program. All non-emergency transport providers are also mandated to participate under the terms of their County licenses. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary.

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

**NEED(S):** Monitor and refine the system-wide QI program as appropriate.

**OBJECTIVE:** Monitor and refine the system-wide QI program as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

short-range plan (one year or less)

XX long-range plan (more than one year)

## **6.02**

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **6.03**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

The EMS Agency had retained an expert consultant to develop a county-wide consolidated data-collection system, but he has taken a position in El Dorado County and has not yet been replaced here.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **6.04**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **6.05**

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

**RECOMMENDED GUIDELINES:**

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

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

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

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

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

Response-time data are captured by the dispatch computers at County Communications and at the primary ambulance contractor. These computers are electronically linked. The EMS Agency has direct, real-time access to the ambulance contractor's dispatch computer. The Agency also receives data from both computers monthly on disc. Response-time data are used to generate summary reports as well as to audit specific calls, but the medical and response-time databases have not yet been completely merged.

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

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

**OBJECTIVE:** Refine the summary report format from the medical database to meet the needs of system participants. Distribute such reports monthly to all interested parties. Enhance the EMS

data-collection system to satisfy state reporting requirements.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**6.06**

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

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

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

As noted under 1.03 above, an ad hoc "task force" comprising six fire-service representatives, a law-enforcement representative, a base-hospital emergency physician, a Mobile Intensive Care Nurse, an ambulance company representative, the EMS Medical Director, the EMS Administrator, and the Director of Health has begun meeting to develop specific written recommendations for improving the Monterey County EMS system. It is not known when the group will publish its recommendations.

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

**OBJECTIVE:** Establish a comprehensive data-management system as described in 6.05 above. The EMS Agency will regularly evaluate and report on the status of EMS system operations through its data-management system and the quality-improvement program.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 6.07

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

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

Monterey County licenses providers of non-emergency medical transportation under its County EMS Ordinance (Chapter 15.40 of the Monterey County Code). All contracts and licenses mandate compliance with County EMS policies, which include reporting requirements and participation in the QI program.

The EMS Agency has developed, in concert with fire-service representatives, a draft agreement between the EMS Agency and the first-responder agencies. Under its terms, the first-responder agency would agree to comply with County EMS policies, which include reporting requirements and participation in the QI program. In return, the EMS Agency would agree to include the first-responder agency in the County's First Responder Equipment Funding Program. The draft agreement was distributed for comment to all law-enforcement agencies providing medical response. As noted under 1.11 above, such agreements have now been executed with 27 first-responder agencies throughout the County.

Absent such agreement, the EMS Agency is without authority to require first-responder participation in any system-wide evaluation.

**NEED(S):** Execute written agreements with additional first-responder agencies if requested.

**OBJECTIVE:** Execute written agreements as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 6.08

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**6.09      Enhanced Level: Advanced Life Support**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** See 6.05 above.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**6.10      Enhanced Level: Trauma Care System**

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

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

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **6.11 Enhanced Level: Trauma Care System**

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

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

# PUBLIC INFORMATION AND EDUCATION

## 7.01

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

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

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

**CURRENT STATUS:** Minimum Standard met.

The EMS Agency has developed information and materials for public dissemination. In early 2000, the Agency published a 19-page brochure describing the local EMS system in Monterey County, broken down into ten separate areas: paramedic ambulance contracting; emergency dispatch and communication; training, testing, and certification; medical equipment for fire and police departments; EMS system management; medical quality control; patient records and data analysis; disaster preparedness; public education and injury prevention; and financial management.

The brochure also attempts to list the numerous members of the local EMS team, including ground ambulance providers, air ambulance providers, 9-1-1 dispatch centers, providers of prearrival medical instructions, non-emergency transport providers, critical-care transport providers, telecommunications agencies, first-responder agencies, physicians and nurses, receiving hospitals, paramedic base hospitals, specialty hospitals, educational institutions, health information and training providers, military agencies, and other state and federal agencies.

In August 2000, the EMS Agency published a 121-page *Report on Countywide Injury Prevention and Health Promotion Programs*. Information for this report was derived from a survey of over 200 agencies and organizations. The report is divided into thirteen categories, as follows: alcohol and drug; cancer prevention; counseling; CPR/first aid; heart disease prevention; HIV/AIDS; injury prevention; pregnancy/childbirth; seniors; sexual assault/domestic crisis; traffic safety; violence prevention; and youth programs.

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

**OBJECTIVE:** Provide assistance as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **7.02**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

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

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

See 7.01 above for a description of the EMS Agency's *Report on Countywide Injury Prevention and Health Promotion Programs*.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**7.03**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The EMS Agency has developed a comprehensive medical disaster response plan for the Monterey County Operational Area. This plan includes the medical disaster plan developed for the County Health Department and a plan for the medical community at large, including the four acute care hospitals, various extended-care facilities, home health agencies, "urgent care" centers, pharmacies, and the local Red Cross chapters. See 8.01 below. This three-year project includes public information and education on disaster medical preparedness.

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

**NEED(S):** Review and refine medical disaster plans as appropriate.

**OBJECTIVE:** Review and refine medical disaster plans as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**7.04**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

# DISASTER MEDICAL RESPONSE

## 8.01

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

**CURRENT STATUS:** Minimum Standard met.

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

The Operational Area Multi-Hazard Emergency Plan (Annex D) has been revised accordingly. All such planning was--and continues to be--coordinated with the local Office of Emergency Services.

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

**NEED(S):** Review and refine medical disaster plans as appropriate.

**OBJECTIVE:** Review and refine medical disaster plans as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 8.02

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Current medical response plans and procedures for catastrophic disasters are applicable to incidents caused by a variety of hazards, including toxic substances. These plans and procedures have been revised, as noted in 8.01 above. The current multi-casualty incident plan will be updated, beginning in October 2000. The hazardous materials plan was finished and distributed in September 2000. A hospital evacuation plan is under development. The California Office of Emergency Services' multi-hazard functional plan has served as the model for the development of our medical response plans for catastrophic disasters.

**NEED(S):** Review and refine medical disaster plans as appropriate.

**OBJECTIVE:** Review and refine medical disaster plans as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.03**

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

**CURRENT STATUS:** Minimum Standard met.

The fire departments and the Environmental Health Division of the County Health Department have trained and equipped their personnel for hazardous materials response. All emergency ambulance providers are required to attend hazardous-materials training. The hazardous materials plan was finished and distributed in September 2000, and training has begun.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.04**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

**OBJECTIVE:** Train all Health Department personnel with the appropriate modules from the SEMS curriculum.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.05**

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

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

**CURRENT STATUS:** Minimum Standard met.

Patient distribution procedures are specified in the County Multi-Casualty Incident plan, which will

be updated beginning in October 2000. All hospital emergency departments have met state and JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) standards and are considered capable of receiving and treating patients exposed to hazardous materials.

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

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

**OBJECTIVE:** Review and revise procedures as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.06**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Specific components of the County disaster plan address out-of-county medical mutual aid requests.

A comprehensive Regional Disaster Health and Medical Coordination system has been established for OES Region II with the Contra Costa County EMS Agency in the lead. The Monterey County Emergency Operations Center has a two-way radio link, via satellite, with OES Region II and with the state.

The EMS Agency participates in quarterly regional radio disaster drills. In addition, the EMS Agency participates in quarterly disaster drills hosted by the County Office of Emergency Services.

These drills usually exercise the EMS Agency's procedures for determining necessary outside assistance.

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**8.07**

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**8.08**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**OBJECTIVE:** Review and update resource directories.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.09**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

Through this process, a DMAT (identified as C-6) has now been established in the San Francisco Bay area.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **8.10**

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

**CURRENT STATUS:** Inter-county medical mutual aid planning has been extensive, particularly with the Regional Disaster Medical Health Coordinator. As yet, no regional medical mutual-aid agreement exists. Agreements have now been established with Santa Cruz and San Benito County ambulance providers to ensure that the closest available ambulance responds, on either side of the County lines.

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.11**

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

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

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):** Revised state CCP guidelines.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.12**

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

**CURRENT STATUS:** See 8.11 above.

**NEED(S):** See 8.11 above.

**OBJECTIVE:** See 8.11 above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.13**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

**NEED(S):** Ensure that all EMT-Paramedics are appropriately trained with respect to the Monterey

County MCI plan.

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.14**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

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

The local EMS community, including the hospitals, participated in the 1999 statewide disaster drill. Another statewide drill is scheduled for November 2000, and full local participation is expected.

**NEED(S):** Continue collaborative disaster planning with the hospitals and the medical community at large.

**OBJECTIVE:** Facilitate regular disaster drills involving all four hospitals, the EMS Agency, and prehospital medical care agencies.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.15**

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

**CURRENT STATUS:** Minimum Standard met.

The hospitals currently have the ability to communicate with each other on MedNet Channel 2. A new 800 MHz radio system links the hospitals, the primary ambulance provider, the County Emergency Operations Center, the County Health Department, and the EMS Agency.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

## **8.16**

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

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

**CURRENT STATUS:** Minimum Standard met.

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

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

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.17**      **Enhanced Level: Advanced Life Support**

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

**CURRENT STATUS:** Minimum Standard met.

Title 22, California Code of Regulations § 100166(l) expressly authorizes EMT-Paramedics to function outside their home EMS systems during significant medical incidents. It provides as follows:

*During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.*

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

Agreements have now been established with Santa Cruz and San Benito County ambulance providers to ensure that the closest available ambulance responds, on either side of the County lines.

**NEED(S):** Standardized ambulance mutual-aid agreements throughout the OES Region II.

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

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## **8.18**      **Enhanced Level: Specialty Care Systems**

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

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

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**8.19      Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

***MINIMUM STANDARD:** 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:** Minimum Standard met.

Current policies and the County's ambulance-provider contracts waive exclusivity in the event of a significant medical disaster.

**NEED(S):** None identified.

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:** N/A.

**MONTEREY COUNTY EMS PLAN**  
**SECTION 3**  
**SYSTEM RESOURCES AND OPERATIONS**

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

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

EMS System: Monterey County

Reporting Year: Fiscal Year 1999-2000

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

|                                      |            |
|--------------------------------------|------------|
| Public Health Department             | <b>XXX</b> |
| County Health Services Agency        |            |
| Other (non-health) County Department |            |
| Joint Powers Agency                  |            |
| Private Non-profit Entity            |            |
| Other: _____                         |            |
  
3. The person responsible for day-to-day activities of EMS agency reports to:
 

|   |            |
|---|------------|
| Public Health Officer                         | <b>XXX</b> |
| Health Services Agency Director/Administrator |            |
| Board of Directors                            |            |
| Other: _____                                  |            |
  
4. Indicate the non-required functions which are performed by the agency:
 

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

|   |            |
|---|------------|
| Designation of other critical care centers                        |            |
| Development of transfer agreements                                |            |
| Enforcement of local ambulance ordinance                          | <b>XXX</b> |
| Enforcement of ambulance service contracts                        | <b>XXX</b> |
| Operation of ambulance service                                    |            |
| Continuing education  | <b>XXX</b> |
| Personnel training  | <b>XXX</b> |
| Operation of EMS dispatch center                                  |            |
| Non-medical disaster planning                                     |            |
| Administration of critical incident stress debriefing (CISD) team |            |
| Administration of disaster medical assistance team (DMAT)         |            |
| Administration of EMS Fund (Senate Bill 12/612)                   | <b>XXX</b> |
| Other: _____  |            |

5. EMS agency budget for Fiscal Year 1999-2000

A. EXPENSES

|   |                |
|---|----------------|
| Salaries and benefits<br>(all but contract personnel) | <b>559,591</b> |
| Contract Services<br>(e.g., medical director)         | <b>35,592</b>  |
| Operations (e.g., copying, postage,<br>facilities)    | <b>275,566</b> |
| Travel  | <b>2,924</b>   |
| Fixed assets  | <b>0</b>       |
| Indirect expenses (overhead)                          | <b>30,087</b>  |

|   |                  |
|---|------------------|
| Ambulance subsidy   | <b>571,852</b>   |
| EMS Fund payments to physicians/hospitals   | <b>0</b>         |
| First-Responder Equipment   | <b>89,410</b>    |
| Dispatch center operations (non-staff)  | <b>0</b>         |
| Training program operations   | <b>168,746</b>   |
| Critical Incident Stress Debriefing   | <b>7,000</b>     |
| Special projects  | <b>0</b>         |
| Other: COWCAP charges   | <b>430,837</b>   |
| <b>TOTAL EXPENSES</b>   | <b>2,171,605</b> |
| <br>  |                  |
| <b>B. SOURCES OF REVENUE</b>  |                  |
| Special project grant(s) from EMSA  | <b>0</b>         |
| Preventive Health and Health Services Block Grant   | <b>0</b>         |
| Office of Traffic Safety  | <b>0</b>         |
| State general fund  | <b>0</b>         |
| County general fund   | <b>0</b>         |
| Other local tax funds (e.g., EMS district)  | <b>2,555,986</b> |
| County contracts (e.g., multi-county agencies)  | <b>0</b>         |
| Certification fees  | <b>0</b>         |
| Training program approval fees  | <b>0</b>         |
| Training program tuition/average daily attendance funds/<br>Job Training Partnership Act funds/other payments | <b>40,980</b>    |
| Base hospital application fees  | <b>0</b>         |
| Base hospital designation fees  | <b>0</b>         |

|   |                  |
|---|------------------|
| Trauma center application fees              | 0                |
| Trauma center designation fees              | 0                |
| Pediatric facility approval fees            | 0                |
| Pediatric facility designation fees         | 0                |
| Other critical care center application fees | 0                |
| type: _____                                 |                  |
| Other critical care center designation fees | 0                |
| type: _____                                 |                  |
| <br>  |                  |
| Ambulance service/vehicle fees              | 11,354           |
| Contributions                               | 0                |
| EMS Fund (SB 12/612)                        | 175,987          |
| Other grants                                | 0                |
| Other fees                                  | 0                |
| Other: misc                                 | 2,059            |
| <b>TOTAL REVENUE</b>                        | <b>2,786,367</b> |

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

\$448,437 year-end fund balance.

6. Fee structure for Fiscal Year 1999-2000

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

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

Ambulance service license

**0**

Ambulance vehicle permits

**950/vehicle/year**

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (cont.)**

EMS System: Monterey County

Reporting Year: Fiscal Year 1999-2000

| CATEGORY                                       | ACTUAL TITLE                             | FTE POSITIONS | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (% OF SALARY) |
|--|--|---------------|---------------------------------|------------------------|
| EMS Admin./<br>Coord./Dir.                     | EMS Administrator                        | 1             | 31.23                           | 32.44%                 |
| Asst. Admin./<br>Admin. Asst./<br>Admin. Mgr.  | EMS Analyst<br>Admin. Services Assistant | 3<br>1        | 25.70<br>21.91                  | 32.44%<br>32.44%       |
| ALS Coord./<br>Field Coord./<br>Trng. Coord.   |  |               |                                 |                        |
| Program Coord./<br>Field Liaison               | EMS Instructor                           | 1             | 22.33                           | 32.44%                 |
| Trauma Coord.                                  |  |               |                                 |                        |
| Med. Director                                  | Medical Director                         | 0.2           | 85.56                           | 7.65%                  |
| Other MD/<br>Med. Consult./<br>Trng. Med. Dir. |  |               |                                 |                        |
| Disaster Med<br>Planner                        |  |               |                                 |                        |
| Dispatch Supervisor                            |  |               |                                 |                        |
| Medical Planner                                |  |               |                                 |                        |
| Data Evaluator/<br>Analyst                     |  |               |                                 |                        |
| QA/QI Coordinator                              |  |               |                                 |                        |
| Public Info. &<br>Ed. Coord.                   |  |               |                                 |                        |
| Ex. Secretary                                  | Secretary                                | 1             | 15.60                           | 32.44%                 |
| Other Clerical                                 | Clerk II<br>Typist/Clerk II              | 1<br>1        | 12.70<br>17.75                  | 32.44%<br>32.44%       |
| Data Entry Clerk                               | Data Entry Operator II                   | 1             | 12.96                           | 32.44%                 |
| Other  |  |               |                                 |                        |

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

EMS System: Monterey County

Reporting Year: Fiscal Year 1999-2000

|   | EMT-Is | EMT-IIs | EMT-Ps | MICN | EMS Dispatchers |
|---|--------|---------|--------|------|-----------------|
| Total certified   | 582    |         |        | 91   | 12              |
| Number of newly certified this year   | 112    |         |        | 16   | 7               |
| Number of recertified this year   | 214    |         |        | 42   | 5               |
| Number of certificate reviews resulting in:<br>(a) formal investigations<br>(b) probation<br>(c) suspensions<br>(d) revocations<br>(e) denials<br>(f) denials of renewal<br>(g) no action taken |        |         |        |      |                 |

1. Number of EMS dispatchers trained to EMSA standards: **12**
2. Early defibrillation:
  - a. Number of EMT-I (defib) certified: **0**
  - b. Number of public safety (defib) certified (non-EMT-I): **452**
  - c. Do you have a first responder training program? **Yes**

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

EMS System: Monterey County

County: Monterey

Reporting Year: 2001

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

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

EMS System: Monterey County

County: Monterey

Reporting Year: 1996

**TRANSPORTING AGENCIES**

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

**Early Defibrillation Programs**

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

**Air Ambulance Services**

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

**SYSTEM STANDARD RESPONSE TIMES\* (90TH PERCENTILE)**

|  | METRO/<br>URBAN | SUBURBAN/<br>RURAL | WILDERNESS | SYSTEM<br>WIDE |
|--|-----------------|--------------------|------------|----------------|
| 1. BLS and CPR capable first responder.    | N/A             | N/A                | N/A        | N/A            |
| 2. Early defibrillation capable responder. | N/A             | N/A                | N/A        | N/A            |
| 3. Advanced life capable responder.        | 8 minutes       | 12 minutes         | 45 minutes | N/A            |
| 4. EMS transport unit.                     | 8 minutes       | 12 minutes         | 45 minutes | N/A            |

\* Within the Central Zone of Monterey County (see Section 6 below) 90% of the emergency responses, per calendar month, must be within the time limits specified above. Average response times are well below these time limits.

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

EMS System: Monterey County

Reporting Year: 2001

**Trauma care system** **N/A**

1. Trauma patients **N/A**

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

**Emergency departments:**

- 2. Total number of emergency departments **4**
  - a. Number of referral emergency services **0**
  - b. Number of standby emergency services **0**
  - c. Number of basic emergency services **4**
  - b. Number of comprehensive emergency services **0**
- 3. Number of receiving hospitals with agreements **4**

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

EMS System: Monterey County

County: Monterey

Reporting Year: 2001

**SYSTEM RESOURCES**

1. Casualty Collection Points (CCP)

- |    |   |            |
|----|---|------------|
| a. | Where are your CCPs located?                                  | <b>N/A</b> |
| b. | How are they staffed?   | <b>N/A</b> |
| c. | Do you have a supply system for supporting them for 72 hours? | <b>N/A</b> |

2. CISD

|  |            |
|--|------------|
| Do you have a CISD provider with 24 hour capability? | <b>Yes</b> |
|--|------------|

3. Medical Response Team

- |    |   |            |
|----|---|------------|
| a. | Do you have any team medical response capability?                   | <b>No</b>  |
| b. | For each team, are they incorporated into your local response plan? | <b>N/A</b> |
| c. | Are they available for statewide response?                          | <b>N/A</b> |
| d. | Are they part of a formal out-of-state response system?             | <b>N/A</b> |

4. Hazardous Materials

- |    |   |            |
|----|---|------------|
| a. | Do you have any HazMat trained medical response teams?              | <b>No</b>  |
| b. | At what HazMat level are they trained?                              | <b>N/A</b> |
| c. | Do you have the ability to do decontamination in an emergency room? | <b>N/A</b> |
| d. | Do you have the ability to do decontamination in the field?         | <b>N/A</b> |

## OPERATIONS

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

**TABLE 8: RESOURCES DIRECTORY  
Providers**

EMS System: Monterey County

County: Monterey

Reporting Year: 2001

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

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

EMS System: Monterey County

County: Monterey

Reporting Year: 2001

Training Institution Name/Address:

**Monterey Peninsula College**  
**980 Fremont Street**  
**Monterey, CA 93940**

Contact Person telephone no.:

**Peggy Earl (831) 755-5013**

Student Eligibility:

**open**

Cost of Program (basic/refresher):

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

Program Level:

**EMT-I**

Number of students completing training per year:

initial training:

refresher:

cont. education:

expiration date:

Number of courses:

initial training:

refresher:

cont. education:

Training Institution Name/Address: **Hartnell College  
156 Homestead Avenue  
Salinas, CA 93901**

Contact Person telephone no.: **Nursing Department  
(831) 755-6711**

Student Eligibility: **open**

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

Program Level: **EMT-I**

Number of students completing training per year:

- initial training:
- refresher:
- cont. education:
- expiration date:

Number of courses:

- initial training:
- refresher:
- cont. education:

**TABLE 10: RESOURCES DIRECTORY  
Facilities**

EMS System: Monterey County

County: Monterey

Reporting Year: 2001

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

Primary Contact: **David R. Small, CEO**

Written Contract: **Yes**

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

Base Hospital: **Yes**

Pediatric Critical Care Center: **No**

EDAP: **No**

PICU: **No**

Burn Center: **No**

Trauma Center: **No**

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

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

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

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

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

EMS System: Monterey County

County: Monterey

Date: 4/1/01

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

Work Telephone No.: (831) 755-5120

Home Telephone No.: (831) 373-5491

Office Pager No.: (831) 755-9499

FAX No.: (831) 755-5004

24-HR No.:

**Alternate's Name: John Sherwin**

Work Telephone No.: (831) 755-5107

Home Telephone No.: (831) 375-7015

Office Pager No.: (831) 755-9044

FAX No.: (831) 755-5004

24-HR No.:

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

Work Telephone No.: (831) 755-5013

Home Telephone No.: (831) 625-5740

Office Pager No.: (831) 755-9198

FAX No.: (831) 455-0680

24-HR No.:

**Alternate's Name:**

**David Bezouska**  
EMS Analyst

Work Telephone No.: (831) 755-5013

Home Telephone No.: (831) 759-0313

Office Pager No.: (831) 755-9198

FAX No.: (831) 455-0680

24-HR No.:

**County Health Officer's Name:**

**Linda Velasquez, M.D., M.P.H.**  
Acting Health Officer

Work Telephone No.: (831) 755-4581

Home Telephone No.: (831) 449-2592

Office Pager No.: (831) 772-5124

FAX No.: (831) 755-4797

24-HR No.:

**Alternate's Name:**

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

Work Telephone No.: (831) 755-0700

Home Telephone No.: (831) 726-3947

Office Pager No.:

FAX No.: (831) 753-6286

24-HR No.:

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

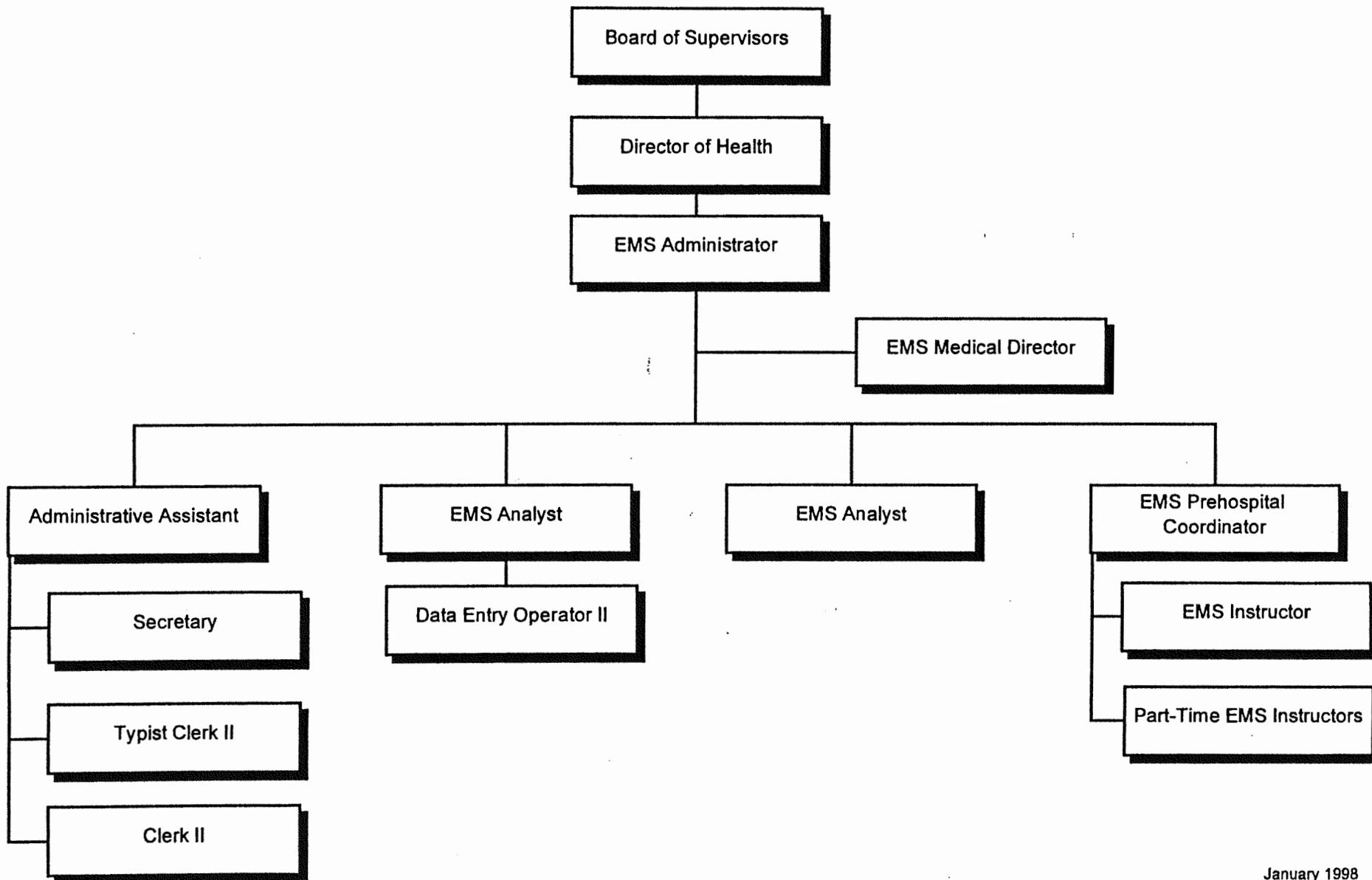
Medical/Health EOC FAX no.: (831) 755-5004

Amateur Radio contact name: Bob Spencer

RDMHC for this OES Region: Art Lathrop

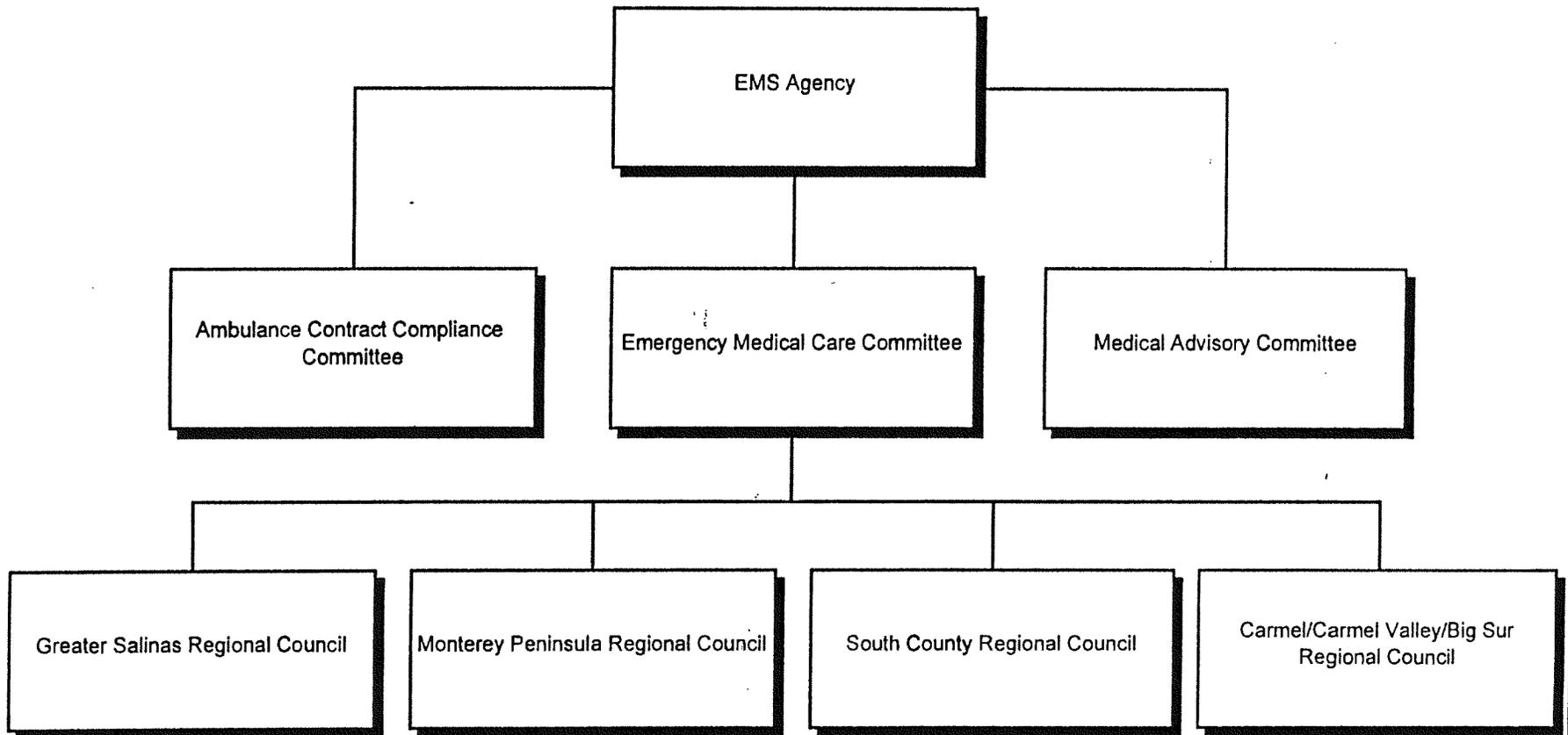
Medical/Health  
radio frequency used: 800 MHz

# Emergency Medical Services Agency Organizational Chart



January 1998

HEALTH DEPARTMENT  
EMS Division  
Advisory Committees



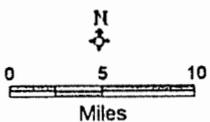
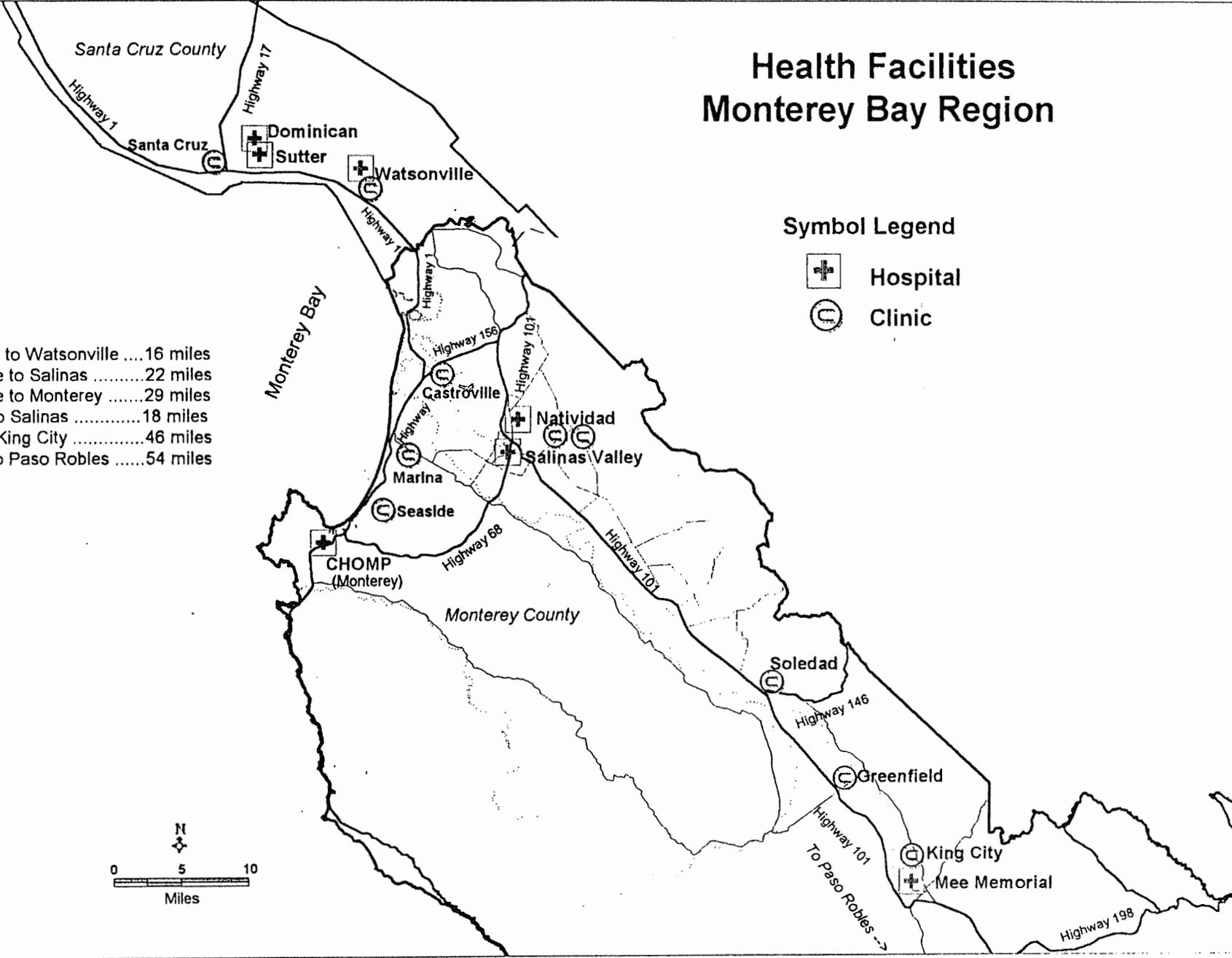
# Health Facilities Monterey Bay Region

## Symbol Legend

-  Hospital
-  Clinic

### Distances

- Santa Cruz to Watsonville .... 16 miles
- Watsonville to Salinas ..... 22 miles
- Watsonville to Monterey ..... 29 miles
- Monterey to Salinas ..... 18 miles
- Salinas to King City ..... 46 miles
- King City to Paso Robles ..... 54 miles



**MONTEREY COUNTY EMS PLAN**

**SECTION 4  
RESOURCE DIRECTORIES**

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

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

**PHONE #:** (831) 899-3800

**PRIMARY CONTACT:** Margaret Camara, President

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

Monterey County "First Responder" certified 1

Registered Nurse 6

EMT-I 13

EMT-I automated defibrillation 0

EMT-P 2

first aid & CPR 2

**SERVICES AVAILABLE 24 HOURS?** yes

**NON-TRANSPORT no      TRANSPORT yes      NUMBER OF AMBULANCES 10**

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** private

**DATE SURVEY COMPLETED:** 12/23/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**ADDRESS:** 2221 Garden Rd., Monterey, CA 93940

**PHONE #:** (831) 647-6208

**PRIMARY CONTACT:** Rick Hutchinson

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

Monterey County "First Responder" certified 2

"First Responder" automated defibrillation 0

EMT-I 4

EMT-I automated defibrillation 4

EMT-P 0

**SERVICES AVAILABLE 24 HOURS?** yes

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** public -- fire -- state

**DATE SURVEY COMPLETED:** 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Aromas Tri-County Fire Protection District**

ADDRESS: 492 Carpenteria Road, Aromas, CA 95004

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

|   |   |
|---|---|
| Monterey County "First Responder" certified | 0 |
|---|---|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |    |
|-------|----|
| EMT-I | 16 |
|-------|----|

|                                |    |
|--------------------------------|----|
| EMT-I automated defibrillation | 16 |
|--------------------------------|----|

|       |   |
|-------|---|
| EMT-P | 5 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |                                 |
|------------|---------------------------------|
| OWNERSHIP: | public -- fire -- fire district |
|------------|---------------------------------|

|                        |        |
|------------------------|--------|
| DATE SURVEY COMPLETED: | 1/4/99 |
|------------------------|--------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 20 |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 7  |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: private non-profit

DATE SURVEY COMPLETED: 1/12/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

|   |      |
|---|------|
| Monterey County "First Responder" certified | 5-23 |
|---|------|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 2 |
|--|---|

|       |   |
|-------|---|
| EMT-I | 1 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 0 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

SERVICES AVAILABLE 24 HOURS? yes (fire season)

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

**AGENCY:** Cachagua Fire Protection District

**ADDRESS:** P.O. Box 2090, Carmel Valley, CA 93924

**PHONE #:** (831) 659-7700

**PRIMARY CONTACT:** Batt. Chief Jaime del Valle

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

Monterey County "First Responder" certified 11

"First Responder" automated defibrillation 11

EMT-I 6

EMT-I automated defibrillation 6

EMT-P 0

**SERVICES AVAILABLE 24 HOURS?** yes

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** public -- fire -- fire district

**DATE SURVEY COMPLETED:** 1/19/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **California Department of Forestry (CDF)**

ADDRESS: 2221 Garden Road

PHONE #: (831) 642-6208

PRIMARY CONTACT: Mikel Martin

WRITTEN CONTRACT: no

SERVICE: ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

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

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |   |
|-------|---|
| EMT-I | 0 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 0 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |                         |
|------------|-------------------------|
| OWNERSHIP: | public -- fire -- state |
|------------|-------------------------|

|                        |         |
|------------------------|---------|
| DATE SURVEY COMPLETED: | 2/28/97 |
|------------------------|---------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 0  |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 32 |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- state

DATE SURVEY COMPLETED: 12/27/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes (fire season)

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

**AGENCY:** Carmel-by-the-Sea Fire Department

**ADDRESS:** Box 6418, Carmel, CA 93921

**PHONE #:** (831) 620-2034

**PRIMARY CONTACT:** Bill Hill, Fire Chief

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

|   |   |
|---|---|
| Monterey County "First Responder" certified | 5 |
|---|---|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |    |
|-------|----|
| EMT-I | 16 |
|-------|----|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 9 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 3 |
|-------|---|

|                                     |     |
|-------------------------------------|-----|
| <b>SERVICES AVAILABLE 24 HOURS?</b> | yes |
|-------------------------------------|-----|

|                                |                      |                             |   |
|--------------------------------|----------------------|-----------------------------|---|
| <b>NON-TRANSPORT no (CRFA)</b> | <b>TRANSPORT yes</b> | <b>NUMBER OF AMBULANCES</b> | 1 |
|--------------------------------|----------------------|-----------------------------|---|

|                          |    |
|--------------------------|----|
| <b>MEDICAL DIRECTOR?</b> | no |
|--------------------------|----|

|                   |                        |
|-------------------|------------------------|
| <b>OWNERSHIP:</b> | public -- fire -- city |
|-------------------|------------------------|

|                               |          |
|-------------------------------|----------|
| <b>DATE SURVEY COMPLETED:</b> | 12/23/99 |
|-------------------------------|----------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

**AGENCY:** Carmel Highlands Fire Protection District

**ADDRESS:** 73 Fern Canyon Road, Carmel, CA 93923

**PHONE #:** (831) 624-2374

**PRIMARY CONTACT:** Lt. Shaun M. Jewett

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

|   |   |
|---|---|
| Monterey County "First Responder" certified | 0 |
|---|---|

|  |    |
|--|----|
| "First Responder" automated defibrillation | 11 |
|--|----|

|       |   |
|-------|---|
| EMT-I | 0 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 8 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                                     |     |
|-------------------------------------|-----|
| <b>SERVICES AVAILABLE 24 HOURS?</b> | yes |
|-------------------------------------|-----|

|                          |                     |                                 |
|--------------------------|---------------------|---------------------------------|
| <b>NON-TRANSPORT</b> yes | <b>TRANSPORT</b> no | <b>NUMBER OF AMBULANCES</b> n/a |
|--------------------------|---------------------|---------------------------------|

|                          |    |
|--------------------------|----|
| <b>MEDICAL DIRECTOR?</b> | no |
|--------------------------|----|

|                   |                                 |
|-------------------|---------------------------------|
| <b>OWNERSHIP:</b> | public -- fire -- fire district |
|-------------------|---------------------------------|

|                               |        |
|-------------------------------|--------|
| <b>DATE SURVEY COMPLETED:</b> | 1/5/00 |
|-------------------------------|--------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

**AGENCY:** Carmel Regional Fire Ambulance

**ADDRESS:** 8455 Carmel Valley Road

**PHONE #:** (831) 624-7881

**PRIMARY CONTACT:** Sidney Reade

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

Monterey County "First Responder" certified 0

"First Responder" automated defibrillation 0

EMT-I 14

EMT-I automated defibrillation 0

EMT-P 16

**SERVICES AVAILABLE 24 HOURS?** yes

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

**MEDICAL DIRECTOR?** no

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

**DATE SURVEY COMPLETED:** 11/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: Carmel Valley Fire Protection District

ADDRESS: P.O. Box 965, Carmel Valley, CA 93924

PHONE #: (831) 659-2021

PRIMARY CONTACT: Chief Bill Sims

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

Monterey County "First Responder" certified 2

"First Responder" automated defibrillation 11

EMT-I 0

EMT-I automated defibrillation 14

EMT-P 2

SERVICES AVAILABLE 24 HOURS? yes

NON-TRANSPORT yes      TRANSPORT yes      NUMBER OF AMBULANCES 1

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 12/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: Cypress Fire Protection District

ADDRESS: 2221 Garden Road, Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

|   |    |
|---|----|
| Monterey County "First Responder" certified | 23 |
|---|----|

|  |    |
|--|----|
| "First Responder" automated defibrillation | 16 |
|--|----|

|       |    |
|-------|----|
| EMT-I | 13 |
|-------|----|

|                                |    |
|--------------------------------|----|
| EMT-I automated defibrillation | 11 |
|--------------------------------|----|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |                                 |
|------------|---------------------------------|
| OWNERSHIP: | public -- fire -- fire district |
|------------|---------------------------------|

|                        |        |
|------------------------|--------|
| DATE SURVEY COMPLETED: | 1/4/99 |
|------------------------|--------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Fort Hunter Liggett Fire Department**

ADDRESS: Fort Hunter Liggett, CA 93928-7025

PHONE #: (831) 386-2517

PRIMARY CONTACT: Asst. Chief Scruton

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

|   |   |
|---|---|
| Monterey County "First Responder" certified | 0 |
|---|---|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |   |
|-------|---|
| EMT-I | 0 |
|-------|---|

|                                |    |
|--------------------------------|----|
| EMT-I automated defibrillation | 23 |
|--------------------------------|----|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |     |
|-------------------|-----|
| MEDICAL DIRECTOR? | yes |
|-------------------|-----|

|            |                           |
|------------|---------------------------|
| OWNERSHIP: | public -- fire -- federal |
|------------|---------------------------|

|                        |          |
|------------------------|----------|
| DATE SURVEY COMPLETED: | 12/28/99 |
|------------------------|----------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 15 |
| Monterey County "First Responder" certified   | 11 |
| "First Responder" automated defibrillation  | 9  |
| EMT-I   | 1  |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 12/28/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |      |
|---|------|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0    |
| Monterey County "First Responder" certified   | 6-19 |
| "First Responder" automated defibrillation  | 0    |
| EMT-I   | 2    |
| EMT-I automated defibrillation  | 0    |
| EMT-P   | 0    |

SERVICES AVAILABLE 24 HOURS? yes (fire season)

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- state

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: Marina Department of Public Safety

ADDRESS: 211 Hillcrest Avenue, Marina, CA 93933

PHONE #: (831) 384-5225

PRIMARY CONTACT: George Stapleton, Fire Chief

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

|   |    |
|---|----|
| Monterey County "First Responder" certified | 47 |
|---|----|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |   |
|-------|---|
| EMT-I | 0 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 0 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |  |
|------------|--|
| OWNERSHIP: | public -- public safety department -- city |
|------------|--|

|                        |         |
|------------------------|---------|
| DATE SURVEY COMPLETED: | 2/28/97 |
|------------------------|---------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 7  |
| Monterey County "First Responder" certified   | 2  |
| "First Responder" automated defibrillation  | 2  |
| EMT-I   | 2  |
| EMT-I automated defibrillation  | 22 |
| EMT-P   | 2  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 11/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |   |
|---|---|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 8 |
| Monterey County "First Responder" certified   | 2 |
| "First Responder" automated defibrillation  | 0 |
| EMT-I   | 2 |
| EMT-I automated defibrillation  | 0 |
| EMT-P   | 0 |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire-medical

DATE SURVEY COMPLETED: 3/29/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Monterey Airport Fire Department**  
 ADDRESS: 200 Fred Kane Dr., Monterey, CA 93940  
 PHONE #: (831) 648-7008  
 PRIMARY CONTACT: Deputy Chief King  
 WRITTEN CONTRACT: no  
 SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |   |
|---|---|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0 |
| Monterey County "First Responder" certified   | 0 |
| "First Responder" automated defibrillation  | 8 |
| EMT-I   | 0 |
| EMT-I automated defibrillation  | 3 |
| EMT-P   | 0 |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 12/28/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Monterey County Sheriff--Search & Rescue Team**  
 ADDRESS: 1200 Aguajito Road #2, Monterey, CA 93940  
 PHONE #: (831) 647-7702  
 PRIMARY CONTACT: Sgt. John DiCarlo  
 WRITTEN CONTRACT: no  
 SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 30 |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 0  |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- county

DATE SURVEY COMPLETED: 12/23/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 1/3/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 0  |
| "First Responder" automated defibrillation  | 25 |
| EMT-I   | 0  |
| EMT-I automated defibrillation  | 27 |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 12/28/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

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

PHONE #: (831) 242-7544

PRIMARY CONTACT: Gregg Curry -- Training Officer

WRITTEN CONTRACT: no

SERVICE: ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 11 |
| "First Responder" automated defibrillation  | 11 |
| EMT-I   | 28 |
| EMT-I automated defibrillation  | 28 |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- federal

DATE SURVEY COMPLETED: 12/30/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 2/24/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 30 |
| Monterey County "First Responder" certified   | 1  |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 0  |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 12/29/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 1/4/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 0  |
| Monterey County "First Responder" certified   | 0  |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 58 |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 22 |

**SERVICES AVAILABLE 24 HOURS?** yes

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** public -- fire -- city

**DATE SURVEY COMPLETED:** 1/3/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

|   |     |
|---|-----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 154 |
| Monterey County "First Responder" certified   | 0   |
| "First Responder" automated defibrillation  | 0   |
| EMT-I   | 0   |
| EMT-I automated defibrillation  | 0   |
| EMT-P   | 0   |

**SERVICES AVAILABLE 24 HOURS?** yes

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** public -- law -- city

**DATE SURVEY COMPLETED:** 1/11/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- fire district

DATE SURVEY COMPLETED: 11/19/98

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

**AGENCY:** San Ardo Volunteer Fire Company

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

**PHONE #:** (831) 627-2465

**PRIMARY CONTACT:** Chief J. Scott Wittmann

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

**SERVICES AVAILABLE 24 HOURS?** usually

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:**

**DATE SURVEY COMPLETED:** 1/1/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- law -- city

DATE SURVEY COMPLETED: 1/2/00

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Seaside Fire Department**

ADDRESS: 1635 Broadway, Seaside, CA 93955

PHONE #: (831) 899-6262

PRIMARY CONTACT: R. Rader

WRITTEN CONTRACT: no

SERVICE: ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

Monterey County "First Responder" certified 0

"First Responder" automated defibrillation 3

EMT-I 0

EMT-I automated defibrillation 41

EMT-P 0

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- city

DATE SURVEY COMPLETED: 12/99

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **Seaside Police Department**

ADDRESS: 440 Harcourt Avenue, Seaside, CA 93955

PHONE #: (831) 899-6290

PRIMARY CONTACT: Capt. James Davis

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 28 |
|---|----|

|   |   |
|---|---|
| Monterey County "First Responder" certified | 0 |
|---|---|

|  |   |
|--|---|
| "First Responder" automated defibrillation | 0 |
|--|---|

|       |   |
|-------|---|
| EMT-I | 0 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 0 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |                       |
|------------|-----------------------|
| OWNERSHIP: | public -- law -- city |
|------------|-----------------------|

|                        |        |
|------------------------|--------|
| DATE SURVEY COMPLETED: | 4/7/97 |
|------------------------|--------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

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

**PHONE #:** (831) 678-1332

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

**WRITTEN CONTRACT:** no

**SERVICE:** ground

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

|   |    |
|---|----|
| "public safety" (i.e., minimum statutory requirement of 15 hrs first aid + 6 hrs CPR) | 13 |
| Monterey County "First Responder" certified   | 2  |
| "First Responder" automated defibrillation  | 0  |
| EMT-I   | 1  |
| EMT-I automated defibrillation  | 0  |
| EMT-P   | 0  |

**SERVICES AVAILABLE 24 HOURS?** no

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

**MEDICAL DIRECTOR?** no

**OWNERSHIP:** public -- law -- city

**DATE SURVEY COMPLETED:** 3/4/97

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

AGENCY: **South Monterey County Fire Protection District**

ADDRESS: 2221 Garden Rd., Monterey, CA 93940

PHONE #: (831) 647-6208

PRIMARY CONTACT: Rick Hutchinson

WRITTEN CONTRACT: no

SERVICE: ground

NUMBER OF PERSONNEL PROVIDING SERVICES:

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

|   |    |
|---|----|
| Monterey County "First Responder" certified | 12 |
|---|----|

|  |    |
|--|----|
| "First Responder" automated defibrillation | 11 |
|--|----|

|       |   |
|-------|---|
| EMT-I | 8 |
|-------|---|

|                                |   |
|--------------------------------|---|
| EMT-I automated defibrillation | 0 |
|--------------------------------|---|

|       |   |
|-------|---|
| EMT-P | 0 |
|-------|---|

|                              |     |
|------------------------------|-----|
| SERVICES AVAILABLE 24 HOURS? | yes |
|------------------------------|-----|

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

|                   |    |
|-------------------|----|
| MEDICAL DIRECTOR? | no |
|-------------------|----|

|            |                                 |
|------------|---------------------------------|
| OWNERSHIP: | public -- fire -- fire district |
|------------|---------------------------------|

|                        |        |
|------------------------|--------|
| DATE SURVEY COMPLETED: | 1/4/99 |
|------------------------|--------|

**MONTEREY COUNTY EMS RESOURCE DIRECTORY  
PROVIDER SURVEY**

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

**NUMBER OF PERSONNEL PROVIDING SERVICES:**

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

SERVICES AVAILABLE 24 HOURS? yes

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

MEDICAL DIRECTOR? no

OWNERSHIP: public -- fire -- community services district

DATE SURVEY COMPLETED: 3/3/97

**MONTEREY COUNTY EMS PLAN**

**SECTION 5  
DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

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

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

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

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

During November and December 1998, meetings of the four EMS Regional Councils were scheduled to review the draft EMS plan and recommend any necessary changes. The outcome was as follows:

**Carmel/Carmel Valley/Big Sur Regional Council**  
November 16, 1998

The Council recommended that all references to the Carmel Highlands Fire Protection District be changed to reflect the fact that the Court of Appeal has found that the District does not qualify for status under Health and Safety Code § 1797.201. The Council recommended that the draft EMS plan go forward to the Emergency Medical Care Committee with the above changes.

**South County Regional Council**  
November 19, 1998

The Council recommended the following changes to Comment Draft #2:

- a. That all references to the local area code be changed to 831.
- b. That the agency information sheets in Section 4 (Resource Directories) be placed in alphabetical order by agency name.
- c. That the NEED(S) section under standard 3.02 (page 40) be revised to read as follows:

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

The Council recommended that the draft EMS plan go forward to the Emergency Medical Care Committee with the above changes.

### **Monterey Peninsula Regional Council**

November 30, 1998 -- canceled for lack of a quorum.

### **Salinas Regional Council**

December 1, 1998 -- canceled for lack of a quorum.

Staff then prepared Draft #3 to incorporate the changes recommended by the Regional Councils. At the same time, the first-responder agencies were again surveyed for any updates to Section 4 (Resource Directories). Staff also drafted Section 1 (Summary) and Section 5 (Description of Plan Development Process). The full Draft #3 was distributed to County Counsel and to the members of the Emergency Medical Care Committee for their review.

The EMS plan was placed on the Emergency Medical Care Committee's agenda for its regular meeting in February 1999. At that meeting, the Committee was apprised of County Counsel's suggested changes to the document. The Committee suggested two minor corrections and unanimously recommended that the EMS plan be put into final form for submission to the Board of Supervisors. The final document was brought to the Board of Supervisors for its approval before filing with the EMS Authority in July 1999.

In December 1999, the Monterey County EMS Agency completed two significant projects, resulting in the documents described below. These were submitted to the state EMS Authority, with the approval of the County Board of Supervisors, as appendices to this local EMS Plan:

1. *EMS Communications System Manual*: This document compiles information from a wide variety of sources describing this arcane but essential element of the local EMS system. It will serve as a reference for future planning. It will also help newcomers to understand and use the existing communications system most effectively.

2. *Monterey County Operational Area Disaster Medical/Health Plan:* In 1996, the Monterey County EMS Agency began to develop a comprehensive medical disaster plan in compliance with California's "Standardized Emergency Management System" (Title 19 CCR §§ 2400-2450). After gathering information and building consensus on the roles and responsibilities of each Division of the County Health Department, we first created a medical disaster plan for the Health Department. We then coordinated the Health Department's plan with the medical community at large to produce a comprehensive, integrated plan for the entire County: the *Monterey County Operational Area Disaster Medical/Health Plan*.

Neither of these appendices has been revised to date. The 2001 revision of the EMS Plan itself followed the process described above, with an initial draft revision circulated to the various EMS advisory committees for review and comments. The draft was revised according and brought before the EMS Regional Councils for review and comments. The final revision was then brought to the Emergency Medical Care Committee for its final recommendations, then presented to the Board of Supervisors for approval before filing with the state EMS Authority.

**MONTEREY COUNTY EMS PLAN**

**SECTION 6  
ANNEX**

**AB3153 COMPLIANCE**

**IMPLEMENTATION OF  
HEALTH AND SAFETY CODE § 1797.224**

**MONTEREY COUNTY**  
**EXCLUSIVE OPERATING AREAS FACT SHEET**

1. **Area or Subarea (zone) Name or Title:** Central Zone
2. **Name of Current Provider:** American Medical Response-Monterey
3. **Area or Subarea (zone) Geographical Description:** The Central Zone currently includes all of the following territory except for the areas within the Carmel Valley Fire Protection District, the Mid-Carmel Valley Fire Protection District, and the City of Carmel.

Northern Boundary -- Starting at the Pacific Ocean north of Moss Landing Highway 1 bridge. From the ocean in a straight line going east and crossing State Highway 1 at a point just north of, and including, the intersection with Jetty Road. From State Highway 1 in a straight line to a point just north of, and including, the intersection of Elkhorn Road and Hidden Valley Road, excluding all of Elkhorn Road to the north but including all of Hidden Valley Road. From the intersection of Elkhorn Road and Hidden Valley Road, following Hidden Valley Road to the intersection of Hidden Valley Road and Campagna Way, including Hidden Valley Road itself but excluding Campagna Way. From the intersection of Hidden Valley Road and Campagna Way, following, and including, Hidden Valley Road to the point where the road turns south.

From Hidden Valley Road at the point where the road turns south to, and including, the western intersection of San Miguel Canyon Road and Hall Road. From the western intersection of San Miguel Canyon Road and Hall Road, following, and including, Hall Road extending east to the intersection of San Miguel Canyon Road and Maher Road, but excluding that portion of San Miguel Canyon Road that is to the north of the intersection. From the intersection of San Miguel Canyon Road and Maher Road, north of Tarpey Road to, and including, the intersection of Tarpey Road and San Juan Road, but excluding that portion of San Juan Road that is to the north of the intersection. From the intersection of Tarpey Road and San Juan Road, following, and including, San Juan Road to the south and east, up to, and including, the intersection of San Juan Road and Carpenteria Road, but excluding that portion of Carpenteria Road that is to the north of the intersection. From the intersection of San Juan Road and Carpenteria Road, just north of San Juan Road, east to the Monterey County line.

Southern Boundary -- Beginning on Monterey County's eastern boundary at a point just below Smith Mountain in township 29. Traveling in a southwesterly direction crossing Slacks Canyon Road just south of the Smith Mountain lookout road. Proceeding on in the same direction and crossing Indian Valley Road at the 20-mile post. Proceeding on in the same direction and crossing Sargents Road just south of, and including, Dead Man's Gulch. Proceeding on in the same direction and crossing State Highway 101 one mile north of the Alvarado Road overpass. Proceeding on in the same direction

and crossing Jolon Road (G18) north of, but not including, New Pleyto Road. Proceeding on in the same direction and crossing Lake San Antonio\* and Interlake Road at, but not including, Pleyto (Cemetery) Road or Hesperia Road. Proceeding on in a west-southwesterly direction, not including any part of Hesperia Road or any roads only accessible from Hesperia Road and intersecting and ending at the Fort Hunter Liggett Military Reservation.

(\* The lake should be considered as part of the South Valley Zone, as it is generally accessible only from the roads in the South Valley Zone.)

Eastern Boundary -- County Line

Western Boundary -- Pacific Ocean

**4. Statement of Exclusivity (exclusive or non-exclusive): Exclusive**

The Monterey County Request for Proposal for the Provision of Emergency Ambulance Service (April 1995) contains at pp. 18-19 the following description of the types of calls included in the exclusive franchise subsequently awarded to Peninsula Paramedic Services, Inc., which is now a wholly owned subsidiary of American Medical Response, Inc.:

The scope of services that may be allocated exclusively to the holder of an exclusive franchise in Monterey County is at present governed by the terms of an injunction by the Federal District Court for Northern California, San Jose Division (A-1 Ambulance Service, Inc. v. County of Monterey, Case No: CV-89-20157-WAI). In general, the injunction allows 9-1-1 call responses and similar transports to be included in the exclusive franchise, but excludes most interfacility transfers from the exclusive franchise. These calls that are excluded are merely excluded as "franchised" calls but are required as part of the scope of service by a bidder. The ultimate Contractor(s) will be required to respond to all requests (exclusive and non-exclusive) and meet the appropriate performance standard listed in this RFP.

Based on this information, all of the following transports originating in the Monterey Exclusive Operating Area shall be referred to the holder of the exclusive franchise for that area, and the holder of the exclusive franchise shall provide all responses and transports as follows:

- (1) Transports made in response to 9-1-1/PSAP requests;
- (2) Transports made in response to requests for immediate

ambulance service transmitted through County Communications;

- (3) Transports made in response to requests for immediate ambulance service made directly to the ambulance service, without going through County Communications or the 9-1-1/PSAP, except for transports that have been ordered by the patient's private physician; and,
- (4) Transports from an acute care hospital emergency department to another acute care hospital, except for such transports that have been ordered by the patient's private physician.

The Trial Court's decision is final, however, the interpretation is still open to some dispute. Monterey County believes that a "good-faith" and restrictive reading of the Court's decision permits each of the above types of transports to be included in the exclusive franchise.

It could be construed that the Court's definition would exclude some of the above calls, however, Monterey County does not believe that the Court would narrow the above definition in any meaningful way. By the same token, the County does not guarantee that a court would not modify the above list. **Such a modification would not limit the Contractor to servicing the excluded calls on an open-market basis.** If a court determines that the above list should be reduced, then the terms of any contract defining the scope of services in the exclusive franchise will be modified accordingly, without altering any other contract terms.

(Emphasis in the original.)

5. **Method to Achieve Exclusivity:** Competitive bidding as detailed in the Request for Proposal.
6. **Type of Exclusivity:** Emergency Ambulance
7. **Addendum:** None

**MONTEREY COUNTY**  
**EXCLUSIVE OPERATING AREAS FACT SHEET**

1. **Area or Subarea (zone) Name or Title:** North Zone
2. **Name of Current Provider:** American Medical Response-Santa Cruz
3. **Area or Subarea (zone) Geographical Description:** The North Zone is defined as all areas north of the Central Zone within Monterey County.
4. **Statement of Exclusivity (exclusive or non-exclusive):** Exclusive
5. **Method to Achieve Exclusivity:** Contracted provider meeting the "grandfathering" standards of Health and Safety Code § 1797.224.
6. **Type of Exclusivity:** Emergency Ambulance
7. **Addendum:** None

**MONTEREY COUNTY**  
**EXCLUSIVE OPERATING AREAS FACT SHEET**

1. **Area or Subarea (zone) Name or Title:** South Valley Zone
2. **Name of Current Provider:** San Luis Ambulance Service, Inc.
3. **Area or Subarea (zone) Geographical Description:** The South Valley Zone includes all areas of Monterey County south of the Central Zone and east of Fort Hunter Liggett.
4. **Statement of Exclusivity (exclusive or non-exclusive):** Exclusive
5. **Method to Achieve Exclusivity:** Contracted provider meeting the "grandfathering" standards of Health and Safety Code § 1797.224.
6. **Type of Exclusivity:** Emergency Ambulance
7. **Addendum:** None

**MONTEREY COUNTY**  
**EXCLUSIVE OPERATING AREAS FACT SHEET**

- 1. Area or Subarea (zone) Name or Title:** South Coastal Zone
- 2. Name of Current Provider:** Cambria Community Healthcare District
- 3. Area or Subarea (zone) Geographical Description:** The South Valley Zone includes all areas of Monterey County south of the Central Zone and west of Fort Hunter Liggett.
- 4. Statement of Exclusivity (exclusive or non-exclusive):** Exclusive
- 5. Method to Achieve Exclusivity:** Contracted provider meeting the "grandfathering" standards of Health and Safety Code § 1797.224.
- 6. Type of Exclusivity:** Emergency Ambulance
- 7. Addendum:** None

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**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



August 7, 2002

Chris Le Venton, EMS Administrator  
 Monterey County EMS Agency  
 19065 Portolo Drive, Suite 1  
 Salinas, Ca 93908

Dear Mr. Le Venton:

We have completed our review of *Monterey County's 2001 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

| SECTION                            | COMMENT  |
|------------------------------------|--|
| 1.07 Trauma Planning               |  |
| 1.26 Trauma System Plan            | Need to establish a formal trauma system to ensure appropriate care for trauma patients.   |
| 5.08 Trauma System Design          |  |
| 4.11 Specialty Vehicles            | The local agency needs a mechanism to identify the availability and staffing of all-terrain vehicles, water rescue and transportation vehicles.  |
| 5.02 – Triage & Transfer Protocols | It is recommended that the EMS agency ensure that prehospital triage protocols are established and hospitals have transfer agreements in place, especially since there are no designated specialty care centers in the area. Provision should be made for those patients needing a higher level of care whether within or outside the EMS agency area. |
| 5.03 Transfer Guidelines           |  |
| 6.06 System Design Evaluation      | Need to establish a comprehensive data management system that allows for EMS system program evaluation.  |

Chris Le Venton  
August 7, 2002  
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These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard", written in a cursive style.

Richard E. Watson  
Interim Director

REW:SS