

EL DORADO COUNTY  
EMS PLAN UPDATE



May 2007

## A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01	LEMSA Structure	X			
1.02	LEMSA Mission	X			
1.03	Public Input	X		X	
1.04	Medical Director	X	X		
<b>Planning Activities:</b>					
1.05	System Plan	X			
1.06	Annual Plan Update	X			
1.07	Trauma Planning*	X	X		
1.08	ALS Planning*	X			
1.09	Inventory of Resources	X			
1.10	Special Populations	X			
1.11	System Participants	X			
<b>Regulatory Activities:</b>					
1.12	Review & Monitoring	X			
1.13	Coordination	X			
1.14	Policy & Procedures Manual	X			
1.15	Compliance w/Policies	X			
<b>System Finances:</b>					
1.16	Funding Mechanism	X			

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Medical Direction:</b>					
1.17	Medical Direction*	X			
1.18	QA/QI	X	X		
1.19	Policies, Procedures, Protocols	X	X		
1.20	DNR Policy	X			
1.21	Determination of Death	X			
1.22	Reporting of Abuse	X			
1.23	Interfacility Transfer	X			
<b>Enhanced Level: Advanced Life Support:</b>					
1.24	ALS Systems	X	X		
1.25	On-Line Medical Direction	X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26	Trauma System Plan	X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27	Pediatric System Plan	X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28	EOA Plan	X			

**B. STAFFING/TRAINING**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

#### D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time Standards*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
<b>Enhanced Level:</b>						
<b>Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

**E. FACILITIES/CRITICAL CARE**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		N/A			
5.11	Emergency Departments		X			
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		N/A			
5.14	Public Input		N/A			

**F. DATA COLLECTION/SYSTEM EVALUATION**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X		X	
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		--			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: EL DORADO COUNTY EMS AGENCY  
 Reporting Year: 2006

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

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

County: EL DORADO

- |   |      |
|---|------|
| A. Basic Life Support (BLS)             | N/A  |
| B. Limited Advanced Life Support (LALS) | N/A  |
| C. Advanced Life Support (ALS)          | 100% |

2. Type of agency  
 a - **Public Health Department**  
 b - County Health Services Agency  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-Profit Entity  
 f - Other: \_\_\_\_\_

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>  X  </u>
Designation of trauma centers/trauma care system planning	<u>  X  </u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>  X  </u>
Enforcement of ambulance service contracts	<u>  X  </u>
Operation of ambulance service	_____

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

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

5. EMS agency budget for FY 06-07

A. EXPENSES

Salaries and benefits (All but contract personnel)	\$498,685
Contract Services (e.g. medical director)	0
Operations (e.g. copying, postage, facilities)	109,879
Travel	3,600
Fixed assets	1,900
Indirect expenses (overhead)	75,163
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	141,340 (estimated)
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	
Other: _____	
Other: _____	
<b>TOTAL EXPENSES</b>	<b>\$830,567</b>

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

**B. SOURCES OF REVENUE**

Special project grant(s) from EMSA	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	683,427
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	5,800
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	Incl. above
Contributions	_____
EMS Fund (SB 12/612)	141,340
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$830,567</b>

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

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

6. Fee structure for FY 06-07

We do not charge any fees

Our fee structure is:

First responder certification	N/A
EMS dispatcher certification	N/A
EMT-I certification	10.00
EMT-I recertification	10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	10.00
MICN/ARN recertification	10.00
EMT-I training program approval	0
EMT-II training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	TBD
Trauma center designation	TBD
Pediatric facility approval	N/A
Pediatric facility designation	N/A

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license N/A

Ambulance vehicle permits N/A

Other: \_\_\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_ \_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06-07.

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting year: 2006

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$40.38	31.5%	Incumbent paid as contractor w/ no benefits at higher hourly rate
Asst. Admin. /Admin. Asst. /Admin. Mgr.	EMS Agency Assistant Administrator	1.0	\$31.74	30.0%	
ALS Coord. /Field Coord. / Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$63.64	25.1%	Incumbent paid as contractor w/ no benefits at higher hourly rate
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

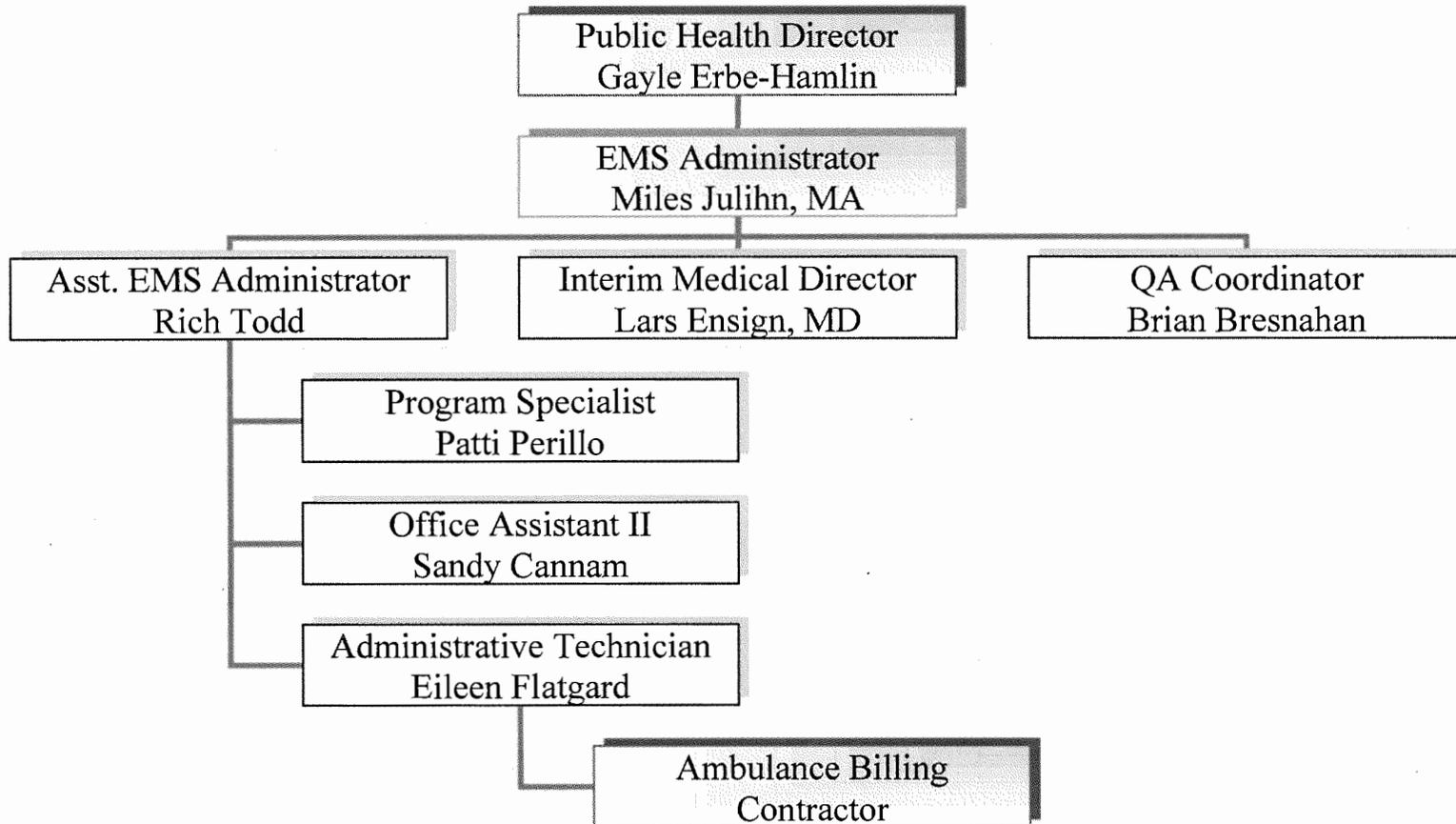
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

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

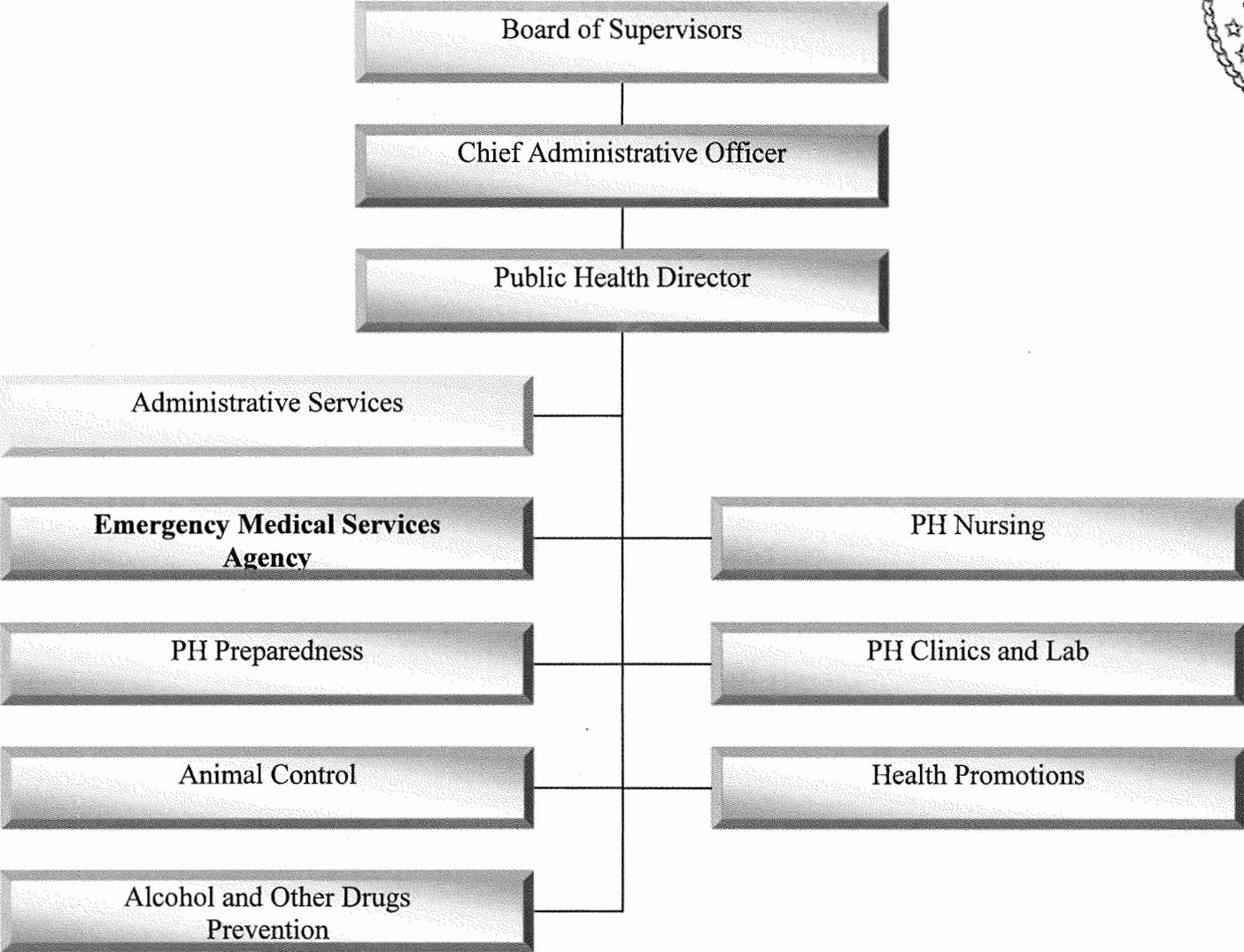
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$23.12	46.0%	
QA/QI Coordinator	QA Coordinator	0.5	\$28.30	42.1%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Office Assistant II	1.0	\$14.52	42.3%	
Data Entry Clerk	N/A				
Other	Administrative Technician	1.0	\$25.71	42.1%	

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

**El Dorado County Public Health Department  
Emergency Medical Services Agency**



# El Dorado County Organization Chart



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

Revision #3 (2/16/95)

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 2006

**NOTE:** Table 3 is to be reported by agency.

	EMT-I's	EMT-II's	EMT-P's	MICNs	EMS Dispatchers
Total Certified/Accredited	551	N/A	98	60	21
Number newly certified this year	113	N/A	20	29	
Number recertified this year	438	N/A	78	31	
Total number of accredited personnel on July 1 of the reporting year			98	60	
Number of certification reviews resulting in:					
a) formal investigations		N/A	0	0	0
b) probation		N/A	0	0	0
c) suspensions		N/A	0	0	0
d) revocations		N/A	0	0	0
e) denials		N/A	0	0	0
f) denials of renewal		N/A	0	0	0
g) no action taken		N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 21
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 934
  - b) Number of public safety (defib) certified (non-EMT-I) \_\_\_\_\_
3. Do you have a first responder training program  yes  no

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

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2006

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

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency CLEMARS 1 (154.920)
  - b. Other methods CLEMARS 2 (154.935)
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No 
    - 1) Within the operational area? Yes  No
    - 2) Between the operational area and the region and/or state? Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies?
  - **CAL FIRE** (Camino)
  - **South Lake Tahoe Police Department**
  - **Placer County Sheriffs Department** (for Tahoe West Shore only)
7. Who is your primary dispatch agency for a disaster? **Same as above**

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 2006

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	1
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	20 %
3.	Total number responses	<u>11,101</u>
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>10,672</u>
	b) Number non-emergency responses (Code 1: normal)	<u>429</u>
4.	Total number of transports	<u>8,659</u>
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>8,232</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>427</u>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	<u>16</u>
	a) Automated	<u>16</u>
	b) Manual	<u>8</u>
6.	Number of EMT-Defibrillation providers	<u>16</u>
	a) Automated	<u>16</u>
	b) Manual	<u>0</u>

**Air Ambulance Services**

7.	Total number of responses	<u>439</u>
	a) Number of emergency responses	<u>420</u>
	b) Number of non-emergency responses	<u>19</u>
8.	Total number of transports	<u>348</u>
	a) Number of emergency (scene) responses	<u>329</u>
	b) Number of non-emergency responses	<u>19*</u>

\* CCT with ground ambulance due to weather

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

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1. BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
2. Early defibrillation responder	N/A	N/A	N/A	No Standard
3. Advanced life support responder	N/A	N/A	N/A	No Standard
4. Transport Ambulance	10 minutes	20 minutes	ASAP	N/A

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

EMS System: EL DORADO COUNTY EMS AGENCY  
 Reporting Year: 2006

**NOTE:** Table 6 is to be reported by agency.

**Trauma (Trauma Registry data on submissions thru November 30, 2004)**

Trauma patients:

a) Number of patients meeting trauma triage criteria	77
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>Data not reported</u>
c) Number of major trauma patients transferred to a trauma center	35
d) Number of patients meeting triage criteria who weren't treated at a trauma center	42

**Emergency Departments**

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

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	N/A
2. Number of base hospitals with written agreements	2

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

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2006

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

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Several sites countywide
  - b. How are they staffed? Volunteers
  - c. Do you have a supply system for supporting them for 72 hours?      yes \_\_\_ no X
  
- 2. CISD  
Do you have a CISD provider with 24 hour capability?      yes \_\_\_ no X
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability?      yes \_\_\_ no X
  - b. For each team, are they incorporated into your local response plan?      yes \_\_\_ no \_\_\_
  - c. Are they available for statewide response?      yes \_\_\_ no \_\_\_
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_ no \_\_\_
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no \_\_\_
  - b. At what HazMat level are they trained? **First Responder Operations**
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no \_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes X no \_\_\_

**OPERATIONS**

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

3. Have you tested your MCI Plan this year in a:
- a. real event? yes  no
  - b. exercise? yes  no
4. List all counties with which you have a written medical mutual aid agreement.  
**None.**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes  no
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes  no
7. Are you part of a multi-county EMS system for disaster response? yes  no
8. Are you a separate department or agency? yes  no
9. If not, to whom do you report? **Public Health Director**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Not applicable** yes  no

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> El Dorado County Regional Prehospital Emergency Services Operations Authority P.O. Box 741 Diamond Springs, CA 95619 (530) 642-0622		<b>Primary Contact:</b> Dan Francis, Executive Director			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS <u>223</u> EMT-D _____ LALS <u>104</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <b>Fire JPA</b>	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 16 (including reserve units)

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> California Tahoe Emergency Services Operations Authority P.O. Box 8917 South Lake Tahoe, CA 96151 (530) 510-8208			<b>Primary Contact:</b> Bryan Pond, Executive Director		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS <u>51</u> EMT-D _____ LALS <u>15</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <b>Fire JPA</b>	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5 (including reserve units)

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> North Tahoe Fire Protection District PO Box 5879 Tahoe City, CA 96145 (530) 583-6913			<b>Primary Contact:</b> Todd Conradson, Battalion Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS      _____ EMT-D _____ LALS <u>24</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> California Shock/Trauma Air Rescue (CALSTAR) 1901 Airport Rd., Suite 112 South Lake Tahoe, CA 96150 (530) 308-2434			<b>Primary Contact:</b> Tom Pandola, Program Manager		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS      _____ EMT-D _____ LALS      _____ ALS <u>  8  </u> Flight RN
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> California Highway Patrol (Air Operations) 2434 Lindbergh Street Auburn, CA 95602 (530) 823-4535			<b>Primary Contact:</b> Tom Muntz, Aerial Supervisor		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _____ BLS      _____ EMT-D _____ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

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

Revision #1 [2/16/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

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

<b>Training Institution Name</b>	El Dorado County Training Officers	<b>Contact Person telephone no.</b>	Brian Veerkamp, Deputy Chief
<b>Address</b>	1050 Wilson Blvd. El Dorado Hills, CA 95762		(916) 933-6623

<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>  Basic <u>\$125</u>  Refresher <u>\$50</u>	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: <u>125</u> Refresher: <u>150</u> Cont. Education <u>N/A</u> Expiration Date: <u>June 2006</u>  Number of courses: <u>14</u> Initial training: <u>6</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>
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<b>Training Institution Name</b>	El Dorado County Training Officers	<b>Contact Person telephone no.</b>	Brian Veerkamp, Deputy Chief
<b>Address</b>	1050 Wilson Blvd. El Dorado Hills, CA 95762		(916) 933-6623

<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>  Basic <u>\$10</u>  Refresher <u>\$10</u>	<b>**Program Level: First Responder</b> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>20</u> Cont. Education <u>N/A</u> Expiration Date: <u>June 2006</u>  Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education:      _____
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\* Open to general public or restricted to certain personnel only.

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

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

Revision #1 [2/16/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

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

<b>Training Institution Name</b>	Lake Tahoe Community College	<b>Contact Person telephone no.</b>	Virginia Boyer
<b>Address</b>	1 College Drive South Lake Tahoe, CA 96150		(530) 541-4660

<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>  Basic <u>\$144.50</u>  Refresher <u>\$46.75</u>	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>60</u> Cont. Education       _____
		Expiration Date: <u>Aug. 2008</u> Number of courses: <u>8</u> Initial training: <u>4</u> Refresher: <u>4</u> Cont. Education:     _____

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

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

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

Revision #1 [2/16/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

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

<b>Training Institution Name</b>	Barton Memorial Hospital	<b>Contact Person telephone no.</b>	Tamara Burns, Base Hospital Coord. (530) 543-5894
<b>Address</b>	2140 South Avenue South Lake Tahoe, CA 96150		

<b>Student Eligibility: *</b> Restricted to qualified RN's	<b>Cost of Program</b>  Basic <u>Varies</u>  Refresher <u>N/A</u>	<b>**Program Level: MICN</b> Number of students completing training per year: Initial training: <u>5</u> Refresher: <u>N/A</u> Cont. Education <u>N/A</u> Expiration Date: <u>8/08</u>  Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>   </u> Cont. Education: <u>   </u>
---	---	--

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

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

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

<b>Name, address &amp; telephone:</b> Barton Memorial Hospital 2170 South Avenue South Lake Tahoe, CA 96150 (530) 543-5894		<b>Primary Contact:</b> Tamara Burns, RN, Base Hospital Coordinator		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** N/A

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

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

<b>Name, address &amp; telephone:</b> Marshall Medical Center Marshall Way Placerville, CA 95667 (530) 626-2636		<b>Primary Contact:</b> Ben Housel, MD, Base Hospital Medical Director		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** <i>Application pending for Level III designation</i>

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

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

Revision #2 [9/14/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>	
CAL FIRE (California Department of Forestry) 2840 Mt. Dana Rd. Camino, CA 95709 (530) 647-2345		David Samaniego, Battalion Chief	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ 14 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

Revision #2 [9/14/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>	
South Lake Tahoe Police Department 1420 Johnson Blvd. South Lake Tahoe, CA 96150 (530) 542-6110		Leona Allen, Dispatch Supervisor	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ 7 EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

Revision #2 [9/14/95]

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 2006

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> Placer County Sheriffs Department 2501 North Lake Blvd. Tahoe City, CA 96145 (530) 581-6330		<b>Primary Contact:</b> Kelly Hernandez, Dispatch Supervisor	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ 14 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

## APPENDIX 1: System Assessment Form

### STANDARD: 1.03 Public Input

*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 describes throughout this document.*

### CURRENT STATUS: Meets Standard

While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and others. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC) which meets monthly. A taskforce representing all stakeholders was created in 2005 to review and update the County's Trauma Plan. Hospitals, EMS providers, OES, EMS Agency and Public Health are continually engaged in emergency preparedness activities including: improving hospital surge capacity, EOC operations, pandemic flu planning, mass prophylaxis, and a number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Meets current standard. The EMS Agency will evaluate the possible need to re-establish an Emergency Medical Care Committee (EMCC). Since membership on the EMCC requires appointment by the County Board of Supervisors, this may not fall within their current priorities. Aside from consumer at-large representation, the current Medical Advisory Committee largely fulfills this need currently.

### OBJECTIVE:

Contact board of Supervisors to discuss need for establishing an EMCC.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

**APPENDIX 1: System Assessment Form**

**STANDARD:** 1.09 Inventory of Resources

*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:** Meets standard

The EMS Agency has recently updated its inventories of EMS resources.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not required for this standard.

**NEED(S):**

Currently meets standard

**OBJECTIVE:**

Update inventories annually.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range plan (one year or less)

\_\_\_\_\_ Long-range plan (more than one year)

**APPENDIX 1: System Assessment Form**

**STANDARD:** 1.10 Special Populations

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

**CURRENT STATUS:** Meets standard

El Dorado County has a number of skilled nursing facilities and residential care facilities that frequently access the EMS system. We have identified these facilities and their locations. In addition, several of our providers have been identifying addresses in rural areas where it is known an individual with special needs (i.e., elderly, requires specialized medical equipment, etc.) resides.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard

**NEED(S):**

None at this time.

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range plan (one year or less)
- \_\_\_\_\_ Long-range plan (more than one year)

**APPENDIX 1: System Assessment Form**

**STANDARD:** 6.08 Reporting

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

**CURRENT STATUS:** Meets standard

The EMS Agency provides access to our annual EMS Plan update via our website ([http://www.co.el-dorado.ca.us/ems/EMS\\_Plan.htm](http://www.co.el-dorado.ca.us/ems/EMS_Plan.htm)). All providers and any other interested parties are notified when the update is posted for viewing. Currently the Agency does not report annually to the Board of Supervisors, however we do report on specific EMS issues as requested or required.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range plan (one year or less)
- \_\_\_\_\_ Long-range plan (more than one year)

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 3 - South Shore Area</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>California Tahoe Emergency Services Operations Authority since September 2001.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Exclusive. In March 2002 an Exclusive Operating Area (EOA) was established in CSA No. 3 – South Shore Area.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>ALS emergency ambulance</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>In March 2002 an EOA was established in CSA #3 upon selection of a contracted provider at the conclusion of an ALS Emergency Ambulance RFP and EMS Plan amendment approved by the State EMS Authority.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 3 - Tahoe West Shore Area (Meeks Bay area)</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA #3 – Tahoe West Shore Area since prior to 1990.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>CSA #3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay area) excluding South Lake Tahoe Area.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive – County reserves right to allow other ambulance to cross zones of responsibility if deemed necessary for most efficient response.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Non-exclusive – County reserves right to allow other ambulance to cross zones of responsibility if deemed necessary for most efficient response.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Not Applicable</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 7 - West Slope Area</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>El Dorado County Regional Prehospital Emergency Services Operations Authority (JPA) since 1996.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>CSA #7 – West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Not Applicable</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Not Applicable</p>

Departments Services Employment Board of Supervisors County Home

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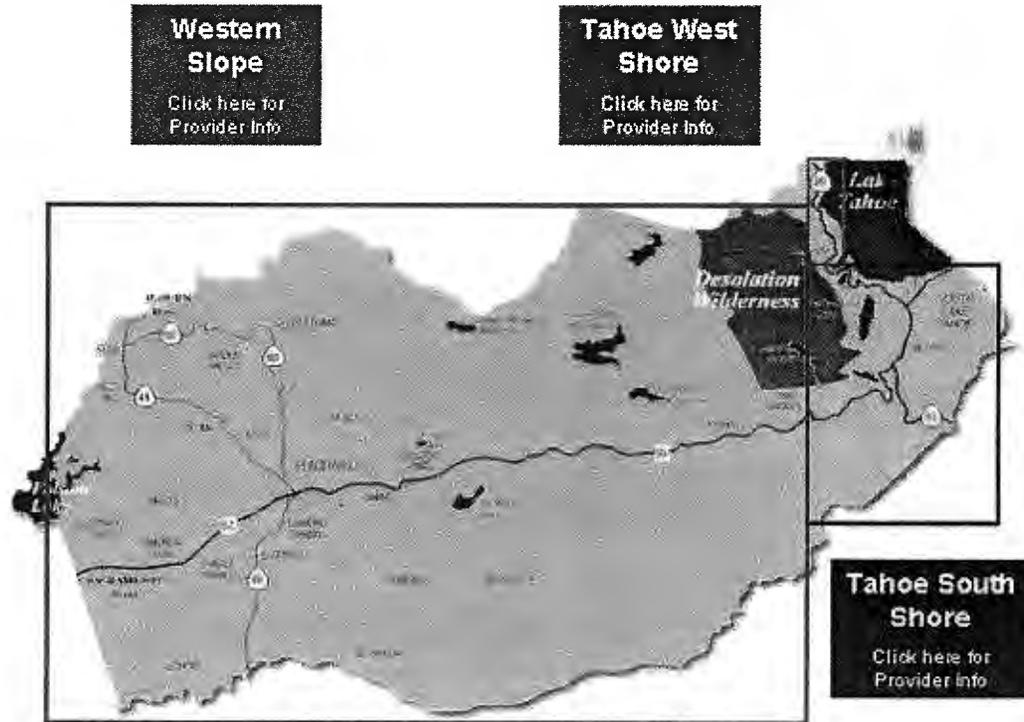
# Public Health - Emergency Medical Services

Animal Control Community Nursing Emergency Medical Services Health Services Public Health Home Public Health Preparedness

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## EMS Service Areas



**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



June 8, 2007

Miles Julihn, EMS Administrator  
El Dorado County EMS Agency  
415 Placerville Dr., Suite J  
Placerville, CA 95667

Dear Mr. Julihn:

We have completed our review of *El Dorado County's 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*.

Standard 1.22, Reporting of Abuse - In your 2000 EMS Plan your long-range goal was to develop a mechanism for reporting child and elder abuse. As per the Penal Code Sections 11165-11174.3 it is mandatory to report child abuse and per the Welfare and Institutions Code Sections 15600 and 15601 it is mandatory to report elder abuse.

Standard 2.07, Medical Control - In your 2000 EMS Plan you stated that your EMS agency does not have policies, procedures or guidelines that provide medical protocols for EMS first responders. Your long-range goal was to ensure that all EMS first responders operated under local medical direction policies. Please continue working on the completion of this standard.

Standard 4.13, Intercounty Response - In your 2000 EMS Plan your long-range goal was to develop agreements as required to assure comprehensive mutual aid response coverage and financial responsibilities. I encourage you to develop intercounty mutual aid agreements to fulfill this standard.

The EMS Authority has not received any description of progress for meeting the above standards since El Dorado County's 2000 EMS Plan. Please provide a progress report for each of the above standards in your next update.

Your annual update, utilizing the attached guidelines, will be due on June 8, 2008. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 322-4336, extension 423 or by email [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov).

Sincerely,

A handwritten signature in black ink that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D., F.A.C.E.P.  
Director

Enclosure