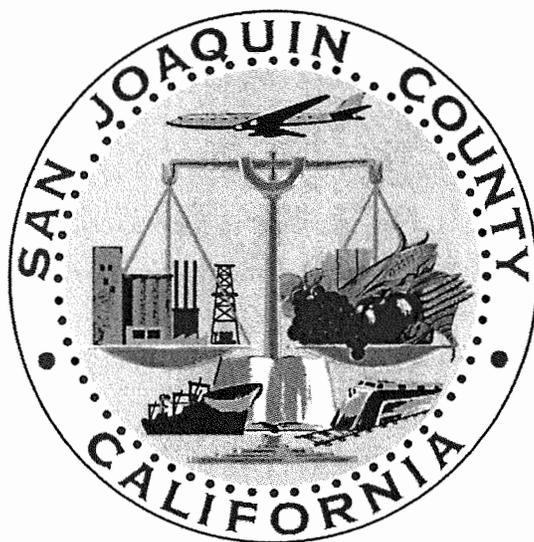

Emergency Medical Services Plan
Annual Plan Update



November 26, 2007

San Joaquin County Emergency Medical Services Agency
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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

In general, the EMS system for San Joaquin County is a stable system that provides efficient and timely prehospital emergency medical services to its residents and visitors through universal 9-1-1 access; exclusive operating ambulance providers; city first responder agencies; air ambulance providers; seven acute care hospitals located within the county; and tertiary medical centers located outside the county. With this in mind, there remain parts of the EMS system requiring both minor and major improvements.

The San Joaquin County EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. Areas targeted for major improvement in this plan update include:

Medical Dispatch: The County is currently in litigation regarding the provision of emergency medical dispatch by an unapproved dispatch provider operating outside of the EMS Agency's medical control.

Trauma System Planning: Long term trauma system planning including; modification to and of implementation the County's EMS Authority approved Trauma Plan; implementation of field triage protocols to assist in identifying patients who would benefit from direct transport to a tertiary medical center; and clarification of the roles and responsibilities of general acute care hospitals and tertiary medical centers serving San Joaquin County.

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

ASSESSMENT OF SYSTEM

Summary of System Status

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

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

System Organization and Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA		
1.03 Public Input		X	NA		
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X	NA		
1.06 Annual Plan Update		X	NA	X	
1.07 Trauma Planning		X			X
1.08 ALS Planning*		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations		X	X		X
1.11 System Participants		X	X		

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System Needs and Plan Objectives

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

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

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

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

System Finances

1.16 Funding Mechanism		X	NA	X	
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Medical Direction

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

Enhanced Level: Advanced Life Support

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

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X	NA		X
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X	NA		
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Staffing and Training

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

Dispatchers

2.04 Dispatch Training		X	X		
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First Responders (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X	NA		
2.07 Medical Control		X	NA		

Transporting Personnel

2.08 EMT-I Training		X	X		
---------------------	--	---	---	--	--

Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X			

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

Communications

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

Public Access

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

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

Response and Transportation

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

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	NA		

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

Enhanced Level: Exclusive Operating Permits

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

Facilities and Critical Care

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

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation		X	NA		
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Enhanced Level: Trauma Care System

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

Enhanced Level: Other Specialty Care Systems

5.13 Spc System Design	X		NA		
5.14 Public Input	X		NA		

Data Collection and System Evaluation

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

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
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Enhanced Level: Trauma Care System

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

Public Information and Education

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

Disaster Medical Response

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

Enhanced Level: Advanced Life Support

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

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X	NA		
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System Organization and Management

1.01 LOCAL EMS AGENCY (LEMSA) STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Agency is within the San Joaquin County Division of Health Care Services. The EMS agency is directly responsible to the Director of Health Care Services who in turn is responsible to both the County Administrator's Office and the Board of Supervisors. Agency staff is comprised of an EMS Administrator, Medical Director, EMS Specialist, Quality Improvement and Trauma Coordinator, Regional Disaster Medical/Health Specialist, Disaster Medical/Health Specialist, Litigation Consultant and Office Coordinator. Support service is provided by independent contractors and other County departments including: County Counsel, and County Administration.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.02 LOCAL EMS AGENCY (LEMSA) MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

In fulfilling these obligations the San Joaquin County EMS Agency has adopted the following mission statement: The San Joaquin County EMS Agency is to ensure the efficient and effective delivery of emergency medical services and disaster response for the citizens and visitors of San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency uses a variety of forums in which to solicit public and provider input including a monthly system status management meeting, bi-monthly liaison committee meeting, quarterly transportation committee meeting, and other forums for solicitation. In addition the agency maintains a website which allows for continual input and contact with the public and providers. Members of the general public are provided with the opportunity to comment on the EMS system by direct communication to the San Joaquin County EMS Agency and the San Joaquin County Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

Dr. Richard N. Buys, M.D. is the appointed EMS Agency Medical Director. Dr. Buys was the first EMS Agency Medical Director, appointed in 1984. Dr. Buys has served from 1984 - 1994 and 1998 to present.

Community physicians participate in the bi-monthly EMS Liaison and CQI council meetings.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

An annual update template is being developed in combination with the drafting of this EMS plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

San Joaquin County has a state approved Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To evaluate the effectiveness of the trauma plan.

OBJECTIVE:

To review the trauma plan and determine if changes are necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has access to all of the information required to meet the minimum standards in the form of licensed/certified personnel databases, on site provider files, real time access to provider data, and regional disaster information.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The EMS Agency participates with other county agencies in ensuring access to EMS services for special population groups. The EMS Agency participates in a multi-disciplinary team process including Public Health, Sheriff's Office, Health and Human Services, Probation, District Attorney's office and community organizations in developing strategies for serving special populations. In addition, the EMS Agency's exclusive operating emergency ambulance provider is required to provide monthly language classes (e.g. Spanish), other specialized training (e.g. geriatrics) and various educational programs in the community.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The roles and responsibilities of all EMS system participants, including dispatch, have been established through policy, protocols, and training standards. Written contracts are in place for each ambulance provider, base/receiving hospital, and EMS first response organizations.

San Joaquin County is currently divided into six exclusive operating areas served by four providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS system operations are reviewed in real time by utilizing access to provider and hospital status data in the EMS Agency office. Other aspects of the system are routinely reviewed and monitored through on-site visits and the review of reports, records, and patient care reports.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS system operations are coordinated through; written agreements with providers and facilities, policies and procedures, training standards, quality improvement programs and other mechanisms.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A policy and procedures manual has been developed and available on the San Joaquin County website, www.sjgov.org/ems. The EMS Agency is in the process of having the policy and procedures manual published in the form of a "pocket book".

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

The local EMS Agency needs to complete the process of having the policy and procedures manual published in the form of a "pocket book".

OBJECTIVE:

Complete the process of having the policy and procedures manual published in the form of a "pocket book".

TIME FRAME FOR MEETING OBJECTIVE:

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

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County EMS Agency receives funding from the following sources: provider fees and penalties, certification and accreditation fees, program approval fees, EMS Maddy Fund, grants, and a subsidy from the San Joaquin County Hospital Enterprise Account,

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Adjust fees if an analysis demonstrates that they are not sufficient to cover the costs of providing services.

OBJECTIVE:

Conduct a fee analysis to determine if current fees are appropriate for services rendered; continue to work with San Joaquin County Healthcare Services to identify secure funding services for EMS Agency

TIME FRAME FOR MEETING OBJECTIVE:

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

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Under the direction of Dr. Richard N. Buys, the EMS Agency establishes medical direction through; ordinances, policies, patient care protocols, contracts, agreements, requests for proposals, litigation, and correspondence. Online medical control is provided by one base hospital, San Joaquin County General Hospital, with 24 hour physician and mobile intensive care nurse availability.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

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

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The EMS Agency has established a Continuous Quality Improvement (CQI) program with identified roles and responsibilities for all system participants. All advanced life support providers are required to maintain an internal program monitored by the San Joaquin County EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Policies, protocols or policy statements have been issued regarding all of the minimum standards.

San Joaquin County EMS Agency's designated EMS dispatch center currently provides pre-arrival/post dispatch instructions in accordance with national standards. The County is in litigation with three cities regarding provision of non-compliant emergency medical dispatch (EMD) services.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Resolve provision of non-compliant EMD services.

OBJECTIVE:

Resolve provision of non-compliant EMD services through settlement with the cities or conclusion of litigation.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The local EMS Agency has established and implemented a policy regarding "Do Not Resuscitate (DNR)" situations. This policy establishes criteria for pre hospital emergency medical personnel to recognize and follow Do Not Resuscitate (DNR) Orders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The local EMS Agency has established and implemented a determination of death in the field policy.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws. Failure by an individual to report child abuse, elder abuse or a suspected SIDS death may result in disciplinary action by their employer and/or the local EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The local EMS medical director has established policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All providers of advanced life support services (ALS) in San Joaquin County have written agreements with the EMS agency. The San Joaquin County EMS Agency has established exclusive operating areas for the provision of emergency ambulance service at the ALS level.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

On-line medical control is provided by base hospital physicians and MICNs at San Joaquin General Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County currently has a State Authority approved trauma plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To evaluate the effectiveness of the trauma plan.

OBJECTIVE:

To review the trauma plan and determine if changes are necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County participated in an EMS for Children grant from the State EMS Authority the mid 1990s.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To ensure EMS system conformance with Emergency Medical Services for Children (EMS-C) standards.

OBJECTIVE:

To evaluate system needs and determine appropriate actions in meeting EMS-C standards.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.28 EXCLUSIVE OPERATING AREA (EOA) PLAN (12/1/06)

MINIMUM STANDARDS:

The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004 and was submitted as an amendment to the County's EMS Plan. Pursuant to a competitive process, a contract for exclusive emergency ambulance service was granted in Zone's A, B, and C, effective May 1, 2006. The County had previously entered into non-competitive (grandfathered) exclusive operating area agreements with ambulance providers servings Zones D, E, and F.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

Staffing and Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Personnel and training needs are assessed through review of data, meetings, and provider input within the Continuous Quality Improvement Program.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies are in place to approve, monitor and investigate EMS personnel training programs and continuing education providers to determine compliance.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has adopted policies for the certification/accreditation/authorizes of: MICN, Paramedics, EMT, and first responder.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The EMS Agency has established policy requiring emergency medical dispatch (EMD) personnel to be certified in EMD by the National Academies of Emergency Medical Dispatchers (NAED). NAED standards meet or exceed those standards established by the EMS Authority's Medical Dispatch Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

The San Joaquin County EMS Agency has adopted the forty hour national standard curriculum for first responders (emergency medical responders) as the minimum required level of training for all non-transporting EMS first responder organizations. Automatic external defibrillation is included in the national standard curriculum and is included in the EMS Agency's scope of practice for certified first responders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency encourages everyone to participate in the EMS system commensurate with their assigned role.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has established policies for medical control of the EMS system. Adherence to medical control standards is evaluated through the CQI process.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The EMS Agency has established the minimum staffing level on all emergency medical transport units as one EMT-I driver and one EMT-I attendant. The minimum staffing level for emergency ambulance service providers (e.g., 911 response) is one EMT-I driver and one paramedic attendant.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency requires all certification/accreditation/authorization applicants to be currently certified in CPR.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has established policies and procedures for authorizing MICNs which includes testing and orientation on EMS policies, procedures and radio communication techniques.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Development of a base hospital physician certification course.

OBJECTIVE:

Establish minimum requirements for certification of base hospital physicians.

TIME FRAME FOR MEETING OBJECTIVE:

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

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Communications

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The San Joaquin County EMS System utilizes a combination of VHF/UHF radio frequencies, cellular and land line telephone services, and amateur radio. The EMS Agency recently replaced UHF Med-Net infrastructure originally installed in the 1970's with state of the art digital equipment utilizing HRSA grant funds.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To thoroughly document the San Joaquin County EMS Communications Plan in the form of a written communications plan.

OBJECTIVE:

Develop a comprehensive EMS communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.03 INTER-FACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

This is currently accomplished in San Joaquin County through the use of cellular telephones and Med-Net frequencies for radio communication.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All emergency medical transport ambulances meet the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All general acute care hospitals in San Joaquin County regularly communicate utilizing BLAST phone and internet technology with auxiliary hospital to hospital communication conducted via amateur radio. Each general acute care hospital is capable of communicating with field personnel via UHF Med-Net radio.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

3.06 MULTI-CAUSALITY INCIDENTS (MCIs) and DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency's designated dispatch center has the capability to cross patch different radio frequencies to allow for inter agency communications in the event of multi-casualty incidents and disasters. All emergency ambulance provider vehicles are required to have the capability to communicate with all first responder organizations in the County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The San Joaquin County EMS Agency works closely with the County's 9-1-1 coordinator on planning and coordination of the 9-1-1 telephone system. Enhanced 9-1-1 service is available on all land line services throughout San Joaquin County. The EMS Agency continues to actively promote implementation of enhanced 9-1-1 with cellular and internet service providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency is working with the City of Stockton Fire department on a 9-1-1 public education campaign.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The local EMS Agency has established and implemented guidelines for proper dispatch triage and the appropriate medical response to emergency calls. The EMS Agency has established policies on the provision of emergency medical dispatch services (EMD). These policies require EMD service providers to meet national and state guidelines, which include the use of a standardized medical priority dispatch system approved by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All emergency ambulance service providers operate from a common dispatch center utilizing an integrated, county wide system status management plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

Response and Transportation

4.01 SERVICE AREA BOUNDARIES 12/1/06

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

San Joaquin County modified its ambulance ordinance addressing the establishment of emergency medical transport service areas in October 19, 2004, in order to implement the provisions of the County's EMS Transportation Plan, including new emergency medical transportation service areas. The County's EMS transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The County's ambulance ordinance, Exclusive operating ambulance provider agreements and the EMS Agency policies and procedures specify minimum standards and system operations. Compliance is monitored by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Agency requires medical requests to be classified and resources assigned according to a standardized written medical dispatch card system approved by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Prescheduled responses by EMS transport vehicles are provided at levels that permit compliance with local EMS policy.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

San Joaquin County EMS Agency has established county wide emergency ambulance response times that meet or exceed the recommended guidelines. The agency has not established response times for other medical responders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Agency has adopted policies ensuring that all emergency medical transport vehicles meet the current State and EMS agency policies regarding staffing and equipment in accordance with the level of service provided. The EMS Agency annually inspects ambulances to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The local EMS Agency utilizes public safety agencies as non-transporting first responders to medical calls throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- a) Authorization of aircraft to be utilized in prehospital patient care,
- b) Requesting of EMS aircraft,
- c) Dispatching of EMS aircraft,
- d) Determination of EMS aircraft patient destination,
- e) Orientation of pilots and medical flight crews to the local EMS system, and
- f) Addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The local EMS Agency has established and implemented policies regarding utilization of EMS aircraft in accordance with state regulations.

COORDINATION WITH OTHER EMS AGENCIES:

EMS aircraft services are shared with neighboring local EMS Agencies.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

County's designated emergency dispatch center, AMR Lifecom, is responsible for coordinating the use of EMS aircraft in San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

County ordinance requires EMS Aircraft providers to possess a current air ambulance permit issued by the EMS Agency. The EMS Agency has written agreements with EMS Aircraft providers based in the County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All terrain vehicles, boats and water rescue vehicles are maintained by San Joaquin County Sheriff's Office and many fire departments in the County. Appropriate specialty vehicles are available and respond as needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County has adopted the OES Region IV multi-casualty incident (MCI) plan which includes procedures for mobilizing ambulance resources.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.13 INTER-COUNTY RESPONSE 11/30/06

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Local EMS agency has inter-county agreements for responses of EMS vehicles and EMS personnel. No mutual aid agreements exist. Financial responsibilities for mutual aid have not been addressed.

COORDINATION WITH OTHER EMS AGENCIES:

'Continuation of call' agreements exist with other EMS agencies.

NEED(S):

Mutual aid plans that address financial responsibility for mutual aid responses.

OBJECTIVE:

Establish mutual aid agreements with neighboring local EMS agencies that address financial responsibility for mutual aid responses.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County has adopted the OES Region IV MCI plan for addressing medical management as a component of the ICS System.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.15 MULTI-CAUSALITY INCIDENTS (MCI) PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The local EMS Agency's disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.16 ALS STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has adopted policies specifying drug and equipment levels for ALS and BLS for ambulances and first responders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.18 COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County has adopted an ambulance ordinance governing ground and air ambulance transport providers. In addition, the Agency has formal written agreements with ALS ambulance transport providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. Pursuant to a competitive process a contract for exclusive emergency ambulance service was granted in Zone's A, B, and C, effective May 1, 2006.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.20 "GRANDFATHERING" 12/1/06

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Providers in Zones D, E, and F were granted exclusive market rights under the Grandfather Clause, pursuant to §1797.224 of the H&SC in 1994.

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. During the planning process, the EMS Agency conducted a review of the existing grandfathered zones and determined that the existing providers meet all requirements for non-competitive selection.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

4.21 COMPLIANCE 12/1/06

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The County's ambulance ordinance, EOA provider agreements and EMS Agency policies and procedures specify minimum standards and system operation. Compliance is monitored by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

4.22 EVALUATION 12/1/06

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. It was based on an extensive review of the ambulance response areas and resulted in the consolidation of some zones. The competitive process resulted in a grant of a single contract for emergency ambulances in the three competitively bid zones.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Prior to rebidding the zones A, B, and C (or granting an extension of the competitively bid contract), the EMS Agency needs to determine whether the three zones should be formally consolidated. In addition, the benefit of the three grandfathered zones (D, E, and F) needs to be re-evaluated.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The EMS Agency has written contract in place with all acute care facilities within the County. Revised base and receiving hospital agreements for the seven general acute care hospitals in the County are currently being developed. The EMS related capabilities of these facilities have been well established.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Finalize based and receiving hospital agreement revisions with the acute care hospitals in San Joaquin County.

OBJECTIVE:

Complete base hospital agreement revisions with San Joaquin General Hospital. Update existing receiving hospital agreement with all local acute care facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Prehospital triage protocols, transfer protocols and agreements are in place for the management of critical pediatric patients, neurologically injured patients, and high risk pregnancy and neonatal patients. Out of county transfer and direct transport agreements are in place with University of California Davis Medical Center (UCDMC) and Children's Hospital and Research Center of Oakland (CHO).

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Formal transfer agreements are in place with UCDCM and CHO for the care of critically injured pediatric patients. Patients requiring specialized services not available in San Joaquin County are routinely transferred by ground or air designated and non-designated specialty care centers in the Central Valley, Sacramento Valley, and bay area.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County routinely transports/transfers patients to specialty care facilities in Northern and Central California. San Joaquin County relies on the monitoring efforts of others LEMSAs to monitor the specialty care facilities in their jurisdictions and participates in joint quality improvement activities including trauma audit committees where appropriate.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Hospitals in San Joaquin County have implemented and operate in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Each acute care hospital has developed an evacuation plan. The EMS component of a hospital evacuation would be managed in accordance with the OES Region Four MCI Plan. Additionally, the EMS Agency has developed a system wide Long Term Care Facility Evacuation Plan that is currently being implemented by skilled nursing facilities throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A policy regarding base hospital designation has been established. San Joaquin General Hospital is the designated base hospital and disaster control facility for San Joaquin County. In 2005, St. Joseph's Medical Center and Dameron Hospital discontinued their participation in the EMS System as base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The EMS Agency has a state approved trauma plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To evaluate the effectiveness of the trauma plan.

OBJECTIVE:

To review the trauma plan and determine if changes are necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

The County Emergency Medical Services Liaison Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

San Joaquin County participated in an EMS for Children (EMS-C) grant from the State EMS Authority in the mid 1990s.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To ensure EMS system conformance with EMS-C standards.

OBJECTIVE:

The creation of an EMS-C program within the San Joaquin County EMS System based on the above recommended standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.11 EMERGENCY DEPARTMENTS (Pediatrics)

MINIMUM STANDARDS:

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

- a) Staffing,
- b) Training,
- c) Equipment,
- d) Identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) Quality assurance/quality improvement, and
- f) Data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

San Joaquin County participated in an EMS-C grant from the State EMS Authority the mid 1990s.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To ensure EMS system conformance with EMS-C standards.

OBJECTIVE:

The creation of an EMS-C program within the San Joaquin County EMS System based on the above recommended standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.12 PUBLIC INPUT (Pediatrics)

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency's Liaison Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding EMS-C development and the entire EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

No specialty care planning is currently being considered except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

5.14 PUBLIC INPUT (Specialty Care)

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

No specialty care planning is currently being considered except as otherwise noted in this plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

Data Collection and System Evaluation

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

A formal Continuous Quality Improvement (CQI) program exists in San Joaquin County. The EMS Agency has approved CQI plans for all advanced life support providers, the County's authorized dispatch center, and designated base hospital. The CQI Council meets regularly to address the total EMS system, providers, policies, procedures and protocols. Ongoing monitoring of system performance is conducted through prospective, concurrent, and retrospective quality improvement activities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Standardized clinical audits of prehospital care are currently being performed on select focus areas as determined by system performance measures. Clinical performance reports are reviewed by the CQI Council on a bi-monthly basis. System response standards are monitored on a monthly basis with public reports provided through the County's web page.

The EMS agency uses EMS Data Pro™ for EMS data management. The software is capable of linking prehospital, dispatch, emergency department, and discharge records. Additionally, American Medical Response utilizes the MEDs system for documentation. The agency has real time access to patient care records through the MEDs PCR database. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	[AMR, Manteca District Ambulance, Escalon Community Ambulance, Ripon Fire Consolidated, Stockton Fire Department, Tracy Fire Department, REACH Air Medical, MediFlight, AirMED(PHI), (monthly, and as requested)
Dispatch	AMR Lifecom (monthly, and as requested)
Emergency Department	San Joaquin County General, St. Joseph's, Dameron Memorial Hospital, Lodi Memorial Hospital, Sutter-Tracy Community Hospital, Doctor's Hospital Manteca, Kaiser Hospital Manteca (monthly)
In-Patient	Acute care facilities (as requested)
Discharge	Acute care facilities (as requested)

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has adopted policies regulated the provision of EMD Services by authorized providers. The County's authorized emergency medical dispatch center is an active participant in the CQI process and performance reports including information on the level of medical response are submitted to the EMS Agency for review on a monthly and quarterly basis. Since May 1, 2006, the City of Stockton has continued to operate an emergency medical dispatch center in violation of the EMS Transportation Plan. The County is currently engaged in litigation to enforce the provisions of the EMS Transportation Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Adherence to the EMS Transportation Plan by all EMS system participants.

OBJECTIVE:

To prevail in current litigation.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

San Joaquin County currently has a comprehensive, multi-function approach to EMS Quality Improvement. This process allows EMS agency to review local operations, policies, practices and the overall design and effectiveness of the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A mechanism for ensuring provider participation was established by the EMS Agency Policy No. 6620, Continuous Quality Improvement Process and EMS Policy No. 6630, Continuous Quality Improvement Council. Currently, all ALS providers based in San Joaquin County participate in the CQI program.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Inclusion of BLS first response providers into the EMS CQI Program.

OBJECTIVE:

Inclusion of BLS first response providers into the EMS CQI Program.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.08 REPORTING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Reports on the three zones with AMR as the exclusive operating ambulance are presented to the Board of Supervisors on a bi-monthly basis. Clinical quality evaluation reports are provided at the CQI Council meetings on a bi-monthly basis. The Board of Supervisors is kept abreast of overall system operations.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Prospective, concurrent and retrospective evaluation of ALS prehospital and base hospital performance is required of all system providers. Various performance indicators (selected by the CQI Council) are reported on monthly and quarterly. The agency's integrated data management system, EMS Data Pro™ includes prehospital, base hospital, and receiving hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The EMS Agency has a state approved Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

To evaluate the effectiveness of the trauma plan.

OBJECTIVE:

To review the trauma plan and determine if changes are necessary.

TIME FRAME FOR MEETING THE OBJECTIVE:

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

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

This objective is not applicable at this time as San Joaquin County does not have a designated trauma center.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

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Public Information and Education

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

- a) Understanding of EMS system design and operation,
- b) Proper access to the system,
- c) Self-help (e.g., CPR, first aid, etc.),
- d) Patient and consumer rights as they relate to the EMS system,
- e) Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) Appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Public education regarding the EMS system, access, self-help, consumer rights, prevention and emergency department utilization are provided by each hospital, prehospital providers, the San Joaquin County Health Department and local fire service agencies. EMS Agency regularly posts information for the public on the EMS Agency's website, www.sjgov.org/ems.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

EMS educational programs are provided by prehospital providers, AMR Lifecom dispatch center, and other public safety agencies. San Joaquin County requires and monitors such educational programs.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

San Joaquin County Office of Emergency Services works actively with community organizations to ensure public preparedness for disasters and other emergencies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

CPR and first-aid training is readily available through the American Red Cross and other providers. Information regarding training providers is available on the EMS Agency's website.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

Disaster Medical Response

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi Function Hazard Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi Function Hazard Plan.

COORDINATION WITH OTHER EMS AGENCIES:

MCI Plan updates are coordinated with other ten counties of OES Region IV.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All first response and ambulance personnel are currently trained to Haz-Mat Responder "Awareness Level" or higher.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

All of San Joaquin County's EMS plans, policies and procedures conform to SEMS and NEMS. Additionally, all emergency ambulance personnel are required to complete an eight hour operations course.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Distribution of patients is addressed in Manual II of the OES Region IV MCI Plan and used by the Patient Transportation Group Supervisor and Disaster Control Facility (DCF) to disperse patients during an MCI. Maps developed for OES Region IV and the EM resource software list each hospital's special capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

EMS Agency duty officer is available 24 hours a day, seven days a week by pager or 24 hour contact point and serves as the medical health operation area coordinator designee capable of fulfilling requests for medical mutual aid. Medical mutual aid exercises are conducted annually.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Providers and hospitals have increased resources and capabilities for responding to MCIs and disasters through the federally funded hospital preparedness program grants. San Joaquin County hosts an EMS Authority Disaster Medical Support unit which is available to respond 24 hour a day seven days a week as needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

8.09 DISASTER MEDICAL ASSISTANCE TEAM (DMAT)

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The local EMS Agency has established and maintains a relationship with DMATCA-11 at the State EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel. Day-to-day mutual-aid from neighboring providers is available as needed in accordance with OES Region IV MCI Plan, Manual III.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.11 CAUSALITY COLLECTION POINT (CCP) DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The current designated CCP is the Stockton Metropolitan Airport.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.12 ESTABLISHMENT OF CCPs

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Refer to 8.11

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

As previously discussed, all plans policies and procedures conform to SEMS and NEMS including the County's MCI plan. Furthermore, all EMS personnel have been trained in disaster response.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

An MCI exercise is conducted annually and involves all hospitals and providers in San Joaquin County. Each hospital is encouraged to draft plans consistent with the hospital incident command system.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The County's acute care facilities have a variety of communications systems available during emergencies, including; telephone, blast phone, mednet radio, email, EMResource software and amateur radio.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Refer to Section 8.1-8.15.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

8.17 ALS POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

When medical mutual aid requests processed through the Medical Health Operational Area Coordinator then responding ALS personnel are authorized to function in San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

N/A

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Medical Health Operational Area Coordinator has the authority waive exclusivity when obtaining medical mutual aid resources.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM RESOURCES AND OPERATIONS

Table 2 System Organization and Management

EMS System: San Joaquin County EMS Agency Reporting Year: 2007

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: San Joaquin

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

2. Type of agency B

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

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

a - Public Health Officer
b - Health Services Agency Director/Administrator
c - Board of Directors
d - Other: _____

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

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

5. EMS agency budget for FY: 2007

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$630,840
Contract Services	\$312,000
Operations (e.g. copying, postage, facilities)	\$347,604
Travel	\$8,996
Fixed assets	\$6,600
Indirect expenses (overhead)	\$54,000
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	NR
Dispatch center operations (non-staff)	\$0
Training program operations	\$0
TOTAL EXPENSES	<u>\$1,360,040</u>

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$106,363
Office of Traffic Safety (OTS)	\$0
State general fund	\$0
County general fund	\$0
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$72,000
Training program approval fees	\$80,000
Training program tuition/Average daily attendance funds (ADA), Job Training Partnership ACT (JTPA) funds or other payments	\$0
Base hospital application fees	\$0
Base hospital designation fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$0
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application or designation fees	\$0
Type: _____	
Ambulance service/vehicle fees	\$161,000
Contributions	\$0
EMS Fund (SB 12/612)	NR
Other (specify):	
A. HRSA Grant	\$397,700
B. County Hospital Enterprise Fund	\$542,997
TOTAL REVENUE	<u>\$1,360,040</u>

6. Fee structure for FY 2007

First responder certification	\$30
EMS dispatcher certification	n/a
EMT-I certification	\$30 + DOJ fee
EMT-I re-certification	\$30
EMT-D/AED accreditation	n/a
EMT-D/AED re-accreditation	n/a
EMT-II certification	n/a
EMT-II re-certification	n/a
EMT-P accreditation	\$100.00
EMT-P Re-accreditation	no charge
Mobile Intensive Care Nurse (MICN) authorization	\$100
MICN re-authorization	\$100
EMT-I training program approval	\$20,000
EMT-II training program approval	n/a
EMT-P training program approval	\$30,000
MICN training program approval	no charge
Base hospital application	no charge
Base hospital designation	no charge
Trauma center application	no charge
Trauma center designation	no charge
Pediatric facility approval	no charge
Pediatric facility designation	no charge
Other critical care center application or designation fees	none
Ambulance service permit/license	\$5,000 to \$103,950
BLS Ambulance Special Event Coverage	n/a
ALS Ambulance Special Event Coverage	n/a
Air Ambulance Authorization Fees (unit based in the county)	\$10,000
Air Ambulance Authorization Fees (unit based outside the county)	\$10,000
Documents and copying	actual cost
Other: _____	_____

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CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1FTE	\$48.32	32%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$30.98	32%	
Trauma Coord.	EMS QI/ Trauma Coordinator	1FTE	\$44.68	32%	
Med. Director	Medical Director	.2FTE	\$125.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE	\$30.98	32%	

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

Table 2- System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	EMS Analyst	1FTE (Vacant)	\$33.17	32%	
QA/QI Coordinator	See Trauma Coordinator				
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Office Technician Coordinator	1FTE		32%	
Data Entry Clerk					
Other	Litigation Consultant	.5 FTE		0%	

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

Table 3 Personnel/Training

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	839	0		77	NA
Number newly certified this year	81	0		2	NA
Number re-certified this year	269	0		17	NA
Total number of accredited personnel on July 1 of the reporting year			369		
Number of certification reviews resulting in:					
a) formal investigations	25			1	
b) probation	2		1		
c) suspensions	1				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken	21				

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Number of EMS dispatchers trained to EMSA standards: 2. Early Defibrillation: <ol style="list-style-type: none"> a) Number of EMT-I (defib) certified b) Number of public safety (defib) certified (non-EMT-I) 3. Do you have a first responder training program? | <p>Not currently tracked by EMSA</p> <p>All EMT-1</p> <p>All First Responders</p> <p>Yes</p> |
|---|--|

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Table 4 Communications

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2007

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

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

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Table 5 Response and Transportation

EMS System: San Joaquin County EMS Agency

Reporting Year: 2006

Transporting Agencies

1.	Number of exclusive operating areas	6
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	
3.	Total number responses	
a)	Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	47,767
b)	Number non-emergency responses (Code 1: normal)	18,869
4.	Total number of transports	
a)	Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	40,207
b)	Number of non-emergency transports (Code 1: normal)	18,860

Early Defibrillation Providers

5.	Number of public safety Defibrillation providers	
a)	Automated	?
b)	Manual	0
6.	Number of EMT-Defibrillation providers	
a)	Automated	19
b)	Manual	0

Air Ambulance Services

7.	Total number of responses	
a)	Number of emergency responses	343
b)	Number of non-emergency responses	176
8.	Total number of transports	
a)	Number of emergency (scene) responses	78
b)	Number of non-emergency responses	127

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.		URBAN	SUBURBAN	RURAL	WILDERNESS
1	BLS and CPR first responder	n/a	n/a	n/a	n/a
2.	AED first responder	n/a	n/a	n/a	n/a
3.	ALS responder	n/a	n/a	n/a	n/a
4.	ALS Ambulance	7:29 min	9:29 min	17:29 min	29:29 min

Table 6 Facilities and Critical Care

Trauma¹

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

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

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Table 7 Disaster Medical

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2007

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stockton Metropolitan Airport
 - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Medical Rescue Corp./CALMED, CALMAT, DMAT.
 - c. Do you have a supply system for supporting them for 72 hours? Pending

2. Critical Incident Stress Debriefing (CISD)

Do you have a CISD provider with 24 hour capability? N/A

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes
 - b. For each team, are they incorporated into your local response plan? Yes
 - c. Are they available for statewide response? No
 - d. Are they part of a formal out-of-state response system? No

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? No
 - b. At what HazMat level are they trained? No
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

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? 8

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. All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo.
-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

Table 8 Providers

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2007

American Medical Response 400 Fresno Avenue, Stockton, CA 95203			Primary Contact: Barry Elzig, Director of Operations (209) 948-5136		
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: FR = 0 EMT-I = 162 EMT-P = 135
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 checked="" type="checkbox"/> Other: Ambulance	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:

Bay Medic Transportation, Inc. 1485 Coventry Road, Concord, CA 94518			Primary Contact: Nesar Abdiani, Director of Operations (925) 689-9000		
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: FR = 0 EMT-I = 1 EMT-P = 3
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 1

Escalon Ambulance PO Box 212, Escalon, CA, 95320			Primary Contact: Michael Pitassi, Manager (209) 838-1351		
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: FR = 0 EMT-I = 20 EMT-P = 12
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 2

Manteca Ambulance PO Box 2, Manteca, CA 95336			Primary Contact: Bill Caldera, (209) 823-1032		
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: FR = 0 EMT-I = 18 EMT-P = 24
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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:

Ripon Ambulance/Fire Department 142 S. Stockton Street, Ripon, CA 95366			Primary Contact: Dennis Bitters, Fire Chief (209) 599-4209		
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: FR = 0 EMT-I = 22 EMT-P = 12
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" 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:

Air Methods/Medi Flight 1700 Coffee Road, Modesto, CA 9535			Primary Contact: Frank Erdman, (209) 572-7050		
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 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: FR = 0 EMT-I = 0 EMT-P = 0
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: _____	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:

PHI- Air Med Team 801D Airport Road, Modesto, CA 95354			Primary Contact: Graham Pierce, (209) 550-0881		
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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: FR = 0 EMT-I = 0 EMT-P = 8
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: _____	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:

REACH 451 Aviation Boulevard, Suite 201, Santa Rosa, CA 95403			Primary Contact: Michelle Shehan, (707) 974-0313		
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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: FR = 0 EMT-I = 0 EMT-P = 7
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: _____	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:

Table 9 Approved Training Programs

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

County: San Joaquin

Training Institution Name and Address		Contact Person and Telephone #
San Joaquin Delta Community College 5151 Pacific Avenue, Stockton, CA 95207		Mary Neville, Health Sciences Division (209) 954-5454
Student Eligibility: Open	Cost of Program: Basic: FR n/a EMT \$140.00 plus books Refresher: FR n/a EMT \$40.00	Program Level: National Standard First Responder Emergency Medical Technician-I Number of Students completing training per year: Initial Training: FR n/a EMT 120 Refresher: n/a 0 Continuing education: n/a n/a Expiration Date: n/a 12/31/07 Number of Courses: Initial training: n/a 2 Refresher: n/a 0 Continuing education n/a n/a

Sharpe Defense Logistic Depot
PO Box 960001, Stockton, CA 95269

Primary Contact: Chief John Mickelson, (209) 982-2671

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 type="checkbox"/> Transport <input checked="" 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: FR = 3 EMT-I = 34 EMT-P=0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Waterloo Morada Fire District 6925 East Foppiano Lane, Stockton, CA 95212			Primary Contact: Chief Jeff Angeli, (209) 931-3107		
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 type="checkbox"/> Transport <input checked="" 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: FR= 2 EMT-I = 3 EMT-P=0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Woodbridge Fire District PO Box 186, Woodbridge, CA 95258			Primary Contact: Chief Mike Kirkle, (209) 369-1945		
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 type="checkbox"/> Transport <input checked="" 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: FR = 4 EMT-I = 35 EMT-P= 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Montezuma Fire District 2405 S. B Street, Stockton, CA 95206			Primary Contact: Chief Ed Martel, (209) 464-5234		
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 type="checkbox"/> Transport <input checked="" 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: FR = 8 EMT-I = 10 EMT-P = 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Thornton Fire District 25999 N. Thornton Road, Thornton, CA 95686			Primary Contact: Chief Vince Tafuri, (209) 794-2460		
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 type="checkbox"/> Transport <input checked="" 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: FR = 1 EMT-I = 15 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Manteca Fire Department 1154 S. Union Road, Manteca, CA 95337			Primary Contact: Chief George Quaresma, (209) 239-8445		
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 type="checkbox"/> Transport <input checked="" 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: FR = 0 EMT-I = 47 EMT-P = 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Mokelumne Fire District PO Box 1357, Lockeford, CA 95237			Primary Contact: Chief Dan Leary, (209) 727-0564		
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 type="checkbox"/> Transport <input checked="" 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: FR = 0 EMT-I = 17 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Linden Peters Fire District 17725 E. Hwy 26, Linden, CA 95236			Primary Contact: Chief Vic Solari, (209) 887-3710		
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 type="checkbox"/> Transport <input checked="" 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: FR = 8 EMT-I = 15 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Lodi Fire Department 217 W. Elm Street, Lodi, CA 95240			Primary Contact: Chief Mike Pretz, (209) 333-6735		
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 type="checkbox"/> Transport <input checked="" 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: FR= 2 EMT-I = 48 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Lathrop-Manteca Fire District 800 J Street, Lathrop, CA 95330			Primary Contact: Chief Jim Monty, (209) 858-2331		
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 type="checkbox"/> Transport <input checked="" 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: FR= 0 EMT-I = 49 EMT-P = 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Liberty Fire District 24124 N. Bruella Road, Acampo CA 95220			Primary Contact: Chief Stan Seifert, (209) 339-1329		
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 type="checkbox"/> Transport <input checked="" 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: FR = 5 EMT-I = 5 EMT-P = 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Farmington Fire District PO Box 25, Farmington, CA 95230			Primary Contact: Chief Conni Bailey, (209) 886-5321		
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 type="checkbox"/> Transport <input checked="" 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: FR = 12 EMT-I = 3 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

French Camp McKinley Fire District PO Box 9, French Camp, CA 95231			Primary Contact: Chief Richard Rallios, (209) 982-0592		
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 type="checkbox"/> Transport <input checked="" 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: FR = 5 EMT-I = 4 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Collegeville Fire District 13225 E. Mariposa Road, Stockton, CA 95205			Primary Contact: Chief Dennis Faist, (209) 941-2339		
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 type="checkbox"/> Transport <input checked="" 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: FR = 2 EMT-I = 1 EMT-P = 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Escalon Fire District 1749 Coley Avenue, Escalon, CA 95320			Primary Contact: Chief Rick Mello, (209) 838-7500		
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 type="checkbox"/> Transport <input checked="" 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: FR = 3 EMT-I = 17 EMT-P = 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Tracy Fire Department 835 Central Avenue, Tracy, CA 95376			Primary Contact: Chief Chris Bosch, (209) 831-6700		
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 type="checkbox"/> Transport <input checked="" 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: FR = 0 EMT-I = 61 EMT-P = 15
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Clements Fire District PO Box 523, Clements, CA 95227			Primary Contact: Chief Dave Ingram, (209) 759-3371		
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 type="checkbox"/> Transport <input checked="" 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: FR = 3 EMT-I = 13 EMT-P = 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

San Andreas Ambulance PO Box 1115, San Andreas, CA 95249			Primary Contact: Dale Jones, (209) 854-3583		
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: FR = 0 EMT-I = 3 EMT-P = 0
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances:

Stockton Fire Department 425 N. El Dorado Street, Stockton, CA 95202			Primary Contact: Chief Ronald Hittle, (209) 937-8801		
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 type="checkbox"/> Transport <input checked="" 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: FR = 0 EMT-I = 137 EMT-P = 124
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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: 0

Priority One Medical Transport 740 S. Rochester Ave, Suite E, Ontario, CA 91761			Primary Contact: Kim Karras, General Manager (800) 600-2501		
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: FR = 0 EMT-I = 26 EMT-P = 2
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances:

Protransport-1, LLC 311 Professional Center Drive, Suite 150, Rohnert Park, CA 94928			Primary Contact: Dennis Robinson, Vice President (707) 586-4041		
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: FR =0 EMT-I = 22 EMT-P = 0
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances:

Training Institution Name and Address**Contact Person and Telephone #**

Emergency Medical Science Training Institute [EMSTI] 1801 E. March Lane, Stockton CA 95210		Craig Stroup, EMS Education Coordinator (209) 954-5151	
Student Eligibility: Open	Cost of Program: Basic: EMT \$1,250.00 plus books EMT-P \$9,850.00 plus books (Increasing to \$10,500.00 1/2008) plus books Refresher: EMT n/a	Program Level: Emergency Medical Technician-I, Paramedic	Number of Students completing training per year: Initial Training: EMT 20 Refresher: 0 Continuing education: n/a Expiration Date: 01/31/08
		Number of Courses: Initial training: 2 Refresher: 0 Continuing education n/a	

Training Institution Name and Address**Contact Person and Telephone #**

Ripon Consolidated Fire Department 142 S. Stockton Street, Ripon, CA 95366		Dennis Bitters, Fire Chief (209) 599-4209	
Student Eligibility:	Cost of Program: Basic: EMT \$495.00 Inclusive Refresher: 0	Program Level: EMT I	Number of Students completing training per year: Initial Training: EMT 35 Refresher: n/a Continuing education: n/a Expiration Date: 12/31/08
		Number of Courses: Initial training: 1 Refresher: 1 Continuing education: n/a	

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Table 10 Facilities

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

County: San Joaquin

Name, Address & telephone: San Joaquin General Hospital PO Box 1020, Stockton, CA 95201			Primary Contact: Karla Cunningham, Disaster Control Facility Supervisor (209) 468-6322	
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

Name, Address & telephone: Dameron Hospital 525 W. Acacia Street, Stockton, CA 95203			Primary Contact: Cheri Chirey, ED Manager (209) 461-3166	
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 type="checkbox"/> yes <input checked="" 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

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

County: San Joaquin

Name, Address & telephone: Doctors Hospital of Manteca 1205 E. North Street, Manteca, CA 95336			Primary Contact: Amy Villaroya, ED Manager (209) 239-8301	
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 type="checkbox"/> yes <input checked="" 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

Name, Address & telephone: Kaiser Permanente Hospital Manteca 1777 West Yosemite Avenue, Manteca, CA 95336			Primary Contact: Kelly Whalen, ED Manager (209) 825-3779	
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 type="checkbox"/> yes <input checked="" 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

County: San Joaquin

Name, Address & telephone: Lodi Memorial Hospital PO Box 3004, Lodi, CA 95241			Primary Contact: Kelly Stump, ED Department Director (209) 339-7657	
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 type="checkbox"/> yes <input checked="" 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

Name, Address & telephone: Saint Joseph's Medical Center PO Box 213008, Stockton, CA 95204			Primary Contact: Cheryl Heaney, ED Department Director (209) 467-6469	
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 type="checkbox"/> yes <input checked="" 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

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

County: San Joaquin

Name, Address & telephone: Sutter-Tracy Community Hospital 1420 Tracy Boulevard, Tracy CA 95376			Primary Contact: Denise Drewry, Emergency and Employee Health (209) 833-2448	
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 type="checkbox"/> yes <input checked="" 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

Table 1 Dispatch Agencies

EMS System: San Joaquin County EMS Agency

Reporting Year: 2007

County: San Joaquin

American Medical Response, LIFECOM Dispatch Center (Secondary PSAP) 4701 Stoddard Road, Modesto, CA 95356			Primary Contact: Steve Anderson, Communications Director (209) 239-8300	
Written Contract: <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: EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (public safety) _____	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	

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DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq.

Pursuant to section 1797.103 of the California Health and Safety Code, in 1995 San Joaquin County EMS Agency developed an EMS Plan for its jurisdiction. The purpose of the plan was to evaluate, organize, manage and plan for future EMS activities within the San Joaquin County EMS system. Section 1797.254 of the California Health and Safety Code calls for local EMS agencies to submit EMS Plan updates annually.

This EMS Plan update was developed by the staff of the local EMS Agency utilizing current statistics and is an accurate reflection of the San Joaquin County EMS System by which evaluation, organization, management and planning over the next five years may be accomplished.

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07 NOV 28 PM 12: 25

San Joaquin County Emergency Medical Services Agency
 Emergency Medical Services Plan Update
 7 December 2005

**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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone A
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (11 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Lodi area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.

San Joaquin County Emergency Medical Services Agency
 Emergency Medical Services Plan Update
 7 December 2005

**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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone B
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (11 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Stockton area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.

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**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>Local EMS Agency or County Name:</p> <p align="center">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Zone C</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p align="center">American Medical Response (11 Years). Exclusive effective May 1, 2006</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Greater Tracy area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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 align="center">Emergency ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.</p>

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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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone D
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Manteca District Ambulance Services (53 years)
Area or subarea (Zone) Geographic Description: Greater Manteca and Lathrop areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.

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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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone E
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Ripon Fire Protection District (30 years)
Area or subarea (Zone) Geographic Description: Greater Ripon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

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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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone F
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Escalon Community Ambulance (43 years)
Area or subarea (Zone) Geographic Description: Greater Escalon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



January 29, 2008

Dan Burch
San Joaquin County EMS Agency
P.O. Box 1020
Stockton, CA 95201

Dear Mr. Burch:

We have completed our review of *San Joaquin County's 2006 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*.

Standards 1.27 and 5.10: Pediatric Emergency Medical and Critical Care System and System Design – While these are enhanced level standards, please continue working towards the implementation of a comprehensive pediatric emergency medical and critical care system plan for San Joaquin County.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,


Daniel R. Smiley
Interim Director

DS:ss