

EL DORADO COUNTY
EMS PLAN UPDATE



June 2008

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.03	Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and others. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC) which meets monthly. A taskforce was created in 2005 to review and update the County's Trauma Plan. Hospitals, EMS Providers, OES, EMS Agency and Public health are continually engaged in emergency preparedness activities including: improving hospital surge capacity, EOC operations, pandemic flu planning, mass prophylaxis, and number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts	Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.
1.09	Each local EMS agency shall develop a detailed inventory of EMS resources (E.G., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The EMS Agency has recently updated its inventories of EMS resources.	Collect and update the resource inventory annually.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.10	Each local EMS agency shall identify population groups served by the EMS system which require specialized service (e.g., elderly, handicapped, children, non-english speakers).		<input type="checkbox"/>		El Dorado County has a number of skilled nursing facilities and residential care facilities that frequently access the EMS system. We have identified these facilities and their locations. In addition, several of our providers have been identifying addresses in rural areas where it is known an individual which special needs (i.e., elderly, requires specialized medical equipment, etc.) resides.	Assure that population groups that require special needs are identified and appropriate services provided by the EMS system are in place and available to these groups.
1.22	Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.		<input type="checkbox"/>		To assist our EMS providers in complying with the State reporting requirements, we have placed reporting procedures and a copy of the CPS and APS report forms on the EMS Agency website. A formal policy on this should be forthcoming at the next policy review and implementation period. A formal mechanism for reporting suspected SIDS deaths has been implemented.	Finalize a formal policy on child and elder abuse.
2.07	Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The EMS Agency does not have policies, procedures, or guidelines that provide medical protocols for EMS first responders. Monitoring and evaluation of first responder efforts are limited.	Ensure that all non-transporting EMS first responders operate under local medical direction policies.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	The local EMS agency shall develop agreements permitting intercounty resonance of emergency medical transport vehicles and EMS personnel.				The EMS Agency does not currently have intercounty mutual aid agreements.	Develop agreements as required to assure comprehensive mutual aid response coverage and financial responsibilities.
6.08	The local EMS Agency shall, as 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).				The EMS Agency provides access to our annual EMS Plan update via our website (http://www.co.el-dorado.ca.us/ems/EMS_Plan.htm). All providers and any other interested parties are notified when the update is posted for viewing. Currently the Agency does not report annually to Board of Supervisors, however we do report on specific EMS issues as requested or required.	Utilize the annual update of the EMS Plan as the annual report to the Board of Supervisors and other interested parties.

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APPENDIX 1: System Assessment Form

Agency Administration

Standard:

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

Current Status:

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

Coordination with other EMS Agencies:

Not applicable to this standard.

Need(s):

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

Objective 1.03:

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

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

Planning Activities

Standard:

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

Current Status:

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

Coordination with other EMS Agencies:

Not required for this standard.

Need(s):

Meets Standard

Objective 1.09:

Collect and update the resource inventory annually.

Time Frame for Meeting Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

Planning Activities

Standard:

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

Recommended Guideline:

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

Current Status:

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

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 1.10:

Assure that population groups that require special needs are identified and appropriate services provided by the EMS system are in place and available to these groups..

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

Medical Direction

Standard:

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

Current Status:

To assist our EMS providers in complying with the State reporting requirements, we have placed reporting procedures and a copy of the CPS and APS report forms on the EMS Agency website. A formal policy on this should be forthcoming at the next policy review and implementation period. A formal mechanism for reporting suspected SIDS deaths has been implemented.

Coordination with other EMS Agencies:

Not applicable to this standard

Need(s):

Meets Standard.

Objective 1.22:

Finalize a formal policy on child and elder abuse.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

First Responders (non-transporting)

Standard:

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

Current Status:

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

Coordination with other EMS Agencies:

Not applicable to this Standard

Need(s):

To meet this Standard, the Agency will continue to work toward developing and implementing a medical direction policy for non-transporting EMS first responders.

Objective 2.07:

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

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

Response and Transportation

Standard:

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

Recommended Guideline:

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

Current Status:

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

Coordination with other EMS Agencies:

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

Need(s):

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

Objective 4.13:

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

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

APPENDIX 1: System Assessment Form

Data Collection and System Evaluation

Standard:

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

Current Status:

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

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 6.08:

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

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: EL DORADO COUNTY EMS AGENCY
 Reporting Year: 2008

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

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

County: EL DORADO

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

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

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

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

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

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

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

5. EMS agency budget for FY 07/08

EXPENSES

Salaries and benefits (All but contract personnel)	\$452,630
Contract Services (e.g. medical director)	0
Operations (e.g. copying, postage, facilities)	\$115,378
Travel	\$3,600
Fixed assets	\$4,800
Indirect expenses (overhead)	\$68,306
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	\$173,742
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$818,456

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

SOURCES OF REVENUE

Special project grant(s) from EMSA	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$638,880
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	\$5,834
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	Incl. above
Contributions	_____
EMS Fund (SB 12/612)	\$173,742
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$818,456

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

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

Fee structure for FY 07-08

We do not charge any fees

Our fee structure is:

First responder certification	10.00
EMS dispatcher certification	N/A
EMT-I certification	10.00
EMT-I recertification	10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	10.00
MICN/ARN recertification	10.00
EMT-I training program approval	0
EMT-II training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	10,366
Trauma center designation	TBD
Pediatric facility approval	N/A
Pediatric facility designation	N/A

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license N/A

Ambulance vehicle permits N/A

Other: _____ _____

Other: _____ _____

Other: _____ _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08.

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting year: 2008

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$40.38	31.5%	Incumbent paid as contractor w/ no benefits at higher hourly rate
Asst. Admin. /Admin. Asst. /Admin. Mgr.	EMS Agency Assistant Administrator	1.0	\$31.74	30.0%	
ALS Coord. /Field Coord. / Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$65.49	25.1%	Incumbent paid as contractor w/ no benefits at higher hourly rate
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

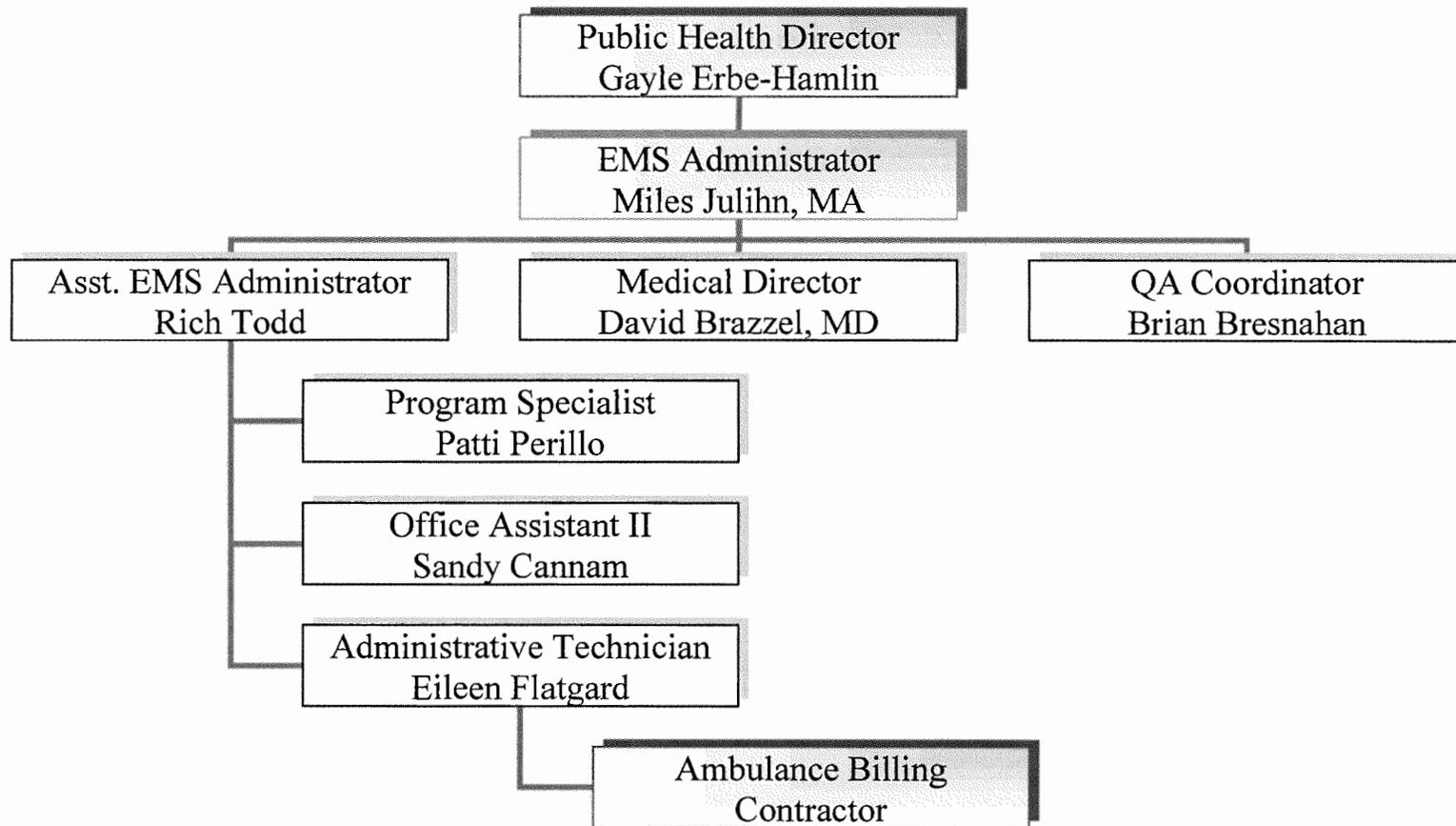
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$23.12	46.0%	
QA/QI Coordinator	QA Coordinator	0.5	\$28.30	42.1%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Office Assistant II	1.0	\$14.76	42.3%	
Data Entry Clerk	N/A				
Other	Administrative Technician	1.0	\$25.71	42.1%	

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

El Dorado County Public Health Department Emergency Medical Services Agency



El Dorado County Organization Chart

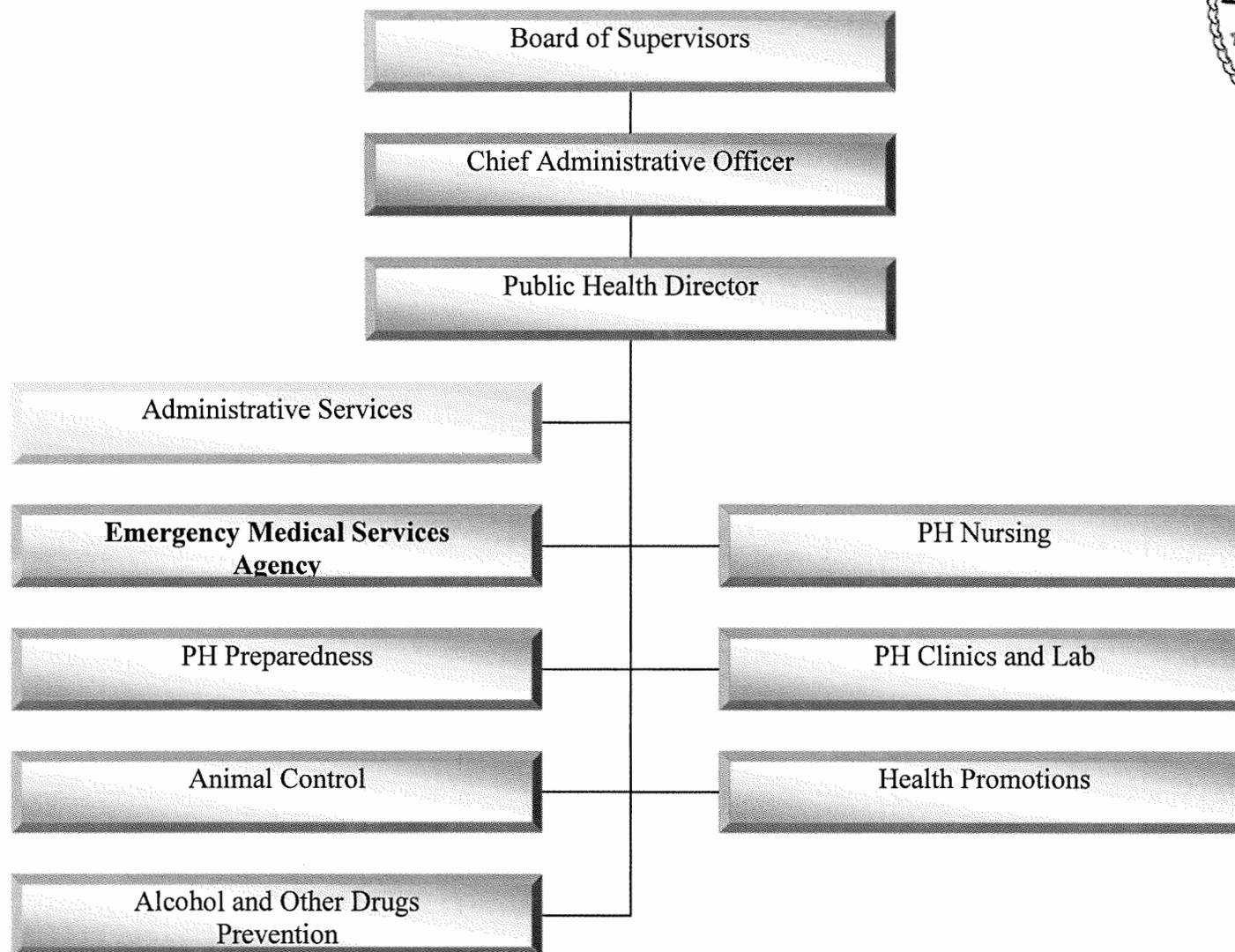


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

Revision #4 (2/16/95)

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 2008

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-Ps	MICNs	EMS Dispatchers
Total Certified/Accredited	450	N/A	98	18	21
Number newly certified this year	79	N/A	N/A	9	
Number recertified this year	371	N/A	N/A	9	
Total number of accredited personnel on July 1 of the reporting year			98		
Number of certification reviews resulting in:					
a) formal investigations		N/A	0	0	0
b) probation		N/A	0	0	0
c) suspensions		N/A	0	0	0
d) revocations		N/A	0	0	0
e) denials		N/A	0	0	0
f) denials of renewal		N/A	0	0	0
g) no action taken		N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 21
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 450
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

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

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

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 2008

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 2008

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|-------------|
| a) Number of patients meeting trauma triage criteria | 646 Approx. |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | 282 Approx. |
| c) Number of major trauma patients transferred to a trauma center | 23 Approx. |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | 341 Approx. |

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites countywide
 - b. How are they staffed? Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? yes ___ no X

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes ___ no X

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

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no ___
 - b. At what HazMat level are they trained? **First Responder Operations**
 - c. Do you have the ability to do decontamination in an emergency room? yes X no ___
 - d. Do you have the ability to do decontamination in the field? yes X no ___

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no ___

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

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

Student Eligibility: * Open to public	Cost of Program Basic <u>\$125</u> Refresher <u>\$50</u>	**Program Level: EMT-I Number of students completing training per year: Initial training: <u>125</u> Refresher: <u>150</u> Cont. Education <u>150</u> Expiration Date: August 2012 Number of courses: <u>14</u> Initial training: <u>6</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>
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Training Institution Name	El Dorado County Training Officers	Contact Person telephone no.	Brian Veerkamp, Deputy Chief
Address	1050 Wilson Blvd. El Dorado Hills, CA 95762		(916) 933-6623

Student Eligibility: * Open to public	Cost of Program Basic <u>\$10</u> Refresher <u>\$10</u>	**Program Level: First Responder Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>20</u> Cont. Education <u>N/A</u> Expiration Date: <u>August 2012</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>
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* Open to general public or restricted to certain personnel only.

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

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

Student Eligibility: * Open to public	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: <u>130</u> Refresher: <u>60</u> Cont. Education <u>N/A</u> Expiration Date: <u>Aug. 2012</u> Number of courses: <u>8</u> Initial training: <u>4</u> Refresher: <u>4</u> Cont. Education: <u>N/A</u>
	Basic <u>\$110.00</u> Refresher <u>\$35.75</u>	

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

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

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 2008

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

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

Departments Services Employment Board of Supervisors County Home

Search Go



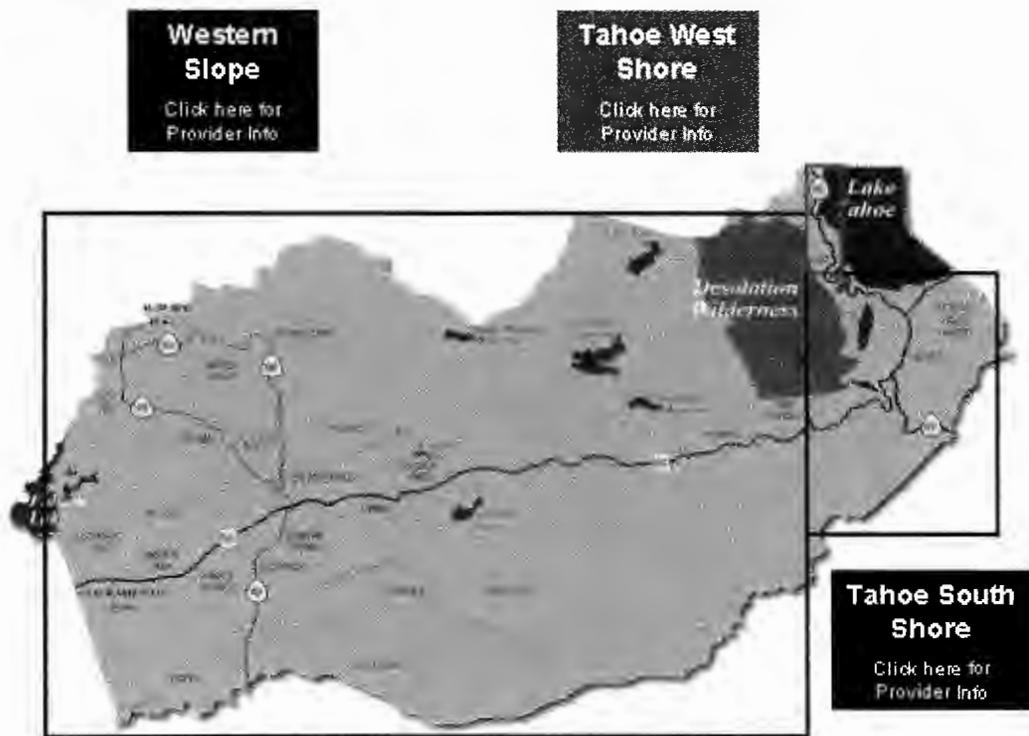
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- [EMS Plan](#)
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- [EMT-P Accreditation](#)
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EMS Service Areas



EMERGENCY MEDICAL SERVICES AUTHORITY

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



January 7, 2009

Richard W. Todd, EMS Administrator
El Dorado County EMS Agency
415 Placerville Dr., Suite J
Placerville, CA 95667

Dear Mr. Todd:

We have completed our review of *El Dorado County's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standard 2.07, Medical Control - In your 2006 EMS Plan update you stated that your EMS agency does not have policies, procedures or guidelines that provide medical protocols for EMS first responders. Your long-range goal was to ensure that all EMS first responders operated under local medical direction policies. Please provide your progress for meeting this standard in your next annual update.

Standard 4.13, Intercounty Response - In your 2006 EMS Plan update your long-range goal was to develop agreements as required to assure comprehensive mutual aid response coverage and financial responsibilities. Please provide your progress for meeting this standard in your next annual update.

Your annual update will be due on January 7, 2010. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 322-4336, extension 423 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss