

LEMSA:

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.27	Pediatric System Plan	☐	☐	☑	Imperial County EMS continues to work with local hospitals to address the needs of the pediatric population. Have established an agreement and protocol in the Imperial county with the I.C Department of Social Services regarding the Safely Surrender Baby Law. Have and agreement with Rady Children's Hospital of San Diego for Pediatric Trauma by Airship.	A pediatric care needs assessment, including care and transfer will be completed in the next eighteen months.
5.1	Pediatric System Design	☐	☑	☐	Imperial County EMS continues to work with local hospitals to address the needs of the pediatric population.	Pediatric System Design will be completed and reviewed in the following 12 months.
2.1	Advanced Life Support	☐	☐	☐	Emergency Department staff have attended ACLS courses. Imperial County EMS has established and agreement with Reach Air for ALS transport from our local hospitals.	EMS Agency will continue to support all emergency department physicians and RNs to be certified in ACLS.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.08	9-1-1 Public Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Imperial County EMS has initiated a community outreach program. Community and social organizations are presented an overview of emergency communications, disaster preparedness, and medical volunteer recruitment. Have now increased our Medical Reserve Corps Volunteer membership to 230 active volunteers.	Continue with community outreach program, educate the public about the use of 9-1-1.
4.05	Response Time Standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transport providers have response time standards, first responder agencies do meet internal guidelines for response and generally arrive prior to transport provider. An additional ALS unit is located in the city of Calipatria which will in turn reduce response time to the Northern part of the Imperial County. Gold Cross Ambulance now serves the Calipatria area.	EMS Agency will conduct survey of appropriate response expectations for first responder agencies within wilderness, rural, suburban and urban settings.
8.08	Inventory of Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disaster resources are located at various staging points within the county.	EMS Agency will consolidate resources in an available list to EOC and EMSA.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-9.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Imperial County
 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: Imperial

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

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 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) | <u>x</u> |
| Designation of trauma centers/trauma care system planning | <u>x</u> |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | _____ |
| Development of transfer agreements | _____ |
| Enforcement of local ambulance ordinance | <u>x</u> |
| Enforcement of ambulance service contracts | <u>x</u> |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2008
EXPENSES

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

TOTAL EXPENSES \$

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	<u>0</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>0</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>1,640</u>
Training program approval fees	<u>6,120</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>0</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	<u>0</u>
Type: _____	
Other critical care center designation fees	<u> </u>
Type: _____	
Ambulance service/vehicle fees	<u>0</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>0</u>
Other grants: <u>CDC Preparedness 2008-09</u>	<u>219,484</u>
Other fees: <u>HPP</u>	<u>50,000</u>
Other (specify): <u>Pandemic Influenza</u>	<u>106,409</u>
TOTAL REVENUE	\$ <u>383,653</u>

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

Table 2 - System Organization & Management (cont.)

EMS System: Imperial County

Reporting year 2008

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1	38.00	39%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Injury Prevention Coordinator	1	24.88	39%	
Trauma Coordinator					
Medical Director	EMS Medical Director	.15	71.00		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Office Technician	1	16.76	39%	
Other Clerical					
Data Entry Clerk					
Other					

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 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Imperial County

Reporting Year: 2008

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	224	3		18
Number newly certified this year	34	0	22	0
Number recertified this year	78	0	0	4
Total number of accredited personnel on July 1 of the reporting year	224	3	110	0
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0		
c) suspensions	0	0		
d) revocations	0	0	0	0
e) denials	1	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 0
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 19
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Imperial County

County: Imperial

Reporting Year: 2008

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

1. Number of primary Public Service Answering Points (PSAP) 5
2. Number of secondary PSAPs 2
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 No
 - a. Radio primary frequency 800 mhrtz
 - b. Other methods Satellite phones and Reddinet
 - 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?
Imperial County Sheriff's Office Dispatch
7. Who is your primary dispatch agency for a disaster? El Centro Police Dispatch

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Imperial County

Reporting Year: 2008

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 13

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				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance	10	30	60	

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

EMS System: Imperial County

Reporting Year: 2008

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>187</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>187</u>
c) Number of major trauma patients transferred to a trauma center	<u>37</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>2</u>
a) Number of referral emergency services	<u> </u>
b) Number of standby emergency services	<u> </u>
c) Number of basic emergency services	<u> </u>
d) Number of comprehensive emergency services	<u>2</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>2</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Imperial County

County: Imperial

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? Local School Gymnasiums and Cafeterias _____
 - b. How are they staffed? Imperial County Medical Reserve Corps _____
 - c. Do you have a supply system for supporting them for 72 hours? yes x no _____

2. CISD
Do you have a CISD provider with 24 hour capability? yes x no _____

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes x no _____
 - b. At what HazMat level are they trained? _____
 - 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? 12

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Imperial County

County: Imperial

Reporting Year: 2008

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

Training Institution Name Imperial Valley College
Address 380 E. Aten Rd.
Imperial, CA. 922251

Contact Person telephone no. Rick Goldsberry (760) 355-6275

Student Eligibility: *	Cost of Program	**Program Level: <u>Emergency Medical Technician</u> Number of students completing training per year: Initial training: <u>70</u> Refresher: <u>22</u> Cont. Education <u>122</u> Expiration Date: _____ Number of courses: <u>8</u> Initial training: <u>4</u> Refresher: <u>2</u> Cont. Education: <u>2</u>
	Basic <u>20.00/unit</u> Refresher <u>20.00/unit</u>	

Training Institution Name Imperial Valley College
Address 380 E. Aten Rd.
Imperial, CA. 922251

Contact Person telephone no. Rick Goldsberry (760) 355-6275

Student Eligibility: *	Cost of Program	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: <u>15</u> Refresher: _____ Cont. Education <u>15</u> Expiration Date: _____ Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____
	Basic <u>20.00</u> Refresher <u>20.00</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

EMS System: Imperial County

County: Imperial

Reporting Year: 2008

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

Name, address & telephone: Calexico Police Dispatch, 420 E. 5 th St., Calexico, CA., 92231		Primary Contact: Pete Mercado (760) 768-2155													
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">EMD Training</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">EMT-D</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">ALS</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">BLS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">LALS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Other</td> </tr> </table>	8	EMD Training	_____	EMT-D	_____	ALS	8	BLS	_____	LALS	_____	Other
8	EMD Training	_____	EMT-D	_____	ALS										
8	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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal												

Name, address & telephone: Gold Cross Ambulance, P.O. Box 1834, El Centro, CA., 92231		Primary Contact: John Goodall (760) 353-5380													
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">EMD Training</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">EMT-D</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">ALS</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">BLS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">LALS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Other</td> </tr> </table>	0	EMD Training	_____	EMT-D	_____	ALS	_____	BLS	_____	LALS	_____	Other
0	EMD Training	_____	EMT-D	_____	ALS										
_____	BLS	_____	LALS	_____	Other										
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Private</u> <u>Ambulance</u>	If public: <input 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

EMS System: Imperial County

County: Imperial

Reporting Year: 2008

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

Name, address & telephone: California Highway Patrol, 2331 Highway 86, Imperial, CA 92251		Primary Contact: Capt. Ron Jones (760) 482-2500	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u> 0 </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> 8 </u> BLS <u> </u> LALS <u> </u> 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Brawley Police Dispatch, 351 Main St., Brawley, CA., 92227		Primary Contact: Regina Kim (760) 344-2111 ext. 7760	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u> 6 </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> 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: <u>Private</u> <u>Ambulance</u>	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

EMS System: Imperial County

County: Imperial

Reporting Year: 2008

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

Name, address & telephone:		Primary Contact:													
Imperial County Sheriff's Office, 328 Applestill Rd., El Centro, CA., 92243		Anna King (760) 339-6301													
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>8</u></td> <td style="text-align: center;">EMD Training</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">EMT-D</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">ALS</td> </tr> <tr> <td style="text-align: center;"><u>8</u></td> <td style="text-align: center;">BLS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">LALS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Other</td> </tr> </table>	<u>8</u>	EMD Training	_____	EMT-D	_____	ALS	<u>8</u>	BLS	_____	LALS	_____	Other
<u>8</u>	EMD Training	_____	EMT-D	_____	ALS										
<u>8</u>	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												

Name, address & telephone:		Primary Contact:													
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>6</u></td> <td style="text-align: center;">EMD Training</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">EMT-D</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">ALS</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">BLS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">LALS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Other</td> </tr> </table>	<u>6</u>	EMD Training	_____	EMT-D	_____	ALS	_____	BLS	_____	LALS	_____	Other
<u>6</u>	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: <u>Private</u> <u>Ambulance</u>	If public: <input checked="" type="checkbox"/> city; <input 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.

Local EMS Agency or County Name:

Imperial County EMS Agency

Area or subarea (Zone) Name or Title:

Zone 1 Ambulance District

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Gold Cross Ambulance

Area or subarea (Zone) Geographic Description: Zone I Ambulance District

From the San Diego County line east along the Baja Mexico border to the point where a line drawn north meets Highway 98 at No. Mirage, then east from No. Mirage along an imaginary line drawn through Heber Ave. and continues east to where the line meets with Interstate 8, then follow I-8 to Gordon's Well. North from Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the border of the Chocolate Mountain Live Bombing Range, and following the eastern border of the Live Bombing Range to the Riverside County line. West along the Riverside County line to the Salton Sea, then south along the eastern and southern shoreline of the Salton Sea, to a point where a line drawn from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line. South from Highway 78 along the San Diego County line to the border of Baja Mexico.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive Operations Area

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.).

All calls requiring emergency ambulance service to include 911 and interfacility transports with combination ALS/BLS.

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.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Grandfathered: Schaefer's Gold Cross Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone I Ambulance District since 1974.

**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: Imperial County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 Ambulance District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Calexico Fire Department (36 years)</p>
<p>Area or subarea (Zone) Geographic Description: Zone 2 Ambulance District</p> <p>Starting point – on the Baja Mexico border at the point where a line drawn north meets Highway 98 at No. Mirage, then east from No. Mirage along an imaginary line drawn through Heber Ave., Heber and continues east to where the line meets with Interstate 8, then follows I-8 to Gordon’s Well. South from Gordon’s Well to the border of Baja, Mexico, then west along the Baja Mexico border to the starting point. Service Area includes all areas south of the imaginary line drawn through Heber Ave (not including Heber Ave.) and inclusive of all other boundaries.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations 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.). All calls requiring emergency ambulance service to include 911 and interfacility transports with combination ALS/BLS.</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>The Zone 2 Ambulance District in Imperial County is an EOA awarded to Calexico fire Department who has continued to provide service in the same manner and scope since 1972. If the City of Calexico decides to give up the ambulance service, the County EMS Agency is required to conduct a competitive bid process before awarding an EOA contract to another provider. The contract can be for any length of time (many counties award for a 4 or 5-year period), but no more than 10-year period.</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: Imperial County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 3 Ambulance District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. West Shores Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: Zone 3 Ambulance District</p> <p>Starting at the point where Imperial County, San Diego County and Riverside County meet, then east along the Riverside County line, then south along the western shoreline of the Salton Sea, to a point where a line drawn east from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line and then north to the starting point. Service area includes all areas north of Highway 78 (including Highway 78) and all areas west of the Salton Sea to the county line.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations 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.). All calls requiring emergency ambulance service with combination ALS/LALS/BLS.</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>Grandfathered: West Shore Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone 3 Ambulance District since 1979.</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.

Local EMS Agency or County Name: Imperial County EMS Agency
Area or subarea (Zone) Name or Title: Zone 4 Ambulance District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Blythe Ambulance Service
Area or subarea (Zone) Geographic Description: Zone 4 Ambulance District Starting at the point where Imperial County and Riverside County meet at the Arizona border, then south along the California/Arizona border line to a point where a line drawn west meets at the border of the chocolate Mountain Live Bombing Range, then north following the eastern border of the Live Bombing Range to the Riverside County line, then east to the starting point. (See map)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area
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.). All calls requiring emergency ambulance service with combination ALS/LALS/BLS.
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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered: Blythe Ambulance Service has provided uninterrupted service to Zone 4 Ambulance District since 1979. They upgraded from LALS/BLS to full ALS in 1994.

**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: Imperial County EMS Agency
Area or subarea (Zone) Name or Title: Zone 5 Ambulance District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Rural Metro Fire and Rescue Services, Inc.
Area or subarea (Zone) Geographic Description: Zone 5 Ambulance District Starting at the point on the US/Mexico Border where a line drawn north passes through Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the southern boundary of the Chocolate Mountain Live Bombing Range and then east to the California/Arizona border; then south along the California/Arizona border to the US/Mexico border, then west along the border to the starting point.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area
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.). All calls requiring emergency ambulance service with combination ALS/LALS/BLS.
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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered: Rural/Metro Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone 5 Ambulance District since January 1, 1981.

MAR - 2 2010

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 25, 2010

Ryan Kelley
EMS Administrator
Imperial County EMS Agency
935 Broadway
El Centro, CA 92243

Dear Mr. Kelly:

We have completed our review of *Imperial County's 2008 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*. Following are comments on your EMS plan update:

Standards 1.27 and 5.10 - Pediatric Emergency Medical and Critical Care System

In your 2007 EMS plan update your objective stated a pediatric care needs assessment would be completed in the next 18 months. In your next EMS plan update please show the progress that Imperial County has completed in achieving this objective.

Your next annual update will be due on February 25, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

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

R. Steven Tharratt, MD, MPVM
Director

RST:ss