

**Monterey County
Emergency Medical Services Agency**

**EMERGENCY MEDICAL
SERVICES (EMS) PLAN**

**August 2006 (Original)
(Revised EMS Plan for 2009 - May 2011)**

**Before the Board of Supervisors in and for the
County of Monterey, State of California**

Approve and authorize the Emergency Medical)
Services Agency Director to submit the revised)
annual Monterey County EMS Plans for 2009)
and 2010 to the California State Emergency)
Medical Services Authority.....)

Upon motion of Supervisor Potter, seconded by Supervisor Salinas, and carried by those members present, the Board hereby;

Approved and authorized the Emergency Medical Services Agency Director to submit the revised annual Monterey County EMS Plans for 2009 and 2010 to the California State Emergency Medical Services Authority.

PASSED AND ADOPTED on this 17th day of May, 2011, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas, Parker, and Potter

NOES: None

ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 75 for the meeting on May 17, 2011.

Dated: May 17, 2011

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Chil A. Nul
Deputy

MONTEREY COUNTY EMS PLAN

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MONTEREY COUNTY EMS PLAN

SECTION 1 SUMMARY

This document is the 2009 revision and replacement of Monterey County's local emergency medical services ("EMS") plan, in accordance with the current *EMS SYSTEM STANDARDS AND GUIDELINES* promulgated by the California EMS Authority. Per the Authority's recent guidance the resource tables for providers and facilities have been removed from this document and are available (managed) by other means. According to these *STANDARDS AND GUIDELINES*, the summary section should provide "a brief overview of the plan. It should identify the major needs that have been found and an abstract of the proposed program solutions."

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

Trauma System Evaluation: No hospital has been designated as a trauma center in Monterey County. Currently, Monterey County does not have a 'trauma registry,' and does not have had the resources to identify potential areas of improvement to system design and operation and patients whose care 'outside of established criteria.' There is now interest from one or more local hospitals to achieve trauma center designation at least the Level-III status. The local trauma plan will be revised to allow the designation process if a hospital(s) seek designation See Section 2, Standard 6.10, below.

Agreements for Medical Mutual Aid: Partially completed...EMS mutual aid agreements with EMS providers/resources from Santa Cruz and San Benito Counties should be completed in December 2010; San Luis Obispo agreements are complete and active. See Section 2, Standard 8.10, below.

Designation and Establishment of Casualty Collection Points: We will implement revised guidelines for casualty collection points if and when the California EMS Authority specifies such guidelines. A site review process for the use by alternative care sites or the State Mobile Filed Hospitals has been completed in conjunction with the FY-10/11 All Hazard Preparedness Grant. See Section 2, Standards 8.11 & 8.12, below.

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

1. Summary
2. Assessment of System
 - A. System Organization and Management
 - B. Staffing/Training
 - C. Communications
 - D. Response/Transportation
 - E. Facilities/Critical Care
 - F. Data Collection/System Evaluation
 - G. Public Information and Education
 - H. Disaster Medical Response

3. System Resources and Operations
4. Ambulance Zone Summary

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

NOTE: Language specified by the state EMS Authority for its Minimum Standards and Recommended Guidelines is quoted verbatim and italicized throughout this plan. Where a particular Minimum Standard has been met, nothing must be stated under "Need(s)," "Objective," or "Time Frame for Meeting Objective." We have, however, identified various needs and objectives for the Monterey County EMS system even where it meets the state's Minimum Standards. This Plan has also been reviewed and endorsed by the local Emergency Medical Care Committee (EMCC), and satisfies the annual reporting requirements to the Board of Supervisors and the Emergency Medical Service Authority referenced in the California Health and Safety Code, Division 2.5, Article 3, Section 1797.274. The EMCC's observations and recommendations for ambulance services; emergency medical and prehospital care; and CPR and first aid training are reflected in the local EMS Plan.

MONTEREY COUNTY EMS PLAN

SECTION 2

ASSESSMENT OF SYSTEM

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

Planning Activities	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.05 System Plan		X	N/A	X	X
1.06 Annual Plan Update		X	N/A	X	N/A
1.07 Trauma Planning		X	NO	X	X
1.08 Advanced Life Support Planning		X	N/A	N/A	N/A
1.09 Inventory of Resources		X	N/A	X	N/A
1.10 Special Populations		X	X	N/A	X
1.11 System Participants		X	X	N/A	N/A

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

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

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

1.23	Interfacility Transfer		X	N/A	N/A	N/A
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Enhanced Level: Advanced Life Support		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
1.24	Advanced Life Support Systems		X	X	X	X
1.25	On-Line Medical Direction		X	NO	N/A	X

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

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

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

B. STAFFING/TRAINING

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

Dispatchers	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.04 Dispatch Training		X	NO	X	X

First Responders (non-transporting)	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.05 First Responder Training		X	NO	X	X
2.06 Response		X	N/A	N/A	N/A
2.07 Medical Control		X	N/A	N/A	N/A

Transporting Personnel	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.08 EMT-I Training		X	X	N/A	N/A

Hospital	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
2.09 CPR Training		X	N/A	N/A	N/A
2.10 Advanced Life Support		X	NO	N/A	N/A

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

C. COMMUNICATIONS

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

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

Resource Management		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
3.09	Dispatch Triage		X	NO	X	X
3.10	Integrated Dispatch		X	X	N/A	N/A

D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries		X	X	N/A	N/A
4.02	Monitoring		X	X	N/A	X
4.03	Classifying Medical Requests		X	N/A	N/A	N/A
4.04	Scheduled Responses		X	N/A	N/A	N/A
4.05	Response Time Standards		X	NO	X	X
4.06	Staffing		X	N/A	N/A	N/A
4.07	First Responder Agencies		X	N/A	X	X
4.08	Medical & Rescue Aircraft		X	N/A	X	X
4.09	Air Dispatch Center		X	N/A	N/A	N/A

4.10	Aircraft Availability		X	N/A	X	X
4.11	Specialty Vehicles		X	X	X	N/A
4.12	Disaster Response		X	N/A	X	X
4.13	Inter-county Response		X	NO	N/A	N/A
4.14	Incident Command System		X	N/A	X	X
4.15	Multi-Casualty Incident Plans		X	N/A	N/A	N/A

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

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

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

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	X	N/A	X
5.02	Triage & Transfer Protocols		X	N/A	N/A	X
5.03	Transfer Guidelines		N/A	N/A	N/A	X
5.04	Specialty Care Facilities		X	N/A	N/A	X
5.05	Mass Casualty Management		X	NO	X	X
5.06	Hospital Evacuation		X	N/A	X	N/A

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

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System		Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
5.10	Pediatric System Design		N/A	N/A	N/A	X

5.11	Emergency Departments		N/A	N/A	N/A	N/A
5.12	Public Input		N/A	N/A	N/A	N/A

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

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.01	Quality Assurance/Quality Improvement Program	X	X	X	X
6.02	Pre-hospital Records	X	N/A	N/A	N/A
6.03	Pre-hospital Care Audits	X	NO	X	X
6.04	Medical Dispatch	X	N/A	X	X
6.05	Data Management System	X	NO	N/A	N/A
6.06	System Design Evaluation	X	N/A	N/A	N/A
6.07	Provider Participation	X	N/A	N/A	N/A
6.08	Reporting	X	N/A	N/A	N/A

Enhanced Level: Advanced Life Support	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.09 Advanced Life Support Audit		X	NO	N/A	N/A

Enhanced Level: Trauma Care System	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
6.10 Trauma System Evaluation		NO	N/A	N/A	N/A
6.11 Trauma Center Data		N/A	N/A	N/A	N/A

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet Standard	Meets Minimum Standard	Meets Recommended Guideline	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X	N/A	X	X
8.02 Response Plans		X	X	X	X

8.03	Hazardous Materials Training		X	N/A	N/A	X
8.04	Incident Command System		X	X	N/A	N/A
8.05	Distribution of Casualties		X	X	X	X
8.06	Needs Assessment		X	X	X	X
8.07	Disaster Communications		X	N/A		X
8.08	Inventory of Resources		X	NO	X	X
8.09	DMAT		N/A	N/A	N/A	N/A
8.10	Mutual Aid Agreements		NO	N/A	X	N/A
8.11	Casualty Collection Point Designation		NO	N/A	X	N/A
8.12	Establishment of Casualty Collection Points		NO	N/A	X	N/A
8.13	Disaster Medical Training		X	X	N/A	X
8.14	Hospital Plans		X	X	X	X
8.15	Inter-hospital Communications		X	N/A	N/A	N/A
8.16	Pre-hospital Agency Plans		X	X	N/A	X

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

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

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

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 Agency Administration: Local EMS Agency Structure

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

CURRENT STATUS: Minimum Standard met.

The Monterey County Board of Supervisors has designated the EMS Agency within the Health Department as the local EMS Agency. The Agency includes a full-time Director, a part-time Medical Director, a Management Analyst, a part-time Financial Manager, two EMS Analysts, a Secretary, and approximately four part-time Instructors. The Director and Medical Director have formal advisory committees; membership includes EMS stakeholders and agencies.

NEED(S): None Identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.02 Agency Administration: Local EMS Agency Mission

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

CURRENT STATUS: Minimum Standard met.

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

Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System serve as "advanced life support" base hospitals. Mee Memorial Hospital serves as a receiving facility only. There is no designated trauma or pediatric center in Monterey County.

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

Emergency ambulance transportation is provided exclusively at the EMT-Paramedic level, since Fort Hunter Liggett is now at the paramedic level following the completion of an agreement with the EMS Agency for medical control. American Medical Response-West, with the exceptions noted below, has an exclusive franchise that became effective January 31st, 2010. Cambria Community Healthcare District and San Luis Ambulance are contracted to serve the remote southern and coastal portions of Monterey County. American Medical Response-West has an informal mutual aid agreement with AMR-Santa Cruz/San Benito for areas adjacent to Northern Monterey County. A formal agreement between the three counties is under development.

The City of Carmel and the Carmel Valley Fire Protection District have contracted independently, under Health & Safety Code Section 1797.201, with Carmel Regional Fire Ambulance (a joint powers authority) for emergency ambulance services.

Currently, there is one EMS aircraft (CALSTAR 5) based at the Salinas Municipal Airport that provides air ambulance service for Monterey County. EMS aircraft are also permanently based in Santa Clara, Fresno, and San Luis Obispo Counties and serve Monterey County as needed.

System monitoring occurs through the County's formal quality-improvement program. Hospitals and EMS providers are held responsible for their activities. The quality-improvement identifies areas requiring correction or greater emphasis of personnel, practices, protocols and policies.

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A.

Since March 17, 2005, the EMS Agency utilizes the Emergency Medical Care Committee (EMCC) as the primary stakeholder organization that advises the EMS Director and the Board of Supervisors regarding the development of their policies and procedures. The Medical Advisory Committee (MAC) and the Emergency Medical Care Committee (EMCC) are the primary stakeholders.

EMCC: None identified.

EMCC: (Council on Disposition) Information is not available from the EMS Agency (Committee and the Emergency Medical Care Committee).

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.03 **Agency Administration: Public Impact**

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

CURRENT STATUS: Minimum Standard met.

Since March 12, 2002, the EMS Agency utilizes the Emergency Medical Care Committee (formerly the Emergency Medical Services Council) as the primary stake holder organization that advises the EMS Director and the Board of Supervisors regarding the development of plans, policies, and procedures. The Medical Advisory Committee and Operations Committee are sub-committees of the Emergency Medical Care Committee (EMCC).

NEED(S): None identified.

OBJECTIVE: Continue to disseminate information to, and receive input from, the EMCC, Medical Advisory Committee, and the Operations Committee.

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.04 **Agency Administration: Medical Director**

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guidelines met.

The County contracts for a part-time (0.2 FTE) EMS Medical Director with a local certified emergency-physician. There is a Medical Advisory Committee that includes both physician and non-physician providers. This Committee meets at least six times a year, and is chaired by the EMS Medical Director.

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.05 **Planning Activities: System Plan**

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

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

CURRENT STATUS: Minimum Standard met.

NEED(S): None identified.

OBJECTIVE: Modify plan as needed, and update annually. Reevaluate plan components in light of future changes in the health-care industry.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.06 **Planning Activities: Annual Plan Update**

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

CURRENT STATUS: Minimum Standard met. This document is an annually updated and filed with the EMS Authority.

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.07 Planning Activities: Trauma Plan

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met.

Trauma care is incorporated into patient-care and destination policies within the EMS Policy/Procedure Manual. There is no designated trauma center in Monterey County. In accordance with the Monterey County Trauma Care System Plan, patients are transported to the closest, most appropriate facility.

COORDINATION WITH OTHER EMS AGENCIES: There are no county to county agreements in place for trauma patient destination.

NEED(S): Develop trauma destination agreements with local EMS agencies in the surrounding counties that can provide trauma center services.

OBJECTIVE: Continue to monitor and evaluate trauma care within Monterey County. Develop medical-control agreements with local EMS agencies in the surrounding counties.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.08 **Planning Activities: Advanced Life Support (ALS) Planning**

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

CURRENT STATUS: Minimum Standard met.

"Advanced life support" (i.e., EMT-Paramedic) services are available throughout Monterey County. All emergency ambulance services routinely respond to calls with "advanced life support" resources, except for Fort Hunter Liggett (see 1.02 above). In addition, the Salinas Fire Department; Monterey County Regional Fire Department (formerly Salinas Rural Fire Protection District); and Cypress, Carmel Highlands, and Pebble Beach Fire Protection Districts provide non-transporting ALS in concert with the American Medical Response-West franchise and Carmel Regional Fire Ambulance.

COORDINATION WITH OTHER EMS AGENCIES: American Medical Response-West has internal agreements within their organization to serve Northern Monterey County with EMS resources from the Santa Cruz County and San Benito EMS systems. Similarly, EMT-Paramedic ambulances from the Cambria Community Healthcare District and San Luis Ambulance serve the Southern Region of Monterey County. In addition, Carmel Regional Fire Ambulance serves the Cachagua community. In accordance with written agreements, EMS systems/agencies operate under the medical protocols of their parent counties.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.09 **Planning Activities: Inventory of Resources**

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: Update all inventories annually.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.10 Planning Activities: Special Populations

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The largest groups requiring specialized services in Monterey County are Spanish speakers and the elderly. The EMS Agency provides CPR training in Spanish, as well as English, and has also created instructional videos in Spanish.

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

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.11 Planning Activities: System Participants

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Written agreements or licenses exist with system participants, including base hospitals and ALS fire service, non-transport first responders. Emergency "advanced life support" ambulance services are provided within duly established exclusive operating areas (except as noted in 1.28 below) and contracts.

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.12 Regulatory Activities: Review & Monitoring

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: Continue to review, analyze, and monitor EMS system operations.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.13 Regulatory Activities: EMS Coordination

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

CURRENT STATUS: Minimum Standard met.

Substantial coordination exists between the EMS Agency and the various providers. System coordination is currently provided through the Emergency Medical Care Committee (formerly the EMS Council), and Medical Advisory and Operations Sub-committees. These Committees have varying missions and schedules based on needs. The countywide quality-improvement program also provides for interaction and coordination, as necessary, between the designated liaisons at the various provider agencies.

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.14 Regulatory Activities: Policy & Procedures Manual

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): The Policy/Procedure Manual has been recently standardized and reorganized to improve current practices and protocols, and is in accordance with the County EMS Ordinance. Continued review and enhancement is needed to ensure subject document is effective and efficient.

OBJECTIVE: Maintain comprehensive Policy/Procedure Manual for EMS system participants. Review and modify according to needs. Electronically post on the EMS web site for expanded reference and access.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.15 **Regulatory Activities: Compliance with Policies**

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

CURRENT STATUS: Minimum Standard met.

Monterey County contracts with the EMT-Paramedic emergency ambulance providers and has a mechanism to review, monitor, and enforce compliance with system policies.

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.16 **System Finances: Funding Mechanism**

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

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.17 Medical Direction: Medical Direction

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

CURRENT STATUS: Minimum Standard met.

Monterey County has designated three base hospitals to provide on-line medical control to pre-hospital personnel and to conduct retrospective review of pre-hospital care. Roles and responsibilities of the base hospitals are identified in the EMS Policy/Procedure Manual, as well as in the base-hospital contracts. There are no "alternative base stations." EMT-Paramedic providers and first-responder agencies participating in the early defibrillation report on medical issues to the EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES: Ambulances responding into Monterey County from San Benito, Santa Cruz or San Luis Obispo Counties contact base hospitals in their home counties for on-line medical control.

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE: N/A

1.18 Medical Direction: Quality Assurance & Quality Improvement

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

RECOMMENDED GUIDELINE: Pre-hospital care providers should be encouraged to establish in-house procedures that identify methods of improving the quality of care provided.

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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

OBJECTIVE: Review and revise the QI program as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.19 Medical Direction: Policies, Procedures & Protocols

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

- a. Triage
- b. Treatment
- c. Medical dispatch protocols
- d. Transport
- e. On-scene treatment times
- f. Transfer of emergency patients
- g. Standing orders
- h. Base-hospital contact
- i. On-scene physicians and other medical personnel
- j. Local scope of practice for pre-hospital personnel.

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

The County, through its primary ambulance contract, has required the implementation of pre-arrival instructions within the ambulance contractor's service areas. This is accomplished through an electronic transfer within the County's PSAP (Emergency Communications Center) located in Salinas. EMD is co-located and integrated with the County's PSAP.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.20 Medical Direction: Do Not Resuscitate (DNR) Policy

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

CURRENT STATUS: Minimum Standard met.

Monterey County EMS Policies and Procedures Manual covers "do-not-resuscitate" orders and other advance directives, including durable powers of attorney for health care and POLST.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.21 **Medical Direction: Determination of Death Policy**

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

CURRENT STATUS: Minimum Standard met.

Monterey County EMS Policies and Procedures Manual covers the pre-hospital determination of death.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.22 **Medical Direction: Reporting of Abuse**

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

CURRENT STATUS: Minimum Standard met.

Monterey County EMS providers are taught the requirements and mechanisms for reporting suspected child abuse, elder abuse, and sudden infant death syndrome.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.23 **Medical Direction: Inter-facility Transfer**

MINIMUM STANDARD: *The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during inter-facility transfers.*

CURRENT STATUS: Minimum Standard met.

Monterey County EMS Policies and Procedures Manual covers the transfer of patients in the emergency medical services system and non-emergency medical transport.

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.24 **Enhanced Level: Advanced Life Support**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The County has developed and implemented, with state approval, exclusive operating areas for ALS emergency ambulance providers. The Primary EMS Provider exclusive franchise (contract) with American Medical Response-West, Inc. was effective January 31, 2010, and provides subject services.

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

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

1.25 **Enhanced Level: Advanced Life Support**

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

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

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

CURRENT STATUS: Minimum Standard met. **Recommended Guideline not met.**

Monterey County has designated three base hospitals that provide on-line medical control by physicians or authorized registered nurses. There are no alternative base stations in Monterey County. Policies are in place to allow local hospitals to become designated as a base station. Medical direction is provided by the EMS Medical Director. ALS providers may, but are not encouraged to, have an in-house medical director based on their determination of need.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.26 **Enhanced Level: Trauma Care System**

MINIMUM STANDARD: *The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, that 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 that allows all eligible facilities to apply.*

CURRENT STATUS: Minimum Standard met.

There is no designated trauma center in Monterey County. In accordance with the Monterey County Trauma Care System Plan, patients are transported to the closest, most appropriate facility.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.27 Enhanced Level: Pediatric Emergency Medical and Critical Care System

MINIMUM STANDARD: *The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, that 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 that allows all eligible facilities to apply.*

CURRENT STATUS: N/A

Pediatric patients are transported to the closest, most appropriate facility. Pediatric treatment, advanced airway management, and other pre-hospital procedures have been implemented under protocols established by the EMS Agency.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

1.28 **Enhanced Level: Exclusive Operating Areas**

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

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

CURRENT STATUS: Minimum Standard met.

With the exception of Carmel Valley Fire Protection District, Carmel-by-the Sea, and Fort Hunter Liggett, all emergency air and ground ambulance services within Monterey County are within exclusive operating areas following a competitive request for proposal process. Effective January 31, 2010, an agreement for exclusive ground ambulance services and operating areas was approved and implemented with American Medical Response-West. An independent, exclusive air request for proposal is being developed for air ambulance services. All exclusive operating area plans and designs will be submitted to the EMS Authority for review and approval.

Noted Exceptions: The City of Carmel-by-the-Sea and the Carmel Valley Fire Protection District contract independently for emergency ambulance services under Health & Safety Code Section 1797.201. Fort Hunter Liggett operates its own paramedic ambulance.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

STAFFING/TRAINING

2.01 Local EMS Agency: Assessment of Needs

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency monitors personnel and training needs. The Agency provides CPR and first responder training. The EMS Agency oversees the three local EMT-I Training Programs and Monterey County based EMS continuing education providers. Currently, there is no EMT-Paramedic training program in Monterey County.

NEED(S): None identified.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

2.02 **Local EMS Agency: Approval of Training**

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: Continued monitoring of training programs.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.03 Local EMS Agency: Personnel

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

CURRENT STATUS: Minimum Standard met.

State licensure and County accreditation are required for EMT-Paramedics. The EMS Agency recognizes First Responders who have satisfactorily completed a 56-hour course developed by the Agency. (See 1.02 above.) The Agency also certifies EMT-Is and Emergency Medical Dispatchers. Policies are in place for this process. A database has been established to monitor Paramedics, Emergency Medical Technicians, and Emergency Medical Dispatchers.

Monterey County EMS policies establish a process that pre-hospital providers notify the EMS Agency of unusual occurrences that could affect EMS personnel certification.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.04 Dispatchers: Dispatch Training

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

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

CURRENT STATUS: Minimum Standard met, Recommended Guideline not met

Emergency calls (9-1-1), except for those originating within the City of Carmel or through the California Highway Patrol (via older cellular equipment), are received at the County Emergency Communications Center (the primary PSAP) in Salinas. If the call originates within the territory of the County's primary ambulance contractor and is medical in nature, then it is electronically transferred to the contractor's dispatch center co-located and integrated with the PSAP. There, the ambulance is dispatched, and dispatchers trained and certified in accordance with the California EMS Authority's Emergency Medical Dispatch Guidelines give pre-arrival instructions.

If the call originates within the areas (i.e., the City of Carmel and the Carmel Valley Fire Protection District) that provide or contract independently for ambulance services under Health & Safety Code Section 1797.201, then the ambulance is dispatched directly by the Monterey County Emergency Communications Center (FIRECOM). These dispatchers have emergency medical orientation. Callers are transferred, whenever necessary, to the County's primary ambulance contractor (EMD) for pre-arrival instructions from dispatchers trained and certified in accordance with the California EMS Authority's Emergency Medical Dispatch Guidelines. Such pre-arrival instructions are now available to 9-1-1 callers throughout Monterey County. Monterey County Policy and Procedures Manual address authorization of Emergency Medical Dispatch (EMD) providers, EMD training, dispatcher certification, and quality improvement. EMD training and testing programs are available to public and private PSAP dispatchers.

NEED(S): None identified.

OBJECTIVE: Work with the County Emergency Communications and/or any other interested dispatch agency, as requested, to facilitate EMD training for its medical dispatch personnel.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.05 First Responders (non transport): First Responder Training

MINIMUM STANDARD: *At least one person on each non-transporting EMS first-response unit shall have been trained to administer first aid and CPR/AED 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: Minimum Standard met. Recommended Guidelines not met.

All first-responder personnel have, at least, been trained in first aid and CPR/AED within the past three years according to Title 22, California Code of Regulations, Division 9, Chapter 1.5. Most fire-service personnel have been trained and certified to the Monterey County First Responder level. Many are certified at the EMT-I level. In addition, many law enforcement agencies are also first aid and CPR/AED certified. Currently, CPR/AED resources are available throughout the County.

Recommended guideline for EMT presence on first-response units is not met. Local First Responder training is available to increase capabilities of responders over the first aid/CPR standard.

NEED(S): Expand the County’s AED Program to meet recommended guidelines.

OBJECTIVE: Expand the County’s AED Program to meet recommended guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.06 **First Responders (non transport): Response**

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

CURRENT STATUS: Minimum Standard met.

Various "public safety" agencies (fire, law enforcement, and park ranger) provide medical first response within the County in accordance with Monterey County EMS policies. The EMS Agency trains first-responder personnel from the Bureau of Land Management, Camp Roberts, and Fort Hunter Liggett. Industrial first-aid teams are in place at several of the larger facilities within Monterey County such as the Monterey Bay Aquarium and Duke Energy power plant.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.07 First Responders (non transport): Medical Control

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.08 Transporting Personnel: EMT-I Training

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Within the Monterey County EMS system, all emergency ambulances are staffed with at least one currently certified EMT-I and at least one currently licensed and locally accredited EMT-Paramedic. Fort Hunter Liggett, a federal reservation, operates its own ALS ambulance.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.09 Hospitals: CPR Training

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.10 Hospitals: Advanced Life Support (ALS) Training

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

RECOMMENDED GUIDELINE: *The American Board of Emergency Medicine should certify all emergency department physicians.*

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met.

All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. Emergency physicians are required to be credentialed to work in a Hospital Emergency Department based upon effective Hospital Guidelines and JCAHO requirements.

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.11 Enhanced Level: Advanced Life Support

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.12 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Early defibrillation policies have been developed and implemented to support first-responder agencies and other basic life support personnel.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

2.13 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Online medical direction is provided by the base hospital physicians. These physicians are familiar with Monterey County EMS policies and protocols. They are familiar with the use of communication equipment available in their hospital. There are no alternative base stations in Monterey County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

COMMUNICATIONS

3.01 **Communications: Communications Plan**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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

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

NEED(S): Radio coverage is problematic in certain isolated areas. Comply with the 2011 FCC Mandates for narrow band UHF and VHF employment.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

3.02 Communications: Radios

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

All emergency ambulances and Paramedic first responders have two-way radios that comply with the local EMS communications plan and that allow for dispatch and ambulance-to-hospital communication. All emergency ambulances have two-way radio equipment that allows for vehicle-to-vehicle (including both ambulances and non-transporting first-responder units) communication. Ambulance crews' hand-held radios have tactical channels (CALCORD) capable of communicating with first-responding units

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.03 Communications: Inter-facility Transfer

MINIMUM STANDARD: *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.*

CURRENT STATUS: Minimum Standard met.

All Monterey County-authorized emergency ambulances providing inter-facility transfers within the County have the ability to communicate with both the sending and receiving facilities by radio and/or cellular telephone.

COORDINATION WITH OTHER EMS AGENCIES: N/A.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.04 Communications: Dispatch Center

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.05 **Communications: Hospitals**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

MedNet Channel 2 has been used for communication between hospitals. The Medical Disaster Communications System (800 MHz) links the hospitals, the primary ambulance provider, the County Emergency Operations Center, the County Health Department, and the EMS Agency.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.06 **Communications: Multi-Casualty Incidents & Disasters**

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency periodically reviews the disaster-related communications capabilities of the EMS-system participants. The EMS Agency has developed a comprehensive, countywide medical disaster plan that includes disaster communications. The Medical Disaster Communications System (800 MHz) and radio network is discussed under 3.05 above.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.07

Public Access: 9-1-1 Planning & Coordination

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

With the exception of older cellular equipment, enhanced 9-1-1 is operational throughout Monterey County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.08 **Public Access: 9-1-1 Public Education**

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency is involved with public education regarding 9-1-1 telephone service (landline and cellular) through Monterey County's Emergency Communications Users Advisory Council and other EMS stakeholder groups.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

3.09 **Resource Management: Dispatch Triage**

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

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

CURRENT STATUS: Minimum Standard met. **Recommended Guideline not met.**

The EMS Agency has ensured, through County contract, that the primary ambulance contractor within its service area provides caller interrogation, pre-arrival instructions, and priority dispatch.

NEED(S): Investigate the feasibility of expanding “priority dispatch” for first responding agencies.

OBJECTIVE: Integrate “priority dispatch” into the EMS system quality-improvement program.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.10 Resource Management: Integrated Dispatch

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

RESPONSE/TRANSPORTATION

4.01 Response & Transportation: Service Area Boundaries

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The Board of Supervisors has defined boundaries for EMS ground and air transport; as exclusive operating areas. Monterey County Ordinance, Section 15.40 addresses the establishment of exclusive operating areas relating to the EMS system and medical transport services.

COORDINATION WITH OTHER EMS AGENCIES: Local EMS air and land providers have developed coordination procedures, policies, and protocols. Multiple and redundant communication systems are in place to ensure effective and efficient connectivity.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.02 Response & Transportation: Monitoring

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Emergency medical transportation services operate under Monterey County contracts that mandate compliance with appropriate statutes, regulations, policies, and procedures. The EMS Agency and the base hospitals monitor compliance. Monterey County Ordinance, Section 15.40 addresses the EMS system and medical transport services. Under this Ordinance, a County contract, license, or variance is required to perform any ambulance services.

NEED(S): None

OBJECTIVE: None

TIME FRAME FOR MEETING OBJECTIVE:

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

4.03**Response & Transportation: Classifying Medical Requests**

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

CURRENT STATUS: Minimum Standard met.

In general, 9-1-1 calls are treated as emergency events, with full Code-3 responses from all responders. Ambulance response can be downgraded, however, by the first-responder agency or the 9-1-1 PSAP. Response priorities are defined according to a standard presumptive priority-dispatch protocol approved by the EMS Medical Director and are in accordance with the following table:

Priority	Definition
1	Life-Threatening Emergencies – On not less than ninety percent (90%) of all presumptively defined life-threatening emergency requests as determined by the dispatcher in strict accordance with Medical Director approved telephone protocols, and originating within the County.
2	Non-Life-Threatening Emergencies – On not less than ninety percent (90%) of all presumptively defined non-life-threatening emergency requests, as determined by the dispatcher in strict accordance with Medical Director approved telephone protocols, and originating within the County.
3	Urgent (Or Emergency Transfer From Healthcare Facility) – On not less than ninety percent (90%) of all presumptively defined unscheduled non-emergency or urgent transfer from health care facility requests as determined by the dispatcher in strict accordance with Medical Director approved telephone protocols, and originating within the County.
4	Scheduled Transfer (4-hour Advance Notification) – On not less than ninety percent (90%) of all presumptively defined scheduled transfer requests as determined by the dispatcher in strict accordance with Medical Director approved protocols, and originating within the County.
5	Unscheduled Transfer – On not less than ninety percent (90%) of all presumptively defined non-emergency transfer requests as determined by the dispatcher in strict accordance with Medical Director approved protocols, and originating within the County.
6	Critical Care Transport -- On not less than ninety percent (90%) of all presumptively defined Critical Care Transport requests as determined by the dispatcher in strict accordance with Medical Director approved protocols, and originating within the County.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.04 Scheduled Response

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

CURRENT STATUS: Minimum Standard met.

Scheduled transfers are provided by ambulances available for emergency response. The contract with the ambulance contractor was developed to ensure that the contractor has the capacity to manage both 911 emergency requests and requests for prescheduled transfers.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.05 Response & Transportation: Response Time Standards

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

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

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

- Metro/urban -- 5 minutes
 - Suburban/rural -- 15 minutes
 - Wilderness -- as quickly as possible

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

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

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

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

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guidelines not met.

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

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

NEED(S): Existing response-time standards should be reviewed and modified as appropriate. Response-time standards should consider constraints of geography and resource availability.

OBJECTIVE: Continue to monitor and refine performance standards for pre-hospital EMS providers with input from County and community representatives.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.06 **Response & Transportation: Staffing**

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.07 Response & Transportation: First Responder Agencies

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

CURRENT STATUS: Minimum Standard met.

First-responder, basic life support, and advanced life support resources are effectively integrated into the local EMS system. First-responders (fire or law agencies) are provided CE opportunities and a fifty-six hour course that includes defibrillation training, durable medical equipment and disposable medical supplies, and skills demonstration.

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

NEED(S): None.

OBJECTIVE: Continue to monitor, support, and enhance the first-responder delivery of EMS throughout the County. In addition, a long range objective is to maintain the location/status of all industrial first aid teams and integrate the teams into the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.08 Response & Transportation: Medical & Rescue Aircraft

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

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

CURRENT STATUS: Minimum Standard met.

Currently, there is one EMS aircraft (CALSTAR 5) based at the Salinas Municipal Airport that provides air ambulance service for Monterey County. EMS aircraft are also permanently based in Santa Clara, Fresno, and San Luis Obispo Counties and serve Monterey County as needed. The EMS Aircraft Operations Policy addresses the request, dispatch, communications, cancellation, air/ground ambulance rendezvous, safety, patient destination, reporting requirements, and quality improvement. Representatives of the out-of-county EMS aircraft agencies regularly attend Monterey County EMS committee meetings.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County coordinates with aircraft operators serving Monterey County.

NEED(S): Develop medical-control agreements with local EMS agencies in the surrounding counties.

OBJECTIVE: Improve EMS coordination with neighboring counties and facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.09 Response & Transportation: Air Dispatch Center

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

CURRENT STATUS: Minimum Standard met.

EMS aircraft requests are coordinated through the Monterey County Emergency Communications Center in Salinas.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.10 Response & Transportation: Aircraft Availability

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency through the dispatch center monitors air ambulance availability via the use of EMSsystem software and has executed written agreements with aero-medical services operating within the Monterey County EMS area.

COORDINATION WITH OTHER EMS AGENCIES: Monterey County does not have contracts with out-of-county air ambulance operators serving Monterey County. There are no medical-control agreements with local EMS agencies in the surrounding counties.

NEED(S): Develop agreements with local EMS agencies in the surrounding counties, as needed to access their available aircraft.

OBJECTIVE: Improve EMS coordination with neighboring counties and facilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.11 Response & Transportation: Special Vehicles

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

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

CURRENT STATUS: Minimum Standards met. Recommended Guideline met.

Individual agencies within the County have various rescue and response capabilities. These resources are identified within the Operational Area's Emergency Operations Center Resource Directory maintained by the Office of Emergency Services

COORDINATION WITH OTHER EMS AGENCIES: There is a need for improved coordination within the region/neighboring counties regarding special rescue/response resources.

NEED(S): Maintain a current inventory of special rescue resources within the County and a mechanism for their activation when needed.

OBJECTIVE: Maintain an inventory of special rescue and response resources for the Monterey County EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.12 Response & Transportation: Disaster Response

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

CURRENT STATUS: Minimum Standard met.

EMS response activities and resources are reflected in the Operational Area Emergency Operations Plan (EOP). In addition, the Multi-Casualty Incident (MCI) Plan is an Annex of the EOP.

NEED(S): Update the EMS activities and resources in the Op Area EOP.

OBJECTIVE: Update the EMS activities and resources in the Op Area EOP.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.13 Response & Transportation: Inter-county Response

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met.

The EMS Agency has is in the process of finalizing auto-aid and mutual aid agreements with San Benito and Santa Cruz Counties ; permitting inter-county response of emergency medical transport vehicles and EMS.

COORDINATION WITH OTHER EMS AGENCIES: See above paragraph.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.14 Response & Transportation: Incident Command System (ICS)

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

CURRENT STATUS: Minimum Standard met.

With the advice and assistance of the various responding agencies, the EMS Agency has developed and implemented a countywide Multi-Casualty Incident (MCI) response plan incorporating the "Incident Command System."

NEED(S): Reassess and revise the MCI response plan as necessary.

OBJECTIVE: Reassess and revise the MCI response plan as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.15 Response & Transportation: Multi-Casualty Incident (MCI) Plans

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

CURRENT STATUS: Minimum Standard met.

Existing state standards and guidelines are utilized as a basis for the County's multi-hazard response plans and procedures. In addition, the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) have been local adopted for all phases of emergency management.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.16 **Enhanced Level: Advanced Life Support**

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

RECOMMENDED GUIDELINES:

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

On any emergency ALS unit that is not staffed with two ALS crewmembers, the second crewmember should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: Minimum Standard met. Recommended Guidelines met.

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

Use of a manual defibrillator by EMT-1 personnel is no longer permitted under current regulations.

The ambulance contractor is using equipment that allow for the EKG monitor/defibrillator to be placed in AED mode and utilized by EMT-1 personnel. The contractor has trained all of their personnel and many first responders in this function.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.17 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Adequate regulations, policies, and procedures exist to assure that every emergency ALS ambulance is appropriately equipped for the scope of practice of its level of staffing.

NEED(S): None Identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.18 Enhanced Level: Ambulance Regulation

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

CURRENT STATUS: Minimum Standard met.

Chapter 15.40 of Monterey County Ordinance addresses the EMS system and medical transport services/providers.

NEED(S): None

OBJECTIVE: None

TIME FRAME FOR MEETING OBJECTIVE:

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

4.19 **Enhanced Level: Exclusive Operating Permits**

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

- (a) Minimum standards for transportation services,*
- (b) Optimal transportation system efficiency and effectiveness, and*
- (c) Use of a competitive process to ensure system optimization.*

CURRENT STATUS: Minimum Standard met.

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

NEED(S): An independent, exclusive air request for proposal is being developed for air EMS services. All exclusive operating area plans and designs will be submitted to the EMS Authority for review and approval.

OBJECTIVE: The proposed Air EMS Provider RFP will be forwarded to the EMS Authority for review and approval.

TIME FRAME FOR MEETING OBJECTIVE: Anticipating executing the new Air EMS Provider agreement by March 1, 2011.

4.20 **Enhanced Level: Exclusive Operating Permits**

MINIMUM STANDARD: *Any local EMS agency that 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 (Grand-fathering under Section 1797.224, H&SC).*

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None Identified.

OBJECTIVE: Monterey County will continue to provide exclusive operating area proposals, as needed, to the EMS Authority for review and approval.

TIME FRAME FOR MEETING OBJECTIVE: N/A

4.21 Enhanced Level: Exclusive Operating Permits

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

CURRENT STATUS: Minimum Standard met.

County ordinance and contracts require compliance with applicable policies and procedures regarding system operations and patient care. The providers, the base hospitals, and the EMS Agency monitor compliance.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

4.22 Enhanced Level: Exclusive Operating Permits

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

CURRENT STATUS: Minimum Standard met.

The local EMS agency periodically evaluates, assesses, and re-designs the air and ground exclusive operating areas through the RFP process.

NEED(S): None Identified.

OBJECTIVE: Monterey County provides proposed air and ground exclusive operating areas to the EMS Authority of review and approval.

TIME FRAME FOR MEETING OBJECTIVE: N/A

FACILITIES/CRITICAL CARE

5.01 Universal Level: Assessment of Capabilities

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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

OBJECTIVE: Conduct periodic reassessment as above.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.02 Universal Level: Triage & Transfer Protocols

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency has established pre-hospital triage protocols.

Health and Safety Code Section 1317.3(a) provides that "As a condition of licensure, each hospital shall adopt, in consultation with its medical staff, policies and transfer protocols consistent with this article and regulations adopted hereunder." The EMS Agency has worked with local hospitals to develop transfer agreements. Transfer agreements and policies are in place at local STEMI receiving centers.

COORDINATION WITH OTHER EMS AGENCIES: None to date.

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

OBJECTIVE: Develop additional policies and agreements as needed.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.03 Universal Level: Transfer Guidelines

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

CURRENT STATUS: Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers.

COORDINATION WITH OTHER EMS AGENCIES: Local hospitals and ambulance providers.

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

OBJECTIVE: Meet with the hospital administrators to evaluate the need for guidelines to identify patients to be considered for transfer to facilities of higher capability. Revise EMS policies and procedures as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.04 Universal Level: Special Care Facilities

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

CURRENT STATUS: Minimum Standard met.

Monterey County has designated two hospitals as STEMI receiving centers. The other two hospitals in Monterey County are considered STEMI referral hospitals. Monterey County policy designates two hospitals as the preferred destination for patients under a 5150 hold who have no other medical complaint. Patients who meet specific criteria and are determined to be a major trauma patient are to be transported to the nearest, most accessible trauma center per policy.

COORDINATION WITH OTHER EMS AGENCIES: Agreements with ground and air transport providers serving Monterey County have been developed.

NEED(S): Develop medical-control agreements with adjacent counties.

OBJECTIVE: Develop medical-control agreements with adjacent counties.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.05 Universal Level: Mass Casualty Management

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

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

CURRENT STATUS: Minimum Standard met. **Recommended Guideline not met.**

There is a comprehensive plan for mass-casualty incidents. Individual hospitals have their own disaster and mass-casualty incident plans. The Medical Disaster Communications System (800 MHz) (see 3.05 above) links the hospitals, the primary ambulance provider, the Health Department, the County's Emergency Operations Center, and the EMS Agency. The EMS Agency has developed a comprehensive countywide disaster plan to include the medical community at large.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

5.06 Universal Level: Hospital Evacuation

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

CURRENT STATUS: Minimum Standard met.

Evacuation policies and procedures have been developed by the individual hospitals as required by law. Monterey County's Multi-Casualty (MCI) Incident Response Plan can be implemented to facilitate the transport and distribution of patients from hospitals being evacuated.

COORDINATION WITH OTHER EMS AGENCIES: There have been discussions with the neighboring/regional EMS agencies through the EMS Authority's Medical and Health Operational Area Coordinators (MHOAC) organization. There is no written state or regional plan specific to hospital evacuation and large-scale medical sheltering. The County Office of Emergency Services in conjunction with the EMS Agency has developed detailed hospital evacuation plans based on the MCI plan.

NEED(S): Coordinated local/regional hospital evacuation planning.

OBJECTIVE: Monitor and change, as needed, the hospital evacuation plan in accordance with state and/or regional guidance.

TIME FRAME FOR MEETING OBJECTIVE:

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

5.07 **Enhanced Level: Advanced Life Support**

MINIMUM STANDARD: *The local EMS shall, using a process that allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.*

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.08 Enhanced Level: Trauma Care System

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

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

CURRENT STATUS: Minimum Standard met.

Refer to the Monterey County Trauma Care System Plan for additional information and guidance.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.09 Enhanced Level: Trauma Care System

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

CURRENT STATUS: Minimum Standards met,

There is no designated trauma center in Monterey County, nor has any local acute care facility actively sought such designation. Refer to the Monterey County Trauma Care System Plan for additional information and guidance.

The EMS Agency welcomes and receives relevant input from both pre-hospital and hospital providers and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (formerly the EMS Council) that includes consumer representatives and the Medical Advisory Committee.

NEED(S): None identified.

OBJECTIVES: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

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

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

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

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

NEED(S): Needs assessment.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

5.11 Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

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

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

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.12 Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

CURRENT STATUS: There is no pediatric emergency medical and critical care system plans being proposed or established. The EMS Agency welcomes and receives relevant input from pre-hospital providers, hospital providers, and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (formerly the EMS Council) that includes consumer representatives and the Medical Advisory Committee.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

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

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

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

CURRENT STATUS: Minimum standards met.

A system of care for STEMI patients has been developed taking into account the items listed above.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

5.14 Enhanced Level: Other Specialty Care Systems

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

CURRENT STATUS: Minimum Standards met.

The EMS Agency welcomes and receives relevant input from pre-hospital providers, hospital providers, and consumers, who meet with the Agency in monthly meetings of the Emergency Medical Care Committee (that includes consumer representatives) and the Medical Advisory Committee (that is limited to provider representatives).

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

DATA COLLECTION/SYSTEM EVALUATION

6.01 Universal Level: Quality Assurance/Quality Improvement Program

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

6.02 Universal Level: Pre-hospital Record

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.03 Universal Level: Pre-hospital Care Audits

MINIMUM STANDARD: Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met.

The EMS Agency, the base hospitals, and the field providers conduct various audits of pre-hospital care. Some audits are routine; others are in response to specific complaints.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

6.04 Universal Level: Medical Dispatch

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

CURRENT STATUS: Minimum Standards have been met. Priority Dispatch is used by the primary EMS provider (American Medical Response-West) Emergency Medical Dispatch (EMD). All EMD calls are recorded for review and analysis.

NEED(S): None.

OBJECTIVE: Monitor emergency medical dispatch calls.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.05 Data Management System

MINIMUM STANDARD: *The local EMS agency shall establish a data management system that 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.*

RECOMMENDED GUIDELINES:

The local agency should establish an integrated data management system that includes system response and clinical (both pre-hospital and hospital) data.

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

CURRENT STATUS: Minimum Standard met. Recommended guidelines not met.

The EMS Medical Director and the Quality Improvement (QI) Program reviews prehospital treatment (First Responder, BLS, and ALS) and Patient Care Reports. Analysis of data is used to revise policies and procedures, develop training opportunities, and allocate resources. The QI Program includes participation from public safety, EMS providers, hospitals/clinics, and field (medic) personnel. Recommended Guidelines not met.

The EMS Agency, in cooperation with system participants is implementing an electronic PCR program. Patient registries, tracer studies, and other, similar, monitoring systems are beyond our capability due to incompatibility of various information systems already in place.

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

NEED(S): Develop a countywide electronic Patient Care Report system by January 2011.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.06 Universal Level: System Design Evaluation

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

CURRENT STATUS: Minimum Standards met.

Measurable Performance Indicators (PI) have been established for primary mission areas and state/local mandates. The PIs are incorporated into the EMS Director's plan of action (work) and milestones. The PIs are also reflected in the annual Health Departments Business Plan.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.07 **Universal Level: Provider Protection**

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

CURRENT STATUS: Minimum Standard met.

EMS Policy establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals and EMT-Paramedic service providers to participate, as required by state law, in this program.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.08 **Universal Level: Reporting**

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

CURRENT STATUS: Minimum Standard met.

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

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.09 **Enhanced Level: Advanced Life Support**

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

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

CURRENT STATUS: Minimum Standard met. **Recommended Guideline not met.**

The EMS Medical Director and the Quality Improvement (QI) Program reviews prehospital treatment (First Responder, BLS, and ALS) and Patient Care Reports. Analysis of data is used to revise policies and procedures, develop training opportunities, and allocate resources. The QI Program includes participation from public safety, EMS providers, hospitals/clinics, and field (medic) personnel.

Incompatibilities with the various data management systems in use by prehospital and hospital providers prevent integration of data management.

NEED(S): Implement a countywide electronic Patient Care Report system by January 2011.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

6.10 **Enhanced Level: Trauma Care System**

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

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

CURRENT STATUS: Minimum Standards have not been met.

No hospital has been designated as a trauma center in Monterey County. Currently, Monterey County does not have a ‘trauma registry,’ and does not have the resources to identify potential areas of improvement to system design and operation and patients whose care ‘outside of established criteria.’

NEED(S): Implement a trauma registry.

OBJECTIVE: Identify potential areas of improvement to system design and operation and patients whose care ‘outside of established criteria.’

TIME FRAME FOR MEETING OBJECTIVE:

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

6.11 Enhanced Level: Trauma Care System

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

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

CURRENT STATUS: There is no designated trauma center in Monterey County.

NEED(S): Need to work with regional trauma centers to obtain required aggregate and patient specific data.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

PUBLIC INFORMATION AND EDUCATION

7.01 Universal Level: Public Information Materials

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

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The primary EMS provider (American Medical Response-West) has designated a Community Relations Manager/Field Supervisor that will work with EMS stakeholders, local health-care professionals, and emergency management to design, develop and implement a comprehensive (county-wide) community service and education program and plan for the County. The primary EMS provider will annually update the program and plan.

NEED(S): Coordinate and assist the various provider groups in developing information for the public regarding EMS activities as needed. In addition expand public CPR capabilities and develop a fall prevention program for the elderly.

OBJECTIVE: Provide assistance as above.

TIME FRAME FOR MEETING OBJECTIVE:

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

7.02 Universal Level: Injury Control

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The primary EMS provider (American Medical Response-West) has designated a Community Relations Manager/Field Supervisor that will work with EMS Stakeholders, local health-care professionals, and emergency management to design, develop, and implement a comprehensive (county-wide) community services and educational program and plan for the County. The primary EMS provider will annually update the program and plan.

NEED(S): Expanded programs for at risk special populations

OBJECTIVE: Promote elderly fall prevention, CPR training, injury control, and medical preparedness for the community through established resources.

TIME FRAME FOR MEETING OBJECTIVE:

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

7.03 **Universal Level: Disaster Preparedness**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The EMS Agency participates in the Monterey County Operational Area Coordinating Council (OACC) and Office of Emergency Services disaster preparedness activities.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

7.04 Universal Level: First Aid & CPR Training

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The EMS Agency has taken a leading role in promoting CPR training for residents of Monterey County. Various public and private agencies provide such training to the community.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

DISASTER MEDICAL RESPONSE

8.01 Universal Level: Disaster Medical Planning

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

CURRENT STATUS: Minimum Standard met.

The EMS Agency is responsible for the Multi-Casualty Incident (MCI) Response Plan, and applicable sections of the Operational Area Emergency Operations Plan (EOP) and Annexes.

COORDINATION WITH OTHER EMS AGENCIES: We attend the meetings of Region II Medical and Health Operational Area Coordinators and actively participate in local and regional disaster response planning activities.

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

OBJECTIVE: Review and refine medical disaster plans as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.02 **Universal Level: Response Plans**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The EMS Agency is responsible for the Multi-Casualty Incident (MCI) Response Plan, and applicable sections of the Operational Area Emergency Operations Plan (EOP) and Annexes.

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

OBJECTIVE: Review and refine medical disaster plans as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.03 Universal Level: Hazardous Materials Training

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

CURRENT STATUS: Minimum Standard met.

The fire agencies and the Environmental Health Division of the County Health Department have trained and equipped their personnel for hazardous materials response. All emergency ambulance providers are required to attend hazardous-materials training.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.04 Universal Level: Incident Command System (ICS)

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

All Operational Area response plans and procedures for catastrophic disasters use the Incident Command System (ICS) as the basis for field management. ICS, the California's Standardized Emergency Management System (SEMS), and the National Incident Management System (NIMS) training are provided to all EMS field, supervisory, and management personnel.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

8.05 Universal Level: Distribution of Casualties

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Patient distribution procedures are specified in the County's Multi-Casualty Incident Response Plan and applicable sections of the Operational Area Emergency Operations Plan. All hospital emergency departments meet state and JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) standards and are considered capable of receiving and treating patients exposed to hazardous materials.

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

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

OBJECTIVE: Review and revise procedures/plans as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.06 Universal Level: Needs Assessment

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

Mutual Aid and needs for assistance are initiated through the Governor's Office of Emergency Services (OES) Resource Information Management System (RIMS). All requests for resources are in accordance with established Incident Command System (SEMS/NIMS) procedures and protocols; referenced in the Monterey County Operational Area Emergency Operations Plan. The EMS System is exercised several times a year through state, regional, and local training events.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.07 Universal Level: Disaster Communications

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

CURRENT STATUS: Minimum Standard met.

CALCORD is the identified frequency for coordination at the tactical level. All fire and emergency ambulance units are capable of unit-to-unit communication. An 800 MHz radio system has been developed to link the County Emergency Operations Center, the Health Department, the EMS Agency, the primary ambulance provider, and the four acute care hospitals. In addition, the Operational Area Emergency Operations Center radio system provides connectivity between all county, city and special district for emergency management.

COORDINATION WITH OTHER EMS AGENCIES: Hospitals in Santa Cruz, San Benito, and Santa Clara counties are connected with local acute care facilities and EMS through the Internet EMSsystem.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.08 Universal Level: Inventory of Resources

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met.

The Monterey County Operational Area Resource Directory has been developed and reflects EMS and medical care information.

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

OBJECTIVE: Review and update resource directories.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.09 Universal Level: Disaster Medical Assistance Teams (DMAT)

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

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

CURRENT STATUS: N/A

Local demographics and needs have been incorporated into regional DMAT planning efforts through the MHOAC. Our disaster response strategy includes requesting deployment of the DMAT to supplement medical resources. Emergency/medical response resources are encouraged to become part of the federal/state DMAT. Population and potential threats do not support the establishment of a dedicated (local) resource; regional DMAT is recognized.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

8.10 Universal Level: Mutual Aid Agreements

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

CURRENT STATUS: Minimum Standard not met.

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

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

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

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.11 Universal Level: Casualty Collection Point (CCP) Designation

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

CURRENT STATUS: Minimum Standard not met. There are no designated casualty collection points within Monterey County for that staffing would be available to the extent specified in current state guidelines. The California EMS Authority is currently re-evaluating the entire CCP concept.

COORDINATION WITH OTHER EMS AGENCIES: N/A.

NEED(S): Revised state CCP guidelines.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.12

Universal Level: Establishment of Casualty Collection Points (CCP)

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

CURRENT STATUS: Minimum Standard not met. See 8.11 above.

NEED(S): See 8.11 above.

OBJECTIVE: See 8.11 above.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.13 Universal Level: Disaster Medical Training

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The local EMS agency reviews all potential threats and medical hazards, and ensures EMS personnel are properly trained and equipped (Personnel Protection Equipment, etc.). Policies, procedures, and treatment guidelines for substance-specific hazardous-material incidents have been developed by the state EMS Authority. The Monterey County Hazardous Materials Response Plan and the exclusive operating area contract with the primary ambulance provider requires hazardous-materials training for all ambulance personnel. EMS providers, including transport personnel and first responders, participate in hazardous-materials exercises.

In addition, the START ("Simple Triage and Rapid Transport") system is taught at all levels of response (first-responder, BLS, and ALS). The County Multi-Casualty Incident (MCI) plan is current and integrated into disaster training and practical exercise. MCI drills are conducted regularly (five or six times a year) by various fire agencies; the EMS Agency facilitates. Such drills include the local ambulance providers.

NEED(S): Ensure that all EMT-Paramedics are appropriately trained with respect to the Monterey County MCI plan.

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

TIME FRAME FOR MEETING OBJECTIVE:

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

8.14 **Universal Level: Hospital Plans**

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

All local hospitals are encouraged to integrate their disaster planning activities with the Operational Area and EMS plans.

The local EMS community, including the hospitals, participated in the annual statewide disaster drill.

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

OBJECTIVE: Facilitate regular disaster drills involving all four hospitals, the EMS Agency, and pre-hospital medical care agencies.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.15 Universal Level: Inter-hospital Communications

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

CURRENT STATUS: Minimum Standard met.

The hospitals currently have the ability to communicate with each other on MedNet Channel 2. The Medical Disaster Communications System (800 MHz) links the hospitals, the primary ambulance provider, the County Emergency Operations Center, the County Health Department, and the EMS Agency.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

8.16 Universal Level: Pre-hospital Agency Plans

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

NEED(S): Refine such written guidelines as necessary.

OBJECTIVE: Assist hospitals and pre-hospital medical response agencies with the continued refinement of their written guidelines for the management of significant medical incidents. Facilitate staff training as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.17 **Enhanced Level: Advanced Life Support**

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

CURRENT STATUS: Minimum Standard met.

Title 22, California Code of Regulations Section 100166(l) expressly authorizes EMT-Paramedics to function outside their home EMS systems during significant medical incidents. It provides as follows:

During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for that s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.

In addition, the Monterey County EMS Agency is working with the state EMS Authority and with the OES Region II Disaster Medical Health Coordinator to draft and execute standardized ambulance mutual-aid agreements throughout the Region.

Agreements have been established with Santa Cruz and San Benito County ambulance providers to ensure that the closest available ambulance responds, on either side of the County lines.

NEED(S): Standardized ambulance mutual-aid agreements throughout the OES Region II.

OBJECTIVE: Continue to work with the state EMS Authority and with the OES Region II Disaster Medical Health Coordinator to draft and execute standardized ambulance mutual-aid agreements throughout the Region.

TIME FRAME FOR MEETING OBJECTIVE:

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

8.18 **Enhanced Level: Specialty Care Systems**

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

CURRENT STATUS: Minimum Standard met.

The role of the STEMI receiving center does not change during significant medical incidents.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

8.19 **Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

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

CURRENT STATUS: Minimum Standard met.

Current policies and the County's ambulance-provider contracts waive exclusivity in the event of a significant medical disaster.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE: N/A.

MONTEREY COUNTY EMS PLAN

**SECTION 3
SYSTEM RESOURCES AND OPERATIONS**

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

Note: The California EMS System Standards and Guidelines have placed TABLE 1 (SUMMARY OF SYSTEM STATUS) in Section 2 of this Plan, above.

EMS System: Monterey County

Reporting Year: Fiscal Year 2009-2010

1. Percentage of population served by each level of care: **100% Advanced Life Support**
2. Type of agency: **Public Health Department**
3. The person responsible for day-to-day activities of EMS agency reports to:
Other – Director of Health (Ray Bullick)
4. Indicate the non-required functions that are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers/trauma care system planning	No
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	N/A
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service (Contracted)	Yes
Continuing education	Yes
Personnel training	Yes
Operation of EMS dispatch center (Contracted)	Yes
Non-medical disaster planning	Yes

Administration of critical incident stress debriefing (CISD) team	Yes
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund (Senate Bill 12/612) – MADDY	Yes
Other: _____	

5. EMS agency budget for Fiscal Year 2009-2010

A. EXPENSES

Salaries and benefits (all but contract personnel)	933,920
Contract Services (e.g., medical director)	150,000
Operations (e.g., copying, postage, facilities)	269,929
Travel	15,000
Fixed assets	-
Indirect expenses (overhead)	34,751
Ambulance subsidy	100,000
EMS Fund payments to physicians/hospitals	-
First-Responder Equipment	80,000
Training program operations	20,085
Critical Incident Stress Debriefing	-
Special projects	-
Other:	-
TOTAL EXPENSES	1,603,685

B. SOURCES OF REVENUE

Special project grant(s) from EMSA	0
------------------------------------	---

Preventive Health and Health Services Block Grant	0
Office of Traffic Safety	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	1,483,685
County contracts (e.g., multi-county agencies)	0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds/ Job Training Partnership Act funds/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 fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	120,000

Other grants	0
Other fees	0
Other: misc	50
Other: state reimbursements	0
TOTAL REVENUE	1,603,685

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

6. Fee structure for Fiscal Year 2009-20010

First responder certification	0
EMS dispatcher certification	0
EMT-I certification	0
EMT-I recertification	0
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/Authorized Registered Nurse training program approval	0
Base hospital application	0
Base hospital designation	0

Trauma center application		0
Trauma center designation		0
Pediatric facility approval		0
Pediatric facility designation		0
Other critical care center application		0
type: _____		
Other critical care center designation		0
type: _____		
Ambulance service license		0
Ambulance vehicle permits		950/vehicle/year
Other: _____		
Other: _____		

EMS System: Monterey County

Reporting Year: Fiscal Year 2009-20010

CATEGORY	ACTUAL TITLE	FTE POSITIONS	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)
EMS Admin./ Coord./Dir.	EMS Director	1.0	60.68	37.71%
Asst. Admin./ Admin. Asst./ Admin. Mgr.	EMS Analyst Finance Manager Management Analyst – III	2.0 0.4 1.0	39.54 44.79 42.62	37.71% 37.71% 37.71%
ALS Coord./ Field Coord./ Trng. Coord.				
Program Coord./ Field Liaison	EMS Instructor	1.0	30.56	
Trauma Coord.				
Med. Director	Medical Director	0.2	125.00	Contracted
Other MD/ Med. Consult./ Trng. Med. Dir.				
Disaster Med Planner				
Dispatch Supervisor				
Medical Planner				
Data Evaluator/ Analyst				
QA/QI Coordinator				
Public Info. & Ed. Coord.				
Ex. Secretary	Secretary	1.0	21.33	37.71%
Other Clerical	Principal Office Assistant	2.0	21.98	37.71%
Data Entry Clerk				
Other				

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

EMS System: Monterey County

Reporting Year: Calendar 2009 (Jan-Dec)

	EMT-Is	EMT-IIs Note 3	EMT-Ps	Note 2	EMS Dispatchers
Total certified	692	N/A	N/A		11
Total accredited	N/A	N/A	142		N/A
Number of newly certified this year	84	N/A	N/A		1
Number of recertified this year	227	N/A	N/A		0
Number of certificate reviews resulting in:	Note 1	N/A	N/A		N/A
(a) formal investigations	17				
(b) probation	16				
(c) suspensions	0				
(d) revocations	1				
(e) denials	0				
(f) denials of renewal	0				
(g) no action taken	27				

Note 1: EMT-1LiveScan Background Investigations required after 7/1/08; EMT2010 effective 7/1/10

Note 2: MICN Program has been terminated; base hospital coordinator remains.

Note 3: Monterey County does not have an EMT-II (Advanced EMT) Program.

1. Number of EMS dispatchers trained to EMSA standards: **11**
2. Early defibrillation:
 - a. Number of EMT-I (defib) certified: **260**
 - b. Number of public safety (defib) certified (non-EMT-I): **191**
3. Do you have a first-responder training program? **Yes**

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

EMS System: Monterey County
 County: Monterey
 Reporting Year: 2009

1. Number of primary Public Service Answering Points (PSAP): **3**
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**
 - a. Radio primary frequency: EOC-to-EOC **458.4/453.4**
 - b. Other methods: **TENS, EDIS, EAS, and Emergency Bulletins (Fax/Internet)**
 - c. Can all medical response units communicate on the same disaster communications system? **Yes**
 - d. Do you participate in OASIS? **Yes**
 - 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**
6. Who is your primary dispatch agency for day-to-day emergencies?
County Emergency Communications
7. Who is your primary dispatch agency for a disaster?
County Emergency Communications

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

EMS System: Monterey County
 County: Monterey
 Reporting Year: 2009

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas:	3
2.	Percentage of population covered by Exclusive Operating Areas (EOA):	100%
3.	Total number responses	28,751
	a. Number of emergency responses (AMR& CRFA)	26,180
	b. Number of non-emergency responses	2,571
4.	Total number of transports (AMR& CRFA)	21,092
	a. Number of emergency transports	18,581
	b. Number of non-emergency transports	2,511

Early Defibrillation Programs

5.	Number of public safety defibrillation programs	43
	a. Automated	43
	b. Manual	0
6.	Number of EMT-Defibrillation programs	N/A
	a. Automated	N/A
	b. Manual	N/A

Air Ambulance Services (Calendar Year 2007)

- 7. Total number of responses **550**
 - a. Number of emergency responses **441**
 - b. Number of non-emergency responses **109**

- 8. Total number of transports **385**
 - a. Number of emergency (scene) responses **292**
 - b. Number of non-emergency responses **93**

SYSTEM STANDARD RESPONSE TIMES* (90TH PERCENTILE)

	METRO/ URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	N/A	N/A	N/A	N/A
2. Early defibrillation capable responder.	N/A	N/A	N/A	N/A
3. Advanced life capable responder.	8 minutes	12 minutes	N/A	N/A
4. EMS transport unit.	8 minutes	12 minutes	ASAP	N/A

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

EMS System: Monterey County

Reporting Year: 2009

Trauma care system

Trauma patients: **Unknown**

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

Emergency departments:

- Total number of emergency departments: **4**
- a. Number of referral emergency services **0**
- b. Number of standby emergency services **0**
- c. Number of basic emergency services **4**
- d. Number of comprehensive emergency services **0**

Receiving Hospitals:

- a. Number of receiving hospitals with written agreements **4**
- b. Number of base hospitals with written agreements **3**

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

EMS System: Monterey County

County: Monterey

Reporting Year: 2009

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? N/A

2. CISD

Do you have a CISD provider with 24 hour capability? Yes

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Level A (Highest)
 - 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?
12 cities + approximately 20 special districts
3. Have you tested your MCI plan this year in a:
- a. real event? **Yes**
 - b. exercise? **Yes**
4. List all counties that you have a written medical mutual aid agreement with. **None**
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 area to participate in disaster planning and response? **No**
7. Are you part of a multi-county EMS system for disaster response? **No**
8. Are you a separate department or agency? **No**
9. If not, to whom do you report? **Monterey County Director of Health**
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **N/A**

**TABLE 8: RESOURCES DIRECTORY
Approved Training Programs**

EMS System:	Monterey County
County:	Monterey
Reporting Year:	2009
Training Institution Name/Address:	Monterey Peninsula College 980 Fremont Street Monterey, CA 93940
Contact Person telephone no.:	EMS (831) 646-4034
Student Eligibility:	Open
Cost of Program (basic/refresher):	Basic \$252 + no fee for book Refresher \$0
Program Level:	EMT-I
Number of students completing training per year:	
initial training:	85
refresher:	None
cont. education:	None
expiration date:	Continuous
Number of courses:	
initial training:	2
refresher:	None
cont. education:	None

Training Institution Name/Address: **Hartnell College**
156 Homestead Avenue
Salinas, CA 93901

Contact Person telephone no.: **Nursing Department**
(831) 770-6145

Student Eligibility: **Open**

Cost of Program (basic/refresher): **Basic \$195 + books**
Refresher \$30 + book

Program Level: **EMT-I**

Number of students completing training per year:

initial training: **25**

refresher: **10**

cont. education: **None**

expiration date: **Continuous**

Number of courses:

initial training: **1**

refresher: **1**

cont. education: **None**

Training Institution Name/Address:	Monterey Peninsula Unified School District - ROP 222 Casa Verde Monterey, CA 93940
Contact Person telephone no.:	(831) 373-4600
Student Eligibility:	Open
Cost of Program (basic/refresher):	Basic \$70 + books Refresher \$0
Program Level:	EMT-I
Number of students completing training per year:	
initial training:	20
refresher:	None
cont. education:	None
expiration date:	Continuous
Number of courses:	
initial training:	1
refresher:	1 as part of the initial course
cont. education:	None

TABLE 9: RESOURCES DIRECTORY
Dispatch Agency

EMS System:	Monterey County
County:	Monterey
Date:	2009
Name, address, & telephone:	Monterey County Emergency Services Center 1322 Natividad Road Salinas, CA 93906 (831) 796-6444
Primary Contact:	Douglas Petrick General Manager American Medical Response – West (Monterey)
Written Contract:	Yes
Ownership:	Private; EMD located in a public facility
Medical Director:	Yes
Day-to-Day	Yes
If Public (Other):	Emergency Communications Center (PSAP)
If Public:	County
Number of personnel providing services:	
(a) EMD-Training	0
(b) EMT-D	11
(c) ALS	0
(d) BLS	0
(e) LALS	0
(f) Other	0

MONTEREY COUNTY EMS PLAN

SECTION 4 AMBULANCE ZONE SUMMARY

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area
Name of Current Provider(s): AMR-West
Area or Subarea (Zone) Geographic Description: The geographic and legal boundaries of Monterey County
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive via competitive process with Board approval
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): ALS Emergency Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 4 31, 2010.

AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #2 Carmel by the Sea
Name of Current Provider(s): Carmel Regional Fire Ambulance Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or Subarea (Zone) Geographic Description: City of Carmel by the Sea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS Emergency Ambulance
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.

AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District
Name of Current Provider(s): Carmel Regional Fire Ambulance Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or Subarea (Zone) Geographic Description: East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS Emergency Ambulance