

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



August 5, 2015

Mr. John Eaglesham, Director
Santa Barbara County EMS Agency
300 N. San Antonio Road
Santa Barbara, CA 93110

Dear Mr. Eaglesham:

This letter is in response to your 2014 Santa Barbara County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Santa Barbara County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Santa Barbara County for the following years: 1995, 2005, 2006, 2010 and, most current, its 2014 plan submission.

Santa Barbara County received its last Five-Year Plan approval in 1996 for its 1994 plan submission, and its last annual Plan Update approval in 2012 for its 2010 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Santa Barbara County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S § 1797.103 are indicated below:

- | | Approved | Not
Approved | |
|----|-------------------------------------|--------------------------|------------------------------------|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | System Organization and Management |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Staffing/Training |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Communications |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Response/Transportation |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Facilities/Critical Care |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Data Collection/System Evaluation |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Public Information and Education |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disaster Medical Response |

IV. Conclusion:

Based on the information identified, Santa Barbara County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Santa Barbara County's annual EMS Plan Update will be due on August 5, 2016.

If you have any questions regarding the plan review please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachment

Santa Barbara 2014 EMS Plan
 Approved Transportation Plan

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Service Area 1		X	Non-Competitive	X				X							
Service Area 2	X														
Service Area 3		X	Non-Competitive	X				X							

Santa Barbara County

PUBLIC Health



DEPARTMENT

Emergency Medical Services Plan



Submitted by the
Emergency Medical Services Agency

May 2015

SANTA BARBARA COUNTY EMS PLAN

TABLE OF CONTENTS

Article I.	SANTA BARBARA COUNTY EMS PLAN	0
Article II.	SECTION I - ACKNOWLEDGEMENTS.....	1
Section 2.01	ACKNOWLEDGEMENTS	1
Section 2.02	EXECUTIVE SUMMARY	2
Article III.	SECTION II – ASSESSMENT OF SYSTEM	4
Section 3.01	TABLE 1: SUMMARY OF SYSTEM STATUS.....	4
Section 3.02	B. STAFFING / TRAINING	6
Section 3.03	C. COMMUNICATIONS.....	7
Section 3.04	D. RESPONSE / TRANSPORTATION.....	8
Section 3.05	E. FACILITIES / CRITICAL CARE.....	10
Section 3.06	F. DATA COLLECTION / SYSTEM EVALUATION	11
Section 3.07	G. PUBLIC INFORMATION AND EDUCATION	12
Section 3.08	H. DISASTER MEDICAL RESPONSE	13
Article IV.	SECTION III – MINIMUM STANDARDS AND RECOMMENDED GUIDELINES	14
Section 4.01	A. SYSTEM ORGANIZATION AND MANAGEMENT	14
Section 4.02	B. STAFFING / TRAINING	42
Section 4.03	C. COMMUNICATIONS.....	55
Section 4.04	D. RESPONSE AND TRANSPORTATION	65
Section 4.05	E. FACILITIES / CRITICAL CARE.....	87
Section 4.06	F. DATA COLLECTION SYSTEM EVALUATION	101
Section 4.07	G. PUBLIC INFORMATION AND EDUCATION	112
Section 4.08	H. DISASTER MEDICAL RESPONSE	116
Section 4.09	TABLE 2. SYSTEM ORGANIZATION AND MANAGEMENT	135
Section 4.10	TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING	142
Section 4.11	TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS.....	143
Section 4.12	TABLE 5: SYSTEM RESOURCES AND OPERATIONS	144
Section 4.13	TABLE 6: FACILITIES/CRITICAL CARE	146
Section 4.14	TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL	147

Article V.	SECTION IV – RESOURCES DIRECTORY	149
Section 5.01	TABLE 11: RESOURCES DIRECTORY – ALS OR EMD DISPATCH CENTERS	176
Article VI.	SECTION V – DESCRIPTION OF PLAN DEVELOPMENT PROCESS	178
Article VII.	SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS.....	179
Section 7.01	AMBULANCE ZONE SUMMARY	179
Section 7.02	SANTA BARBARA COUNTY AMBULANCE SERVICE AREAS	180
Section 7.03	ZONES 1 AND 3 ARE EXCLUSIVE OPERATING AREAS (EOA)	180
Article VIII.	SECTION VII – APPENDICES.....	184
Section 8.01	APPENDIX A – STRATEGIC PLAN	184
Section 8.02	APPENDIX B – ORGANIZATIONAL CHARTS	192
Section 8.03	APPENDIX C – PRIMARY SHELTER	193
Section 8.04	APPENDIX D – DEFINITIONS AND ABBREVIATIONS	194

SECTION I - ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

This EMS Plan was completed through the collaborative efforts of representatives from the following organizations: American Medical Response (AMR), Carpinteria/Summerland Fire Protection District, Montecito Fire Protection District, Santa Barbara City Fire Department, Santa Barbara County Fire Department, Lompoc City Fire Department, Santa Maria City Fire Department, Guadalupe Volunteer Fire Department, Vandenberg Fire Department, members of the Emergency Medical Advisory Committee (EMAC), the Disaster Healthcare Coalition and the Trauma System Committee (TSC). Santa Barbara County would not have the excellent system it has today without the dedication of these emergency medical professionals. We would also like to recognize our hospitals; Cottage Health System (Santa Barbara Cottage, Goleta Valley Cottage & Santa Ynez Valley Cottage Hospital), Lompoc Valley Medical Center and Marian Regional Medical Center who offer support to the Agency and give so much back to the community every day. The County's Public Safety Dispatch Center who provides Emergency Medical Dispatching for the 911 medical calls in the county and the other public safety answering points that recognize critical medical calls and transfer the caller for EMD and dispatch first response services. Our Law Enforcement Community who are often first on scene of an emergency but are not sufficiently recognized for the valuable role they have in EMS.

I would like to thank the EMS Agency Staff and EMS Medical Director, Dr. Angelo Salvucci, for his dedication to improving emergency medical services throughout Santa Barbara County and his forward thinking and leadership with the EMS Agency. Dr. Salvucci provides the knowledge base and energy that makes us strive for continuous improvement and performance. The EMS Agency staff for their dedication and ongoing commitment to strengthen the EMS system, putting the patient first in all we do. Our County is also fortunate to have a strong Medical Reserve Corps (MRC) of volunteers who are always ready to respond when called; they truly are an inspiration. I would also like to acknowledge the community at large, many who have taken First Aid, CPR and other injury prevention training programs and are often found providing care, comfort, scene safety or just a helping hand that reminds us all of why we strive continuously for excellence. It is a pleasure and honor to work in Santa Barbara County's EMS system.

John H. Eaglesham
Director, Emergency Medical Services
Santa Barbara County
Public Health Department

EXECUTIVE SUMMARY

EMS Plan

Division 2.5 of the California Health and Safety Code, Section 1797.254 states *“Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to the EMS Systems, Standards, and Guidelines established by the authority.”* A requirement as well as a strategic planning document, an EMS Plan is an opportunity for Santa Barbara County to demonstrate its compliance to state minimum standards. The main body of this plan contains 121 evaluation points for Santa Barbara County to benchmark its system. This plan confirms that Santa Barbara County is meeting the minimum standards and in many cases exceeding recommended guidelines. In submitting this plan, we acknowledge that a vast partnership of community based organizations form the heart of a quality EMS system. It is through partnerships with these organizations and adherence to the highest standards of care that we will ensure Santa Barbara County continues to be a leader in the provision of Emergency Medical Services.

Plan Content

The Santa Barbara County EMS Agency is responsible for the planning, administering, monitoring and evaluation of the EMS system. State law requires EMS agencies to develop plans for the delivery of emergency medical services to the victims of sudden illness or injury within the geographic area served by the agency. There are eight EMS system components as defined by the California EMS Authority and this plan evaluates our system against the expected Minimum Standard and/or Recommended Guidelines. The eight main components to an EMS Plan are:

- System Organization and Management
- Staffing and Training
- Communications
- Response and Transportation
- Facilities and Critical Care
- Data Collection and Evaluation
- Public Information and Education
- Disaster Medical response

In addition to conforming to the plan requirements above we chose to include our Strategic Plan as an attachment to this document. Santa Barbara County EMS Agency’s Strategic Plan was developed to be integrated into the EMS Plan as an additional roadmap for the agency in our continuing process of communicating with our system partners and planning for the future. The plan’s goals are to enhance agency performance measures by:

- Linking performance measures more directly to the outcomes identified in the EMS plan
- Involving staff in the development and ownership of performance measures and for these measures to be more meaningful and useful to staff in managing and tracking their efforts
- Encouraging staff to review current performance measures in an effort toward more rigorous efficiency, effectiveness, and outcome measures

This Strategic Plan will be the guide to keep us on the path toward our vision *“To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services.”*

Future Challenges

Many components of the EMS Plan have been implemented but we continually strive to enhance the system:

- California needs to assess 911 mobile call routing to ensure the call is directed to the most appropriate PSAP.
- Many calls for 9-1-1 medical responses are not life threatening and cause limited resources to be depleted. A system-wide approach based on California's Emergency Medical Services Dispatch Program Guidelines must be established to ensure that all medical calls received by PSAPs are processed in accordance with standard EMD practices, including caller interrogation, prioritization of calls and responses, and standardized post-dispatch instructions to callers.
- EMS Clinical Data System – We anticipate reaching a significant milestone with the implementation of a new patient care report system, ImageTrend, by the end of 2014. We have provided new hardware for all fire agencies, with the assistance of homeland security funds and the ImageTrend software purchased by American Medical Response as part of a contract responsibility, for all ALS and BLS transport and non-transport providers. EMS Agency staff will have the ability to review clinical and performance data for all patients seen through the 9-1-1 system from point of dispatch to delivery into the emergency department.
- Health Information Exchange (HIE) organization will be an important area in the future for the EMS Agency. Having access to hospital outcome information that is linked to pre-hospital patient care reports will close the missing link and provide the EMS Agency with the ability to enhance system improvement efforts.
- Develop a Stroke system for Santa Barbara County with the designation of Stroke Centers, focused performance improvement activities and policy and treatment protocols that support a Stroke system, by August 2015.

This plan will be the framework for all local participants and committees, using the short and long range system improvement. This plan will also be reviewed and updated annually with a summary identifying progress or status on long range plans. It is important that all system participants and organizations realize that EMS is a dynamic service and that the influence of, changes to standards of care, healthcare financing and clinically based prehospital medicine will impact the way EMS services are provided.

SECTION II – ASSESSMENT OF SYSTEM

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING / TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

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

RESPONSE / TRANSPORTATION (continued)

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

E. FACILITIES / CRITICAL CARE

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

F. DATA COLLECTION / SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

SECTION III – MINIMUM STANDARDS AND RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency has a formal organizational structure that includes a EMS Director, Medical Director, EMS Specialist/Disaster Coordinator, Disaster Preparedness Administrator, Performance Improvement Coordinator/Trauma, EMS Performance Improvement Coordinator/EMD, Disaster Preparedness Planner, Emergency Planner, and a .5 FTE Car Seat Technician. The EMS Agency was designated by the Santa Barbara County Board of Supervisors to be a division of the Public Health Department. The EMS Agency's affiliation with the Public Health Department gives it many non-agency resources including information technology, injury prevention, environmental health, health statistics, and epidemiology.

COORDINATION WITH OTHER EMS AGENCIES:

NEED (S):

The Agency will continue to: Identify staffing needs, review and modify job descriptions and employee classifications; evaluate non-agency resources and establish relationships with the goal of enhancing the EMS Agencies technical and clinical expertise.

OBJECTIVE:

Continue to align staffing positions, finances, and tasks to meet the needs of the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

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:

Meets Standard. The EMS Agency facilitates a system-wide continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services using prospective, concurrent, retrospective and reporting/feedback activities. In addition, performance-based contract reviews provide comprehensive oversight and control of EMS providers.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Barbara, Ventura and San Luis Obispo have formed tri-county regional Trauma Improvement Committee.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

Each local EMS agency shall have a mechanism 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:

Meets Standard. The EMS Agency currently utilizes the Emergency Medical Advisory Committee (EMAC), Contract Compliance Committee (CCC), and the Out of Hospital Executive Committee (OHEC) to receive consumer and health care provider input and advice. EMAC includes representatives from all hospital emergency departments and ALS prehospital system providers. Our CCC make up includes representatives from the County Supervisorial Districts, City Administration, hospital association, and representatives from other stakeholder organizations.

Additional committees that provide medical input, advice and support to the EMS Agency are; Medical Director's Committee, Continuous Quality Improvement Committee, Disaster Medical and Healthcare Coalition, Tri-County Trauma Audit Committee and the Trauma System Advisory Committee. Representatives who serve on these committees provide a valuable resource to the Agency and offer an opportunity to interact and learn from the public and users/observers of the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to seek out public input from various sources and venues.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

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 prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The EMS Agency's medical director is engaged by contract. The terms of the contract specify and require that the medical director's qualifications, roles and responsibilities meet this standard and the recommended guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard

NEED (S):

Meets standards

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.05 System Plan

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 defined in Section II), and provide a methodology and time line for meeting these needs.

CURRENT STATUS:

Meets standard. This is a countywide EMS Plan developed by Santa Barbara County for submission to the State EMS Authority. The plan assesses how the County EMS system meets the State guidelines, identifies system needs and provides objectives with timeframes for addressing identified needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Utilize the EMS Plan and our Strategic Plan as a basis for providing objectives and time lines for meeting EMS system needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.06 Annual Plan Update

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:

- 1) Meets Standard with submission and approval of this document.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Provide annual updates

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 Trauma Planning

STANDARD:

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

RECOMMENDED GUIDELINES

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The Santa Barbara County Trauma System Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority. This Trauma Plan designates trauma centers in Santa Barbara County. The Trauma System Advisory Committee (TSC) is comprised of representatives from stakeholder organizations within the county. These representatives provide for QA/QI, oversight and make recommendations that influence the trauma system. In addition Santa Barbara participates in a tri-county (VTA, SB and SLO) Trauma Audit Committee to provide for regional performance improvement. Santa Barbara has provided leadership for the South West Regional Trauma Coordinating Committee (SWRTCC) since 2008 to improve access to trauma care, foster regional communication and strengthen the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination is accomplished through formal and informal communication with adjacent EMS agencies, as well as regional participation.

NEED (S):

OBJECTIVE:

Continue to utilize the approved, comprehensive Trauma Plan, and modify this plan as necessary to meet the systems needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 ALS Planning

STANDARD:

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

CURRENT STATUS:

Meets Standard. All emergency ambulances that respond to 9-1-1 calls within Santa Barbara County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

By informal reciprocal agreement with adjacent counties, mutual aid is provided as well as received.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory Resources

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:

Meets Standard. Annually through the CCC, EMS provider agencies furnish detailed information regarding EMS personnel and vehicles. The EMS Agency maintains an inventory of receiving facilities, including their special care capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Through the Emergency Medical Advisory Committee (EMAC) all facilities are surveyed at least annually to determine if there have been any changes in special care capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

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

RECOMMENDED GUIDELINES

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The EMS Agency has contracts with service and transportation providers in the event of a disaster who can help identify vulnerable populations and determine best method for transport/evacuation. Additionally, the Santa Barbara County EMS Agency continuously seeks to educate and assist organization and EMS provides providers in serving special needs populations. The EMS Agency annually updates information on facilities that serve special population and we have facilities mapped so we can quickly identify any facility that might be in directly impacted as a result of an emergency or disaster.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.11 System Participants

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. Standards have been developed and executed for the contracted system participants, identifying roles and responsibilities. Adherence to standards is ensured through EMS Agency quality assurance activities and contract compliance reviews. The EMS Agency has developed standards for air ambulance providers as well.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review and Monitoring

STANDARD:

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

CURRENT STATUS:

Meets Standard. EMS system operations are reviewed and monitored through CAD, E-PCR, Trauma Registry, CARES, and STEMI data systems, as well as QI reviews, and performance-based contract reviews. The EMS Agency provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system; documents compliance with performance-based contracts; enforces penalties for noncompliance; communicates findings of system reviews to affected system participants; and facilitates programs to improve operations efficiency and effectiveness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:

Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

Meets Standard. System operations are coordinated and refined on a continuous basis. The EMS Agency accomplishes this by coordinating the development of EMS planning documents, policies and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance-based contracts and agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to refine coordination of system operations, provide regular contact with all EMS system participants; promptly respond to all requests for information and assistance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy and Procedures Manual

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency policies and procedures manual is a dynamic document that is under continuous review, development and revision. Input is provided from the EMS Agency with advice from the appropriate specialty care committees and the consent of the Emergency Medical Advisory Committee (EMAC). The Policy and Procedures Manual is available to the public on the EMS Agency's web site.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

The Agency will continue to develop and refine the EMS policy and procedures manual to meet this standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency has contracts and written agreements in place with all base hospitals and ground transportation providers and ALS providers to enforce compliance with local EMS policies and procedures. All providers are in compliance with County EMS Policies and Procedures. These are monitored through regular quality assurance reviews and performance-based contract reviews. Unusual occurrences are investigated by the EMS Agency; corrective actions are taken when deemed appropriate.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

System Finances:

1.16 Funding Mechanism

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency is fully funded. On occasion the EMS Agency also receives grant funds for specific projects.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 Medical Direction

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 prehospital and hospital providers.

CURRENT STATUS:

Meets Standard. Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, Base Hospital agreements, and quality assurance reviews of service delivery. The County EMS Medical Director exercises medical control over the entire County EMS system.

The County has designated Base Hospital with roles and responsibilities identified in base hospital agreements. The base hospitals exercise direct medical control over all field responses.

Roles, responsibilities and relationships between prehospital and hospital providers are established in the EMS system protocols, policies and procedures, Base Hospital agreements, and provider agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Meets Standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 QA/QI

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The EMS Agency coordinates monthly CQI Committee meetings and activities for system providers to participate in and identify ways to improve our EMS system. The program involves all agencies and reviews prospective, concurrent, retrospective and reporting/feedback mechanisms. Each provider agency is required to submit their QA/ QI program to the EMS Agency for review and approval. Annually, the agency reviews each providers QA/QI plans and updates.

The EMS Agency has implemented a new electronic patient record system (ImageTrend) with all ALS first responders and ALS transport providers.

The EMS Agency Medical meets twice a year with all the hospital and EMS provider agency's medical directors to review and update treatment protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Continue to implement ImageTrend BLS pre-hospital patient care reports. Continue to develop standard QI reports utilizing ImageTrend.

OBJECTIVE:

Implement Implement ImageTrend with BLS providers by Dec. 2014.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures and Protocols

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 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 prehospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. Policies, procedures and protocols are in place for all of the above listed system components, as well as other clinical and operational situations. The County's Public Safety Dispatch Center (PSDC) EMD follows Pro QA and the EMS Agencies is responsible for QA/QI of EMD using Aqua system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to refine our policies and review process and encourage more active participation from all system providers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 DNR Policy

STANDARD:

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

CURRENT STATUS:

Meets Standard. A "Do Not Resuscitate" (DNR) policy is in place in accordance with the EMS Authority DNR and POLST guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

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:

Meets Standard. A "Determination of Death" policy is in place.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 Reporting of Abuse

STANDARD:

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

CURRENT STATUS:

Meets Standard. Reporting of Abuse policy is in place.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Interfacility Transfer

STANDARD:

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

CURRENT STATUS:

Meets Standard. Policies, procedures and dispatch protocols have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers. This is managed through the ALS ambulance contract, which includes a ground transport based Critical Care Transport (CCT) unit for critical level transports. Policies are reviewed annually as well as ongoing communications with our hospitals over proper activation and usage of the CCT resource. The EMS Agency also has an agreement with an air ambulance provider that is available in county to provide CCT between hospitals and respond to critical 911 medical calls per EMS policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Meets Standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.24 ALS Systems

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 GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All ALS services in Santa Barbara County have written agreements with the Santa Barbara County EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.25 On-Line Medical Direction

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 GUIDELINES:

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 which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All five (5) hospitals in Santa Barbara County have been designated as base hospitals. They each have written Base Station Agreements and provide on-line medical control by physicians or authorized registered nurse.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Trauma Care System

1.26 Trauma System Plan

STANDARD:

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

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority in 1999 and has been updated in FY2014/2015. Two hospitals have been designated as trauma centers; Santa Barbara Cottage Hospital (SBCH) is a Level II adult and pediatric facility and Marian Regional Medical Center (MRMC) is a Level III facility.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

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

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

CURRENT STATUS:

Santa Barbara Cottage Hospital was designated by the EMS Agency and received American College Surgeon (ACS) verification as a level II Pediatric Trauma center. The EMS Agency has policies and procedures for EMS providers to identify pediatric trauma patients and to transport to the most appropriate facility.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Exclusive Operating Areas

1.28 EOA Plan

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 which determines:

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

CURRENT STATUS:

Meets Standard. Santa Barbara County is divided into seven (7) ambulance service areas. All areas are served by ALS provider agencies. Zone 1, 3 & 5 are "grandfathered" EOA and conforms to 1797.224 of the Health and Safety Code continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. Service Areas 2, 4, 6 & 7 continue to utilize the existing providers who have historically served those areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Local EMS Agency

2.01 Assessment of Needs

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency monitors and assesses training needs for all prehospital personnel working in the County. Initial training and continuing education programs for prehospital providers are approved, monitored and reviewed regularly. Additional training needs are identified by QA/QI processes, changes or additions to existing policies. The EMS Agency host 6 annual EMS updates to keep participants informed and educated any changes in system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County EMS Agency has systems in place to approve and monitor EMS training and prehospital continuing education (CE) programs. EMS training programs are reviewed regularly to ensure compliance with standards. The Santa Barbara County EMS Agency audits programs and collects and analyzes data on an annual basis to determine educational needs and compliance with regulations pertaining to program availability.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

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

CURRENT STATUS:

Meets Standard. Policies and personnel are in place for the EMS Agency to accredit, authorize and certify prehospital medical personnel, according to State regulations. Specific policies are in place requiring that unusual occurrences that could impact EMS personnel certification be reported to The Santa Barbara County EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

The Santa Barbara County EMS Agency routinely works with the EMS Authority on accreditation and certification issues for purposes of information sharing and to ensure consistency with respect to certification decisions.

NEED(S):

OBJECTIVE:

Continue to review the mechanisms to accredit, authorize and certify prehospital personnel and conduct certification reviews in accordance with State regulations. Work towards streamlining EMT certification / recertification process, and paramedic local accreditation.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Dispatchers

2.04 Dispatch Training

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 GUIDELINES:

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

CURRENT STATUS:

Meets minimum standard. The Santa Barbara County EMS Agency has existing policies in place for training and orientation of EMD personnel. The County Communications Center uses ProQA EMD program that is approved by the EMS Medical Director. The center is responsible for dispatching ALS resources for all of Santa Barbara County. Santa Barbara County PSAP's are required to either provide EMD or transfer critical calls to County PSDC for EMD.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable with this Standard.

NEED(S):

OBJECTIVE:

Continue to review calls receive at PSAP's to ensure they are transferred, as appropriate for EMD.

TIME FRAME FOR MEETING OBJECTIVE: On-going

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All non-transport first response fire apparatus have AED units. All personnel are trained at the EMT-I level. A majority of law enforcement units carry defibrillation equipment.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Encourage placement of defibrillation equipment on all Law Enforcement units that are not currently so equipped.

OBJECTIVE:

Meet with law enforcement agencies to assess need for additional AED equipment and training, by June 30, 2015

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.06 Response

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.

RECOMMENDED GUIDELINES:

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:

Meets Standard and Recommended Guidelines. All first response agencies including the fire departments, lifeguards and industrial first aid teams are certified at the EMT-I level.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

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

CURRENT STATUS:

Meets Standard. All non-transporting EMS first responder organizations recognized by the Santa Barbara County EMS Agency operate under medical direction policies specified by the EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Transporting Personnel

2.08 EMT-I Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All emergency medical transport vehicles are staffed with a minimum of one person licensed at the EMT-P level and one certified at the EMT-I level.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable with this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Hospital

2.09 CPR Training

STANDARD:

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

CURRENT STATUS:

Meets Standard. Current CPR certification is required for all personnel who provide direct emergency patient care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support and all ED physicians are board certified.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.11 Accreditation Process

STANDARD:

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

CURRENT STATUS:

Meets Standard. By current policy, all ALS provider organizations are required to provide orientation to advanced life support personnel regarding system policies and procedures, and roles and responsibilities of providers within the local EMS, including quality assurance/quality improvement processes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.12 Early Defibrillation

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:

This standard no longer applicable due to change in regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

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

CURRENT STATUS:

Meets standard. Through Base Station agreements, the local EMS Agency requires base hospital personnel who provide medical direction to prehospital personnel to be knowledgeable in local EMS Agency protocols, policies and procedures and radio communications techniques.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.01 Communications Plan

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 responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and the Recommended Guidelines. The Santa Barbara County EMS Agency's communication policies require that all of the entities listed in the standard have communications capabilities with each other. Contracts with ALS providers require UHF, VHF, and cellular communications in each ALS transport unit and all first responder fire units have cellular phones. The EMS Agency has satellite phones and radios that are issued to local hospitals and other key healthcare partners.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Barbara County EMS maintains updated lists, email addresses and phone numbers of adjoining EMS agencies. Additionally, the county participates in the ReddiNet system.

NEED(S):

OBJECTIVE:

Continue to conduct monthly communication drill with healthcare and EMS Partners.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and Recommended Guidelines. The Santa Barbara County EMS Agency requires that all of the entities listed in the standard have two-way radio equipment to communicate on multiple frequencies and to also utilize cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.03 Interfacility Transfer

STANDARD:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities. This could be accomplished by cellular telephone.

CURRENT STATUS:

Meets Standard. The Santa Barbara County EMS Agency requires that all ambulance transport vehicles have two-way communications capabilities with all sending and receiving facilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

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:

Meets Standard, all units meet this standard with required communication equipment..

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.05 Hospitals

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and the Recommended Guidelines. All Santa Barbara County hospitals are on the ReddiNet system which allows for them to have real-time communications with each other and LEMSA in the event of a disaster or to ascertain services from another hospital. Additionally, all facilities utilize 800 megahertz communication radios and satellite phones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.06 MCI / Disasters

STANDARD:

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

CURRENT STATUS:

Meets the standard. The contract with the EOA provider and other ALS providers require UHF, VHF, and cellular communications in each ALS transport unit. The County EMS Agency reviews its communication capabilities on a regular basis through countywide disaster drills and review of communications policies. The ALS transport provider field supervisors have Reddinet for MCI response which is linked to hospitals and the EMS Agency. In addition field supervisor have satellite phones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Public Access

3.07 9-1-1 Planning / Coordination

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. Enhanced 9-1-1 systems are already in place in Santa Barbara County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

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:

Meets the standard. Written agreements with EMS providers throughout Santa Barbara County include the requirement for public education of the EMS System including the use of the 9-1-1 telephone system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The agreement with the contracted ALS ambulance provider requires they pay the county for EMD services. Cities that receive compensation as part of the allowed sub-contract are required to either provide or transfer critical, medical calls, cardiac, choking or childbirth to the County's PSDC for EMD.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Resource Management

3.10 Integrated Dispatch

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency's standard policy establishes a system-wide integrated dispatch for ALS providers using standardized communication frequencies. The contract with the EOA provider requires the submittal and approval of a System Status Plan that addresses peak demand issues and has a fine structure for late responses. Mutual Aid agreements are in place in the event they are deemed necessary. The EOA provider has a performance-based contract.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Santa Barbara County is divided into three (3) Ambulance Zones (service areas). Service Area 1 is an EOA that is "grandfathered" under 1797.224; which has continued the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. This is consistent with the initial EMS Plan and subsequent updates. Service Area 2 is a non-exclusive operating area and ALS transport services are furnished by provider agencies that have historically operated in those areas. Service Area 3 qualifies as an exclusive operating area applicable under 1797.224. BLS transport services were furnished by the Santa Barbara County Fire Department since 1974 until 1992 when they upgraded to ALS transport services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.02 Monitoring

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency has agreements with its ALS transport providers and ALS non transport providers, and through its contract with its EOA contractor, has agreements with all BLS providers. The agency monitors performance on a monthly basis and three times a year the EMS Contract Compliance Committee meets to review all agreements with providers to ensure compliance to those agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Complete this project within the year.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Through the Sheriff's Public Safety Communications Center, policies and procedures are in place to provide guidelines for EMS responders with appropriate response and transport criteria. Such policies include, but are not limited to: EMD Provider Agency Guidelines, Cancellation/Reduction of Ambulance Equipment at Scene, and Determination of Death criteria and Treatment Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.04 Prescheduled Responses

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Prescheduled Responses or Interfacility Transports (IFT) are defined as requests for ambulance services that originate from a licensed health care facility for transportation of a patient or patients to another licensed health care facility. Both the Contractor and the Public Safety Communications Center shall use an EMS Agency approved call prioritization algorithm to determine the most appropriate transport level. The Contractor shall respond and be on-scene at the originating facility within fifteen (15) to sixty (60) minutes depending on the urgency of the interfacility request. All transports including IFT's are monitored through the Contract Compliance Committee (CCC).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.05 Response Time Standards

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:

Meets the Standard. The Santa Barbara County EMS Agency has adopted a standard for ALS responses of 7:59 for Urban areas, 14:59 in Semi-rural and 29:59 in the Rural areas for a minimum of 90% of all 9-1-1 calls. The ALS agreement with AMR allows for subcontracting to several ALS fire agencies. These agencies are contracted to meet the 7:59 response time and the AMR transporting ambulance will meet a 9:59 minute response time in those contracted areas. Additionally there are agreements in place with other ALS and BLS agencies that stipulate minimum response time standards.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.06 Staffing

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:

Meets the Standard. Policies, procedures and contracts establish staffing and equipment requirements. All emergency medical transport vehicles currently meet state and local regulations for staffing and equipment. The agency conducts random inspections of the ALS ambulances for compliance to policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.07 First Responder Agencies

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:

Meets the Standard. All fire department first responders are integrated into the EMS System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Continue to build relationships with all first response entities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

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 prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

Meets the Standard. Current agreement and policies make provisions for the authorization of aircraft operations, including requesting of EMS aircraft, dispatching of EMS aircraft and patient destination.

All Medical Aircraft providers are required to present a quarterly report to the Santa Barbara County EMS Agency that consist of:

1. Total number of emergency calls for period
2. Number of cancellations
3. Number, type and destination of all transports
4. All relevant response and transport times

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.09 Air Dispatch Center

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Current policy mandates that all EMS aircraft requests shall be made through Santa Barbara County Public Safety Communications Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.10 Aircraft Availability

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 aeromedical services operating within the EMS area.

CURRENT STATUS:

Meets the standard. Current agreement and policies require aeromedical services operating within the EMS area to notify the Santa Barbara County EMS Agency when there is an interruption in their availability. Air Ambulances seeking to provide service in Santa Barbara County, regardless of their base of flight operations shall have an agreement on file with the local EMS Agency which shall hold them accountable to all policies and procedures of Air Medical Transport and/or response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.11 Specialty Vehicles

STANDARD:

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

RECOMMENDED GUIDELINES:

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:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency is made aware of specialized vehicles for EMS response through our association with our providers. The Sheriff's Public Safety Communications Center currently maintains an inventory of this equipment. Such equipment is available throughout the EMS system via dispatch policies and mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.12 Disaster Response

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:

Meets the Standard. If a disaster declaration is made, the County may suspend normal operations and the Contractor shall respond in accordance with the disaster plan. The following provisions may apply, as determined by the EMS Agency, during and after a disaster:

1. During such periods, the Contractor may be released, at the discretion of the EMS Agency, from response time performance requirements for all responses, including late run penalties. At the scene of such disasters, Contractor personnel shall perform in accordance with the County disaster plan.
2. A Contractor manager will respond to the Santa Barbara County Emergency Operation Center or EMS Agency Command Center to assist in the coordination of field services.
3. Contractor will relay anticipated needs for personnel, vehicles, medical supplies and equipment to the dispatch center.
4. At the County's request, Contractor will to the best of its ability, provide additional ambulance and personnel from its home fleet and or its other neighboring area operations.
5. Contractor will make all its Santa Barbara County based non-emergency transport vehicles available to County and will upgrade them to advance life support status using County and Contractor MCI supplies, as soon as possible.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.13 Inter-county Response

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

The Santa Barbara County EMS Agency has agreements with surrounding LEMSAs permitting inter-county responses. Additionally, in the agreement with the contracted ALS Ambulance provider, the County has agreed "to assist the Contractor in seeking reimbursement for its costs for any disaster relief monies. Such assistance shall be limited to processing claims for reimbursement equal to 100% of the direct cost of the services, or the allowable standby charge provided for herein, whichever is greater". The County has no financial responsibility for the costs or charges other than to provide assistance in processing the claim(s) for payment.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The contract with the EOA provider requires all field level staff to be trained at the ICS-100 level and Field Supervisors to the ICS-300 level within 60 days of employment or promotion. In addition all staff performing fieldwork under this Agreement will complete a HazMat Awareness program covering all aspects of HazMat response and medical treatment of decontaminated victims of hazardous materials exposure and at a minimum complete a training program on (CBRNE) at the awareness/operational level or an equivalent course as determined by the EMS Agency. The training will be compatible with national and California standards in this area.

Also, the ALS contracted transport provider has access to ReddiNet and is assigned medical communication and transport unit leader for an MCI.

All first response Fire Departments within Santa Barbara County meet or exceed this level of training. ICS is included in all levels of operational planning and used in all training drills and exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.15 MCI Plans

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Multi-casualty response plans and procedures were developed and approved by the Emergency Medical Advisory Committee. The plan follows applicable state standards and guidelines and is currently undergoing revision.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.16 ALS Staffing

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

CURRENT STATUS:

Meets the Standard. Through contracts and policy, all ALS ambulances are staffed with at least one person certified at the ALS level and one person staffed at the BLS level. While BLS EMT-Is have the necessary defibrillation training by means of the AED training associated with their CPR certification, the defibrillation equipment available on ALS ambulances does not fall within their accepted scope of practice.

The Santa Barbara County EMS Agency has made the determination that this staffing configuration meets the needs of our local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.17 ALS Equipment

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Current Local EMS Agency has specific policies for minimum equipment to be carried on an ALS ambulance. The LEMSA conducts inspections of all ALS ambulances and ALS apparatus.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Ambulance Regulation

4.18 Compliance

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:

Meets the Standard. The agency has a mechanism to comply with this standard through policies and written agreements. Verification is confirmed by conducting inspections and the submittal by providers of periodic written reports to the Contract Compliance Committee. Policies and procedures govern other elements of clinical care and system operations, as well.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

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

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

Meets Standard. The above standards have been achieved through provider agreements and EMS Policies and Procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The current provider(s) of ALS ambulance services for Service Area 1, 3 and 5 has been rendering services in the same manner and scope prior to January 1, 1981 and qualifies as a "grandfathered" provider under 1797.224. The remaining Service Areas, 2, 4, 6 & 7 ALS services are furnished by provider agencies that historically served those areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.21 Compliance

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:

Meets the Standard. By written agreement, the EOA provider must comply with applicable policies and procedures regarding system operations and patient care. Additionally, the Contract Compliance Committee (CCC) reviews the EOA provider's responses, operations and compliance to the various terms of the agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.22 Evaluation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. All providers are required to adhere to EMS policies and procedures regarding system operations and patient care. Additionally, the Contract Compliance Committee (CCC) reviews the EOA provider's responses, operations and compliance to the various terms of the Agreement. Through various committee the current system is continuously evaluated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities as well as patient capacity. The Santa Barbara County EMS Agency maintains ongoing communications with all acute care facilities through various means, including direct polling and reports through advisory committees.

The Santa Barbara County EMS Agency maintains written agreements with all Base Hospitals in the county, and specialty care facilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.02 Triage & Transfer Protocols

STANDARD:

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

CURRENT STATUS:

Meets Standard. Prehospital triage protocols and Trauma Transfer protocols are established in the Santa Barbara County EMS Agency Policy and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.03 Transfer Guidelines

STANDARD:

The local EMS agency, with the 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:

Meets Standard. The Santa Barbara County EMS Agency has written policies for critical care transfer of patients between facilities. Response times for transfers are included in the providers' compliance reports to the county and monitored and approved by the Contract Compliance Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.04 Specialty Care Facilities

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:

Meets Standard. In Santa Barbara County, all base hospitals are receiving hospitals. These facilities have written agreements with the EMS Agency that detail the rolls and responsibility of receiving hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.05 Mass Casualty Management

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Regularly scheduled drills test readiness for the management of mass casualties, communications and patient flow. The Santa Barbara County EMS Agency monitors the ReddiNet System on a daily basis to facilitate hospital communications and to monitor diversion status. The EMS Agency also conducts monthly communications tests through a Nextel network as an alternate/backup to ReddiNet and participates in the State's HavBed exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.06 Hospital Evacuation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Individual hospitals have their own disaster and multi-casualty plans and periodically conduct drills to assess their plan(s). Existing diversion criteria is in place for potentially affected hospitals. The PHD Disaster Preparedness section of the EMS Agency maintains a liaison with the Santa Barbara County Office of Emergency Services in reviewing and updating the Multi-Hazard Functional Emergency Response Plan. This plan includes consideration and planning for hospital evacuations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Advanced Life Support

5.07 Base Hospital Designation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. All five (5) hospitals in Santa Barbara County are designated as base hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.08 Trauma Care System Design

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:

Meets the Standard. The Santa Barbara County Trauma Plan and Policy and Procedures Manual address all of the listed elements. The Trauma Plan was received and approved by the Board of Supervisors on March 16, 1999 that meets current trauma regulations, and the State has received the Trauma Plan updates. The EMS Agency has designated Santa Barbara Cottage Hospital as a level II Adult and Pediatric Trauma Center and Marian Regional Medical Center as level III Trauma Center. There are various trauma committees but in particular the Trauma System Advisory Committee (TSAC) provides for system stakeholder participation and policy review.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.09 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Trauma center agreements go before the Board of Supervisors in a public process. There are various committee for system stakeholder and consumer input.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency is very involved with the Southwest Regional Trauma Coordinating Committee and the LEMSA has established a tri-county regional Trauma Audit Committee to support quality patient care. Also the Trauma System Advisory committee has a representative in the community that represents the community at large.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.10 Pediatric Design

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 critical 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 critical care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS: Meets the Standard.

- A) Hospitals have been surveyed and as part of the statewide pediatric readiness assessment the number and role of system participants have been determined.
- B) Pediatric trauma patients are triaged and/or secondarily transferred to the pediatric Level II trauma center. Policies are in place for ensuring training and equipment for care of pediatric patients.
- C) Pediatric Trauma care is monitored and evaluated through the Tri-county Trauma Advisory committee and the Trauma system Advisory Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Maintain a focused pediatric review process to ensure pediatric patients' needs are being met.

OBJECTIVE:

Continue to review pediatric issues and make system adjustments as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.11 Emergency Departments

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. All emergency department in the county participated in the pediatric readiness assessment. Issues identified as part of the assessment are discussed as part of the emergency department performance improvement meetings. In addition the EMS agency coordinated the following activities with hospitals and community partners.

- The Prevention Committee encourages illness and injury prevention activities for children. Examples include the Low Cost Bike Helmet and Car Seat Safety programs
- The CQI Committee conducted reviews focusing on specific pediatric training and equipment needs as necessary and makes recommendations regarding training for staff, equipment, and supplies; and for evaluation, stabilization and transport of children.
- The child car passenger program has expanded to provide better coordination and has scheduled events throughout the county.
- EMS Staff participate on the child death review committee to discuss preventable deaths.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System
5.12 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the Standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Public comment periods are provided before substantial modifications are made to the county's EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.13 Specialty System Design

STANDARD:

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

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

CURRENT STATUS:

Meets the Standard. Specialty care plans for trauma, and STEMI victims have been developed by the Santa Barbara County EMS Agency. These plans address the above components.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Develop a Stroke System to meet the needs of stroke victims by August 2015 that includes designation of a Stroke Receiving Center.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.14 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the Standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Public Comment periods are provided before substantial modifications are made to the county's EMS policies and procedures and presentation are made to the Board of Supervisor in a public forum.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.01 QA/QI Program

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 programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency has an active QA/QI program that is outlined in its Policies and Procedures Manual. Our program addresses the entire EMS system starting with the requirement that each provider agency must submit a Quality Improvement Plan to the EMS Agency for approval. The EMS Agency will evaluate the implementation of each providers plan at least annually and request revisions as needed. The committee is comprised of EMS staff, Medical Director, EMS representatives from all the Provider Agencies (BLS/Public Safety, ALS, and Base Hospitals). The committee's purpose is to:

1. Coordinate and monitor the quality of prehospital care and overall prehospital quality improvement activities for Santa Barbara County.
2. Provide a forum to develop a consistent approach to gathering and analyzing data and other quality improvement activities.
3. Provide guidance and support to quality improvement activities.
4. Identify quality improvement educational needs.
5. Facilitate/provide education.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Per Santa Barbara County EMS Agency policy, Electronic Patient Care Records (ePCR) are completed on all ALS patient responses and are maintained by ImageTrend for the EMS provider organizations. The EMS Agency has access to all records for quality improvement file.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

It is anticipated that all BLS first response agencies will also complete a ePCR by Dec. 2014.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard. Base Hospitals are required by county policy and written agreement to provide review and evaluation of system response and clinical performance through prehospital care audits. Through our QA/QI and Trauma and STEMI Committee efforts, the Santa Barbara County EMS Agency regularly reviews system response and clinical data, and takes appropriate action as necessary. The county's EMS data system (ePCR) is nearing its next stage of development with a planned completion date of December 2014.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.04 Medical Dispatch

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:

Meets the Standard. Currently, Emergency Medical Dispatch (EMD) is required as part of the ALS ambulance agreement and sub-contract in the County of Santa Barbara. The County Public Safety Communications Center provides EMD services. The EMS Agency is responsible for the quality oversight of all EMS calls using the Pro QA and the Aqua QA/QI program

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Continue to provide oversight to ensure all appropriate medical calls are transferred for EMS.

OBJECTIVE:

Continue to work with non EMD PSAP's to identify critical 911 medical calls in providing EMD services in their centers to transfer medical emergency calls to the EMD centers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.05 Data Management System

STANDARD:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency has implemented a countywide EMS Data system that links dispatch and prehospital data, using ImageTrend. Trauma registry data includes all data elements, including hospital data. The STEMI program collects specific data on STEMI activation for QI. In addition Santa Barbara County EMS Agency participates in the CARES national data system to enhance our ability to evaluate of system of care and to compare cardiac arrest outcomes against other EMS systems nationwide.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

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:

Meets the Standard. Many existing processes are used to evaluate EMS system design and operations, including response time data, QA/QI reviews, surveillance reports, and monitoring of contractor performance. The Contract Compliance Committee (public, fire, law, hospital, , community at large etc) evaluate all phases of emergency medical care in Santa Barbara County with the focus of system effectiveness at meeting community needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. All EMS system providers are required to submit data in a format approved by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.08 Reporting

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(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

Meets the Standard. The EMS Agency does not directly report to the Board of Supervisors with an annual report, however there are several recurring performance measures (RPM) the EMS agency is required to report to the County Executive Office. These RPM's are reported quarterly. Additionally, the Board of Supervisors is represented on the Contract Compliance Committee (CCC), which meets quarterly to evaluate the performance of all ALS and BLS providers. The CCC also approves/denies contractor response times, exemption requests and performance reports. Periodic presentations to the Board of Supervisors provide a public forum to present about the EMS system's performance ie, Trauma, STEMI, and Cardiac Care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Advanced Life Support

6.09 ALS Audit

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard. Current QA/QI processes are in place to evaluate base hospital and prehospital activities. Available data currently includes dispatch and prehospital elements. Emergency Department and in-hospital data are available For Specialty Trauma, STEMI, care and other medical care upon request.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

To work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital data collection system through participation in community health information exchanges organizations.

OBJECTIVE:

Participate in local Health Information Exchange organization meeting to facilitate the inclusion of EMS system data into the data exchange by July 15, 2015

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.10 Trauma System Evaluation

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:

Meets the standard. The county's Trauma Registry captures all necessary data elements for evaluating trauma care. The Tri-County Audit Committee audits trauma incidents for compliance to EMS policy, along with the Trauma System Advisory Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.11 Trauma Center Data

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard. Designated Trauma Centers are required to submit data to the county's Trauma Registry. The county's Trauma Audit Committee uses this data for QA/QI and system evaluation. The Trauma Advisory Committee also reviews trauma cases where care originates at non-trauma centers for purposes of evaluating triage decisions and transfers to higher levels of care.

COORDINATION WITH OTHER EMS AGENCIES:

Appropriate trauma center data is shared with the tri-county Trauma Audit Committee performance Improvement activities and system improvements.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

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

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.)
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The contractor for ALS ambulance services is encouraged to offer a variety of public education programs, including, but not limited to, EMS system use, citizen CPR and Public Access Defibrillation (PAD) programs, disaster preparedness, injury prevention, seat belt and helmet use, and infant/child car seats. Other public programs include blood pressure screening, speaking to community groups, and programs for school children and adolescents. The contractor is required to work collaboratively with other public safety and EMS related groups such as the California Highway Patrol, American Heart Association, the American Red Cross, and health care organizations to plan and provide public education programs.

As part of the Annual Compliance Report, the contractor is required to outline all community education activities provided over the preceding twelve (12) month period.

The Medical Reserve Corps (MRC) under the direction of the EMS Agency conduct public education activities and teach "hands only CPR" at local farmer markets and other health and safety fairs held in the community.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.02 Injury Control

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The EMS Agency's Disaster Preparedness planning, Car Seat and Bicycle Helmet Program are examples of some of the educational series supported by the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

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:

Meets the Standard and Recommended Guidelines. The EMS Agency and its Disaster Preparedness branch is routinely involved in disaster preparedness education activities in the community. Additionally, the EMS Agency has a website that provides information available to the public and the Medical Preparedness Advisory Committee (MPAC) objectives are to promote citizen disaster preparedness.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency routinely coordinates with multiple healthcare and public safety agencies including fire departments, law enforcement agencies, and first responder/ EMS providers for training, education dissemination and preparedness activities.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and recommended Guidelines. ALS providers per contact requirement provide public CPR education. The EMS Agency promotes community "hands only CPR" and tracks community events on our website and the number of community trained at these events.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning

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:

Meets the Standard. The EMS Agency and OES have formed a collaborative interdepartmental working relationship whereby they share information. In addition, planning efforts are presented at multiple committees, including the Medical Preparedness Advisory Committee, the Surge workgroup, Communications workgroup, the Training and Exercise Disaster workgroup and the Emergency Medical Advisory Committee. These committees continue to meet regularly and are committed to the ongoing development of overall Operational Area preparedness, response, and training, for all hazards incidents, and, mass casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs. Participate in Regional Disaster Medical Operational Program.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.02 Response Plans

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Santa Barbara County has a well-developed Multi-Hazard Functional Emergency Operations Plan that is maintained by the County's Office of Emergency Services (OES), and specific response plan to address the MHOAC function. The EOP provides for the coordination of all County departments, volunteer organizations, individuals and other political jurisdictions within Santa Barbara County in the performance of emergency tasks.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs, through the RDMHC program.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.03 HazMat Training

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The Santa Barbara County Fire Department has a FIRESCOPE Type 1 Hazardous Materials Team. The Santa Barbara City Fire Department and the Santa Maria City Fire Department have Hazardous Materials Level-A Teams. Environmental Health is the regulatory agency for business and household hazardous material waste management, environmental safety and ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary EMS provider in Santa Barbara County. AMR has completed training all its field personnel in the areas of WMD, HazMat Awareness and (CBRNE) at the awareness/operational level as part of its new contract requirements. Fire department first responders meet or exceed this level of training. EMS providers throughout the county have been provided with protective suits and Escape Hoods and the EMS Policy and Procedures Manual has been updated to reflect the use of this equipment.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. All first responder agencies follow the Standardized Emergency Management System (SEMS) during a WMD incident, natural disaster or multi casualty incident. The Incident Command System (ICS) is used at the field level and SEMS is utilized at the Operational Area level. Within the Emergency Operations Center (EOC) and Department Operation Center (DOC) unified command is utilized, with participating command staff being determined by the nature of the incident. The use of these standardized systems across response entities ensures that all responder agencies are able to communicate effectively and that response plans are written with these standard systems as a base.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. ReddiNet allows communication between the EMS Agency, the local EMS providers and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send assessments and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The field will initiate an MCI on the ReddiNet and will coordinate with the base hospital the distribution of casualties to the most appropriate facility. If the system becomes overwhelmed, the Santa Barbara County EMS Agency is available to assist with coordination activities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. ReddiNet allows communication between the EMS Agency and the local hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The system will initiate an MCI program on the ReddiNet System and will coordinate the distribution of casualties to the most appropriate medical facility. If the system becomes overwhelmed, The Santa Barbara County EMS Agency is available to assist with coordination activities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Santa Barbara County has several alert and notification systems in place including ReddiNet and a collaborative system with multiple departments using the California Health Alert Network (CAHAN). Each of the five hospitals, the contracted ALS transport provider and the EMS Agency are linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on the Internet. ReddiNet allows communication between the EMS Agency and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. Additionally, and as a redundancy to ReddiNet all hospitals are provided with an EMS 800 MHz portable radio and a satellite phone for emergency communications to the EMS Agency and Public Health Department Operations Center (DOC). These systems are tested monthly.

In addition Amateur Radio Emergency Service (ARES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of ARES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist or offer redundancy in communication. The county's five hospitals, Public Health Department, EMS Agency and OES have ARES capabilities.

COORDINATION WITH OTHER EMS AGENCIES: The EMS Agency work with the RDMHC program to coordinate with other LEMSA's within the region.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources

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 the service area.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard. The EMS Agency and its Disaster Preparedness section has a current list of all medical resources available to the community, public safety, first responders and or hospital/clinic systems. Protocols are established to discern levels of response and the distribution of resources. When a request is made it will then be coordinated and appropriate to the event at hand.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.09 DMAT Teams

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Should an event occur in Santa Barbara County that requires additional health care professionals, the local Medical Reserve Corps would be activated. The RDMHC system would be activate that might include incorporating State and Federal assets if additional resources were needed.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements

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, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

CURRENT STATUS:

Meets the Standard. The state of California has adopted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) in order to manage any disaster or large-scale incident. California already has an established Master Mutual Aid Agreement that includes Fire, Law Enforcement, the EMS Authority and all state agencies, including the University of California (UC) system. California is well organized into six mutual aid regions. These regions assist with Mutual Aid requests and assistance. If an incident occurs at the local level, and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government. Resources are exhausted at each level prior to requesting at the next higher level. Region I (Los Angeles, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a Medical Assistance Agreement between the two Regions. A Health Officer in Region I or VI can call another Health Officer in Region I or VI and request medical assistance. This Medical Assistance Agreement is and has been signed by 11 Board of Supervisors in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. All agencies in Santa Barbara County will follow SEMS for Mutual Aid requests. Coordination with other LEMSAs in monitoring agreements will continue.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.11 CCPs Designation

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:

Meets the Standard. Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. The Medical Health Operational Area Coordinator (MHOAC) is the EMS Agency director and has a position in the County EOC to coordinate the medical and public health response. CCP's and or Alternative Care Sites (ACS) can be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP/ACS includes parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCP/ACSs will be established near hospitals to make use of their resources, when possible.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

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:

Meets the Standard. Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. The MHOAC will be established and will help plan locations for a CCP, alternative care site or field treatment site. Locations will be based on the scope and magnitude of the event, number of victims, and weather. Communication links may be established by OES or the EMS Agency may use its cache of 800 MHz radios, UHF medical radios or satellite phones for all communications.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The maintenance of trained personnel is a critical issue in ensuring a competent workforce that is ready to respond during an emergency. In order to address this issue, the EMS Agency encourages on-going training for the first responder, medical, public health and emergency management communities. AMR, the EOA ALS ambulance contractor in Santa Barbara County is required by contract;

“All field level staff shall be trained at the ICS-100 level and all Field supervisors shall be trained at the ICS-300 level within 60 days of employment or promotion to supervisor level. In addition all staff performing fieldwork under this Agreement will complete a HazMat Awareness program covering all aspects of HazMat response and medical treatment of decontaminated victims of hazardous materials exposure and at a minimum a training program on (CBRNE) at the awareness/operational level or an equivalent course as determined by the EMS Agency. The training will be compatible will national and California standards in this area”.

All fire department first responders in Santa Barbara County maintain training and certification in ICS and FRO.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.14 Hospital Plans

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 GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Each of the five hospitals in Santa Barbara County are accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each of the 5 hospitals utilize the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. Santa Barbara County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, the exercise of plans and procedures remain a critical component of preparedness efforts. Each year, the EMS Agency coordinates with the healthcare community and the hospitals to participate in the Statewide Disaster Drill and other locally coordinated exercises. Each hospital is required to participate in two disaster exercises per year in order to maintain JCAHO accreditation these are typically coordinated by the LEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

During disaster exercises, EMS Agency, OES, AMR, healthcare partners, fire departments and hospitals all participate encompassing every possible venue for disasters and to standardize a system-wide response.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.15 Interhospital Communications

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Each of the five hospitals and the EMS Agency are linked to the ReddiNet and CAHAN system. ReddiNet is an alert and information system that is web based. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send assessments and memos to each of the hospitals in order to have inter-hospital communications during a disaster.

Additionally, and as a redundancy to ReddiNet all hospitals and EMS are linked through a radio system and satellite phone. These redundant communication systems are tested each month.

Amateur Radio Emergency Service (ARES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of ARES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist. Each of the County's 5 hospitals, Public Health Department and OES has ARES capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. As with the hospitals, each fire department and EMS provider in Santa Barbara County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures remain a critical component of preparedness efforts. Through cooperative planning and exercising, the County is better prepared for a major emergency. The purpose of exercising these plans are to test the response and recovery of local first responder and emergency management agencies, the medical and public health communities, private sector agencies, and local government. Interagency coordination, cooperation and communication are strengthened as a result of disaster exercises. Disaster exercises also provide an opportunity to identify policy decisions that would need to be made during an event, and allow response agencies to orient employees to their likely role during the response and recovery phases. Exercises provide field experience in the response to an event for both public and private organization personnel, and satisfy JCAHO requirements for hospital emergency preparedness. Most importantly, exercises test inter and intra-agency cooperation and communication. Exercising plans and response systems provides an invaluable learning experience, and the identification of lessons learned from each exercise enhances the probability that a jurisdiction will be operational when an event occurs.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of activities with other LEMSAs and RDMHC program as applicable.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Advanced Life Support

8.17 ALS Policies

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:

Meets Standard. Existing mutual aid agreements provide for response from other EMS systems. These agreements allow for ALS providers to perform according to their defined scope of practice as established by their county of origin.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Special Care Systems

8.18 Specialty Center Roles

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:

Meets the Standard. The Santa Barbara County hospital system includes 5 facilities that provide basic emergency services. Included in these is Cottage Health System, a network of 3 local hospitals. Of the 5 hospitals, Santa Barbara Cottage Hospital is designated as Level II adult and pediatric trauma center and Marian Regional Medical Center is designated as a Level III trauma center. All hospitals are base station hospitals. As medical surge capacity is key to the response to a natural disaster or terrorism incident, surge capacity issues are being addressed from a regional approach. Each hospital has surge capacity equipment. The Santa Barbara County EMS system is familiar with the START (Simple Triage and Rapid Treatment) Triage System.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency routinely coordinates with multiple public safety agencies and the RDMHC program, fire departments, law enforcement agencies, and first responder/ EMS providers for training and preparedness activities.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Exclusive Operating Areas / Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Contracts with providers holding exclusive operating areas require that the contractors participate in the county's mutual aid program and also require that the contractors develop their own mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

SECTION III – SYSTEM RESOURCES AND OPERATIONS

Table 2. System Organization and Management

EMS System: Santa Barbara County EMS Agency
 Reporting Year: FY2014/2015

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

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

Article IX. County: Santa Barbara

A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>

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

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

4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | <u>X</u> |
| Designation of other critical care centers | <u>X</u> |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | _____ |

SECTION III – SYSTEM RESOURCES AND OPERATIONS

Table 2. System Organization and Management

EMS System: Santa Barbara County EMS Agency
 Reporting Year: FY2014/2015

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

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

Article IX. County: Santa Barbara

A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>

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

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

4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|-------------------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | <u>X</u> |
| Designation of other critical care centers | <u>X</u> |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | <u> </u> |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency actuals for FY2014/2015

EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$ 780,004</u>
Contract Services (e.g. medical director)	<u>132,912</u>
Operations (e.g. copying, postage, facilities)	<u>233,290</u>
Travel	<u>8,166</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>38,747</u>
Ambulance subsidy	<u> </u>
EMS Fund payments to physicians/hospital	<u>\$561,480*</u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: Care Passenger & Bike Helmet Program	<u>\$15,215</u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	<u>\$1,208,334</u>

- These Funds are not included as part of the EMS Agency Budget

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	<u>N/A</u>
Office of Traffic Safety (OTS)	<u>N/A</u>
State general fund	<u>N/A</u>
County general fund	<u>\$ 52,100</u>
Other local tax funds (e.g., EMS district)	<u>N/A</u>
County contracts (e.g. multi-county agencies)	<u>N/A</u>
Certification fees/Initial Accreditation Fees	<u>\$ 25,989</u>
Training program approval fees	<u>N/A</u>
Training program tuition/Average daily attendance funds (ADA)	<u>N/A</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>N/A</u>
Base hospital application fees	<u>N/A</u>
Trauma center application fees	<u>N/A</u>
Trauma center designation fees	<u>\$200,000</u>
Pediatric facility approval fees	<u>N/A</u>
Pediatric facility designation fees**	
Other critical care center application fees	<u>N/A</u>
Type: _____	
Other critical care center designation fees	<u>\$30,000</u>
Type: STEMI	
Ambulance service fees	<u>\$746,796</u>
Contributions	<u>N/A</u>
EMS Fund (Padilla/Richie)	<u>\$127,034</u>
Other grants: County Fire for ImageTrend EPCR	<u>\$11,200</u>
Other fees:	<u>N/A</u>
Other (specify):	<u>N/A</u>
Other (specify): Vehicle code fines: Car Seat & Bike Helmet Violations	<u>\$15,215</u>
TOTAL REVENUE	<u>\$1,208,334</u>

** Adult & Pediatric Trauma fees combined

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

Table 2 - System Organization & Management (cont.)

Fee structure for <u> FY2014/2015 </u>	
<u> </u> We do not charge any fees	
<u> X </u> Our fee structure is:	
i) First responder certification	\$ <u> N/A </u>
ii) EMS dispatcher certification	<u> N/A </u>
EMT-I certification	<u> \$164.00 </u>
EMT-I recertification	<u> \$94.00 </u>
(b) EMT-defibrillation certification	<u> 00.00 </u>
i) EMT-defibrillation recertification	<u> N/A </u>
EMT-II certification	<u> N/A </u>
EMT-II recertification	<u> N/A </u>
EMT-P accreditation	<u> 209.00 </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u> N/A </u>
MICN/ARN recertification	<u> N/A </u>
EMT-I training program approval	<u> N/A </u>
EMT-II training program approval	<u> N/A </u>
EMT-P training program approval	<u> N/A </u>
MICN/ARN training program approval	<u> N/A </u>
Base hospital application	<u> N/A </u>
Base hospital designation	<u> N/A </u>
Trauma center application	<u> N/A </u>
Trauma center designation	<u> N/A </u>
Pediatric facility approval	<u> N/A </u>
Pediatric facility designation	<u> N/A </u>
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	<u> </u>
Ambulance vehicle permits	<u> N/A </u>
Other: <u>(39 licensed ambulances)</u>	<u> </u>
Other: _____	<u> </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of FY2014/2015.

Table 2 - System Organization & Management (cont.)

EMS System: Santa Barbara County EMS Agency

Reporting year FY2014/2015

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	\$51.31	51	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Agency Deputy Director Performance Improvement Coordinator- Contract Compliance	1	\$46.61	51	
Executive Secretary	Office Professional II	1	\$24.17		
ALS Coord./Field Coord./ Training Coordinator QA/QI Coordinator Trauma Program Manager	EMS Performance Improvement & Trauma Coordinator	1	\$46.61	51	
Program Coordinator/ Field Liaison (Non-clinical)	Disaster Preparedness Program Manager	1	\$43.93	51	
Data Evaluator/Analyst	Epidemiologist/BioStat	.50	\$35.25	51	
Fiscal	Cost Analyst	.18	\$43.08	51	
Information Technology Support	EDP System & Program Analyst II	.10	\$37.61	51	
Dispatch Supervisor	Staff Nurse Sr. EMD QI Coordinator	.5	\$36.32	N/A	Extra Help
Medical Director	EMS Medical Director	.3	Contract Position	N/A	Approx. \$93.00 hourly rate

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training
 EMS System: Santa Barbara County EMS Agency

Reporting Year: FY2014/2015

NOTE: Table 3 is to be reported by agency.

	1) EMT	2) EMT - IIs	3) EMT P	4) MICN	5) EMS Dispatchers
Total Certified	658	N/A	163	N/A	25 / 15
Number newly certified this year	104		12		3 / 0
Number recertified this year	230		75		0 / 15
Total number of accredited personnel on July 1 of the reporting year	334		160		
Number of certification reviews resulting in:					
a) formal investigations	1				0
b) probation	15				0
c) suspensions	0				0
d) revocations	2				0
e) denials	0				0
f) denials of renewal	0				0
g) no action taken	0				0

1. Number of EMS dispatchers trained to EMSA standards: 40
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1457
 - b) Number of public safety (defib) certified (non-EMT-I) 545
3. Do you have a first responder training program yes no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Santa Barbara County EMS Agency

Reporting Year: FY2014/2015

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		<u>3</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u>98%</u>
3.	Total number responses		<u>35495</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>30224</u>
	b) Number non-emergency responses	(Code 1: normal)	<u>5271</u>
4.	Total number of transports		<u>30051</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>24780</u>
	b) Number of non-emergency transports	(Code 1: normal)	<u>5271</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers		<u>10</u>
	a) Automated		<u>7</u>
	b) Manual		<u>3</u>
6.	Number of EMT-Defibrillation providers		<u>0</u>
	a) Automated		<u>0</u>
	b) Manual		<u>0</u>

Air Ambulance Services

7.	Total number of responses		<u>709</u>
	a) Number of emergency responses		<u>125</u>
	b) Number of non-emergency responses		<u>229</u>
8.	Total number of transports		<u>354</u>
	a) Number of emergency (scene) responses		<u> </u>
	b) Number of non-emergency responses		<u> </u>

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/ URBAN	SUBURBAN/SEMI- RURAL	RURAL	SYSTEMWIDE
BLS and CPR capable first responder	7:00	14:00	29:00	90%
Early defibrillation responder	7:00	14:00	29:00	90%
Advanced life support responder	7:59	14:59	29:59	90%
Transport Ambulance	7:59 / 9:59	14:59 / *16:59	29:59 / *32:59	90%

Note: 1) Santa Barbara County response areas do not fit within the states definition of Metro/Urban, Suburban/Rural and Wilderness. We have changed those categories to align with our contracts with providers.

2) *There are three small areas where the ALS ambulance provider subcontracts to a fire ALS provider. In those areas the ambulance has a two minute extension in response times. All other areas the ALS ambulance must meet the ALS responder timeframe.

TABLE 6: Facilities/Critical Care

EMS System: Santa Barbara County EMS Agency

Reporting Year: FY2014/2015

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- 1. Number of patients meeting trauma triage criteria (ACS) 1988
- 2. Number of major trauma victims transported directly to a trauma center by ambulance 1036
- 3. Number of major trauma patients transferred to a trauma center 0
 - * All patients within Santa Barbara County that met the CDC major trauma criteria were transported directly to a designated Trauma Center as dictated by EMS Policy 510; no outliers were identified by our trauma QI process.
- 4. Number of patients meeting triage criteria who weren't treated at a trauma center. 58
 - * These patients met the lower Step 3 or 4 criteria and by policy, based on physician direction were taken to the closest non-trauma center ED.

Emergency Departments

- Total number of emergency departments 5
- 1. Number of referral emergency services 0
- 2. Number of standby emergency services 0
- 3. Number of basic emergency services 4
- 4. Number of comprehensive emergency services 1

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements N/A
- 2. Number of base hospitals with written agreements 5

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Barbara County EMS Agency

Reporting Year: FY2014/2015

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? In Santa Barbara County, Casualty Collection Points (CCP's) are established when and where the disaster occurs, there are no specific pre-designated sites. CCP sites will include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCP's will be established at or near hospitals to make use of their resources. Additionally, there are over 40 predesignated locations (Golden Book) for medical sheltering, access and functional needs sheltering or other general/medical population shelter needs.

b. How are they staffed? A CCP will be staffed primarily with Public Health Department employees and/or Medical Reserve Corps volunteers. Additional volunteers such as CERT or hospital personnel can be utilized.

c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

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

3. Medical Response Team

a. Do you have any team medical response capability? yes X no

b. For each team, are they incorporated into your local response plan? yes X no

c. Are they available for statewide response? yes X no

d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? yes X no

b. At what HazMat level are they trained? FRA/FRO

c. Do you have the ability to do decontamination in an emergency room? yes X no

d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes X no
 - b. exercise? yes X no

- 4. List all counties with which you have a written medical mutual aid agreement.
 Region 1

- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no

- 6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no X

- 7. Are you part of a multi-county EMS system for disaster response? yes X no

- 8. Are you a separate department or agency? yes no X

- 9. If not, to whom do you report? Santa Barbara County Public Health

- 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A yes no

SECTION IV – RESOURCES DIRECTORY

Table 8: Resource Directory

Reporting Year: 2015

Transportation Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Barbara County Provider: American Medical Response Response Area: EMS Zones 1 & 2

Address: 240 East Highway 246 Suite 300 Number of Ambulances in Fleet: 33

Buellton, CA 93427

Phone Number: 800-688-6550

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 27

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
--	--	---	--

<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
---	---	---	---

Transporting Agencies

29,340	Total number of responses
26,042	Number of emergency responses
3,298	Number of non-emergency responses

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

Table 8: Resource Directory
Reporting Year: 2015

Transportation Providers

County: Santa Barbara County **Provider:** Santa Barbara County Fire Department **Response Area:** EMS Zone 3

Address: 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 **Number of Ambulances in Fleet:** 2

Phone Number: 805-681-5500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
---	---	--	---

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	--

Transporting Agencies

92 _____ Total number of transports
 92 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Services

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory
Reporting Year: 2015

Transportation Providers

County: Santa Barbara County **Provider:** Santa Barbara County Fire Department **Response Area:** EMS Zone 4
- UCSB

Address: 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 **Number of Ambulances in Fleet:** 2

Phone Number: 805-681-5500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
---	---	--	---

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	---	--

Transporting Agencies

461 Total number of transports
 461 Number of emergency transports
 _____ Number of non-emergency transports

Air Services

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory
Reporting Year: 2015

Transportation Providers

County: Santa Barbara County **Provider:** American Medical Response - Lompoc **Response Area:** EMS Zone 5

Address: 240 East Highway 246 Suite 300 **Number of Ambulances in Fleet:** 3

Buellton, CA 93427

Phone Number: 805-681-5500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
---	---	--	---

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/>	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	---

Transporting Agencies

3,649	Total number of responses
2,919	Number of emergency responses
730	Number of non-emergency responses

Air Services

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses

Table 8: Resource Directory
Reporting Year: 2015

Transportation Providers

County: Santa Barbara County **Provider:** Santa Barbara County Fire Department - Vandenberg Village/Mission Hills **Response Area:** EMS Zone 6

Address: 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 **Number of Ambulances in Fleet:** 2

Phone Number: 805-681-5500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
--	--	---	---

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	---	--

Transporting Agencies

525 Total number of responses _____
 525 Number of emergency responses _____
 Number of non-emergency responses _____

Air Services

_____ Total number of responses _____
 _____ Number of emergency responses _____
 _____ Number of non-emergency responses _____

Table 8: Resource Directory

Reporting Year: 2015

Transportation Providers

County: Santa Barbara County Provider: Vandenberg Air Force Base Response Area: EMS Zone 7

Address: 6 California Blvd., Building #17596 Number of Ambulances in Fleet: 2
Vandenberg Air Force Base, CA 93437-0000

Phone Number: (805) 606-7662 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
--	--	---	--

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Military</u></p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	--

Transporting Agencies

178 Total number of responses
 178 Number of emergency responses
 _____ Number of non-emergency responses

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013/2014

Transportation Providers

County: Santa Barbara County Provider: CALSTAR 7 Response Area: Operational Area

Address: 3996 Mitchell Road Number of Ambulances in Fleet: 2

Santa Maria, CA 93455

Phone Number: 805-938-9001 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Level of Service:</p>		
<p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>		

<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Explain: _____</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p>	<p>If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>
<p>Air Classification:</p>		
<p> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>		

Transporting Agencies

Total number of responses	
Number of emergency responses	
Number of non-emergency responses	

Air Services

Total number of responses	354
Number of emergency responses	
Number of non-emergency responses	

Table 8: Resource Directory
Reporting Year: 2015

Transportation Providers

County: Santa Barbara County Provider: Santa Barbara County Air Support Unit Response Area: Operational Area

Address: 4437 Calle Real Number of Ambulances in Fleet: 3

Santa Barbara Ca, 93110

Phone Number: 805-681-4100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
---	---	--	---

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>Law & Fire Unit</u></p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	--	---

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Services

Total number of responses 12
 Number of emergency responses 12
 Number of non-emergency responses _____

TABLE 8: Response Providers

County: Santa Barbara County Provider: Carpinteria-Summerland Fire Protection District Response Zone: Carpinteria Summerland District

Address: 911 Walnut Ave. Number of Vehicles in Fleet: _____

Carpinteria, CA 93013

Phone Number: 805-684-4591 Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 2 stations

<p><u>Written Contract:</u></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Medical Director:</u></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>System Available 24 Hours:</u></p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Level of Service:</u></p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<p><u>Ownership:</u></p> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<p><u>If Public:</u></p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<p><u>If Public:</u></p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<p><u>If Air:</u></p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<p><u>Air Classification:</u></p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1089 Total number of responses _____
 1089 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____
 _____ Number of emergency responses _____
 _____ Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

TABLE 8: Response Providers

County: Santa Barbara County Provider: Montecito Fire Protection District Response Zone: Montecito District

Address: 595 San Ysidro Rd. Number of Vehicles in Fleet: 3

Santa Barbara Ca. 93108

Phone Number: 805-969-3598 Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 2 stations

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Response Agencies

396 Total number of responses _____ Total number of transports _____
 396 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____ Total number of transports _____
 _____ Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

TABLE 8: Response Providers

County: Santa Barbara County Provider: Santa Barbara City Fire Response Zone: City of Santa Barbara

Address: 121 West Carrillo Street Number of Vehicles in Fleet: _____

Santa Barbara, CA 93101

Phone Number: 805-965-5254 Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 8 stations

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Response Agencies

5398 Total number of responses _____ Total number of transports _____
 5398 Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____ Total number of transports _____
 _____ Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

TABLE 8: Response Providers

County: Santa Barbara County **Provider:** Santa Barbara County Fire Department **Response Zone:** Goleta, Buellton, Solvang and county unincorporated areas

Address: 4410 Cathedral Oaks Rd. **Number of Vehicles in Fleet:** _____

Santa Barbara Ca, 93110

Phone Number: 805-681-5500 **Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day:** 16 stations

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> CCT <input type="checkbox"/> IFT</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Response Agencies

7982 Total number of responses _____
 7982 Number of emergency responses _____
 Number of non-emergency responses _____

Air Ambulance Services
 Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

TABLE 8: Response Providers

County: Santa Barbara County Provider: Lompoc City Fire Department Response Zone: City of Lompoc

Address: 115 South G Street Number of Vehicles in Fleet: _____

Lompoc Ca. 93436

Phone Number: 805-736-4513 Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 2 stations

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>
<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>			

Response Agencies

2574 Total number of responses _____ Total number of transports _____
 2574 Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____ Total number of transports _____
 _____ Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

TABLE 8: Response Providers

County: Santa Barbara County Provider: Santa Maria City Fire Department Response Zone: City of Santa Maria

Address: 314 W. Cook Street #8 Number of Vehicles in Fleet: _____

Santa Maria, Ca. 93458

Phone Number: 805-925-0951 Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 6 stations

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Response Agencies

5771 Total number of responses _____ Total number of transports _____
 5771 Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____ Total number of transports _____
 _____ Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

TABLE 8: Response Providers

County: Santa Barbara County **Provider:** Guadalupe City Fire Department **Response Zone:** City of Guadalupe

Address: C/O City Hall 918 Obispo **Number of Vehicles in Fleet:** _____

Guadalupe, CA 93434

Phone Number: 805-343-1444 **Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 station

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Response Agencies

302 Total number of responses _____ Total number of transports _____
 302 Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

Air Ambulance Services

_____ Total number of responses _____ Total number of transports _____
 _____ Number of emergency responses _____ Number of emergency transports _____
 _____ Number of non-emergency responses _____ Number of non-emergency transports _____

TABLE 9: FACILITIES

County: Santa Barbara County

Facility: Santa Barbara Cottage Hospital Telephone Number: 805-682-7111
 Address: PO Box 689, Pueblo at Bath Street
Santa Barbara, CA 93102-0689

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--	---	---

<p>Pediatric Critical Care Center¹</p> <p>EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Trauma Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	---	---

<p>STEMI Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Stroke Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Barbara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Santa Ynez Valley Cottage Hospital Telephone Number: 805-688-6431
 Address: 2050 Viborg Road
Solvang, CA 93463

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	--	---

STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Barbara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Goleta Valley Cottage Hospital Telephone Number: 805-967-3411
 Address: 351 S. Patterson Avenue
Santa Barbara, CA 93111

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--	---	---

<p>Pediatric Critical Care Center⁷</p> <p>EDAP⁸</p> <p>PICU⁹</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Trauma Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	---	--

<p>STEMI Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Stroke Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Barbara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Lompoc Valley Medical Center Telephone Number: (805) 737-3300
 Address: 1515 East Ocean Avenue
Lompoc, CA 93436

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	--	---

STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Santa Barbara County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marian Regional Medical Center Telephone Number: (805) 739-3000
 Address: 1400 East Church St
Santa Maria, CA 93454

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--	---	---

<p>Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵</p>	<p>Trauma Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	--	---

<p>STEMI Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Stroke Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

1 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 2 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 3 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency County: Santa Barbara Reporting Year: FY2014/2015

Training Institution Name Allan Hancock College	Contact Person telephone no. Michael Messina, EMS Chief Instructor
Address 800 South College Dr. Santa Maria, Ca. 93454	805-922-6966
Student Eligibility: *General Public	Cost of Program Basic \$85.00 Refresher \$50.00
	**Program Level: EMT-I Number of students completing training per year: Initial training: 60 Refresher: 40 Cont. Education Expiration Date: 01/17 Number of courses: 2 Initial training: 2 Refresher: 2 Cont. Education:
Training Institution Name National College of Technical Instruction (NCTI)	Contact Person telephone no. Michael McDonough, Chief Instructor
Address 5385 Hollister Ave, Building 9, Santa Barbara, CA 93111	(888) 609-6284
Student Eligibility: *General Public	Cost of Program Basic \$9,500.00 Refresher
	**Program Level: EMT-I & EMT-P Number of students completing training per year: Initial training: 35 Refresher: 0 Cont. Education 0 Expiration Date: 1/17 Number of courses: 2/4 Initial training: 2/4 Refresher: Cont. Education:

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: FY2014/2015

Training Institution Name **Carpinteria-Summerland Fire Protection District**
 Address 911 Walnut Ave.
 Carpinteria, CA 93013
 Contact Person telephone Michael Minge, Fire Chief
 (805) 684-4591

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 29 _____ Cont. Education 29 _____ Expiration Date: 01/17 _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 14 _____
---	--	--

Training Institution Name **Montecito Fire Protection District**
 Address 595 San Ysidro Rd, Santa Barbara,
 CA. 93108
 Contact Person telephone no. Chip Hickman, Fire Chief
 (805) 969-7762

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 24 _____ Cont. Education 24 _____ Expiration Date: 01/17 _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 12 _____
---	--	--

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency County: Santa Barbara Reporting Year: FY2014/2015

Training Institution Name Santa Barbara City Fire Department Contact Person telephone Patrick McElroy, Fire Chief
 Address 121 West Carrillo Street, Santa Barbara, CA 93101
 (805-965-5254)

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: 50_ _ Cont. Education 50 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 50
---	--	--

Training Institution Name Santa Barbara County Fire Department Contact Person telephone no. Michael Dyer, Fire Chief
 Address 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110
 (805-681-5500)

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 110 Cont. Education 110 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 55
---	--	--

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: FY2014/2015

Training Institution Name **Lompoc City Fire Department** Contact Person telephone **Kurt Latipow, Fire Chief**
 Address **115 South G Street, Lompoc Ca. 93436** (805-736-4513)

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: 27 _____ Cont. Education <u>27</u> Expiration Date: <u>01/17</u> Number of courses: <u>EMT-I</u> Initial training: _____ Refresher: _____ Cont. Education: <u>14</u>
---	--	---

Training Institution Name **Santa Maria City Fire Department** Contact Person telephone no. **Daniel Orr, Fire Chief**
 Address **314 W. Cook Street #8, Santa Maria, Ca. 93458** (805-925-0951)

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>37</u> Expiration Date: <u>01/17</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>75</u>
---	--	---

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency County: Santa Barbara Reporting Year: FY2014/2015

Training Institution Name Goleta Valley Cottage Hospital Contact Person telephone no. Leslie Houston, R.N.
 Address 351 S. Patterson Avenue (805) 967-3411 Emergency Dept.

Student Eligibility: * General Public	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>01/17</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>

Training Institution Santa Barbara Cottage Hospital Contact Person telephone Kelly Kam, R.N. Emergency
 Name PO Box 689, Pueblo at Bath Street, Santa no. Dept.
 Address Barbara, CA 93102-0689 (805) 682-7111

Student Eligibility: * General Public	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>01/17</u>
		Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>10</u>

• Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: FY2014/2015

Training Institution Name **Lompoc Valley Medical Center**

Contact Person telephone no.

Yvette Cope, R.N.
Emergency Dept.

Address
508 East Hickory St.
Lompoc, CA 93436

(805) 737-3300

Student Eligibility: *
General Public

Cost of Program

Basic _____
Refresher _____

**Program Level: EMT-P, EMT-I

Number of students completing training per year:

Initial training: _____
Refresher: _____
Cont. Education 120
Expiration Date: 01/17
Number of courses: _____
Initial training: _____
Refresher: _____
Cont. Education: 6

Training Institution Name
Santa Ynez Valley Cottage Hospital

Contact Person telephone no.

Kelly Kam, R.N. Emergency Dept.

Address
2050 Viborg Road
Solvang, CA 93463

(805) 688-6431

Student Eligibility: *
General Public

Cost of Program

Basic _____
Refresher _____

**Program Level: EMT-P, EMT-I

Number of students completing training per year:

Initial training: _____
Refresher: _____
Cont. Education 75
Expiration Date: 01/17
Number of courses: _____
Initial training: _____
Refresher: _____
Cont. Education: 6

* Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 11: RESOURCES DIRECTORY – ALS or EMD Dispatch Centers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: FY2014/2015

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

<p>Name, address & telephone: Santa Barbara County Public Safety Communications Center C/O Sheriff's Department, 4434 Calle Real Santa Barbara, Ca. 93110</p>		<p>Primary Contact: Commander Julie McCammon 805-681-4286</p>	
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: 33 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Law, Fire & EMS</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

<p>Name, address & telephone: Santa Barbara City Police Department Dispatch Center 215 East Figueroa Street, Santa Barbara, CA 93101</p>		<p>Primary Contact: Cam Sanchez, Police Chief 805-897-2300</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: 20 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Law & Fire</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

TABLE 11: RESOURCES DIRECTORY – ALS / EMD Dispatch Agencies (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: FY2014/2015

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

<p>Name, address & telephone: Vandenberg Air Force Base 6 California Blvd., Building #17596 Vandenberg Air Force Base, CA 93437-0000</p>		<p>Primary Contact:</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: 6 EMD Training EMT-D ALS BLS LALS 8 Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal</p> <p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Law & Fire</p>		

**SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS
AMBULANCE ZONE SUMMARY**

Division 2.5 California Health & Safety Code 1797.224

A local EMS agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals. Nothing in this section supersedes Section 1797.201.

Santa Barbara County Ambulance Areas

Santa Barbara County is divided into three ambulance operating zones. Zone 1 is an EOA encompassing 93% of the County of Santa Barbara. Zone 2 is a non-exclusive operating area containing the City of Lompoc and surrounding unincorporated areas including Mission Hills and Vandenberg Village and the Vandenberg Air Force Base, and Zone 3 is the Cuyama Valley that qualifies as an EOA under Section 1797.224 of the Health and Safety Code. There has been no change in providers for these zones since our last plan update.

The following map details the Ambulance Service Areas in Santa Barbara County.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Santa Barbara County Emergency Medical Services Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 (Service Area 1)</p>
<p>Name of Current Provider(s): (Include company name(s) and length of operation (uninterrupted) in specified area or subarea). American Medical Response of Santa Barbara County, serving Service Area 1 since 1980.</p>
<p>Area or subarea (Zone) Geographic Description: Zone 1 is the largest ambulance zone in Santa Barbara County covering approximately 93% of the county population. Zone 1 is described as the exclusive area designated by the County of Santa Barbara, as that portion of Santa Barbara County, California exclusive of that portion Eastward of Highway 166, 25 miles East of the junction of Highway 101 and 166, and all of Highway 33; and exclusive of the Lompoc Valley as defined in Service Area 2.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): (Include intent of local EMS agency and Board action). Service Area 1 is a "grandfathered" exclusive operating area (EOA) that conforms to 1797.224 of the Health and Safety Code continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. Service Area 1 is an EOA that was approved by the Santa Barbara County Board of Supervisors in 1980.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance, 9-1-1 Emergency Response.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Service Area 1 is an EOA that is "grandfathered" under 1797.224, continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. This is consistent with the initial EMS Plan and subsequent updates.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Santa Barbara County Emergency Medical Services Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 (Service Area 2)</p>
<p>Name of Current Provider(s): (Include company name(s) and length of operation (uninterrupted) in specified area or subarea). American Medical Response and the Santa Barbara County Fire Department are the primary ambulance services in Zone 2. Both agencies are under contract with the Santa Barbara County EMS Agency.</p>
<p>Area or subarea (Zone) Geographic Description: Zone 2 is the area designated by the County of Santa Barbara, as that portion of the Lompoc Valley beginning with the intersection of Northern boundary of Vandenberg Air Force Base and the coast proceeding to the junction of San Antonio Road and Vandenberg Road, East of San Antonio Road to Highway 135 to Harris Grade Road, South on Drum Canyon Road to Highway 246, a line due South to Highway 1, and a line West to a point on the coast two miles South of Jalama Beach Park.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): (Include intent of local EMS agency and Board action). Zone 2 is a non-exclusive operating area. ALS transport services are furnished by provider agencies that have historically operated in those areas. There have been no changes in the configuration of these Service Areas and no change in the providers for this zone since our last plan update.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). See above.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Zone 2 is a non-exclusive operating area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Santa Barbara County Emergency Medical Services Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 3 (Service Area 3)</p>
<p>Name of Current Provider(s): (Include company name(s) and length of operation (uninterrupted) in specified area or subarea). Santa Barbara County Fire Department has provided BLS ambulance service in Service Area 3 since 1974 increasing to ALS ambulance service in 1992.</p>
<p>Area or subarea (Zone) Geographic Description: “Service Area 3” means that area 25 miles East of the intersection of Highway 101 along Highway 166 (Sierra Madre Rd) to Highway 33 and 166 south to 20 miles past Ventucopa.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): (Include intent of local EMS agency and Board action). Service Area 3 qualifies as an exclusive operating area for ambulance services.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance, 9-1-1 Emergency Response.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Service Area 3 qualifies as an exclusive operating area applicable under 1797.224. BLS transport services were furnished by the Santa Barbara County Fire Department since 1974 until 1992 when they upgraded to ALS transport services.</p>

SECTION VII – APPENDICES

APPENDIX A – Strategic Plan

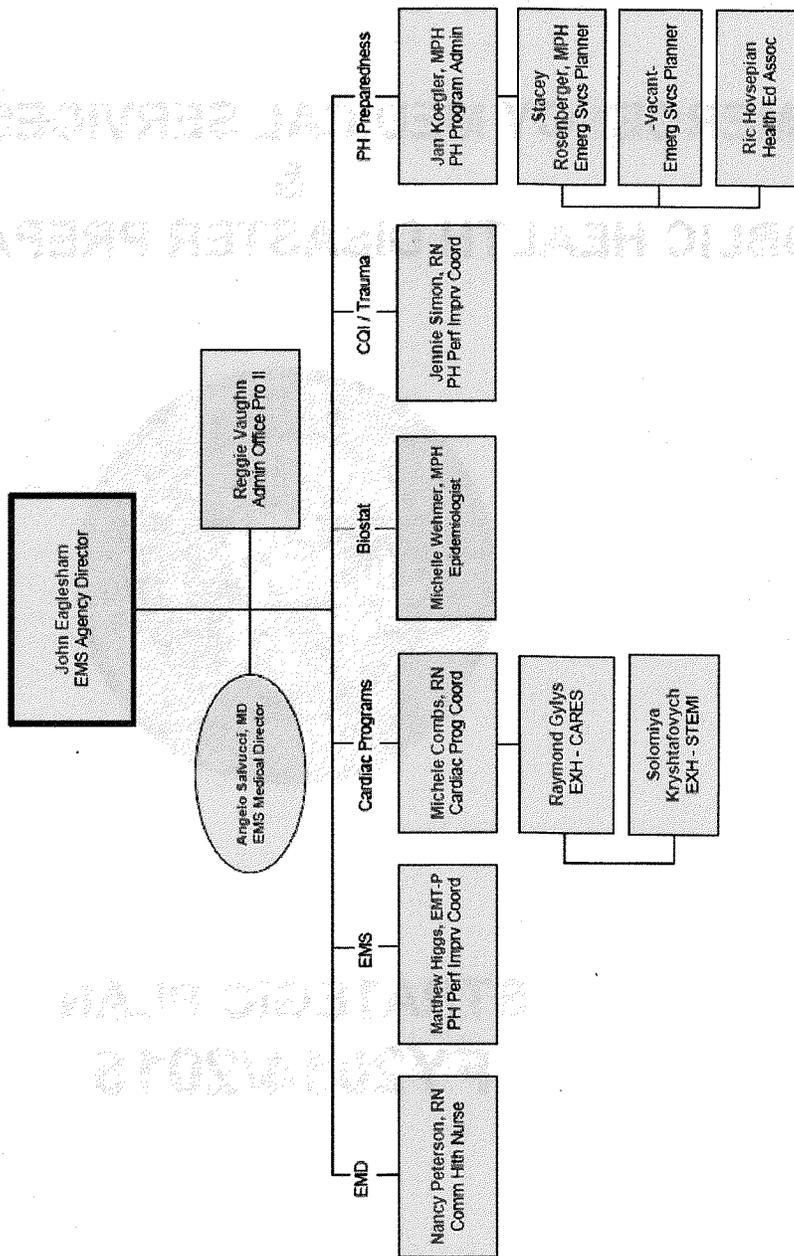


**EMERGENCY MEDICAL SERVICES AGENCY
&
PUBLIC HEALTH DISASTER PREPAREDNESS**



**STRATEGIC PLAN
FY2014/2015**

**Santa Barbara County Public Health Department
Emergency Medical Services Agency**



October 2014

SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Mission

To protect and improve health and safety of the people in Santa Barbara County through the provision of high quality emergency and disaster medical services, through reasonable costs, community involvement, continuous evaluation, prevention programs and anticipatory planning.

Value Statements

1. We value the patient as the focus of all we do.
2. We value our system participants.
3. We value honesty and integrity.
4. We value respect, fairness and trust.
5. We value teamwork, cooperation and creative problem solving.

Vision

To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services.

Key Performance Indicators

Emergency Medical Services (EMS)

Program 6010 (EMS Administration):

Ensure that the EMS System meets or exceeds 92% (112) of the 121 California EMS Authority Standards and Guidelines.

Program 6300 (Trauma):

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 (total trauma patients 6,000, 1,500 that meet trauma criteria) whose care fell outside of established criteria, and
- c) A process of identifying potential improvements to the system design and operations.)

Program 6500 (EMS Projects):

With the goal of reducing head injuries, and especially in children, provide a minimum of 175 free or low-cost protective bicycle helmets to community partners (hospitals, health fairs, etc.) to be distributed to people who need them.

Program 6600 (Disaster) :

Ensure 100% of PHD and executive staff (20) receive training for activation of the DOC/EOC for wildland fires and other disasters

Program 6200 (EMS Systems):

Ensure that the response times of the County Advanced Life Support (ALS) providers are compliant in each of the seven EMS zones of the County. This includes the ambulance contractor, AMR, and the ALS fire departments. (90% on-time for emergency calls, i.e. 7:59 minutes for urban areas)

Estimated emergency calls for:

- 2010/2011 - 35,666 with on time calls at 34,183 (95.84%)
- 2011/2012 - 37,310 with on time calls at 35,952 (96.31%)
- 2014/2015 - 38,343 with on time calls at 36,262 (94.57%)

Program 6050 EMD:

Sheriff's EMS Dispatchers will score at least 90 % on all high risk and random calls that are reviewed by the EMD QI Coordinator using Emergency Medical Dispatch Aqua scoring system.

Key Performance Indicators

PHD Preparedness Unit

Program 6400 (HRSA/HPP Grant):

Increase GIS mapping and disaster database information collection for vulnerable population facilities in the county from 130 to 247 (from 50% to 95%).

Program 1485 (Public Health Preparedness):

Ensure a Public Health Department, in coordination with our community healthcare partners is ready to respond to emergencies or disasters by ensuring 100% of after action reports and corrective action plans for 3 annual disaster preparedness exercises or real events will be completed in 60 days.

Program 1486 (Pandemic Influenza Preparedness Grant):

Ensure that average thru-put times in mass vaccination exercise are equal to or less than 12 minutes per person.

EMS Agency Strategic Initiative: Continue to Maintain and Improve Core EMS Functions

EMS Core Functions

1. EMS Organization/Management
2. Personnel Education, Certification, and Accreditation
3. Communications
4. Response, Transportation and Equipment
5. Medical Control, Treatment Policies/Procedures
6. Facilities (trauma center, STEMI receiving center designation, etc.)
7. Documentation/Data
8. Disaster Medical Services
9. Public Education, Information, and Prevention

1. EMS Organization/Management

Goal 1. Ensure adequate EMS Organization/Management.

Activity 1. Explore opportunity to develop an annual report to the community.

Activity 2. Ensure that the EMS System meets or exceeds California EMS Authority Standards and Guidelines.

Goal 2. Maintain EMS Agency presence within EMS system

Activity 1. Ensure EMS staff participation in EMS or Medical Health Planning, Drills, and Exercises.

2. Personnel Education, Certification, and Accreditation

Goal 1. Continue to provide approval processes and oversight to EMS county-wide training programs

Activity 1. Provide a check sheet for training evaluations for schools.

Activity 2. Continue EMS CE Provider approval and oversight.

Activity 3. Continue to support and oversee base station curriculum and include training to include National Registry standards and local system needs Explore new base station training schedule based on National Registry standards.

Activity 4. Explore new base station training schedule based on National Registry standards.

Goal 2. Regulate personnel standards to ensure quality of the EMS system to adhere to 2010 regulations.

Activity 1. Issuance of EMT certification and recertification.

Activity 2. Monitor EMT background check issues of applicants as well as subsequent notification.

Activity 3. Continue approval of local paramedic accreditation in concert with the Medical Director.

Activity 4. Conduct a certification/accreditation fee schedule study for all EMS fees.

Goal 3. Ensure Advanced EMT program meets state requirements and regulations.

Activity 1. Revise Policy and Procedures for EMT Optional Skills certification/accreditation.

3. Communications

Goal 1. Standardize and improve EMS communications system.

Activity 1. Ensure adequate infrastructure to support EMS communications.

Activity 2. Regular communications drills with EMS participants utilizing Reddinet, SAT phone and other communication mechanisms.

Activity 3. Make training programs available on communication systems including Base hospitals and CQI.

4. Response, Transportation and Equipment

Goal 1. Provide oversight to all EMS response providers through Contract Compliance.

Activity 1. Review all ALS contracts through CCC process for contractual compliance.

Goal 2. Maintain and improve equipment standards.

Activity 1. Ensure that providers have equipment that meets EMS policy and is evaluated as part of CQI plan.

Goal 3. Ensure adequate input to continue evaluation of system response and configuration.

Activity 1. Continue all EMS Advisory Committees (EMAC, CQI, CCC, PRC, OHEC, etc).

5. Medical Control, Treatment Policies/Procedures

Goal 1. To utilize CQI processes to improve patient care.

Activity 1. Fully implement CARES and STEMI.

Goal 2. 100% EMD access for all 9-1-1 callers in the county, including cellular phones for critical sequence calls, choking, cardiac arrest, child birth.

Activity 1. Track every cardiac arrest in the County for a matching provision of EMD utilizing MEDS system.

6. Facilities (designation, etc.)

Goal 1. All facilities meet Base/Receiving Hospital standards.

Activity 1. Develop facility self assessment to measure standards.

Goal 2. Evaluate Trauma system.

Activity 1. Trauma registry system to state standard and data submitted to State.

Activity 2. Develop and implement Trauma Data Collection training program.

Activity 3. Reactivate Trauma Review Committee.

7. Documentation/Data

Goal 1. 100% of all patient contacts are documented in an approved EMS Agency EPCR.

Activity 1. Hold all providers accountable for system compliance through provider agreements.

Activity 2. Establish an EPCR Steering committee and User group.

Activity 3. Explore hospital data link to MEDS.

8. Disaster Medical Services

Goal 1. Improve EMS system multi-casualty incident (MCI) response.

Activity 1. Complete revision to County MCI Plan

Activity 2. Ensure EMS providers are trained, tested, and drilled on new MCI Plan.

Activity 3. Develop Post-MCI Evaluation Tool.

Goal 2. Develop Field Treatment Site.

Activity 1. Utilize state guidelines and standards.

Activity 2. Training

Goal 3. Ensure EMS providers are adequately trained and equipped for disaster response.

Activity 1. Continue to coordinate and participate in local, regional and state disaster exercises (tabletop, functional, full-scale)

Activity 2. Document after action and corrective action reports for all hosted exercises and utilize information to analyze issues and implement improvements in the system.

9. Public Education, Information, and Prevention

Goal 1. Promote prevention activities.

Activity 1. Continue to support the bike helmet program.

Activity 2. Implement the Baby Safe Haven Program (policy/procedure, training, designation of fire stations)

Goal 2. Increased public access to AEDs.

Activity 1. Continue to promote the Public Access Defibrillator "PAD" program.

Activity 2. Integrate PAD locations into the CAD systems of all County PSAPs.

Activity 3. Notify jurisdictions of placement of AED's.

SANTA BARBARA COUNTY PUBLIC HEALTH PREPAREDNESS UNIT



MISSION STATEMENT

To prepare the Public Health Department and other healthcare providers to monitor, respond to, and protect the health of Santa Barbara County residents during bioterrorism, infectious disease, and other public health emergencies.

Strategic Initiative Public Health Preparedness

Synopsis

Prepare the Public Health Department and Health Care Community to respond to Public Health Emergencies and Disasters.

Core Functions

1. Prepare the Public Health Department and other County partners for public health disasters.
2. Facilitate preparation of the local medical and health care community for public health disasters.
3. Improve and enhance the capacity of the Public Health Department to monitor the health of community.

Function 1

Prepare the Public Health Department and other County partners for public health disasters

- Goal 1. PHD/EMSA disaster plan and annexes are complete and PHD facilities are prepared.
- Goal 2. PHD staff has completed personal disaster plan worksheets.
- Goal 3. Staff knowledgeable of MHOAC role, PHD plan and annexes and use ICS/SEMS in activated DOC.
- Goal 4. Staff trained to receive and process requests from hospitals, PHD, other providers.
- Goal 5. PHD can alert internal staff to respond to DOC or other field location.
- Goal 6. PHD has supplies and equipment for mass prophylaxis operations.
- Goal 7. Inventory system for Alternate Care Site (ACS), SNS, disaster supplies, and mass prophylaxis caches is created and maintained.
- Goal 8. Utilize After Action Reports (AAR) and Corrective Action Plans (CAP) for every drill and exercise.
- Goal 9. Public health clinics have a disaster plan and an outpatient disaster plan template is available for other providers including dialysis, SNF, and home health.
- Goal 10. PHD is prepared to staff ACS and field treatment sites for pandemic flu, earthquake or other disaster.
- Goal 11. PHD plans identify potential hazard associated with response and include written safety policy.

Function 2

Facilitate preparation of the local medical and health care community for public health disasters

- Goal 1. Ensure the PHD and medical community prepared for pandemic influenza.
- Goal 2. Establish Medical Reserve Corp. (MRC) linked with state registry.
- Goal 3. Ensure that the SNS/RSS plan is complete, including receiving, storing, and staging assets, managing inventory and warehouse procedures.
- Goal 4. Ensure PHD can alert hospitals and other health care providers, regional, law, fire and other partners rapidly and with redundant methods.
- Goal 5. Ensure PHD conducts infectious disease exercises and trainings with community partners.
- Goal 6. PHD/EMS to coordinate disaster plans and exercises with hospitals.

- Goal 7.** Hospital and outpatient providers in community have disaster plans that integrate with PHD/EMSA and county/city plans.
- Goal 8.** Hospital staff are trained in PPE and decontamination procedures.
- Goal 9.** PHD provides leadership role in response planning for public health emergencies and coordinates the Disaster Healthcare Partner Coalition for the county.

Function 3

Improve and enhance the capacity of the Public Health Department to monitor the health of community

- Goal 1.** Syndromic surveillance for potential health threats in place.
- Goal 2.** Epidemiological response plan in place and exercised.
- Goal 3.** PHD has written agreement with regional partners to insure effective epidemiological regional response.
- Goal 4.** Consistent 24/7 disease reporting system available.

This page left intentionally blank

Section 3

to improve and enhance the quality of life of the community

to provide a safe and secure environment for the community

Item 1

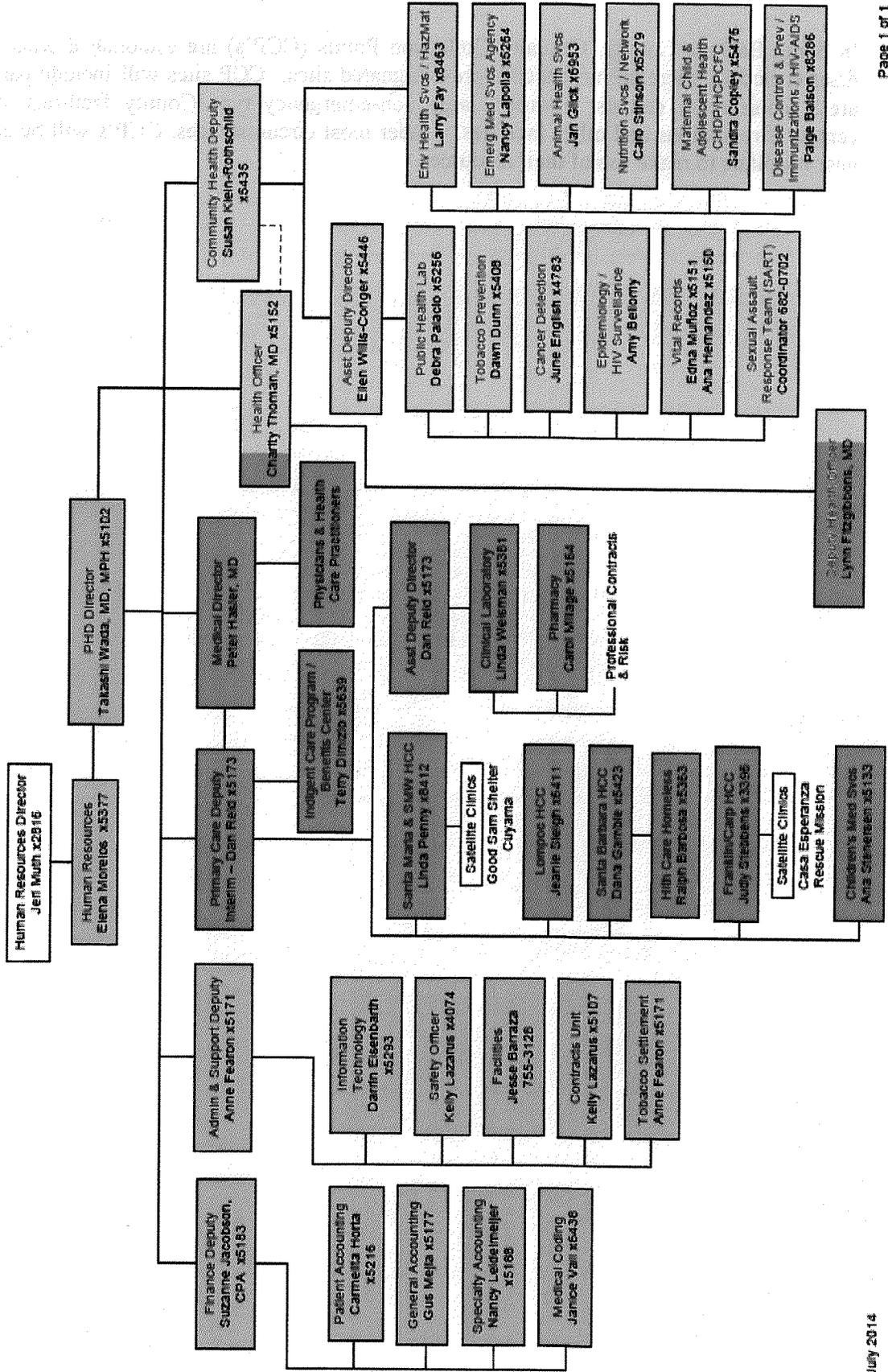
Item 2

Item 3

Item 4

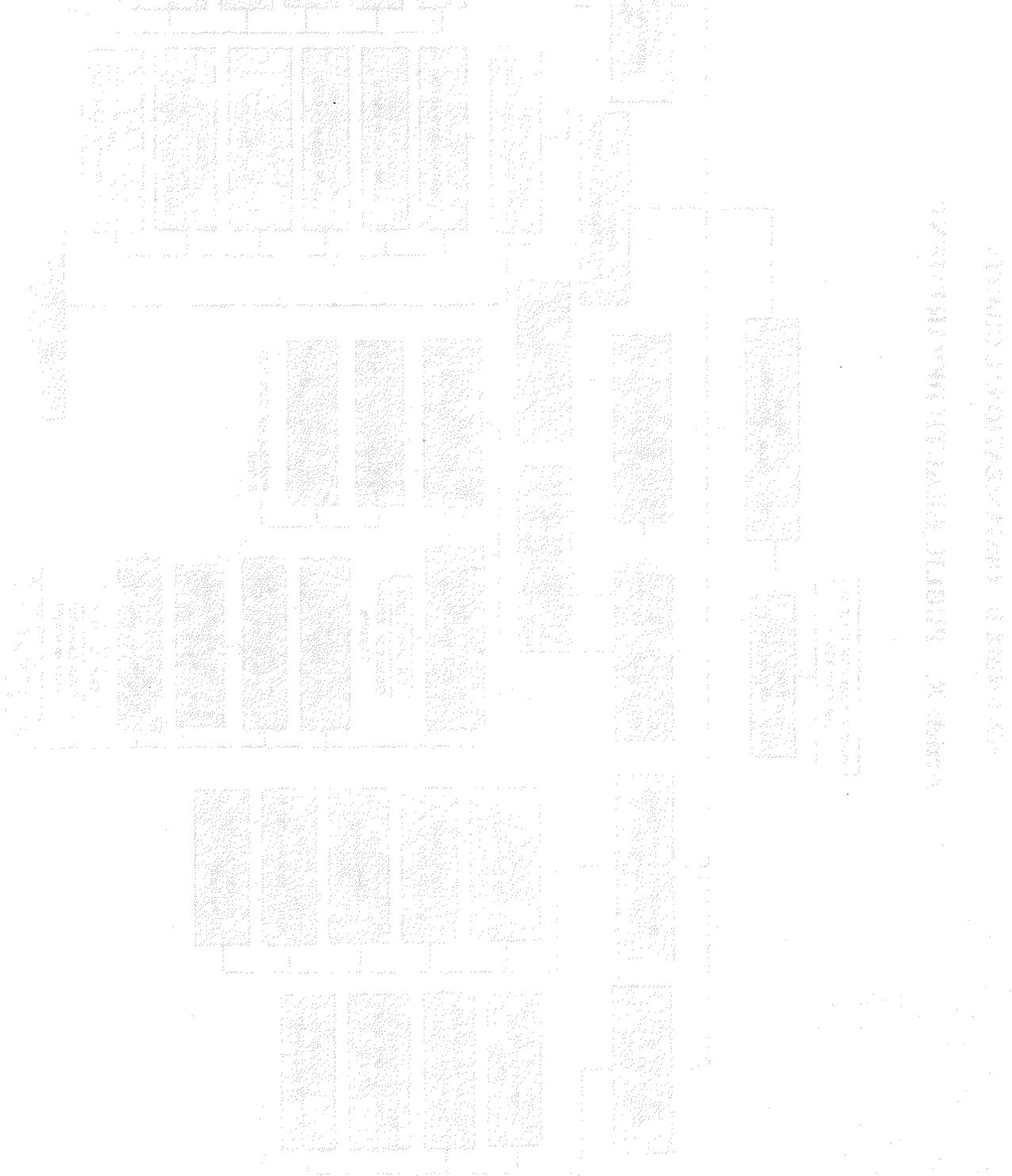
APPENDIX B -- ORGANIZATIONAL CHARTS

Article X. PUBLIC HEALTH DEPARTMENT



APPENDIX C – PRIMARY SHELTER

In Santa Barbara County, Casualty Collection Points (CCP's) are established when and where the disaster occurs, there are no specific pre-designated sites. CCP sites will include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCP's will be established at or near hospitals to make use of their resources.



APPENDIX D – DEFINITIONS AND ABBREVIATIONS

The following terms and abbreviations are utilized throughout this plan. The definitions are provided for clarification and enhanced understanding by the reader of the references to these terms and/or abbreviations.

AED – Automated External Defibrillation.

Advanced Life Support (ALS) – Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance – Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirm or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

Basic Life Support (BLS) – As defined in Health and Safety Code Section 1797.60.

Bio-Terrorism (BT) - The use, or threatened use, of biological agents to promote or spread fear or intimidation upon an individual, a specific group, or the population as a whole for religious, political, ideological, financial, or personal purposes.

CCP – Casualty Collection Points (Primary Shelter Sites) as defined by the California EMS Authority.

Computer-Aided Dispatch or CAD – Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

CPR – Cardiopulmonary Resuscitation.

COI – Continuous Quality Improvement.

Emergency Medical Dispatch (EMD) – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician - I - or EMT-I – An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I (FS) and EMT-I.

Emergency Medical Services (EMS) - Emergency Medical Service is widely regarded as including the full spectrum of emergency care from recognition of the emergency, telephone access of the system, provision of prehospital care, through definitive care in the hospital. It often also includes medical response to disasters, planning for and provision of medical coverage at mass gatherings, and interfacility transfers of patients. It includes prehospital health care for patients with real or perceived emergencies from the time point of emergency telephone access until arrival and transfer of care to the hospital.

EMS Agency – Santa Barbara County Emergency Medical Services Agency, established by the County Santa Barbara, which monitors the medical control and standards of the county EMS system.

Emergency Medical Technician - Defibrillator (EMT-D) – Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Emergency Medical Technician - Paramedic - or EMT-P – Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid license issued pursuant to this division.

EOA – Exclusive Operating Area, as provided for by Section 1797.224 of the Health and Safety Code.

DMAT – Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

Local EMS Agency (LEMSA) – An agency established and designated by a county or group of counties for the administration of emergency medical services as per Section 1797.200 of the Health and Safety Code.

MCI – Multi-Casualty Incident.

MICN or Mobile Intensive Care Nurse - A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

OES – Office of Emergency Services.

PCR – Patient Care Report.

QA – Quality Assurance.

QI – Quality Improvement.

SEMS – Standardized Emergency Management System as required by California State Statute.