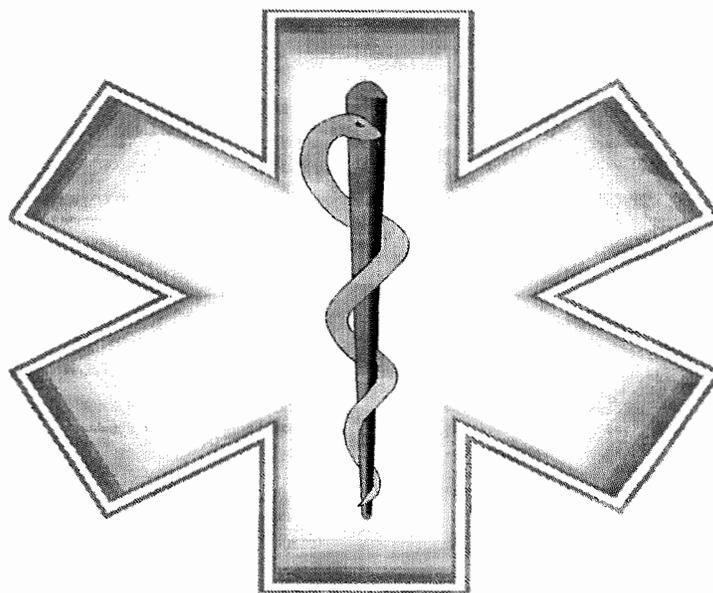


**Emergency Medical Services System
Five Year Plan
June, 1999
(2005 Update)**



**North Coast Emergency Medical Services Region
Del Norte, Humboldt, Lake and
Southern Trinity Counties**

Submitted by:
North Coast Emergency Medical Services
3340 Glenwood
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Acknowledgements

Emergency Medical Services System Five Year Plan (2005 Revision)

Larry Karsteadt, M.A., Executive Director
John Kelsey, M.D., Regional Medical Director
Louis Bruhnke, Wendy Chapman, Maris Hawkins, Linn Tyhurst

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Doug Boileau, EMT-P, M.B.A., owner of Arcata-Mad River Ambulance
Clarke Guzzi, Administrative Analyst, Humboldt County Health Department
Kevin O'Neil and Dave Short, CDF
Janelle Rivera, Lake County Sheriffs Dispatch

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John Woolley, Supervisor, JPA Chairman, Humboldt County
Ann Lindsay, M.D., Health Officer
Chuck Blackburn, Supervisor, Del Norte County
Leslie Vasquez, Supervisor, Del Norte County
Rob Brown, Supervisor, Lake County
Gary Lewis, Supervisor, Lake County

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Health Officers, Health Departments, EMCC Chairpersons, Offices of Emergency Services, Fire Chief's Associations, Prehospital Care Medical Directors, Prehospital Care Nurse Coordinators, and LALS/ALS Service Providers.

A. SYSTEM ORGANIZATION AND MANAGEMENT

xp = partially met

Last Updated 3/2006	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Agency Administration					
1.01 LEMSA Structure		x			x
1.02 LEMSA Mission		x		x	x
1.03 Public Input		x			
1.04 Medical Director		x	x	x	x
Planning Activities					
1.05 System Plan		x		x	x
1.06 Annual Plan Update		x		x	
1.07 Trauma Planning*		x		x	
1.08 ALS Planning*		x			x
1.09 Inventory of Resource		x		x	
1.10 Special Populations		x	x		x
1.11 System Participants		x	x		
Regulatory Activities					
1.12 Review and Monitoring		x			x
1.13 Coordination		x			
1.14 Policy & Procedures Manual		x			
1.15 Compliance w/ Policies		x			x
System Financing					
1.16 Funding Mechanism		x			x
Medical Direction					
1.17 Medical Direction*		x			
1.18 QA/QI		x	x	x	
1.19 Policies, Procedures, Protocols		x	x		
1.20 DNR Policy		x			
1.21 Determin. of Death		x			
1.22 Reporting of Abuse		x			
1.23 Interfacility Transfer		x		x	
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		x	n/a		
1.25 On-Line Med. Dir.		x	x		
Enhanced Level: Trauma Care System					
1.26 Trauma System Plan		x		x	
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		x			
Enhanced Level: Trauma Care System					
1.28 EOA Plan		n/a			

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

3.10 Integrated Dispatch		x	x	x	
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D. RESPONSE/TRANSPORTATION

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
4.01 Service Area Boundaries*		x	x	x	x
4.02 Monitoring		x	xp	x	x
4.03 Classifying Medical Requests		x			x
4.04 Prescheduled Responses		x		x	x
4.05 Response Time Standards*		x	x	x	x
4.06 Staffing		x		x	x
4.07 First Responder Agencies		x			x
4.08 Medical & Rescue Aircraft*		x		x	x
4.09 Air Dispatch Center		x			
4.10 Aircraft Availability*		x		x	x
4.11 Specialty Vehicles*		n/a	n/a		
4.12 Disaster Response		x		x	x
4.13 Intercounty Response		x	x	x	
4.14 Incident Command System		x		x	
4.15 MCI Plans		x		x	x
Enhanced Level: Advanced Life Support					
4.16 ALS Staffing		x	x	x	x
4.17 ALS Equipment		x			
Enhanced Level: Ambulance Regulation					
4.18 Compliance		x			
Enhanced Level: Exclusive Operating Permits					
4.19 Transportation Plan		n/a			
4.20 "Grandfathering"		n/a			
4.21 Compliance		n/a			
4.22 Evaluation		n/a			

D. FACILITIES/CRITICAL CARE

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

E. DATA COLLECTION/SYSTEM EVALUATION

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

Enhanced Level: Advanced Life Support					
6.09	ALS Audit		x	xp	x
Enhanced Level: Trauma Care System					
6.10	Trauma System Evaluation		xp		x
6.11	Trauma Center Data		xp	x	x

F. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level						
8.01	Disaster Medical Planning		x		x	x
8.02	Response Plans		x	xp	x	x
8.03	HazMat Training		x		x	
8.04	Incident Command System		x	x	x	
8.05	Distribution of Casualties*		x	x		x
8.06	Needs Assessment		x	x	x	
8.07	Disaster Communications*		x			x
8.08	Inventory of Resources		x	xp	x	x
8.09	DMAT Teams		x	x		x
8.10	Mutual Aid Agreements*		x		x	x
8.11	CCP Designation*		x		x	x
8.12	Establishment of CCPs		x			x
8.13	Disaster Medical Training		x	x	x	x
8.14	Hospital Plans		xp	xp		x
8.15	Interhospital Communications		x			x

8.16	Prehospital Agency Plans		x	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		N/A			

Agency Administration

MINIMUM STANDARD:

1.01 - Local EMS Agency Structure

“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:

North Coast Emergency Medical Services (EMS or Agency) currently meets this standard and has a formal organizational structure that includes a Joint Powers Agency (JPA), agency staff, contractors and non-agency EMS system participants. Technical and clinical expertise are provided by these personnel, as well as through the agency’s coordination with numerous other EMS agencies such as the State EMS Authority (EMSA), EMS Administrators Association of California (EMSAAC), Emergency Medical Directors Association of California (EMDAC), County Health Officers and Administrators, Emergency Medical Care Committees (EMCCs), Fire Chiefs Associations, Medical Advisory Committees (MACs), Prehospital Medical Directors and Nurse Coordinators Committees, the Regional Trauma Advisory Committees, County Medical Societies, the Continuous Quality Improvement Committee, and numerous other individuals, organizations and collaborative groups.

The Agency is overseen by the JPA Governing Board, which currently consists of one elected county supervisor member and one alternate from each member county. The JPA Governing Board is comprised of one voting member from each of the Boards of Supervisors in the region and an alternate member, who may be either a representative from each county’s Board of Supervisors or a senior level appointed official from that county. Current representatives are: Del Norte County - Chuck Blackburn, Vice-Chairperson and Martha McClure, Alternate; Humboldt County - John Woolley, Chairperson and Ann Lindsay, Alternate; Lake County – Rob Brown, Member and Ed Robey, Alternate.

Employees functioning under the general fund/local budget total 4.8 Full Time Equivalents. Current employees include: Larry Karsteadt, M.A., Executive Director; Wendy Chapman, Training Coordinator; Louis Bruhnke, (EMT-P), EMS Coordinator; Maris Hawkins, Program Assistant (80%); and Linn Tyhurst, Administrative Assistant. Staff moved their offices in January 2001 to a new location in Eureka. They now operate out of 3340 Glenwood Avenue. This provides more space for agency activities.

Contractors during Fiscal Year 2005-2006 include: John Kelsey, M.D., Regional Medical Director and Director of the North Coast Paramedic Training Program; Pam Haynes R.N., Nurse Contractor specific to base hospital and Emergency Department Approved for Pediatrics site visits, and other duties; Moss, Levy and Hartzheim, Auditor; Ezequiel Sandoval, Infinite Computer Solutions, maintenance of office computers; Cindy Henderson, EMT-P, AED and ETAD data; Jay Myhre, EPCIS computer programming; Ed Nickerson, R.N, Regional Trauma

Coordinator; Doug Boileau, Director, North Coast Paramedic Training Program; Virginia Plambeck, EMT-P, CISM and, others as needed.

In 1975, the JPA was executed by the Counties of Del Norte, Humboldt, Lake and Mendocino to coordinate and develop a multi-county Emergency Medical Services System. Federal funds were utilized for the first six years as part of the National EMS Act, and in 1981, federal funding shifted to state general fund support for eligible rural multi-county agencies with high tourist impact. That same year, California adopted the State EMS Act, which created the State EMS Authority and Local EMS Agency. North Coast EMS was delegated specific Local EMS Agency contractual responsibilities at that time by each member county. Mendocino County exercised its option to withdraw from the JPA around 1985, losing eligibility for state general funds. Trinity County contracted with North Coast EMS around 1989 to provide the same Local EMS Agency functions for the southern portion of the County because patients are generally transported from that area to Humboldt County.

Specific Local EMS Agency functions delegated to North Coast EMS under the General Fund/Local budget are as follows:

- Planning, implementation and evaluation of the EMS system;
- Policy development, protocols and procedures for establishing and supervising the medical direction of Limited Advanced Life Support (LALS) and Advanced Life Support (ALS);
- Annual EMS Plan preparation;
- Medical audit of field care and continuing education programs;
- Interfacility transfer guideline development;
- Base hospital designation;
- Authorization of ALS and LALS providers;
- Monitoring and approval of first responder, EMT-I, Early Defibrillation, Emergency Medical Dispatcher, EMT-II, EMT-Paramedic, Mobile Intensive Care Nurse (MICN) training programs;
- Certification and certificate review of personnel;
- Coordination and facilitation of EMS system development and review of EMS grants;
- Review/investigation of violations of transfer guidelines, protocols or agreements;
- Fee establishment, training program probation, suspension or revocation, and oversight of certification examinations;
- Regional trauma plan development.

Local EMS Agency functions *not* specifically delegated to North Coast EMS in contract are retained by JPA member counties and Trinity County; these include but are not limited to:

- Ambulance ordinance and ambulance permit responsibilities (upon request and to the extent possible, North Coast EMS has assisted Counties with monitoring of compliance with ordinances);
- Disaster medical services operations and recovery, and most planning functions (e.g. writing the Disaster Medical Annex; see 8.01, 8.02);
- Ambulance franchise Exclusive Operating Area (EOA) responsibility (no member counties currently utilize EOAs; nor has this authority been delegated to North Coast EMS).

North Coast EMS provides several other EMS system-related services:

- Continuing education provider approval;
- Continuous quality improvement program development and oversight;
- Critical Incident Stress Management (CISM) program coordination;
- Computerized LALS/ALS data system management;
- Layperson and Prehospital Automated External Defibrillation (AED) Program; Esophageal Tracheal Airway Device Program (ETAD);
- Field Training Officers (FTO) program;
- Cervical Spine Training Program;
- North Coast EMS web site (www.northcoastems.com)
- Designation of Emergency Departments Approved for Pediatrics (EDAP);
- Kris Kelly EMS Week Star of Life Awards;
- Regional Trauma Program Implementation (in progress)
- North Coast Paramedic Training Program Management

Historically, North Coast EMS has initiated the following special projects with State EMS Authority or Office of Traffic Safety* assistance:

- *Call box program initiation;
- Emergency Medical Dispatch (EMD) program development;
- First responder training and equipment;
- Early defibrillation program;
- EMS for Children;
- Rural Trauma Program, Rural/Urban Trauma Study, Regional Trauma System Development General Fund Grant, and Regional Trauma System Planning and Implementation Grants;
- Statewide Data Conference;
- EMT-II to Paramedic Upgrade training;
- Cascadia Region Disaster Medical/Health Preparedness Project;
- Rural Outreach Training
- Prehospital MCI/Disaster Project

COORDINATION WITH OTHER EMS AGENCIES:

All programs and projects were planned, coordinated and implemented with the cooperation of numerous individuals and organizations.

NEED(S):

- ↔ Federal, state and local funding needs to be stabilized and increased to enable LEMSA mandated and desirable activities to be maintained and improved. North Coast EMS and all regional agencies received a state General Fund decrease of 4% each year since 2002. North Coast EMS is in need of a State General Fund augmentation to keep up with increasing operational costs and expanded activities.

OBJECTIVE(S):

- ↔ North Coast EMS will encourage stabilization of federal, state, and local funds to enable LEMSA mandates and desirable activities to be accomplished;
- ☒ North Coast EMS will consider assuming responsibility for permitting and transport, exclusive operating areas, and other county retained EMS system functions if counties wish to formally delegate and fund these functions.
- ↔ North Coast EMS will work with the EMSA and regional administrators to secure a State General Fund contract funding at the pre-reduction level and secure an augmentation to keep up with cost of living increases and the existing work load; and if sufficient additional funds are available, to assume responsibility for new functions, if delegated and funded by JPA member counties.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

Reference:
HSC Division 2.5, Chapter 4: Local Administration.

MINIMUM STANDARD:

1.02 - Local EMS Agency Mission

“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:

North Coast EMS currently meets this standard. The mission of the North Coast EMS Agency is to “enhance the EMS system consistent with California State laws and continuous quality improvement principles, through the pursuit of personal excellence, effective leadership and positive working relationships.” North Coast EMS has been delegated authority to plan, implement and evaluate the EMS system on behalf of the JPA member counties, and uses its quality assurance/quality improvement and evaluation process to identify potential problems and needed system changes. Based upon EMSA’s continuous quality improvement guidelines, North Coast EMS has created an extensive system to establish medical standards, approve training programs, and improve patient care through prospective, concurrent and retrospective evaluation of prehospital patient care by medical professionals. The Agency is currently in the process of implementing the new EMS System Quality Improvement Regulations.

Since 1999, North Coast EMS staff replaced the region’s old Prehospital Care Report (PCR) program with the Marin County EPCIS program, which has expanded CQI abilities, added response zone tracking, and provided other data which will assist with ongoing planning, implementation and evaluation of the EMS system. Computerized PCR use has gone from an estimated 75% compliance in 1999 to 100% in 2003; near 100% use continues today. The EPCIS system revision is in the process of implementation throughout the region. North Coast EMS is also in the process of implementing the *Collector* Trauma Registry in the four targeted trauma centers.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS has worked closely with several EMS agencies to identify the optimal PCR system that would meet regional needs. Staff worked particularly closely with Jay Myhre and other EPCIS users over the last several years to install, maintain and improve the new EPICS system.

NEED(S):

- ↔ Quality assurance/quality improvement principles and data analysis need to be applied to the EMS system planning and evaluation process;
 - Locally, the agency would like to see increased utilization of the Prehospital Care Report program at all levels of the EMS community in order to identify potential problems, trends and patient care needs;
- ↔ Improve linkage is needed between all policies associated with the data system, disclosure protection, the CQI Committee, discovery of potential problems, remediation, and disciplinary action; and
 - The current CQI program needs to be adopted by remaining ALS provider services and base hospitals.

NEW North Coast EMS needs to implement new state Quality Improvement Regulations throughout the region.

NEW North Coast EMS needs to implement new EMT-I Regulations throughout the region.

NEW North Coast EMS needs to conduct site visits to base hospitals, EDAPs and continuing education providers.

OBJECTIVES:

North Coast EMS will:

↔ Encourage quality assurance/quality improvement principles and data analysis be applied to the EMS system planning and evaluation process;

☑ Work towards assuring 100% utilization of the Prehospital Care Report program at all levels of the EMS community;

↔ Work to improve linkages around the use of the PCR data system;

↔ Work on development and expansion of the CQI system;

☑ Implement the Marin County EPICS PCR System in the North Coast EMS Region;

NEW North Coast EMS plans to implement new state Quality Improvement Regulations at throughout the region.

NEW North Coast EMS needs to implement new EMT-I Regulations throughout the region.

NEW North Coast EMS needs to conduct site visits to base hospitals, EDAPs and continuing education providers.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range/Short Range (NEW).

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NEW = New as of 2005- 2006</p>
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References:

North Coast EMS Quality Assurance Policies # 2100 – # 2110.

HSC Division 2.5, Chapter 4: Local Administration, §1797.204 -- Responsibility to plan, implement and evaluate the EMS system.

MINIMUM STANDARD:

1.03 - Public Input

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

CURRENT STATUS:

North Coast EMS currently meets this standard and seeks to obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures. Existing policies require a forty-five day comment period prior to the adoption of all medical and system related policies, protocols and procedures. Staff routinely attend JPAs, MACs, EMCCs, Fire Chiefs Association, Child Death Review, Injury Prevention, Child Passenger Seat, Disaster, Regional Trauma Advisory and other committee meetings to identify regional needs and to obtain appropriate consumer and health care provider input. Since 1999, North Coast EMS has continually improved its web site. The public and EMS personnel alike can obtain contact information on all regional provider agencies and hospitals, as well as informational mailings, statewide EMS linkages, policies, agency forms, continuing education units and other documents on the site. The web site was recently updated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

Reference:

North Coast EMS Policy # 2006: Public Comment Solicitation.

2005 UPDATE KEY	
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NEW	= New as of 2005-2006

MINIMUM STANDARD:

1.04 - Medical Director

“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:

1.04 - Medical Director

“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:

North Coast EMS currently meets this standard and the recommended guidelines. The Agency appointed John Kelsey, M.D. as the Regional Medical Director in December 2001. Dr. Kelsey has experience in both the practice of emergency medicine and working in the EMS system as a Prehospital Care Medical Director. Dr. Kelsey is Board Certified in Emergency Medicine.

North Coast EMS was instrumental in forming the EMCCs and MACs in each member county. The membership of the EMCCs includes physicians, registered nurses, prehospital care providers, law enforcement personnel, hospital representatives, offices of emergency services staff, public health officers and a general member from the community. The North Coast EMS Regional Medical Director routinely utilizes EMCCs, MACs and the Regional Trauma Committee in his medical decision making process. These meetings are generally composed of health officers, physicians, nurses and prehospital providers. Dr. Kelsey also consults with physician specialists in trauma care, pediatrics and other specialties, and the Emergency Medical Directors Association of California (EMDAC), as needed.

The MACs and EMCCs are advisory groups for North Coast EMS, with the EMCCs also advising the County Boards of Supervisors. Several other committees and task forces have been utilized by Dr. Kelsey and agency staff to ensure direct consultation with physician specialists, including: surgeons, pediatricians, neurosurgeons, orthopedic surgeons, and others.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- North Coast EMS needs to maintain adequate funding for the Regional Medical Director. Since 1995, the allocation received from the Bertha Russ Lytel Foundation decreased from \$15,000 to \$7,500, with written notification from the Foundation that they will eventually discontinue funding the Medical Director. Fortunately, the Foundation increased their

contribution to \$12,500 since 2003-04 to help cover the SEMSA GF reduction. Also, we have since increased Dr. Kelsey's fee, but this could discontinue next year unless state or local funding increases occur.

- Del Norte County personnel should initiate EMCC meetings or participate in some other multi-disciplinary group setting in which prehospital care issues would be discussed. The Prehospital Care Nurse Coordinator of Sutter-Coast Community Hospital in Crescent City regularly attends the Humboldt County MAC meetings at this time.

NEW North Coast EMS needs to continue to apply for and receive Bertha Russ Lytel Foundation funds to help support the Regional Medical Director position.

NEW North Coast EMS needs to continue to reimburse the Regional Medical Director at a higher total fee to oversee new programs, including Regional Trauma System implementation and maintenance and the North Coast Paramedic Training Program.

OBJECTIVES:

- ↔ North Coast EMS will obtain the required state general fund match from JPA member counties and will secure sufficient local funding to continue Regional Medical Director services;

- North Coast EMS recommends that Del Norte County personnel explore the possibility of starting a committee comprised of physicians, registered nurses, prehospital care providers, law enforcement, hospital representatives, office of emergency services, public health officers, and interested others to discuss local prehospital care and related issues;

NEW North Coast EMS will to continue to apply for Bertha Russ Lytel Foundation funds to help support the Regional Medical Director position.

NEW North Coast EMS plans to continue to reimburse the Regional Medical Director at a higher total fee to oversee new programs, including Regional Trauma System implementation and maintenance and the North Coast Paramedic Training Program.

NEW North Coast EMS will continue to attend and help coordinate quarterly MAC-Like meetings in Del Norte County.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range; Short range (NEW).

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NEW = New as of 2005-2006

Reference:

HSC Division 2.5, Chapter 4: Local Administration, §1797.202 -- Medical director requirement.

Planning Activities

MINIMUM STANDARD:

1.05 - System Plan

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

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

CURRENT STATUS:

North Coast EMS currently meets this standard. The North Coast EMS Regional EMS System Five Year Plan was completed and submitted to EMSA in June, 1999 and updated in August, 2003. The update was approved by the EMSA on June 14, 2004. The 2005 Update will be completed by February 2006.

As part of the required EMSA GF contract, North Coast EMS consistently has submitted quarterly and annual reports since 1999 that updated and addressed the contract Objectives and significant EMS Plan changes. Four years ago, uniform Objectives were developed by the seven regions; unfortunately, these are not designed to address EMS System Plan modifications.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ A State General Fund augmentation is needed to keep up with cost of living increases and fulfill existing contractual functions, including annual completion of the EMS Plan and maintenance of the Regional Trauma System.

NEW North Coast EMS needs to update the EMS Plan as requested by the EMSA.

OBJECTIVE(S):

- Pending the approval of the 1999 EMS System Plan, the agency will use the document to plan to meet system needs, and thereafter will annually update the EMS System Plan as designated by the General Fund contract with SEMSA.

- ↔ North Coast EMS will work with the EMSA and regional administrators to reinstate the full GF allocation and secure a State General Fund contract augmentation to keep up with cost of living increases, the new trauma program and increasing work load.

NEW North Coast EMS will update the EMS Plan as requested by the EMSA.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.
NEW – short range

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NEW = New as of 2005-2006</p>
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Reference:
HSC Division 2.4, Chapter 4: Agency Administration, §1797.250 – Development and submission of EMS System Plan.

MINIMUM STANDARD:**1.06 - Annual Plan Update**

“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:

North Coast EMS currently meets this standard. The North Coast EMS Regional EMS System Five Year Plan was completed and submitted to EMSA in June, 1999 and updated in August, 2003. The update was approved by the EMSA on June 14, 2004. The 2005 Update will be completed by August, 2005.

As part of the required EMSA GF contract, North Coast EMS consistently has submitted quarterly and annual reports since 1999 that updated and addressed the contract Objectives and significant EMS Plan changes. Four years ago, uniform Objectives were developed by the seven regions; unfortunately, these are not designed to address EMS System Plan modifications.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ A State General Fund augmentation is needed to keep up with cost of living increases and fulfill existing contractual functions, including annual completion of the EMS Plan and maintenance of the Regional Trauma System.

NEW North Coast EMS needs to update the EMS Plan as requested by the EMSA.

OBJECTIVE(S):

- Pending the approval of the 1999 EMS System Plan, the agency will use the document to plan to meet system needs, and thereafter will annually update the EMS System Plan as designated by the General Fund contract with SEMSA.
- ↔ North Coast EMS will work with the EMSA and regional administrators to reinstate the full GF allocation and secure a State General Fund contract augmentation to keep up with cost of living increases, the new trauma program and increasing work load.

NEW North Coast EMS will update the EMS Plan as requested by the EMSA.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – Short range.

Ongoing - Long range.

Reference:

HSC Division 2.4, Chapter 4: Agency Administration, §1797.254 – Annual submission of the EMS System Plan.

MINIMUM STANDARD:

1.07 - Trauma Planning*

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

RECOMMENDED GUIDELINE:

1.07 - Trauma Planning*

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

CURRENT STATUS:

North Coast EMS meets this standard, and the recommended guideline is in progress, pending implementation of the Regional Trauma System Plan. In 2002, North Coast EMS submitted and received AB 430 funding to develop and implement a Regional Trauma System Plan. The Regional Trauma System Plan was approved by EMSA on July 23, 2003 and is in the process of being implemented. At this time, we anticipate designating one Level III and three Level IV Trauma Centers, one in Humboldt County with Advanced (Surgical) Resources.

The Executive Director continues to be a member of the State Trauma Advisory Committee and as such, provides input into development of trauma system standards and statewide trauma system objectives.

Reciprocity agreements have been executed with surrounding LEMSAs that allow utilization of their designated trauma system. North Coast EMS is in the process of revising these agreements in conjunction with implementation of the Regional Trauma System.

COORDINATION WITH OTHER EMS AGENCIES:

Development and implementation of the Regional Trauma Plan included input from: general and orthopedic surgeons, neurosurgical physicians, the Regional Trauma Advisory Committee, EMCCs and MACs, participating hospital and provider representatives, and interested others. The Agency also utilized an outside contractor and trauma center site visit team to minimize the potential for conflict of interest.

NEED(S):

- North Coast EMS needs to complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS needs to evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW North Coast EMS needs to implement the SEMSA approved Regional Trauma System Plan.

OBJECTIVE(S):

- North Coast EMS will complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS will evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW North Coast EMS will implement the SEMSA approved Regional Trauma System Plan.

NEW North Coast EMS will promote the adoption of new and continuing legislation to ensure the ongoing availability of trauma funding for designated trauma centers.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short-range: Implementation of the Regional Trauma Plan.

Short-range: State funding for trauma system maintenance.

<p style="text-align: center;">2005UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NEW = New as of 2005-2006</p>
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Reference:

HSC Division 2.4, Chapter 4: Agency Administration, §1797.257 – Submission of trauma care system plan, and §1797.258 – Annual trauma care system plan update.

MINIMUM STANDARD:**1.08 - ALS Planning***

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies, procedures, and participation agreements with all Limited Advanced Life Support (LALS) and Advanced Life Support (ALS) service providers, consistent with California state laws and guidelines. These policies, procedures, and participation agreements contain the provisions and guidelines for LALS and ALS service providers located in the North Coast EMS region.

All transporting providers ensure full-time LALS or ALS coverage in accordance with county ambulance ordinances or contracts, and virtually all first out ambulances in the region are staffed with paramedics. Several non-transporting fire or volunteer services are part-time LALS or ALS providers (i.e. Upper Lake, Loleta, Shelter Cove and Orleans Fire Departments, and Southern Trinity Area Rescue). One Fire District, Middletown/Cobb, became a CDF managed LALS/ALS program several years ago, and the Lake County Fire Chiefs adopted a Joint Powers Agreement relative to ambulance services three years ago.. Four of the districts in Lake County recently consolidated (Lucerne, Nice and Upper Lake) or are in the process of doing so (Clearlake Oaks), and over two years ago, the last private provider in Lake County discontinued services and Lake County and Lakeport Fire expanded services to maintain coverage.

More Fire Districts, both transporting and non-transporting, are using the Esophageal Tracheal Airway Device (ETAD) and Public Safety AED than in previous years. All certified EMT-Is are now required by state regulation to be AED trained.

COORDINATION WITH OTHER EMS AGENCIES:

Participation agreements are executed with all part-time or full-time LALS and ALS service providers.

NEED(S):

- ↔ All transporting provider services that do not currently provide full-time LALS or ALS should attempt to maintain a full-time commitment.
- ↔ All first responder services throughout the region should be providing Public Safety/EMT-I AED wherever and whenever LALS or ALS is not immediately available.

OBJECTIVE(S):

- ↔ North Coast EMS will continue to promote either full-time LALS/ALS or AED/ETAD throughout the region. For first responders, North Coast EMS will continue to promote Public Safety AED and ETAD.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant <u>NEW</u> = New as of 2005-2006</p>

Reference:

HSC Division 2.5, Chapter 4: Agency Administration, §1797.206 -- Implementation of ALS and LALS systems.

MINIMUM STANDARD:

1.09 - Inventory of Resources

“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:

North Coast EMS meets this standard. North Coast EMS has completed the numerous tables covering EMS resources and operations as part of this EMS System Plan. This document provides detailed information regarding personnel, vehicles and facilities within the region, and will be updated and distributed annually, or when requested by the SEMSA, as part of the EMS Plan revision process.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Plan update includes direct input from all counties, providers, hospitals and other EMS system constituents to help update the inventory, and from our JPA Governing Board, health departments and interested constituents prior to submission to the SEMSA.

NEED(S):

↔ Resource and operations inventories need to be completed annually as requested by the SEMSA..

OBJECTIVE(S):

↔ North Coast EMS will update resource and operations inventories annually as requested by the SEMSA.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY	
↔	= Continuing from 2003
☑	= Completed since 2003
☒	= Dropped/No longer relevant
NEW	= New as of 2005-2006

MINIMUM STANDARD:

1.10 - Special Populations

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

RECOMMENDED GUIDELINE:

1.10 - Special Populations

“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:

North Coast EMS currently meets the standard and recommended guideline and has identified several population groups served by the EMS system that require specialized services. These include children, disabled and elderly populations. Dispatchers of 9-1-1 calls who are not fluent in the caller’s language can transfer the call to a service to obtain translation on a three-way line. The EMS for Children special project previously addressed pediatric patient care needs relative to prehospital and ED personnel. The Early Defibrillation program (and ALS cardiac scope of practice) and a thrombotic pre-warning program were developed primarily for the elderly, and the Agency and EMS community continue to work with long term facilities and Hospice to improve EMS system response. Management of specialized groups (e.g., disabled) is taught in approved training or continuing education courses for prehospital personnel, or as part of the orientation program conducted by ambulance services for new employees. The Agency also recently distributed the SEMSAs *English-Spanish Dictionary of Health Related Terms* throughout the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED:

- ↔ Standardized instructional guidelines for pediatric, geriatric, and handicapped patients are desirable. Methods are needed to facilitate communication for first responder and transport services routinely responding to non-English speaking communities (e.g., H’mong and Spanish-speaking).

OBJECTIVE(S):

- ↔ North Coast EMS will encourage SEMSA to assess the need for standardization of instruction, develop guidelines if needed, and promote communications with non-English speaking patients.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

MINIMUM STANDARD:

1.11 -

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

1.11 - System Participants

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

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

RECOMMENDED GUIDELINE:**CURRENT STATUS:**

North Coast EMS currently meets the standard and recommended guideline and has developed policies, procedures, contracts, and other documents outlining the roles and responsibilities of system participants consistent with California state laws and guidelines. Participation agreements are in place with first responder and early defibrillation service providers, LALS and ALS service providers, base and receiving hospitals and EDAPs. The Agency has an extensive training and continuing education (CE) program approval process, has standardized protocols for all certification levels, and a comprehensive Continuous Quality Improvement (CQI) program. Revision of the latter is under consideration to address new state EMS System Quality Improvement regulations. North Coast EMS has designated/approved the following: Emergency Medical Dispatch (EMD) providers, AED providers, LALS and ALS providers, base hospitals, alternative base hospitals, Emergency Departments Approved for Pediatrics (EDAPs) and ETAD providers, and will proceed with Trauma Center designation in the near future. Site visit evaluations are conducted as needed to designated ALS providers, base hospitals, EDAPs, and approved training programs (including EMT-I, EMT-II, paramedic, MICN, ETAD and CE Programs). The Agency is planning to conduct site visits to each CE provider in the region over the next two years, and recently implemented new EMT-I regulations. Exclusive operating areas are not, however, designated in our region.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

- The base hospital site visit survey tool needs to be updated to reflect new standards and system changes. The tool has not been updated due to late contracting with the Nurse Coordinator, base hospital status changes, hospital acquisition, and other issues.

OBJECTIVE(S):

- North Coast EMS will update the base hospital site visit survey tools.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

Regulatory Activities

MINIMUM STANDARD:

1.12 - Review and Monitoring

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

CURRENT STATUS:

North Coast EMS currently meets this standard and provides several methods for review and monitoring of EMS system operations. The Electronic Prehospital Care Information System (EPCIS) computer program is one tool for retrospectively monitoring EMS system operations. Currently, the agency, base hospitals and providers utilize EPCIS to generate audit screens and other reports designed to help identify system trends and patient care problems.

All complaints or problems identified regarding patient care, training, or system operations are investigated through a formal disclosure protected system involving due process, confidentiality and patient protection. Remediation and/or disciplinary action can follow. Annual reports are submitted to SEMSA annually specific to the Early Defibrillation program. The Agency continues to utilize state data elements and the dictionary (including for the trauma registry) and is in the process of implementing the new EMS System Quality Improvement. New state EMT-I regulations were recently implemented. North Coast EMS also conducts site visit evaluations as needed to base and alternative base hospitals, EDAP's and approved training and CE programs. We are in the process of implementing a program to audit all approved CE providers in the region over the next two years.

Four years ago, North Coast EMS personnel assisted Lake County in its effort to monitor the Lake County Ambulance Ordinance, and we annually provided “chute-time” reports to the Humboldt County Department of Health and Human Services Public Health Division. We also provide EPCIS generated data upon request and in each quarterly and final report, and are working with the Humboldt County Health Department and local providers to consider revision of the County Ambulance Ordinance and a joint ALS/Ordinance monitoring program.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS monitoring operations directly involve JPA-member counties, designated hospitals and providers, and approved training and CE programs.

NEED(S):

- Special studies need to be designed to routinely measure compliance with expected system standards and survival outcome.
- Statewide EMS system evaluation criteria need to be developed. This should include development of improved data systems that link prehospital and hospital outcome data.
- ↔ North Coast EMS needs to participate in the evaluation or observation of drills involving hospital and prehospital personnel.

- NEW** North Coast EMS needs to continue to utilize the EPCIS program and other tools to assist county health departments in the process of monitoring local ambulance ordinances.
- NEW** North Coast EMS needs to continue to utilize the EPCIS program and other tools monitor and improve the EMS system and to assist hospitals, providers and interested others in their process to monitor and improve the EMS system.
- NEW** North Coast EMS needs implement use of the *Collector* trauma registry at all participating trauma enters to help monitor the Regional Trauma System.
- NEW** North Coast EMS needs implement new state EMS System Quality Improvement regulations and guidelines to help evaluate the EMS System.
- NEW** North Coast EMS needs to implement a process to monitor approved CE providers.
- NEW** The Humboldt County Health Department needs to consider revising the County Ambulance Ordinance to ensure that it meets current and future transportation needs. North Coast EMS needs to participate in this process.

OBJECTIVES:

- North Coast EMS will continue to work with the state (SEMSA, EMSAAC, EMDAC and Commission) to design and participate in special studies to routinely measure compliance with expected system standards and survival outcome, including cardiac arrest, major trauma, pediatric, geriatric and medical patients.
 - North Coast EMS will continue to encourage and participate in the development of statewide EMS system evaluation criteria, and will encourage the effective application of data and research to the EMS decision-making process.
 - ↔ North Coast EMS will participate as observers or evaluators of drills involving prehospital and hospital personnel as staff time allows.
- NEW** North Coast EMS will continue to utilize the EPCIS program and other tools to assist county health departments in the process of monitoring local ambulance ordinances.
- NEW** North Coast EMS will continue to utilize the EPCIS program and other tools to assist county health departments in the process of monitoring local ambulance ordinances.
- NEW** North Coast EMS will continue to utilize the EPCIS program and other tools monitor and improve the EMS system and to assist hospitals, providers and interested others in their process to monitor and improve the EMS system.
- NEW** North Coast EMS will implement use of the *Collector* trauma registry at all participating trauma enters to help monitor the Regional Trauma System.
- NEW** North Coast EMS will implement new state EMS System Quality Improvement regulations and guidelines to help evaluate the EMS System.
- NEW** North Coast EMS will implement a process to monitor approved CE providers.
- NEW** The Humboldt County Health Department will consider revising the County Ambulance Ordinance to ensure that it meets current and future transportation needs. North Coast EMS will participate in this process.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW - Short range.

ONGOING - Long range.

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005/2006</p>

References:

North Coast EMS Policies # 2402 - # 2404: Prehospital Care Records, and Policies # 2100 - # 2110: Quality Assurance.

MINIMUM STANDARD:

1.13 - Coordination

“Each local EMS agency shall coordinate EMS system operations.”

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies and procedures to coordinate EMS system operations. North Coast EMS staff participate at county EMCC, MAC, fire chiefs’ and hospital meetings to assist with coordination of the EMS system. In addition, North Coast EMS staff lead or participate in meetings on EMS system issues on an as needed basis. For example, North Coast EMS has participated in several meetings with Humboldt County representatives on a plan for enhancement of the Med-Net Communications System. Staff coordinate system operations for the new EPCIS program by managing over 38 computers located throughout the region. Staff also assist providers and hospitals with improved coordination by meeting together to review policies and procedures, and clarify working relationships. North Coast EMS also established and utilizes the Regional-Trauma Advisory Committee to help implement the Regional Trauma Plan. North Coast EMS staff are available to work with EMS system participants on coordination issues on an ongoing basis, and the Agency continues to utilize a formal review process to ensure input into the decision-making process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Continuous.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

Reference:

HSC 2.5, Chapter 4: Local Administration, §1797.252 – Coordination of EMS system.

MINIMUM STANDARD:**1.14 - Policy and Procedures Manual**

“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:

North Coast EMS currently meets this standard and has developed a North Coast EMS Policies and Procedures Manual that is available to all EMS system providers. The contents of the manual are continuously being reviewed and revised to enhance the regional EMS system, consistent with California state laws and regulations. Also, policies and procedures relevant to BLS personnel are distributed to local first responder agencies, and all policies, procedures, protocols, informational mailings and most plans and other documents are available on our website (northcoastems.com) for review and comment.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

1.15 - Compliance With Policies

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

CURRENT STATUS:

North Coast EMS currently meets this standard and regularly reviews and monitors the functions within the region to ensure compliance with the system policies. Furthermore, North Coast EMS QA/CQI policies have been developed to provide a mechanism for incident reporting, problem identification, and system monitoring. If North Coast EMS sees or is informed that a problem exists, the Agency notifies involved parties and acts to resolve issues. After review, notification, and necessary remediation, North Coast EMS notifies SEMSA, as necessary. North Coast EMS is in the process of implementing to new state EMS System Quality Improvement regulations to enhance overall EMS system monitoring and evaluation efforts.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ All system participants should be encouraged to use the mechanism established in the QA/CQI policies for system improvement.

NEW North Coast EMS needs to implement new state EMS System Quality Improvement regulations and guidelines, and revise policies as needed.

OBJECTIVE(S):

↔ North Coast EMS will continue reviewing, monitoring and assuring compliance with regional policies to improve services and enhance the CQI system, and will encourage system participants to use the mechanism established in the QA/CQI policies for system improvement.

NEW North Coast EMS will implement new state EMS System Quality Improvement regulations and guidelines, and revise policies as needed.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing -Long range.

NEW – Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

Reference:

North Coast EMS Policies # 2100 -- # 2110: Quality Assurance Policies.

System Finances

MINIMUM STANDARD:

1.16 - Funding Mechanism

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

CURRENT STATUS:

North Coast EMS currently meets this standard. The agency’s State General Fund allocation and local matching dollars cover the agency’s core functions as delegated by JPA member counties and State EMS contractual requirements. Local funds are comprised of County fiscal contributions, County SB612 funds, a Bertha Russ Lytel Foundation grant and various fees.

In the last several years, each of the three Counties contributed its share and SB612 payments. Beginning in 2002, however, the State General Fund allocation was reduced by 4% (approximately \$10,000 annually), and this reduction continued for a combined loss to the Agency of over \$40,000. Combined with fixed local revenue and counties with ongoing financial problems, North Coast EMS currently faces future budgetary shortfall problems. Fortunately, since 2002, state trauma and other special project grants have offset associated staff costs and prevented serious staff and service reductions, but new special project grants in California have been discontinued this year due to a federal cut of Prevention 2010 funds. Consequently, our recent special project proposal, *Enhanced Rural Outreach Training*, was not be funded, and we will need to use a substantial portion of our fiscal reserve this year to maintain staff size and services.

To compensate for the potential shortfall, the Agency has increased local certification fees and received an increase the last two years of \$7,500 to \$12,500 from the Bertha Russ Lytel Foundation. We also may charge annual trauma center fees to help maintain the trauma system after implementation of the Regional Trauma System Plan. We anticipate a decrease in contractor activity this coming year and may face a staff decrease in FY 06-07 unless new revenue increases are forthcoming.

There is a significant need for a State General Fund augmentation for EMS regions due to increased operating costs and an increased workload. In addition, North Coast EMS cannot assume significant new programs (e.g., additional disaster medical services coordination responsibilities, implementation of exclusive operating areas, etc.) without additional local and/or state funding for those tasks.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ North Coast EMS needs to maintain adequate funding for the Regional Medical Director and core staff. Fortunately, the Bertha Russ Lytel Foundation increased their contribution to \$12,500 since 2003-04 to help cover the SEMSA GF reduction. Also, State Trauma and special project grants have offset staff and contractors costs, but the federal cut of Prevention 2010 funding will have a significant impact on future contractor and staff levels if it continues. Annual trauma center fees are under consideration, but it is essential that the JPA member counties fulfill their obligation to meet the required match if overall revenues continue to decrease in the future; and
- ↔ North Coast EMS needs a State General Fund contract augmentation to keep up with cost of living increases and the existing work load, and would need additional local and/or state funding to assume additional tasks.

OBJECTIVE(S):

- ↔ North Coast EMS will obtain the required state general fund match from JPA member counties and will secure sufficient local funding to continue Regional Medical Director services and maintain current staff size.
- ↔ North Coast EMS will work with the EMSA and regional administrators to reinstate and secure a State General Fund contract augmentation to keep up with cost of living increases and the existing work load, and will seek additional local and/or state funding to assume additional tasks.

TIME FRAME FOR MEETING OBJECTIVE(S):

Continuous.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

Medical Direction

MINIMUM STANDARD:

1.17 - Medical Direction*

“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:

North Coast EMS currently meets this standard and has planned for medical direction within the EMS system. The agency has identified (and participation agreements define) the optimal number and role of base and alternative base hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers. There is one designated base hospital in Del Norte County, three in Humboldt County (plus one alternative base) and two in Lake County.

Since 1999, North Coast EMS added General Hospital in Eureka as a base hospital and worked extensively with both General Hospital and St. Joseph Hospital (next door) to establish a system of rotation of medical control, patient destination, field care audits and other issues.

Approximately one year later, in December, 2000 St. Joseph Hospital purchased General Hospital, and North Coast EMS staff worked with St. Joseph Hospital first to assure smooth transition of their decision to return to one base hospital (March, 2001), and then subsequently their decision to close the General Hospital emergency department. North Coast EMS and St. Joseph Hospital held public hearings on this latter issue, and the second emergency department was closed (August, 2001). St. Joseph Hospital simultaneously changed the General Hospital emergency department into an urgent care center for lesser emergencies (for use by the public; there is no transport there).

Since 2003, North Coast EMS conducted a process on behalf of Adventist Health-Redbud Hospital in Lake County to change state licensure status of the ED from basic to standby. We determined that the base hospital commitment would continue the same, and are waiting for official notice that this status change has occurred.

COORDINATION WITH OTHER EMS AGENCIES:

In 1988, the JPA Governing Board held public meetings attended by hospital representatives regarding the optimal number and designation of base and alternative base hospitals. Between 1999 and 2001, the JPA Governing Board appointed a committee consisting of the Humboldt County member (John Woolley), County Health Officer (Ann Lindsay, M.D.) and the Executive Director (Larry Karsteadt) to oversee the process to add a base hospital and to assess the closure of the emergency department at one hospital in Eureka. The latter involved a public hearing and special EMS provider review process. In 2004, the Agency utilized a special panel consisting of Health Officer (Craig McMillan, M.D.), Regional Medical Director (John Kelsey, M.D.) and the

Executive Director (Larry Karsteadt) to evaluate the request for status change at Redbud and to conduct the public hearing.

NEED(S):

- North Coast EMS agency staff needs to evaluate and recommend to the JPA Governing Board (and the JPA Governing Board needs to determine) whether General Hospital, which is currently interested in becoming a base hospital, should do so. If General Hospital does become a second base hospital in Eureka, policies and protocols regarding base hospital communications will need to be developed.

NEW North Coast EMS needs to confirm DHS approval of Redbud standby ED status, and if approved, secure approval from SEMSA for Redbud to continue as a Base Hospital.

NEW To help reduce hospital costs, North Coast EMS needs to consider designation of Modified Base Hospitals, and if approved, establish appropriate contract and policy changes designed to ensure maintenance of high quality patient care .

OBJECTIVE(S):

- North Coast EMS will carry out the decision of the JPA Governing Board regarding General Hospital as instructed.

NEW North Coast EMS will confirm DHS approval of Redbud standby ED status, and if approved, secure approval from SEMSA for Redbud to continue as a Base Hospital.

NEW To help reduce hospital costs, North Coast EMS will consider designation of Modified Base Hospitals, and if approved, establish appropriate contract and policy changes designed to ensure maintenance of high quality patient care .

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

NEW – Short -term

2005 UPDATE KEY	
↔	= Continuing from 2003
<input checked="" type="checkbox"/>	= Completed since 2003
<input type="checkbox"/>	= Dropped/No longer relevant
NEW – New as of 2005, 2006	

References:

HSC Division 2.4, Chapter 4: Local Administration, §1797.220 – Establishment of medical control policies and procedures by local EMS agency.

North Coast EMS Policy # 2102: Medical Control Policy.

MINIMUM STANDARD:

1.18 - QA/QI

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

RECOMMENDED GUIDELINE:

1.18 - QA/QI

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

CURRENT STATUS:

North Coast EMS currently meets the minimum standard and recommended guideline. The agency has developed QA/CQI policies and standards, which include use of provider base programs approved by North Coast EMS and which are coordinated with other system participants. All ALS providers are required to have an approved CQI Program. CQI programs were previously evaluated and approved by North Coast EMS through provider site visits. However, given the staff size for the number of providers in the region, North Coast EMS staff were unable to effectively monitor LALS/ALS providers through site visits. Instead, North Coast EMS, in consultation with and MACs and EMCCs, has chosen to replace the LALS/ALS provider site visits with expanded use of the new EPCIS program and enhanced use of the hospital level CQI program. LALS/ALS provider and EDAP site visits will be conducted on an as needed basis rather than as a regular function.

The Agency is in the process of implementing new state EMS System Quality Improvement regulations and guidelines to ensure ongoing compliance with this standard and guideline.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

- Standardized QA/CQI program requirements for all levels are needed statewide; and
- ↔ All regional system participants should be encouraged to use the tools developed and outlined in the North Coast EMS QA/CQI policies.
- ↔ LALS/ALS provider site visits are now conducted on an as needed basis due to lack of staffing. These will be reinstated as a regular task if sufficient personnel can be added.

NEW North Coast EMS needs to implement new state EMS System Quality Improvement standards and guidelines, including potential policy changes.

OBJECTIVE(S):

- North Coast EMS will encourage EMSA to standardize CQI program requirements; and
- ↔ North Coast EMS will encourage all system participants to use the tools developed and outlined in the North Coast EMS QA/CQI policies.

NEW North Coast EMS will implement new state EMS System Quality Improvement standards and guidelines, including potential policy changes.

NEW Utilize the EPCIS system and improved hospital CQI audit procedures as a replacement for periodic LALS/ALS provider site visits and reinstate LALS/ALS provider site visits as a regular task if sufficient personnel can be added

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NEW = New as of 2005-2006</p>

Reference:

North Coast EMS Policies # 2100 -- # 2110: Quality Assurance Policies.

MINIMUM STANDARD:

1.19 - Policies, Procedures, Protocols

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

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

RECOMMENDED GUIDELINE:

1.19 - Policies, Procedures, Protocols

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

CURRENT STATUS:

North Coast EMS currently meets this standard and the recommended guideline. The agency has developed numerous written policies, procedures and protocols regarding triage, treatment, medical dispatch, transport, on-scene treatment priority times, transfer of emergency patients, standing orders, base hospital contact, on-scene physicians and other medical personnel, and local scope of practice for prehospital personnel (items a-j). The agency uses the EPCIS program to flag extended on-scene treatment times and other EMS system evaluation functions.

North Coast EMS has recognized the Advanced Medical Priority Dispatch System from Medical Priority Consultants, Inc., as the Emergency Medical Dispatch (EMD) system for use in our region. The system includes an EMD program and instruction, as well as continuing education and continuous quality improvement components.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard/guideline.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

☒ None.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

TIME FRAME FOR MEETING

OBJECTIVE(S):

Completed.

MINIMUM STANDARD:

1.20 - DNR Policy

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed a written DNR policy in accordance with SEMSA DNR guidelines. The SEMSA DNR guidelines are distributed to all North Coast EMS-approved prehospital care training programs to incorporate into their curriculum. The Agency has recently promoted adherence to the existing DNR policy in Humboldt and Lake Counties to enhance the interface between extended care facilities and Hospice, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

Reference:

North Coast EMS Policy # 2307: Do Not Resuscitate.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:

1.21 - Determination of Death

“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:

North Coast EMS currently meets this standard and has developed written Determination of Death policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Current coroners in each county in the region need to review the agency’s Determination of Death policies; and
- Statewide standards are needed to promote standardized determination of death by prehospital personnel.
- North Coast EMS needs to revise the Determination of Death Policy to update the blunt-trauma portion of the policy.

OBJECTIVE(S):

- North Coast EMS will send the agency’s Determination of Death policies to coroners in each county in the region for review; and
- North Coast EMS will encourage SEMSA to develop a statewide guideline for determination of death.
- North Coast EMS will revise the Determination of Death Policy with region-wide input.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed..

2005 UPDATE KEY	
↔	= Continuing from 2003
<input checked="" type="checkbox"/>	= Completed since 2003
<input checked="" type="checkbox"/>	= Dropped/No longer relevant
NEW	= New as of 2005-2006

References:

North Coast EMS Policy # 2304: BLS Personnel – Determination of Death.

North Coast EMS Policy # 2305: LALS/ALS Personnel – Determination of Death.

MINIMUM STANDARD:

1.22 - Reporting of Abuse

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

CURRENT STATUS:

North Coast EMS meets this standard. It is required by law that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths. All providers have Department of Justice forms for reporting abuse and all training programs include the SEMSA mandatory SIDS curriculum and instruction on child and elder abuse. A comprehensive policy was developed during FY 1999-2000 for reporting child abuse, elder/dependent adult abuse, and certain types of assault (in response to legislation mandating reports that would increase reporting of domestic violence incidents). This policy provided requirements for reporting, contact numbers in each county, and information on proper forms.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- There may be a need for written policies and procedures for mandated reporting by prehospital providers in the North Coast EMS region.

OBJECTIVE(S):

- North Coast EMS will evaluate policies and procedures for mandated reporting and determine the need to write policies for prehospital providers in the region.

TIME FRAME FOR MEETING OBJECTIVE(S):

- Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

1.23 - Interfacility Transfer

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies regarding the scope of practice, procedures, responsibilities and standards for BLS and ALS prehospital personnel during interfacility transfers. Recently, the Agency added use of Heparin/Nitro Infusions to the optional paramedic scope of practice to allow specially trained paramedics to use these procedures during interfacility transfers. Also, several meetings have been conducted and policy has been drafted to enhance ED to ED transfers with Humboldt County.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS staff have worked with hospital representatives to resolve interfacility transfer issues within the region and across LEMSA boundaries.

NEED(S):

↔ North Coast EMS needs to continue to work with hospital representatives to reduce transfer delays within the region from ED to ED.

NEW North Coast EMS needs to utilize state trauma regulations and the new Regional Trauma System to improve interfacility transfers from lower to higher trauma centers.

OBJECTIVE(S):

↔ North Coast EMS will (and has) worked with hospital representatives to reduce transfer delays within the region from ED to ED.

NEW North Coast EMS will utilize state trauma regulations and the new Regional Trauma System to improve interfacility transfers from lower to higher trauma centers.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

References:

North Coast EMS Policy # 2208: Interfacility Transfer Procedure
 North Coast EMS Policy # 5102: EMT-I Scope of Practice
 North Coast EMS Policy # 5303: EMT-II Scope of Practice
 North Coast EMS Policy # 5402: Paramedic Scope of Practice

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

Enhanced Level: Advanced Life Support

MINIMUM STANDARD:

1.24 - ALS Systems

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

RECOMMENDED GUIDELINE:

1.24 - ALS Systems

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and has developed policies, procedures and participation agreements with all LALS and ALS service providers consistent with California state laws and guidelines. These policies, procedures and participation agreements contain the provisions and guidelines for LALS and ALS services throughout the North Coast EMS region.

North Coast EMS works with LALS/ALS providers to ensure they meet all requirements of written agreements. Agreements are continued year to year and are updated when needed.

The recommended guideline is not applicable to the region at this time. Exclusive operating areas for ALS providers are neither developed nor in use in the North Coast EMS region at this time. For Del Norte and Humboldt Counties there are zones specified in the ambulance ordinances, and each zone has one provider. In Lake County, the new ambulance ordinance includes all transporting providers (private or public) and identifies specific zones. Humboldt County is currently considering review of the existing ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS coordinates with other EMS jurisdictions that share a LALS/ALS provider with this region, to ensure that all requirements, staffing levels, certifications, etc. are met.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:

1.25 - On-Line Medical Direction

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

RECOMMENDED GUIDELINE:

1.25 - On-Line Medical Direction

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

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

CURRENT STATUS:

North Coast EMS currently meets this standard and recommended guideline. The agency has developed policies and procedures regarding on-line medical direction provided by a base or alternative base hospital physician or mobile intensive care nurse. In 1988 the JPA Governing Board identified the optimal base hospital configuration and a process for selecting base hospitals (applied in Eureka). Since that time, North Coast EMS and its JPA Governing Board have continued to be actively involved in addressing base hospital issues, most recently the addition of a new base hospital in the region (1999-2000) and the closure of a base hospital (2001). Agency protocols identify a process to determine the need for in-house medical direction for provider agencies.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

NEW North Coast EMS officially probated Sutter-Coast Hospital in Del Norte County over two years ago and restructured how and when ED MDs and MICNs participate in online medical control. We need to merge this program with recent requests to establish Modified Base Hospitals, and continue to evaluate the new system to ensure that online medical control is available when appropriate to the needs of the patient.

OBJECTIVE(S):

NEW North Coast EMS officially probated Sutter-Coast Hospital in Del Norte County two years ago and restructured how and when ED MDs and MICNs participate in online medical control. We will continue to evaluate the new Modified Base Hospital system to ensure that online medical control is available when appropriate to the needs of the patient.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short term.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NEW = New as of 2005-2006</p>

Enhanced Level: Trauma Care System**MINIMUM STANDARD:**

1.26 - Trauma System Plan

“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:

The North Coast EMS Regional Trauma System Plan was approved by the SEMSA in July 2003. The Plan meets all state requirements and is in the process of implementation. At this time, four Level IV trauma centers are targeted for designation, including two with Advanced (surgical) Resources.

COORDINATION WITH OTHER EMS AGENCIES:

Development of the Regional Trauma Plan involved extensive use of the Regional Trauma Advisory Committee and a public hearing.

NEED(S):

- North Coast EMS needs to complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS needs to evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW The North Coast EMS region needs to implement the Regional Trauma System Plan.

OBJECTIVE(S):

- North Coast EMS will complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS will evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW North Coast EMS will implement the approved Regional Trauma System Plan this fiscal year.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

References:

HSC Division 2.4, Chapter 4: Agency Administration, §1797.257 – Submission of trauma care system plan, and §1797.258 – Annual trauma care system plan update.

Enhanced Level: Pediatric Emergency Medical and Critical Care System

MINIMUM STANDARD:

1.27 - Pediatric System Plan

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

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

CURRENT STATUS:

North Coast EMS partially meets this standard. Pediatric emergency medical and critical care has been addressed through the SEMSA-funded EMSC special project, which included three components: prehospital, in-hospital and injury prevention. The in-hospital portion of the project addressed issues such as Emergency Department Approved for Pediatrics (EDAP), interfacility transfers and staff education. EDAP was established in the North Coast EMS region in 1989, with the goal of improving pediatric care by requiring minimum education standards for physicians and ED staff, minimum safe staffing levels, minimum equipment availability, and a pediatric CQI program according to national guidelines. These minimum standards were agreed to by participating hospitals and are monitored by periodic site visit evaluations. All seven EDAP hospitals in the region have been site visited since 1999, although Jerald Phelps Hospital discontinued designation due to financial constraints in 2000, and Sutter-Lakeside and Sutter-Coast Hospitals both dropped the EDAP program. Currently, four hospitals in the region are formally designated as EDAPs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Site visits need to be conducted at the four designated EDAPs.

OBJECTIVE(S):

- ↔ Site visits will be conducted at the four designated EDAPs.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short term.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

Enhanced Level: Exclusive Operating Areas

MINIMUM STANDARD:

1.28 - EOA Plan

“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 of assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.”

CURRENT STATUS:

There are no exclusive operating areas in use in the North Coast EMS region. Also, North Coast EMS does not have delegated authority for administering an EOA within the region, as this is a county retained responsibility. Revision of the EMS Plan, by the interested member county, is required prior to development and implementation of an EOA Plan. If a county chooses to delegate responsibility to North Coast EMS for the development and/or implementation of an EOA, the county would have to provide sufficient funding for this purpose.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

Local EMS Agency

MINIMUM STANDARD:

2.01 - Assessment of Needs

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has historically completed several surveys throughout the region to assess the needs regarding personnel and training. Also, students are required to complete surveys evaluating the instruction received in all approved training programs. Results of regional surveys are used to guide policy and procedural changes to improve operations and the EMS system. The results of the training program surveys are compiled and forwarded to the training institutions to improve regional training, identify training and CE needs, and other EMS system needs. Statewide EMS system directions are routinely assessed by staff. Specifically, the EMS Coordinator was appointed to EMSA’s Education and Personnel Vision Committee in FY 2000-2001, the Training Coordinator is a member of the EMSC Committee, the Executive Director is a member of the State Trauma Committee, the State EMT-II Task Force and the EMS Administrators Association of California, and the Regional Medical Director is a member of the Emergency Medical Directors Association of California.

Since 1999, North Coast EMS has assessed several needs related to personnel and training, and has implemented changes as needed. For example, staff worked with Prehospital Care Nurse Coordinators to create a new MICN reauthorization course to replace testing, in response to MICN feedback. A Cervical Spine program was implemented in response to regional personnel needs. Staff also implemented a layperson AED program, and in 2003 assessed training and equipment needs as part of two state funded special projects: Rural Outreach Training and a Prehospital MCI/Disaster Program. Similarly, disaster needs were assessed in Humboldt and Del Norte Counties as part of the Cascadia Disaster Medical Special Project four years ago. On an ongoing basis, North Coast EMS periodically revises personnel testing. Since 1999, staff have updated MICN and EMT-I exams and recently assumed administrative responsibility for the North Coast Paramedic Training Program. The latter involved multiple surveys associated with the national accreditation process. Recently, the Agency initiated, by request, a process to assess the potential role of Modified Base Hospitals within the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- North Coast EMS needs to continue to use surveys to acquire feedback regarding regional training needs.
- North Coast EMS needs to update the MICN written and skills test.
- NEW** North Coast EMS needs to continue to secure funding for ongoing rural outreach training and CE similar to the Rural Outreach Special Project. A Rural Outreach Expansion Proposal was submitted for funding last year, but the SEMSA elected not to

fund all new requests. We need to resubmit this year if new special project or other funding is available.

OBJECTIVE(S):

- North Coast EMS will continue to solicit public input from regional participants through assessment surveys and, depending on results of future assessment surveys, make needed changes in policies and procedures relative to training to improve the EMS system.
- North Coast EMS will update the MICN written and skills test.
- NEW** North Coast EMS will attempt to secure funding for ongoing rural training and CE outreach programs similar to the Rural Outreach Special Project. A Rural Outreach Expansion Proposal was submitted for funding last year, but the SEMSA elected not to fund all new requests. We need to resubmit this year if new special project or other funding is available.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range – Outreach training continuation.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:

2.02 - Approval of Training

“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:

North Coast EMS meets this standard, and has developed policies regarding required training program approval of first responder, EMT-I, Esophageal Tracheal Airway (ETAD), Automated External Defibrillation Skills Evaluator (AED), EMT-II, EMT-P and MICN training programs, consistent with state laws and regulations. Agency staff attempt to meet with each of the approved training program personnel to discuss California state laws and regulations, North Coast EMS policies and procedures, and expectations for training. North Coast EMS personnel monitor each training program as needed, followed by review of written evaluation results. North Coast EMS also approves CE providers following the SEMSA CE Regulations. Currently, North Coast EMS has approved a total of 31 training programs including: 9 ETAD, 6 EMT-1, 1 FTO, 1 MICN, 1 EMD, and several Hep/Nitro Infusion and Cardiac Pacing training programs in the region. North Coast EMS assumed administrative responsibility for the North Coast Paramedic Training Program approximately two years ago. There are 40 approved continuing education providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

North Coast EMS approval of the Humboldt Regional Occupations Paramedic Training Program expired this year and the program has been discontinued. North Coast EMS needs to begin a new training program sponsored by the Agency.

NEW North Coast EMS needs to obtain National Accreditation for the new North Coast Paramedic Training Program.

NEW North Coast EMS needs to establish and implement a process to review approved CE Providers.

NEW North Coast EMS needs to re-approve existing EMT-I programs pursuant to the new state Regulations.

OBJECTIVE(S):

North Coast EMS will begin a new paramedic training program sponsored by the Agency.

NEW North Coast EMS will obtain National Accreditation for the new North Coast Paramedic Training Program during this current class.

NEW North Coast EMS will establish and implement a process to review approved CE

Providers.

NEW North Coast EMS will re-approve existing EMT-I programs pursuant to the new state Regulations.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short term.

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NEW = New as of 2005-2006</p>
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MINIMUM STANDARD:

2.03 - Personnel

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

CURRENT STATUS:

North Coast EMS meets this standard and has developed policies that govern accreditation, authorization, and certification of prehospital medical personnel. The agency conducts certification reviews in accordance with California state regulations. The North Coast EMS Incident Reporting and CQI policies include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification. Since 1999, North Coast EMS revised its “Unusual Occurrence” form to be more appropriately and effectively used to notify the prehospital provider and North Coast EMS (as appropriate) of events.

North Coast EMS has instituted several personnel certification/accreditation requirements to improve quality of care. Examples over the last several years include the Cervical Spine program and the Esophageal Tracheal Air Device Program; and, expansion of the optional paramedic scope of practice to include Hep/Nitro Infusions and Cardiac Pacing. North Coast EMS verifies that each EMT-II and paramedic is oriented to these programs prior to recertification or reaccreditation.

To help promote high quality training opportunities, North Coast EMS periodically provides new training equipment for regional instructors, as funding allows. In FY 2002-2003, we purchased numerous training aids as part of the State Trauma Grants, Rural Outreach and Prehospital MCI/Disaster Special Projects.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Chapter 3 of Title 22 of the California Code of Regulations needs to be revised to make EMT-II laws consistent with laws for other levels of care. State EMT-II regulations are being revised and North Coast EMS staff are members of the EMT-II Task Force.
- ☒ MICN and first responder laws should be added to Title 22 to promote consistency throughout California.

OBJECTIVE(S):

- ↔ North Coast EMS will continue to encourage revision of Chapter 3 of Title 22 to make EMT-II laws more consistent with laws for other levels of care. State EMT-II regulations are being revised and North Coast EMS staff are members of the EMT-II Task Force.

- North Coast EMS will encourage the addition of laws governing MICN and first responder levels of care.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NEW = New as of 2005-2006</p>

Dispatchers

MINIMUM STANDARD:

2.04 - Dispatch Training

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

RECOMMENDED GUIDELINE:

2.04 - Dispatcher Training

“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:

Dispatch agencies in the region meet this standard and partially meet the recommended guideline. North Coast EMS currently relies on local dispatch agencies to provide emergency medical dispatch training. With SEMSA special project assistance, North Coast EMS has sponsored several local Medical Priority, Inc. EMD training classes. At this time, two of the seven primary PSAPs in the region and one secondary PSAP use the Medical Priority, Inc. EMD Program approved by North Coast EMS. No ambulance dispatch centers, except in Del Norte County, are using EMD at this time. Between 2000-2005, North Coast EMS assisted dispatchers using EMD with an upgrade from Medical Priority, Inc, and we recently conducted training in Del Norte County and activated the Del Norte County Sheriffs Department EMD program..

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ State EMS regulations are needed for implementation of dispatch agency EMD programs.
- ↔ North Coast EMS needs a method of funding for ongoing EMD training and recertification.
- ↔ State budget problems have reduced participation in the North Coast EMS EMD programs – two previously active PSAPs discontinued the program, although a new EMD program was recently activated in Del Norte County.

OBJECTIVE(S):

- North Coast EMS encourages EMSA to develop regulations tailored to the dispatch needs in rural areas;
- ↔ North Coast EMS will conduct future EMD classes as funding allows, or will help coordinate future classes.
- ↔ State budget problems need to be resolved or additional valuable programs will be discontinued at the local level.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NEW** = New as of 2005-2006

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

First Responders (non-transporting)

MINIMUM STANDARD:

2.05 - First Responder Training

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

RECOMMENDED GUIDELINE:

2.05 - First Responder Training

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

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

CURRENT STATUS:

Each of the private ambulance providers and Fire Districts in the region meet this minimum standard, per Title 22. The only non-transporting EMS first response units that North Coast EMS designates are those that staff AED personnel, EMT-IIs, or paramedics. When Title 22 was revised to include the requirement that at least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR, North Coast EMS distributed this information to the appropriate agencies.

Ambulance providers in the North Coast EMS region partially meet the recommended guidelines. Although North Coast EMS encourages the use of early defibrillation, not all non-transporting EMS first response units in our region own defibrillators at this time. North Coast EMS has previously obtained local or state grant funds to assist local fire departments in the purchase of defibrillators, or supported local fire departments in obtaining grant funds to purchase defibrillators. North Coast EMS has developed policies governing training and accreditation of EMT-Is and first responders, as well as laypersons, in the use of early defibrillation. However, when State law changed in 2001 to no longer require North Coast EMS to accredit personnel in the use of AED, those relevant functions were dropped by the Agency. Individual provider agencies and fire departments now retain this function and since January 2002, all EMT-Is in the region are AED trained.

While most regional first responder agencies have at least one EMT-I who works or volunteers, quite a few agencies are strictly volunteer and do not require EMT-I certification. It would be difficult under these circumstances to require at least one person on each non-transporting EMS first response unit be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

North Coast EMS previously received funding for a Rural Outreach Medical Training Program and conducted First Responder training for over 100 volunteers in rural and remote areas of the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Additional first responder agencies need to secure funding to obtain defibrillators, and there is a need to expand the availability of first responder level AED training; and
- ☒ First aid, first responder and EMT-I trained individuals with AED accreditation should not be required to do more to maintain their accreditation than the layperson performing defibrillation.

NEW North Coast EMS needs to re-submit the Expanded Rural Outreach Special Project Proposal next fiscal year if Prevention 2010 funds are available and needs to change the First Responder recertification timeline from two to three years to correspond with state public safety standards.

NEW North Coast EMS needs to identify first responder agencies without an AED capability and work with them secure funding and training.

NEW North Coast EMS needs to assist, as staff time allows, with the process to ensure that Weapons of Mass Destruction Training is provided for first responders, and in Humboldt County, training of first responders to use new Triage Tags.

OBJECTIVE(S):

- ↔ North Coast EMS will continue supporting first responder agencies in securing funding to obtain defibrillators and in expanding the availability of AED training as first responders; and
- ☒ North Coast EMS encourages EMSA to revise Title 22, Chapters 1.5 and 2 regarding AED accreditation so first aid, first responder and EMT-I trained individuals are not required to do more to maintain accreditation than the layperson performing defibrillation.

NEW North Coast EMS will re-submit the Expanded Rural Outreach Special Project Proposal next fiscal year if Prevention 2010 funds are available and needs to change the First Responder recertification timeline from two to three years to correspond with state public safety standards.

NEW North Coast EMS will identify first responder agencies without an AED capability and work with them secure funding and training.

NEW North Coast EMS will assist, as staff time allows, with the process to ensure that Weapons of Mass Destruction Training is provided for first responders, and in Humboldt County, training of first responders to use new Triage Tags.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY	
↔	= Continuing from 2003
☒	= Completed since 2003
☒	= Dropped/No longer relevant
NEW	= New as of 2005-2006

MINIMUM STANDARD:

2.06 - Response

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

CURRENT STATUS:

North Coast EMS meets this standard and encourages all public safety agencies that respond to medical emergencies provide Department of Transportation first responder or EMT-I level of care. Additionally, North Coast EMS has developed and executed written participation agreements with participating first responder agencies outlining minimum care and equipment requirements. Currently, 40 first responder agencies in the region participate in the program. Two industrial first aid teams have written participation agreements with North Coast EMS for initial response. The previously completed Rural Outreach first responder training program included over 20 classes and trained over 100 new first responders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ North Coast EMS needs to encourage additional public safety agencies and identified industrial first aid teams to participate in the system by signing agreements for first responder level of care, at minimum.

NEW North Coast EMS needs to re-submit the Expanded Rural Outreach Special Project Proposal next fiscal year if Prevention 2010 funds are available and needs to change the First Responder recertification timeline from two to three years to correspond with state public safety standards.

OBJECTIVE(S):

↔ North Coast EMS will encourage all public safety agencies providing response to medical emergencies to sign North Coast EMS written participation agreements and provide first responder level care, at a minimum.

NEW North Coast EMS will re-submit the Expanded Rural Outreach Special Project Proposal next fiscal year if Prevention 2010 funds are available and needs to change the First Responder recertification timeline from two to three years to correspond with state public safety standards.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

MINIMUM STANDARD:

2.07

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

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

CURRENT STATUS:

North Coast EMS meets this standard and has developed written BLS treatment protocols signed by the Regional Medical Director. All North Coast EMS first responder and EMT-I level policies are distributed to EMCCs, MACs, base and alternative base hospitals, providers, health officers, JPA members, and first responder agencies for review and comment. Non-transporting LALS/ALS personnel are designated by this agency and are under specific medical control per state laws and regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005/2006

Transporting Personnel

MINIMUM STANDARD:

2.08 - EMT-I Training

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

RECOMMENDED GUIDELINE:

2.08 - EMT-I Training

“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:

North Coast EMS meets this minimum standard except in the cases that are exclusions by law (i.e. Vehicle Code allows a driver to obtain EMT-I certification within one year of employment and AB2635 allows rural, volunteer ambulances to run without EMT-I personnel under certain conditions). It should be noted that counties may also have their own restrictions stated in ambulance ordinances; for example, Humboldt County does not allow for the one year grace period for drivers to obtain EMT-I certification. All personnel must be EMT-Is at the time of hire.

North Coast EMS meets the recommended guideline for all first out ambulances in the region and most back up vehicles, with the exception of Lake Pillsbury Fire. Currently, all EMT-Is are AED trained, and AED is taught as part of the basic scope for EMT-I classes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- At least one person on each non-ALS emergency medical transport vehicle should be trained to provide defibrillation.

OBJECTIVE(S):

- North Coast EMS will develop policy requiring that at least one person on each non-ALS emergency medical transport unit should be trained and certified to provide defibrillation.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed (with the allowed exceptions excluded)

2005 UPDATE KEY

↔ = Continuing from 2003
 = Completed since 2003
 = Dropped/No longer relevant
NEW = New as of 2005-06

Hospital

MINIMUM STANDARD:

2.09 - CPR Training

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

CURRENT STATUS:

North Coast EMS currently meets this standard. “CPR for the Health Care Professional” is a required part of training for all first responder and EMT-I programs. CPR training is a prerequisite for entry into EMT-II and Paramedic training programs. Additionally, MICNs are required to be trained in Advanced Cardiac Life Support (ACLS), which includes CPR. North Coast EMS does not have jurisdiction over other non-prehospital health personnel providing direct emergency care, but encourages current CPR certification whenever possible.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ None at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

<p align="center">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p><u>NEW</u> = New as of 2005-2006</p>
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MINIMUM STANDARD:

2.10 - Advanced Life Support

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

RECOMMENDED GUIDELINE:

2.10 - Advanced Life Support

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

CURRENT STATUS:

North Coast EMS encourages and assumes that all emergency department (ED) physicians and registered nurses (RNs) licensed in the state of California who provide direct emergency patient care are trained in ALS. Many of the ED physicians in the region are certified by the American Board of Emergency Medicine and most ED RNs are ACLS certified. However, regional hospitals are in charge of staffing and therefore determine whether they desire board certification.

All but three hospitals in the region are Emergency Department Approved for Pediatrics (EDAPs). Standards for Level I EDAP for non-metropolitan areas require at least 50% of ED physician coverage to be qualified specialists in Emergency Medicine, Pediatrics, or Family Medicine, and it is strongly recommended that all ED physicians complete and maintain ACLS, PALS/APLS and ATLS. At least one RN per shift is required to have completed 8 hours CE in pediatric emergency or critical care within the past two years, and at least one RN in-house, on-duty should complete PALS/APLS, or other equivalent pediatric emergency training.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ If possible, all ED physicians should be certified by the American Board of Emergency Medicine. If not, North Coast EMS recommends that each Prehospital Care Medical Director (PCMD) should be so certified.
- ↔ All RNs giving orders to paramedics need to be authorized as MICNs.

NEW North Coast EMS needs to update and expand the Filed Training Officers training program and associated policies.

OBJECTIVE(S):

- ↔ North Coast EMS will continue to recommend that all ED physicians be certified by the American Board of Emergency Medicine, or at minimum, that at least the PCMD be certified.
- ↔ All RNs giving orders to paramedics are be authorized as MICNs.

NEW North Coast EMS will update and expand the Filed Training Officers training program and associated policies.

TIME FRAME FOR MEETING OBJECTIVE(S):**2005 UPDATE KEY**

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

Long range. NEW - Short range

Enhanced Level: Advanced Life Support

MINIMUM STANDARD:

2.11 - Accreditation Process

“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:

North Coast EMS currently meets this standard and has developed policies regarding the paramedic accreditation process, which includes a defined orientation to the system, training and testing on the North coast EMS-approved expanded scope of practice, and a minimum of five patient contacts evaluated by a North Coast EMS-approved Field Training Officer (FTO). Currently, there are 122 paramedics accredited in the region. During FY 2000-2001, North Coast EMS also made several revisions to the Field Training Officer program to improve the effectiveness of FTOs and their contact with paramedics under their supervision, and recently the Regional Medical Director took over the final approval of each FTO prior to certification.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard. North Coast EMS maintains reciprocity agreements with all the surrounding areas that allow EMT-Is or paramedics from one jurisdiction to operate within the other jurisdiction.

NEED(S):

↔ None at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:**2.12 - Early Defibrillation**

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

CURRENT STATUS:

Due to changes in State law, North Coast EMS is no longer required to accredit personnel in early defibrillation. This function is now held by individual provider agencies and fire departments. North Coast EMS does have requirements for recertifying personnel, however, since January 2002, all EMT-Is in the region have had basic AED training. AED is now taught as part of the basic scope for EMT-I classes.

North Coast EMS has added a layperson AED program, and provides information on training requirements and accreditation requirements to physicians, individuals, and places of business that want to place an AED. North Coast EMS does not accredit individuals. People make arrangements to be accredited by completing training requirements, as certified by a physician associated with the training program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- At least one person on each non-ALS emergency medical transport vehicle should be trained to provide defibrillation.
- North Coast EMS needs to consider implementation of a physician-prescribed AED Program to train more family-members of high risk patients in AED.

NEW North Coast EMS needs to identify first responder agencies without an AED capability and work with them secure funding and training.

OBJECTIVE(S):

- North Coast EMS will develop policy requiring that at least one person on each non-ALS emergency medical transport unit should be trained and certified to provide defibrillation.
- North Coast EMS will consider implementation of a physician-prescribed AED Program to train more family members of high-risk patients in AED.

NEW North Coast EMS will identify first responder agencies without an AED capability and work with them secure funding and training.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

NEW – Short term

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

2.13 - Base Hospital Personnel

“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 communication techniques.”

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed hospital participation agreements, policies and procedures requiring that all base and alternative base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about local EMS agency policies and procedures and radio communication techniques. North Coast EMS also provides one-on-one orientation to new PCNC/PCMDs and ongoing support to all PCNC/PCMDs in carrying out their CQI and other functions. North Coast EMS responds to PCNC/PCMD needs on an ongoing basis. For example, we provided a refresher training on radio communication techniques and have created on the web site, a “Call of the Month” program to feature concise and relevant radio communications between field and base personnel. Regional hospitals perform periodic Med-Net radio checks to ensure that base hospitals can communicate directly if the telephone system is down during unusual events.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.

NEW North Coast EMS needs to update ALS protocols and hospital Kardex system and expand standing orders.

OBJECTIVE(S):

North Coast EMS and Humboldt County Public Health will work with hospitals to establish a protocol requiring routine use of Med-Net radios for interfacility communications to assure preparedness during a communication system outage.

NEW North Coast EMS will update ALS protocols and hospital Kardex system and expand standing orders.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

NEW Short term

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

Communications Equipment

MINIMUM STANDARD:

3.01 - Communication Plan*

“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 GUIDELINE:

3.01 - Communication Plan*

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies and procedures regarding communications between base hospitals and EMT-II/Ps. North Coast EMS currently has seven base hospital agreements and nineteen LALS/ALS provider agreements. All agency participation agreements with hospitals and ambulance providers specify communications requirements, including equipment requirements for LALS/ ALS service providers. The regional hospitals are required to maintain their own Emergency Department Med-Net radios; prehospital providers maintain their own mobile and portable Med-Net radios; and each county provides maintenance for the Med-Net repeaters located within the county.

The use of frequencies is coordinated through eight primary and one secondary public safety answering points, as well as several dispatching agencies. With special project funding in FY 1999-2000, North Coast EMS partially completed the Med-Net Mountaintop Repeater Replacement Project, replacing four of the seven repeaters in Humboldt, Del Norte and Lake Counties (a fifth repeater was replaced by the Lake County Fire Chiefs Association). In 2003, a sixth repeater was replaced with #EMS-1091 funds, and we decided that the seventh repeater did not need to be replaced due to lack of use. The North Coast EMS JPA Governing Board established a Med Net Repeater Replacement Trust Fund in 2001; each county and North Coast EMS contribute \$500 annually for this purpose.

North Coast EMS does not require, but rather encourages, the use of cellular telephones as a back-up to the Med-Net because there are many parts of the region that do not have reliable cellular coverage. Satellite communication is not financially feasible at this time.

Humboldt County OES, with North Coast EMS and Health Department assistance, utilized disaster-related funds to purchase a Med Net System supplement for countywide disaster purposes; implementation of this system is underway.

As part of the North Coast EMS Multiple Casualty Plan, three common radio frequencies were designated for use as command, not for interagency operations at the scene of an MCI or disaster.

Recently, both Humboldt and Lake Counties have initiated a process to adopt countywide Emergency Communication Plans.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies.

NEED(S):

- The North Coast EMS region needs reliable and affordable communications technology. The current UHF Med-Net system was installed in 1978 with a projected life expectancy of 11 years. The current system does not offer the technical performance of modern radio equipment, and does not offer a path for upgrading that may meet upcoming FCC requirements. Six of seven repeaters have now been replaced, completing this project.
- Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.
- ↔ North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of disaster funding to upgrade the Med Net System.
- ↔ North Coast EMS needs to work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- NEW** North Coast EMS needs to participate, as needed, in the process in Humboldt and Lake Counties, to development countywide Communications Plans that integrate EMS.

OBJECTIVES:

- North Coast EMS will work with each county in the region to coordinate a program to assess, plan and replace repeaters (5 of the 7 were replaced by NCEMS; 1 was replaced by Lake County Fire Chiefs). The Agency has established a trust fund for long term replacement.
- Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.
- ↔ North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of disaster funding to upgrade the Med Net System.
- ↔ North Coast EMS will continue to work with member counties and hospitals to promote use of, maintain and upgrade the ReddiNet Hospital Communications System.
- NEW** North Coast EMS will participate, as needed, in the process in Humboldt and Lake Counties, to development countywide Communications Plans that integrate EMS.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY	
↔	= Continuing from 2003
<input checked="" type="checkbox"/>	= Completed since 2003
<input type="checkbox"/>	= Dropped/No longer relevant
NFW	= New as of 2005-2006

References:

North Coast EMS Policy # 2204:	LALS Supply and Equipment List
North Coast EMS Policy # 2205:	Paramedic Standard and Equipment Supply List
North Coast EMS Policy # 2508:	Med-Net Communications Guidelines

MINIMUM STANDARD:

3.02 - Radios

“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 GUIDELINE:

3.02 - Radios

“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:

North Coast EMS currently meets this standard and the recommended guideline, and has developed policies and procedures regarding communications. All emergency medical transport vehicles and non-transporting advanced life support responders have two-way radio communications equipment which complies with those policies, including providing for dispatch and ambulance-to-hospital communication. The required equipment historically has been inspected through periodic provider and base hospital site visits performed by North Coast EMS staff. Provider site visits are now conducted on an as-needed basis only, and the new EPCIS program provides additional audit reports.

All emergency medical transport vehicles have two-way radio communications equipment which complies with the local EMS communications policies and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication. Recent efforts are underway to ensure that all transporting units have the primary fire and law frequencies on mobile radios.

As part of the North Coast EMS Multiple Casualty Plan, three common radio frequencies were designated for use as command, not for interagency operations at the scene of an MCI or disaster.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- The North Coast EMS region needs reliable and affordable communications technology. The current UHF Med-Net system was installed in 1978 with a projected life expectancy of 11 years. Six of seven repeaters have been replaced by North Coast EMS and the Lake County Fire Chiefs.
- The California Department of Forestry and Fire Protection (CDF) has stated that the use of telephone digital pagers for ambulance dispatch is problematic and should be replaced with voice paging to prevent possible delays at commercial paging companies and the risk that unavailable phone lines will disrupt paging capabilities.
- Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.

- ↔ North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS needs to work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- ↔ For daily operations, there should be a designated command frequency (e.g. Calcord) programmed into all ambulances for incident command use. Efforts are underway to ensure that transporting units have fire and law radio frequencies as part of the Humboldt County Communications Planning process, which will involve North Coast EMS.

OBJECTIVE(S):

- ☑ North Coast EMS will work with each county on the region to coordinate a program to assess, plan and replace repeaters (6 of the 7 replaced by NCEMS; 1 replaced by Lake County Fire Chiefs). The agency has established a long-term repeater replacement trust fund.
- ☒ CDF has stated that all ambulances should be dispatched by voice paging on a frequency directly transmitted by their dispatch center, and that all ambulance services should explore this.
- ☑ North Coast EMS and Humboldt County Public Health will work with hospitals to establish a protocol requiring routine use of Med-Net radios for interfacility communications to assure preparedness during a communication system outage.
- ☒ North Coast EMS will encourage Fire Chiefs, first responders and other emergency personnel to work together to designate one tactical command frequency, but this will most likely need to occur as part of a statewide effort.
- ↔ North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS will work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- ↔ For daily operations, there should be a designated command frequency (e.g. Calcord) programmed into all ambulances for incident command use. Efforts are underway to ensure that transporting units have fire and law radio frequencies as part of the Humboldt County Communications Planning process, which will involve North Coast EMS.

TIME FRAME FOR MEETING OBJECTIVES:

Short range.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- ☑ = Completed since 2003
- ☒ = Dropped/No longer relevant
- NEW** = New as of 2005-2006

References:

North Coast EMS Policy # 2508: Med-Net Communications Guidelines

MINIMUM STANDARD:**3.03 - Interfacility Transfer***

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies requiring that all LALS and ALS transport vehicles have the ability to communicate with both the sending and receiving facilities. A Critical Care Transport unit in Lake County (Kelseyville) is operational and utilizes standardized operating procedures for transporting nurses.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW – New as of 2005 2006

Reference:

North Coast EMS Policy # 2508: Med-Net Communications Guidelines

MINIMUM STANDARD:

3.04 - Dispatch Center

“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:

North Coast EMS currently relies on local agencies to meet their own communication needs, and emergency transport providers in the region meet this standard. Each provider communicates with a single dispatch center. Currently, Del Norte and Lake Counties use the Sheriff’s Department for centralized 9-1-1 dispatch and Humboldt County uses six primary and one secondary public safety answering point. In addition, ambulances are dispatched by City Ambulance of Eureka (for Eureka, Arcata), Hoopa Tribal Police, the California Division of Forestry and Fire Protection (CDF) (for Fortuna and Garberville), and Southern Trinity Life Support. Efforts are currently underway in Humboldt County to establish a single MCI/disaster Med Net capability potentially with a central ambulance dispatch point.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

NEW North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county if requested. In Humboldt County this has included utilization of Homeland Security funding to upgrade the Med Net System and may involve establishment of a central ambulance dispatch point.

OBJECTIVE(S):

NEW North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county if requested. In Humboldt County this included utilization of Homeland Security funding to
to
upgrade the Med Net System and may involve establishment of a central ambulance dispatch point.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short Range.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:

3.05 - Hospitals

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

RECOMMENDED GUIDELINE:

3.05 - Hospitals

“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:

The North Coast EMS region currently meets this minimum standard, where physically possible, and meets the recommended guideline. All hospitals within the region have direct communication access (via ham radios or Med-Net) with other hospital Emergency Departments, except in the case where terrain and distance prohibits this (the region is rugged and 250 miles long). All Prehospital Care Nurse Coordinators and MICNs have been trained in the use of the Med-Net System, and ED MDs are oriented to the system. The system was exercised on a regular basis in Humboldt and Del Norte Counties by a rotating Med-Net communications check but this has been discontinued and is tested periodically at the hospital level. Hospitals are prepared to communicate directly with one another in the event of a disaster. Humboldt County is in the process of installing a countywide Med Net System enhancement that will involve a single disaster channel capable of direct countywide communications for all those able to connect with a Mountaintop Repeater. Also, North Coast EMS acquired the ReddiNet System for all interested facilities, but only Sutter-Lakeside is using it at this time.

Regarding relevant services within other hospitals in the system, the recommended standard is met with the caveat that some specialized services (e.g., advanced cardiac care, advanced surgical procedures, or burn unit) are only available outside the region. Thus, in these cases, hospitals routinely contact specialty hospital facilities by telephone for consultation and to make transfer arrangements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Emergency Department hospital staff should be instructed to use the Med-Net to communicate with other hospitals in case of disasters.
- ↔ Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.
- ↔ North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS needs to work with member counties and hospitals to promote use of and maintain the Hospital Communications System.

OBJECTIVE(S):

- ↔ North Coast EMS will encourage Emergency Department hospital staff to use Med-Net to communicate with other hospitals during disasters and other special events.
- ☑ North Coast EMS and Humboldt County Public Health will work with hospitals to establish a protocol requiring routine use of Med-Net radios for interfacility communications to assure preparedness during a communication system outage.
- ↔ North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS will work with member counties and hospitals to promote use of and maintain the Hospital Communications System

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:**3.06 - MCI/Disasters**

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

CURRENT STATUS:

North Coast EMS and the member counties meet this minimum standard by having policies for MCI and disaster communications linkages in place. North Coast EMS participates in MCI and disaster drills whenever possible, and provides evaluation summaries of these exercises to participants when time and staffing permit. Staff convene post-incident critiques of MCI incidents to discuss all aspects of the response, including communications, when time and staffing permit.

North Coast EMS also completed in 2001 a two-year project in Humboldt and Del Norte Counties, the Cascadia Region Disaster Medical/Health Preparedness Project. This project outlined many plans and protocols for disaster response, including communications. For example, a call-down list (including work, home and cell numbers) of dozens of nurses and physicians was developed for use in the time of disaster to deploy medical personnel to hospitals and field treatment sites, as needed.

More recently, North Coast EMS completed a Prehospital MCI/Disaster Special Project to update MCI/disaster policies as needed and adopted a Regional MCI Plan. Simultaneously, the Agency has been working with county and provider personnel to develop a countywide MCI communications system in Humboldt County. As part of the North Coast EMS MCI Plan, three common radio frequencies were designated for use as command, not for interagency operations at the scene of an MCI or disaster.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

- ↔ Hospitals need to adopt an interfacility Med-Net communication protocol and exercise the system on a routine basis.
- ↔ North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS needs to work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- ↔ North Coast EMS needs to ensure that transporting units have fire and law radio

frequencies.

OBJECTIVE(S):

- North Coast EMS and Humboldt County Public Health will work with hospitals to establish a protocol requiring routine use of Med-Net radios for interfacility communications to assure preparedness during a communication system outage.
- North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- North Coast EMS will work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- North Coast EMS will continue to help ensure that transporting units have fire and law radio frequencies.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

Reference:

North Coast EMS Policy # 2506: MCI Communication Plan

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>
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Public Access

MINIMUM STANDARD:

3.07 - 9-1-1 Planning/Coordination

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

RECOMMENDED GUIDELINE:

3.07 - 9-1-1 Planning/Coordination

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

CURRENT STATUS:

The minimum standard and recommended guideline have been met. North Coast EMS staff attended initial meetings when 9-1-1 services were proposed for the region, but are not involved in the planning and coordination of the service at this time. The 9-1-1 planning and coordination activities are overseen in Lake County by the 9-1-1 committee and in Del Norte and Humboldt Counties by individual PSAPs. North Coast EMS supports and promotes enhanced 9-1-1 systems, which are currently in place throughout the region in all areas where this is feasible.

In Humboldt County, the Office of Emergency Services is considering implementing a reverse 9-1-1 system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ More funds and staff are needed to allow for public information and education regarding the enhanced 9-1-1 telephone services.

OBJECTIVE(S):

- ↔ North Coast EMS will provide public information and education regarding the enhanced 9-1-1 telephone services as funding allows.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed

2005 UPDATE KEY

- ↔ = Continuing from 2003
- ☑ = Completed since 2003
- ☒ = Dropped/No longer relevant
- NEW** = New as of 2005-2006

MINIMUM STANDARD:

3.08 - 9-1-1 Public Education

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

CURRENT STATUS:

North Coast EMS meets this standard. The Agency supports, encourages and provides public education, where appropriate, regarding the 9-1-1 system in the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

Resource Management

MINIMUM STANDARD:

3.09 - Dispatch Triage

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

RECOMMENDED GUIDELINES:

3.09 - Dispatch Triage

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

CURRENT STATUS:

The North Coast EMS region meets the standard and partially meets the recommended guideline. Traditionally, each dispatch center and response agency has developed their own dispatch triage systems regarding first responders. Within the region, every 9-1-1 medical aid call gets an ambulance. North Coast EMS, with SEMSA assistance, previously implemented the Medical Priority, Inc. EMD Program, which exceeds the recommended guideline.

Of the nine PSAPs in the region, two primary and one secondary PSAPs utilize this program and North Coast EMS continues to promote use of the EMD Program among PSAPs. Since the EMD program was established, the Agency has coordinated several classes and upgrade training programs and purchased new EMD card system upgrades for the remaining users. None-the-less, recent state and local budget problems have reduced dispatch center participation in this voluntary program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ State EMD regulations are needed which are tailored to be feasible for rural communities and that encourage and support expansion and continuation of EMD programs.
- ↔ State and local budget problems have reduced participation in the North Coast EMS EMD program – two previously active PSAPs have recently discontinued the program, but we recently conducted a training program and activated a new EMD program in Del Norte County.
- ↔ North Coast EMS needs to continue to bring EMD courses to the region as needed, in coordination with the EMD providers.

OBJECTIVE(S):

- ↔ North Coast EMS will encourage the adoption of standardized triage and state EMD regulations for rural communities.
- ↔_ State budget problems have reduced participation in the North Coast EMS EMD program – two previously active PSAPs have recently discontinued the program, but we recently conducted a training program and activated a new EMD program in Del Norte County..
- ↔ North Coast EMS will continue to bring EMD courses to the region as needed, in coordination with the EMD providers.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range: Bring EMD courses to region (ongoing).

Long range: EMD Regulations and State Funding

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NEW = New as of 2005-2006

MINIMUM STANDARD:

3.10 - Integrated Dispatch

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

RECOMMENDED GUIDELINE:

3.10 - Integrated Dispatch

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

CURRENT STATUS:

The North Coast EMS region meets this standard. Del Norte and Lake County both utilize central dispatch out of the Sheriff’s Department. Humboldt County has six primary and one secondary PSAPs.

The recommended guideline is met. System-wide ambulance coverage is a county-retained function addressed in local ambulance ordinances. North Coast EMS currently relies on local ambulance agencies to maintain staffing levels with feedback from local first responders, base and alternative base hospital personnel, and by public comment. Some providers have built-in back-up coverage plans and will also use mutual aid when necessary to ensure coverage. On an as-needed basis, North Coast EMS has assisted Counties and providers in implementing and monitoring mechanisms to ensure appropriate coverage. The Lake County Ambulance Ordinance was revised approximately two years ago and Humboldt County is considering updating their ordinance. As part of the North Coast EMS MCI Plan, three common radio frequencies were designated for use as command, not for interagency operations at the scene of an MCI or disaster.

North Coast EMS conducts additional activities to improve communications in the region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Humboldt County PSAPs may need to reconsider consolidation of PSAPs; and
- ↔ State EMSA needs to help fund the acquisition of fully integrated dispatch systems statewide.
- ↔ North Coast EMS needs to work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
- ↔ North Coast EMS needs to work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
- ↔ North Coast EMS needs to continue to help ensure that transporting units have fire and law radio frequencies.

OBJECTIVE(S):

- ↔ Humboldt County PSAPs should reconsider consolidation of PSAPs; and
- ↔ State EMSA should help fund the acquisition of fully integrated dispatch systems statewide.
 - ↔ North Coast EMS will work with County Health Departments and local providers to establish a single MCI/disaster channel on the Med Net System in each county. This may include utilization of Homeland Security funding to upgrade the Med Net System.
 - ↔ North Coast EMS will work with member counties and hospitals to promote use of and maintain the Hospital Communications System.
 - ↔ North Coast EMS will continue to help ensure that transporting units have fire and law radio frequencies.

TIME FRAME FOR MEETING OBJECTIVE(S):

- ↔ Short range

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NEW = New as of 2005-2006</p>

MINIMUM STANDARD:

4.01 - Service Area Boundaries*

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

RECOMMENDED GUIDELINE:

4.01 - Service Area Boundaries*

“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:

This minimum standard is met, and is retained by the Counties of Del Norte, Humboldt, and Lake. Boundaries of emergency medical transportation service areas are defined in respective county ordinances. North Coast EMS has provided improved tracking of patient flow patterns within and beyond the region’s boundaries by defining geographical zones in the new EPCIS program. These data assist providers and counties in the development of optimal transportation plans.

The recommended guideline is met. The Joint Powers Agreement among Lake County Fire District providers previously enabled them to be covered under the new county ambulance ordinance and to address boundary and coverages. .

With no ambulance ordinance in place, service boundaries in southern Trinity County are determined by traditional service areas. Regarding the recommended standard, North Coast EMS will not actively pursue an ambulance ordinance in Trinity County, because the primary LEMSA authority for the county rests with Nor Cal EMS Inc.

COORDINATION WITH OTHER EMS AGENCIES:

Since counties determine service boundaries, the greatest amount of coordination occurs directly between counties and ambulance service providers. The EMCC advises the Boards of Supervisors in each county within our region (except in Del Norte County, where the EMCC is inactive) on ambulance ordinances, and reviews operations of ambulance companies. North Coast EMS advises counties regarding ambulance ordinances and transport issues.

NEED(S):

- Lake County Fire Districts will finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
- Upon formation of the Fire District Joint Powers entity, Lake County will need to amend the ambulance ordinance to apply to public agencies and will need to modify current permit requirements such as ambulance availability;
- ↔ Throughout the region, ambulance response zones need to be such that prompt and continuous coverage is ensured.
- ↔ Long term financial stability of ambulance coverage in Southern Humboldt and throughout the region needs to be addressed collectively, by counties, NCEMS and

providers.

NEW The Humboldt County Health Department needs to consider revising the County Ambulance Ordinance to ensure that it meets current and future transportation needs. North Coast EMS needs to participate in this process, although we do not anticipate service area changes.

OBJECTIVES:

- ☑ Lake County Fire Districts will finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
- ☑ Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the county; this is currently in process using the EMCC Subcommittee; and
- ☒ North Coast EMS formally discontinued its monitoring of the Lake County Ordinance because of the extensive time commitment required for this non-delegated function. The Agency will continue to work with Lake County to expand and revise the Ordinance, as needed, to improve the process of monitoring compliance by the County.
- ↔ Throughout the region, ambulance response zones need to be such that prompt and continuous coverage is ensured.
- ↔ Long term financial stability of ambulance coverage in Southern Humboldt and throughout the region will be addressed collectively, by counties, NCEMS and providers.

NEW The Humboldt County Health Department will consider revising the County Ambulance Ordinance to ensure that it meets current and future transportation needs. North Coast EMS will participate in this process, although we do not anticipate service area changes.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – Short term.

References:

Health and Safety Code §1797.274 – Duties of the EMCC

Health and Safety Code §1797.222 – Adoption of County Ordinances for Transport of Patients

MINIMUM STANDARD:

4.02 - Monitoring

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

RECOMMENDED GUIDELINE:

4.02 - Monitoring

“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:

This minimum standard is met and the recommended guideline is partially met. Each of the counties in the North Coast EMS region has an ordinance in effect that provides a mechanism to permit and monitor emergency medical transportation services. Each of these ordinances supercedes any other local regulatory programs in existence in the county.

Counties formally retain permitting and monitoring functions through Health Departments and Health Officers in Humboldt and Lake Counties, and by the Board of Supervisors in Del Norte County. North Coast EMS assists Counties, when possible, with ensuring ordinance compliance: the agency designates all LALS/ALS service providers, conducts LALS/ALS site visits as needed, approves provider and base hospital quality improvement programs, provides data when possible, and performs many other functions to ensure compliance with appropriate statutes, regulations, policies and procedures.

North Coast EMS works with Counties to provide information from the computerized data system or from the quality improvement program to help monitor the ambulance ordinances as appropriate. The Agency previously worked extensively with Lake County on clarifying and monitoring their ordinance, but had to discontinue monitoring the ordinance to focus on delegated LEMSA responsibilities. In Humboldt County, the Agency provides semi-annual “chute time” reports to the County, and completed the new zoning addition to the EPCIS program to provide additional data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Lake County Fire Districts need to finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
- Upon formation of the Fire District Joint Powers Entity, Lake County will need to amend the ambulance ordinance to apply to public agencies, and will need to modify current

permit requirements such as ambulance availability; this is currently in process via an EMCC subcommittee; and

- ↔ In Lake County, there is a need for a monitoring, reporting and enforcement plan regarding compliance by permittees to the new Ambulance Ordinance.

OBJECTIVES:

- ☑ Lake County Fire Districts will finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the county; this is currently in process and nearing adoption; and
- ☑ For Lake County, North Coast EMS will monitor ordinance compliance by permittee(s) to the extent feasible, using PCR and other data available to North Coast EMS, and alert designated County staff of the need for investigation or enforcement. The Agency will continue to work with Lake County in its efforts to revise the Ambulance Ordinance.
- ↔ North Coast EMS will consider assuming additional responsibility for approval and monitoring of emergency transport providers if Counties wish to formally delegate and fund these functions.
- ↔ In Lake County, there a plan will be developed for monitoring, reporting and enforcement of compliance by permittees to the new Ambulance Ordinance.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

References:

Del Norte County Ordinance, Chapter 5.12, Ambulance Services, 1997.

Humboldt County Ordinance #1755, Emergency Medical Services System, Chapter 1 – Establishment of Emergency Medical Services System and Regulation of Ambulance Services, adopted 10/7/86, revised 2/15/91.

Lake County Ambulance Ordinance, October, 1997

MINIMUM STANDARD:

4.03 - Classifying Medical Requests

“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:

This minimum standard is met. All public safety, fire district, and volunteer personnel traditionally provide first response, activated through the 911 system. Generally, each fire district provider has its own criteria for classifying requests. The Medical Priority Inc. “determinants section” has been approved by the North Coast EMS Medical Director for first response activation and is being used by the Eureka Fire Department. Three PSAPs in the region use the EMD system.

For transport, many North Coast EMS protocols define appropriate levels of medical response. California Highway Patrol, Health and Safety Codes, and county ordinances also provide guidelines. Every 911 medical aid call gets an ambulance via dispatch policies; on occasion, determination of the medical request classification is made in consultation with a paramedic. The agency adopted policy specific to classification of medical requests in 2002.

For helicopter transport, North Coast EMS revised its air medical transport policy approximately two years ago, and the policy now contains a list of medical criteria and activation reminders to ensure the appropriate medical response.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

- ↔ Special rural standards for emergency transport services are needed in upcoming Medicare reform if funding for rural areas is to be stabilized; and
- ☒ Universal standards are needed for classification of medical requests.

OBJECTIVE(S):

- ☑ North Coast EMS will adopt a policy that classifies medical requests.

TIME FRAME FOR MEETING OBJECTIVE(S):

Completed.

<p>20053 UPDATE KEY</p> <p>↔ = Continuing from 2003-1999</p> <p>☑ = Completed since 1999-2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NEW = New as of 20053-20064</p>
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MINIMUM STANDARD:**4.04 - Prescheduled Responses**

“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 local EMS agency policy.”

CURRENT STATUS:

North Coast EMS and the member counties currently meet the minimum standard with regard to the interfacility transfer of patients, both BLS and ALS. North Coast EMS interfacility transfer policy covers scope of practice, medical control and prehospital medical personnel. Prescheduled transportation has little or no effect on system operation. Responsibility to minimize or eliminate the impact of prescheduled transport on the emergency system is the responsibility of provider agencies.

Each member county has developed an ambulance ordinance. In Del Norte and Humboldt Counties, the ordinances do not specifically address interfacility transfers, but these are carried out by permitted providers. Also in Humboldt County, Arcata, Eureka, and Fortuna have city ambulance permitting ordinances that restrict interfacility transfers out of those areas. In Lake County, the ambulance ordinance covers non-emergency physician-ordered transfers for the private permitted provider only.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ The State EMS Authority needs to develop definitions and standards for critical care transport (draft guidelines are being developed);
- ☑ Lake County Fire Districts need to finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport; and
- ☑ Lake County will need to amend the ambulance ordinance to apply to public agencies, and will need to modify current permit requirements such as ambulance availability;

OBJECTIVES:

- ↔ North Coast EMS will encourage the State EMS Authority to develop definitions and standards for critical care transport;
- ☑ Lake County Fire Districts will create a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;

- Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the county; an Ordinance update is currently in process using an EMCC Subcommittee.
- ↔ North Coast EMS will consider assuming responsibility for approval and monitoring of emergency transport providers if counties wish to formally delegate and fund these functions.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range

2005 UPDATE KEY ↔ = Continuing from 2003 <input checked="" type="checkbox"/> = Completed since 2003 <input type="checkbox"/> = Dropped/No longer relevant NFW = New as of 2005-2006

Reference:

North Coast EMS Policy #2208: Interfacility Transfer Procedure.

MINIMUM STANDARD:

4.05 - Response Time Standards*

“Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of 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 GUIDELINE:

4.05 - Response Time Standards*

“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:

This minimum standard and the recommended guideline are met. North Coast EMS adopted policy regarding response time guidelines (using the above criteria), although county ambulance ordinance would supercede these guidelines if response times standards are adopted.

North Coast EMS does not specifically monitor the response time guidelines or response time standards in county ordinances. North Coast EMS has assisted counties with data reports and other mechanisms to enable their monitoring of ordinance compliance, including chute times.

Relative to County ordinances, the Del Norte County ambulance ordinance does not specify response time standards, but the contract with the private provider states that response time shall

be reasonable. The Humboldt County ordinance specifies response in terms of the time of the call to the time of unit response (chute time); the ordinance does not specify response time as to vehicle arrival on-scene. The revised Lake County ordinance include response time standards for all permitted providers.

COORDINATION WITH OTHER EMS AGENCIES:

Where counties have an ordinance, they address formal transport and coverage issues with providers. North Coast EMS plays a supporting role by providing technical assistance, data, and participation in meetings, hearings or other processes to resolve any problems.

NEED(S):

- ☑ North Coast EMS needs to establish response time guidelines for the region for all levels (i.e. early defibrillation-capable responder, ALS-capable responder, and EMS transportation units), and to link these with county ordinance response time standards whenever possible, as well as implement procedures to monitor response time guidelines through the Prehospital Care Report;
- ↔ Del Norte County needs to consider adopting response time standards in the county ordinance and/or in contracts with providers; and
- ☑ Lake County Fire Districts need to finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport; and
- ☑ Lake County will need to amend the ambulance ordinance to apply to public agencies, and will need to modify current permit requirements such as ambulance availability.

NEW Humboldt County needs to consider revision of the County Ambulance Ordinance with assistance of North Coast EMS and local providers. If response times standards are considered, all available data should be utilized, including EPCIS, to help establish these standards for specific areas.

OBJECTIVES:

- ☑ North Coast EMS will establish response time guidelines for the region for all levels (early defibrillation-capable responder, ALS-capable responder, and EMS transportation units), as well as implement procedures to monitor response time guidelines through the Prehospital Care Report;
- ↔ North Coast EMS will consider assuming responsibility for approval and monitoring of emergency transport providers if Counties wish to formally delegate and fund these functions;
- ↔ Del Norte County will consider amending the ambulance ordinance and/or contracts with providers to include response time standards; and
- ☑ Lake County Fire Districts will create a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport; and
- ☑ Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the

county. Lake County is currently in the process of revising the Ambulance Ordinance via the EMCC Ambulance Ordinance Subcommittee.

NEW Humboldt County will consider revision of the County Ambulance Ordinance with assistance of North Coast EMS and local providers. If response times standards are considered, all available data should be utilized, including EPCIS, to help establish these standards for specific areas.

TIME FRAME FOR MEETING OBJECTIVES:

Short range: Humboldt County.

Long range: North Coast EMS; Del Norte County ordinance.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:**4.06 - Staffing**

“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:

North Coast EMS currently meets this minimum standard. State law requires all emergency transport vehicles to be staffed at minimum with certified EMT-Is. The North Coast EMS region always meets and generally exceeds this standard. With few exceptions, emergency transport vehicles in the region are staffed by EMT-P personnel. In Lake County, the transporting fire districts generally are staffed with a paramedic and an EMT unless the driver EMT-I exception has been adopted.

North Coast EMS has LALS/ALS service provider agreements with all transporting providers in the region and has also developed policies regarding the minimum equipment requirements for LALS and ALS service providers

Staffing of transport vehicles falls under the jurisdiction of county ambulance ordinances. The ordinances (or, in Del Norte County, the contract with the provider) require the following minimum staffing (please note that at this time, only two EMT-II are certified in the region and we have a total of 122 EMT-Ps accredited):

Del Norte County:	at least one EMT-II
Humboldt County:	at least one EMT-II
Lake County:	at least one EMT-II

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Lake County needs to provide minimum staffing requirements for public transport providers. This will be accomplished by Fire Districts finalizing creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
- NEW** Humboldt County needs to consider revision of the County Ambulance Ordinance with assistance of North Coast EMS and local providers.
- Lake County will need to amend the ambulance ordinance to apply to public agencies, and will need to modify current permit requirements such as ambulance availability.

OBJECTIVES:

Lake County Fire Districts will finalize creation of a joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;

- Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the county; and
- ↔ North Coast EMS will consider assuming responsibility for approval and monitoring of emergency transport providers if Counties wish to formally delegate and fund these functions.

NEW Humboldt County will consider revision of the County Ambulance Ordinance with assistance of North Coast EMS and local providers.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range: Humboldt County.

Long range: North Coast EMS.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

References:

North Coast EMS Policy # 2202: First Responder/BLS Supply and Equipment Standard

North Coast EMS Policy # 2204: LALS Supply and Equipment List

North Coast EMS Policy # 2205: Paramedic Standard Equipment and Supply List

MINIMUM STANDARD:**4.07 - First Responder Agencies**

“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:

North Coast EMS meets this minimum standard and has developed policies that integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system. North Coast EMS has developed and executed written participation agreements with 40 first responder agencies outlining minimum care and equipment requirements. Numerous first responder classes have been conducted within the region since 1999, including seven classes and over 100 first responders trained as part of the Rural Outreach Special Project.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ All public safety and first responder personnel with a duty to respond to 911 medical calls need to have, at minimum, CPR and first aid certification, and ideally, should have first responder or EMT-I certification;
- ↔ All first responder personnel in the region should, ideally, be trained in automated external defibrillation) AED and to utilize the Combitube and to pre-package patients for prompt transport. (Update: While this standard is desirable, State law changed within the last few year’s to no longer require North Coast EMS to accredit personnel in the use of AED. Therefore, those relevant functions were dropped by the agency. Provider agencies and fire departments now retain this function. Furthermore, revised EMT regulations require every EMT to be AED trained and certified.)

NEW North Coast EMS needs to assist with local first responder training and retraining programs. This may include re-submitting the Expanded Rural Outreach Special Project.

NEW North Coast EMS needs to assist, as staff time allows, with local first responder disaster training.

OBJECTIVES:

Fire Services and Public Safety Agencies will ensure that all:

- ↔ Public safety and first responder personnel will be, at a minimum, certified in CPR and first aid and ideally will receive first responder or EMT-I certification;
- ↔ First responders, if not already EMT-Is or EMT-Ps, will be trained in AED and to utilize the Combitube (ETAD) and to pre-package patients for prompt transport. (Update: revised EMT regulations require every EMT to be AED trained and certified, and over 180 EMT-Is are now trained to use the ETAD).

NEW North Coast EMS will assist with local first responder training and retraining programs.

This may include re-submitting the Expanded Rural Outreach Special Project.

NEW North Coast EMS will assist, as staff time allows, with local first responder disaster training.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

Short range – NEW.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

References:

Title 22, Chapter 1.5: First Aid Standards for Public Safety Personnel

North Coast EMS Policies:

- # 3102: First Responder Training Structure and Instructor Qualifications.
- # 3104: First Responder Training Program – Course Content.
- # 5002: First Responder Scope of Practice
- # 3304: Early Defibrillation Training Structure and Instructor Qualifications
- # 3306: Automated Defibrillation Training Programs – Course Content
- # 3307: Early Defibrillation Skills Proficiency Demonstration – Evaluator Training Program
- # 4202: First Responder Certification, Recertification and Challenge Certification
- # 4405: Early Defibrillation Certification and # 4406: Early Defibrillation Skill Proficiency Demonstration

MINIMUM STANDARD:**4.08 - Medical & Rescue Aircraft***

“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:

North Coast EMS meets this minimum standard. North Coast EMS has one air ambulance helicopter provider, REACH, based in Lake County. Rescue aircraft are based in the region through the Coast Guard and the California Department of Forestry and Fire Protection (CDF). Other air ambulance helicopters will, on occasion, be utilized within the region from Redding, Ukiah, Sacramento, Medford, Weed and Santa Rosa. North Coast EMS maintains contracts with the several medical rescue aircraft providers located within the region, and contracts with REACH, which operates under the medical control of Coastal Valley’s EMS.

North Coast EMS does have policies and guidelines that specifically address authorization, requesting and dispatching aircraft, patient destination, and complaint resolution (items a, b, c, d, and f). Orientation and training (item e) are provided to hospital ground crew by the air providers or by PCNCs. Beyond the basic orientation, North Coast EMS has helped facilitate communication between air ambulance providers and field and hospital personnel through continuing education and numerous meetings. Formal complaints (item f) fall within the standard North Coast EMS Continuous Quality Improvement loop and written helicopter agreements, which are in place between North Coast EMS and known air resources providing local scene patient assistance within the region.

Dispatch for air ambulances in Del Norte and Humboldt Counties is through the Emergency Command Center, Fortuna at CDF. Lake Counties use the Sheriffs’ Offices for Dispatch. The Humboldt and Lake County ambulance ordinances also cover air ambulance permitting.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies. Staff also have convened meetings with the U.S. Coast Guard, CDF, air ambulance providers and field personnel several times to provide input into air medical transport policy revisions, and the EMS Aircraft Policy is currently under revision.

NEED(S):

- ↔ Statewide standards for air service providers.
- The regional air medical policy update needs to be completed.

OBJECTIVE(S):

- ↔ North Coast EMS will encourage the SEMSA to develop statewide air service provider standards.
- North Coast EMS will complete the revision of the air medical policy.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range: Air medical policy update was completed.

Long range: Statewide standards.

2005 UPDATE KEY

↔ = Continuing from 2003
 = Completed since 2003
 = Dropped/No longer relevant
NFW = New as of 2005-2006

References:

North Coast EMS Policy 2206: EMS Helicopter Services
 Lake County Ambulance Ordinance – October, 1997.

MINIMUM STANDARD:

4.09 - Air Dispatch Center

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

CURRENT STATUS:

The aircraft dispatch centers in the North Coast EMS region are:

Del Norte:	California Department of Forestry and Fire Protection (CDF), Fortuna
Humboldt:	California Department of Forestry and Fire Protection (CDF), Fortuna
Lake:	Lake County Sheriff's Office

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS has worked closely with the aircraft dispatch centers, particularly CDF and the Lake County Sheriffs Department, on a range of air ambulance/rescue aircraft issues. North Coast EMS personnel revised the air medical transport policy with input from providers since the last plan update.

NEED(S):

No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

4.10 - Aircraft Availability*

“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:

North Coast EMS meets this standard and has written agreements with REACH in Lake County, and with other air resources (i.e., CDF) that originate from within the region. Dispatch centers periodically update their medical aircraft resource directories from within and around the region, and generally dispatch the closest available unit upon request.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies.

NEED(S):

- Statewide standards for air service providers.
- Regional medical aircraft agreements need to be updated.
- The regional helicopter landing zone predetermination procedures need reevaluation.

OBJECTIVE(S):

- ↔ North Coast EMS will encourage the SEMSA to develop statewide air service provider standards.
- North Coast EMS will update medical aircraft agreements for all providers who service the region.
- North Coast EMS will, with provider input, revisit, update, and expand, as needed, the process of predetermining helicopter landing zones in the region.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range:

Long range: Statewide air service standards;

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input checked="" type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

4.11 - Specialty Vehicles*

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

RECOMMENDED GUIDELINE:

4.11 - Specialty Vehicles

“The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, 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:

This standard is not applicable to North Coast EMS. Public safety agencies and dispatch centers maintain staff and equipment lists. Sheriff’s Departments are responsible for coordinating search and rescue operations, including the coordination of all vehicles. The U.S. Coast Guard has investigation powers in all inland navigable waters. Sheriff’s Departments in each county use a wide variety of vehicles, horses, dogs, ATVs, water rescue and other transportation vehicles. North Coast EMS is not involved in coordinating these search and rescue operations.

COORDINATION WITH OTHER EMS AGENCIES:

Sheriff’s Departments are responsible for coordinating their search and rescue operations with dispatch centers, law enforcement agencies, fire protection, helicopter, medical personnel, volunteers, and other search and rescue personnel.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

↔ North Coast EMS recommends that this standard be dropped, since it does not apply to any functions retained by local EMS agencies.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

4.12 - Disaster Response

“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:

Each county in the North Coast EMS region meets this minimum standard by having a system in place for mobilizing response and transport vehicles during a disaster. Fire and ambulance mutual aid arrangements are in place for the entire region.

Del Norte County has a disaster plan with mobilization channels for local ambulances, alternative transport vehicles, mutual aid with providers in Humboldt County, and Region II OES aid. Humboldt County has a comprehensive medical disaster plan. Both counties' OES and Health Departments also were part of the North Coast EMS special project “The Cascadia Region Disaster Medical/Health Preparedness Project.” This project strengthened the plans for mobilization of field and hospital personnel; use of Field Treatment Sites, NEST programs, and the Cascadia Air Bridge through State OES; and strengthened other disaster functions. Maps generated through the project also were useful to a Humboldt County OES road mapping effort to aid vehicle access in the time of a disaster.

Lake County has a Health and Human Services section under Operations in their Disaster Organizational Chart, with mobilization of vehicles implied as a Health Department function. The Health Officer and Director of Health Services serve as the Operational Area Disaster Medical and Health Coordinator and alternate, respectively. Lake County also has formal mutual aid agreements between Fire Districts.

North Coast EMS previously completed a special project (funded by EMSA) to enhance training and preparedness of prehospital personnel relative to multi-casualty incidents, disasters and bioterrorism events, including adoption of a Regional MCI plan.

Each county has been heavily involved with disaster-related purchases, planning, training and coordination since 9-11. North Coast EMS has participated and assisted with these activities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Humboldt County has stated that they need to update their Medical Disaster Plan to meet new guidelines and regulations (update – in progress); and need to secure funding to get adequate disaster planning staff time (completed).

- ↔ More intensive efforts are needed to improve the quality and availability of training and continuing education to enhance the preparedness of prehospital personnel to respond to MCIs, disasters and bioterrorism events.

OBJECTIVE(S):

- Humboldt County will review and revise the Medical Disaster Plan, as needed (in progress).
- ↔ North Coast EMS will undertake additional training and planning efforts aimed at improving the preparedness of prehospital personnel to respond to MCIs, disasters, and Bioterrorism/WMD events as part of the Prehospital MCI/Disaster Special Project, and in concert with OES, Health Departments and others.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range –

Long range – Ongoing bioterrorism and WMD training.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

4.13 - Intercounty Response*

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

RECOMMENDED GUIDELINE:

4.13 - Intercounty Response*

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and recommended guideline. Reciprocity agreements for LALS/ALS are in place with all neighboring jurisdictions. Intercounty and intracounty fire mutual aid and ambulance mutual aid arrangements are in place throughout the region.

Del Norte County mutual aid agreements are not formalized written agreements and do not identify financial responsibility. The Humboldt County ambulance ordinance establishes procedures for ambulance mutual aid in each operating zone. The ordinance requires mutual aid agreements among all service area providers; these agreements identify financial responsibility. In Lake County, all fire services have an executed written mutual aid agreement. If medical resources of any one county are exceeded during a major event, each county OADMHC utilizes the EMS Region II RDMHC in Contra Costa County for assistance.

COORDINATION WITH OTHER EMS AGENCIES:

For disaster response planning in the region, the Humboldt-Del Norte Medical Society and the Lake County EMCC Disaster Subcommittee each meet periodically; North Coast EMS personnel attend these meetings whenever possible. Intracounty and intercounty mutual aid arrangements are coordinated directly by all fire and ambulance services.

NEED(S):

- Humboldt County needs to maintain and/or review all mutual aid agreements among service providers; and
- Lake County has stated that it needs to establish medical mutual aid with all surrounding counties. Currently there is not medical mutual aid with Mendocino County, although there is fire mutual aid in place.

OBJECTIVES:

- Humboldt County will review all mutual aid agreements among service providers in coordination with North Coast EMS (update – review and, as needed, formalization of ambulance mutual aid agreements are part of the Prehospital MCI/Disaster Special Project); and
- Lake County will establish medical mutual aid with all surrounding counties, including Mendocino County (the Ambulance Ordinance, which is under revision, requires medical mutual aid agreements; and formalization of ambulance mutual aid agreements is part of the Prehospital MCI/Disaster Special Project).

TIME FRAME FOR MEETING OBJECTIVE(S):
Completed.

MINIMUM STANDARD:**4.14 - Incident Command System**

“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:

The North Coast EMS region meets this minimum standard and has developed policies regarding multi-casualty response. All training programs (i.e. First Responder, EMT-I, EMT-P, and MICN) approved by North Coast EMS contain instruction on Incident Command System and START triage. NIIMS and SEMS are accepted minimum standards throughout the region. North Coast EMS completed the Regional MCI Plan with counties' input as part of the Prehospital MCI/Disaster Special Project. We also developed a MCI training session and provided numerous training programs as part of the Rural Outreach grant. North Coast EMS also offers post-MCI reviews as staff time allows and in Humboldt County, assisted with the process to install a Med Net Wide Area Network for MCI and disaster purposes.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS convenes providers and hospital personnel to conduct post-MCI critiques, as needed.

NEED(S):

- Lake County states that it needs to review the MCI Plan and update it if needed; and
- North Coast EMS needs to consider the need for developing a regional MCI Plan, similar to the Mountain Valley Plan.
- ↔ A more intensive effort is needed to improve the quality and availability of training and continuing education to enhance the preparedness of prehospital personnel to respond to MCIs, disasters, and Bioterrorism/WMD events as part of the Prehospital MCI/Disaster Special Project, and in concert with OES, Health Departments and others.

NEW North Coast EMS needs to continue to assist the process to orient first responders to ICS, the Regional MCI Plan and related programs.

OBJECTIVE(S):

- Lake County will review the MCI Plan and update if needed; and
- North Coast EMS will consider, with county input, the need for a standardized regional MCI Plan, and seek funding as necessary (Regional MCI Plan is completed).
- ↔ North Coast EMS will undertake additional training, focused continuing education and planning efforts aimed at improving the preparedness of prehospital personnel to respond to MCIs, disasters, and bioterrorism/WMD events as part of the Prehospital MCI/Disaster Special Project, and in concert with OES, Health Departments and others.

NEW North Coast EMS will continue to assist the process to orient first responders to ICS, the Regional MCI Plan and related programs.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range - NEW.

2005 UPDATE KEY

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NFW = New as of 2005-2006

References:

North Coast EMS Policy # 2506: MCI Communication plan

North Coast EMS Policy # 6020: BLS Treatment Guidelines; MCI Operational Guidelines

North Coast EMS Policy # 6542: ALS Treatment Guidelines; MCI Triage Criteria -- Operational Guidelines.

MINIMUM STANDARD:

4.15 - MCI Plans

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

CURRENT STATUS:

The North Coast EMS region meets this minimum standard. North Coast EMS adopted a Regional MCI Plan and has developed policies regarding multi-casualty response.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS has worked with counties to provide input on MCI and disaster plans, on request, and the Prehospital MCI/Disaster Special Project completed the Regional MCI Plan with input from system participants.

NEED(S):

- Lake County states that it needs to review the MCI Plan and update it if needed; and
- North Coast EMS needs to consider the need for developing a regional MCI Plan, similar to the Mountain Valley Plan.
- ↔ A more intensive effort is needed to improve the quality and availability of training and continuing education to enhance the preparedness of prehospital personnel to respond to MCIs, disasters, and Bioterrorism/WMD events and in concert with OES, Health Departments and others.

NEW North Coast EMS needs to continue to assist the process to orient first responders to ICS, the Regional MCI Plan and related programs.

OBJECTIVES:

- Del Norte County personnel will explore the need to differentiate response to differing levels of multi- or mass-casualty incidents in response plans;
- ↔ Humboldt County will do ongoing review, analysis, and drills. North Coast EMS staff will participate in disaster drill evaluation of prehospital personnel;
- Lake County will review the MCI Plan and update if needed; and
- North Coast EMS will consider, with county input, the need for a standardized regional MCI Plan, and seek funding as necessary (Regional MCI Plan is completed).
- ↔ North Coast EMS needs to assist, as staff time allows, with additional training, focused continuing education and planning efforts aimed at improving the preparedness of prehospital personnel to respond to MCIs, disasters, and bioterrorism/WMD and in concert with OES, Health Departments and others.

NEW North Coast EMS needs to continue to assist the process to orient first responders to ICS, the Regional MCI Plan and related programs.

- Lake County states that staff will review the MCI Plan and update it if needed; and

North Coast EMS will consider, with county input, the need for a standardized regional MCI Plan, and seek funding as necessary.

↔ North Coast EMS will assist, as staff time allows, with additional training, focused continuing education and planning efforts aimed at improving the preparedness of prehospital personnel to respond to MCIs, disasters, and bioterrorism/WMD and in concert with OES, Health Departments and others.

NEW North Coast EMS will continue to assist the process to orient first responders to ICS, the Regional MCI Plan and related programs.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range: NEW .

2005 UPDATE KEY

↔ = Continuing from 2003
 = Completed since 2003
 = Dropped/No longer relevant
NEW = New as of 2005-2006

Enhanced Level: Advanced Life Support

MINIMUM STANDARD:

4.16 - ALS Staffing

“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:

4.16 – ALS Staffing

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

“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:

This minimum and recommended standards are met. In the North Coast EMS region, all ALS transport vehicles, and with few exceptions, all transport vehicles, are staffed by an EMT-I and an EMT-P at all times. The only exceptions to the ALS transport standard are occasional coverage by EMT-IIs, and on rare occasions, EMT-I only staffing; all other transporting providers have full time ALS availability. Occasionally, second or third out vehicles are not staffed with an EMT-II or P, but minimum staffing requirements pursuant to county ambulance ordinances appear to be met or exceeded at all times. Only two EMT-IIs remain in the region (hence most ambulances are staffed by at least one paramedic and one EMT-I). The new Lake County ambulance ordinance requires one paramedic per unit; and, each of the other county ordinances in the region requires at least one EMT-II per ambulance.

Jurisdiction for this staffing requirement lies with the member county health departments through ambulance ordinances. Regarding the recommended guideline, it has been determined that it is not operationally necessary or cost effective to staff LALS/ALS units with two ALS practitioners in our predominantly rural region. Since January 2002 all EMT-Is are required to have basic AED training, which is now taught as part of the basic scope in all all EMT-I classes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard/guidelines.

NEED(S):

- All first-out transport units in the region need to have full-time availability of at least one EMT-II or one EMT-P; and
- Lake County Fire Districts need to finalize creation of the joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport; and

- Lake County needs to amend the ambulance ordinance to apply to public agencies, and will need to modify current permit requirements such as ambulance availability (underway).
- NEW** – If Humboldt County revises the county ambulance ordinance, North Coast EMS will advise that ambulance staffing requires at least one EMT-P rather than an EMT-II or P.
- NEW** – North Coast EMS needs to evaluate the role of the new EMT-II when the state regulations are adopted.

OBJECTIVES:

- ↔ Del Norte contract will require LALS/ALS on all first-out transport units in the region, with full-time availability of at least one EMT-II or one EMT-P;
 - Lake County Fire Districts will finalize the joint powers entity which will act as a collective provider and be covered under the ambulance ordinance, and hence establish and ensure compliance with standards for coverage, staffing patterns, response zones and times, and interfacility transport;
 - ↔ Lake County will amend its ambulance ordinance to apply to public agencies, and will modify permit requirements with respect to ambulance availability throughout the county; currently, the Ordinance is being updated via an EMCC Subcommittee; and
 - ↔ North Coast EMS will consider assuming responsibility for approval and monitoring of emergency transport providers if Counties wish to formally delegate and fund these functions.
- NEW** – If Humboldt County revises the county ambulance ordinance, North Coast EMS will advise that ambulance staffing requires at least one EMT-P rather than an EMT-II or P.
- NEW** – North Coast EMS will evaluate the role of the new EMT-II when the state regulations are adopted.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range: New.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:**4.17 - ALS Equipment**

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

CURRENT STATUS:

North Coast currently meets this minimum standard. All LALS/ALS ambulances are required to maintain supplies and equipment for the scope of practice of its level of staffing, as specified by both agency policy and provider agreements, which are in place for all LALS/ALS providers and first responder agencies. Compliance with these minimum equipment policies is monitored, as needed, during provider site-visit evaluations. As North Coast EMS expands the scope of practice, policies to ensure that all regional ambulances are properly equipped and personnel are competent are adopted. North Coast EMS previously added Heparin and Nitroglycerin IV drips, Versed and Cardiac Pacing to the paramedic scope of practice.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

References:

North Coast EMS Policy #2202:

First Responder/BLS Supply and Equipment Standard

North Coast EMS Policy #2204:

LALS Supply and Equipment List

North Coast EMS Policy #2205:

EMT-P Standard Drug/Intravenous Solution List

Enhanced Level: Ambulance Regulation

MINIMUM STANDARD:

4.18 - Compliance

“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:

North Coast EMS currently meets this minimum standard and has developed LALS/ALS provider agreements (in place with all approved LALS/ALS providers) and numerous policies and procedures for both transporting and non-transporting LALS/ALS providers regarding system operations and clinical care. Standards for transporting providers are also addressed in county ambulance ordinances.

North Coast EMS uses the EPCIS program, Continuous Quality Improvement policies, and periodic site-visit evaluations as mechanisms for reviewing compliance with polices.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARD:

4.19 - Transportation Plan

“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:

This standard is not applicable, since there are no exclusive operating areas in the North Coast EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

4.20 - “Grandfathering”

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

CURRENT STATUS:

This standard is not applicable, since there are no exclusive operating areas in the North Coast EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

4.21 - Compliance

“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:

This standard is not applicable, since there are no exclusive operating areas in the North Coast EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003
 = Completed since 2003
 = Dropped/No longer relevant
NFW = New as of 2005-2006

MINIMUM STANDARD:

4.22 - Evaluation

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

CURRENT STATUS:

This standard is not applicable, since there are no exclusive operating areas in the North Coast EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>
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MINIMUM STANDARD:

5.01 - Assessment of Capabilities

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

RECOMMENDED GUIDELINE:

5.01 - Assessment of Capabilities

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

CURRENT STATUS:

North Coast EMS meets this standard and the recommended guideline. The agency assesses and reassesses the EMS-related capabilities of acute care facilities in the region during periodic base hospital site visits and evaluations of EDAPs. North Coast EMS has signed written participation agreements with all six base hospitals and the one alternative base hospital, and four EDAPs.

Within the last two years, North Coast EMS conducted a formal evaluation and public hearing process on behalf of Adventist health-Redbud Hospital in Lake County to reclassify the emergency department from a Basic to Standby ED, while retaining full base hospital responsibilities.

Site visits are currently being conducted or planned for all base or alternative base hospitals. At this time, Sutter-Coast Hospital in Del Norte County is on probation due to the absence of the Prehospital Care Nurse Coordinator position. The Prehospital Care Medical Director and Del Norte Ambulance have assumed those duties and we are in the process of restructuring the base hospital program. .. This will involve adopting a Modified Base Hospital Program, without Mobile Intensive Care Nurses (MICNs), to help cut hospital costs and we plan to formally implement this program at Sutter-Coast, St. Joseph and Redwood Memorial Hospitals. This will require revision of the current base hospital contracts.

Over the last four years, the Agency, with State EMS Authority grant assistance, has formally adopted a Regional Trauma Plan and conducted visits to four targeted trauma centers (Sutter-Lakeside, Redwood, St. Joseph and Mad River). We are currently in the process of designating Lakeside as a Level IV trauma center and, hopefully, in Humboldt County. Prior to designation, each facility will have to respond to site visit findings, formally commitment to designation and undergo a follow-up site visit by staff. Trauma center designation will include a formal written contract with each facility.

COORDINATION WITH OTHER EMS AGENCIES:

All of the above activities have been coordinated with all participating facilities, the JPA Governing Board, Lake County EMCC and Humboldt County EMCC and MAC. All associated policy changes have been or will be submitted in informational mailings for EMS community review.

NEED(S):

North Coast EMS needs to continue to work with Sutter-Lakeside Hospital in Lake

County to monitor base hospital probation and ensure successful reinstatement of base hospital status when full compliance is achieved and maintained.

NEW North Coast EMS needs to formally designate up to four trauma centers and implement the Regional Trauma Plan.

NEW North Coast EMS needs to formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

NEW North Coast EMS needs to verify current licensure status at Adventist Health-Redbud, and if Standby ED status has been granted by DHS, respond to the information request by the State EMS Authority relative to retaining full base hospital status.

OBJECTIVE(S):

North Coast EMS will continue to work with Sutter-Lakeside Hospital in Lake County to monitor base hospital probation and ensure successful reinstatement of base hospital status when full compliance is achieved and maintained.

NEW North Coast EMS will formally designate up to four trauma centers and implement the Regional Trauma Plan.

NEW North Coast EMS will formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

NEW North Coast EMS will verify current licensure status at Adventist Health-Redbud, and if Standby ED status has been granted by DHS, respond to the information request by the State EMS Authority relative to retaining full base hospital status.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW - Short term.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>
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MINIMUM STANDARD:**5.02 - Triage & Transfer Protocols***

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

CURRENT STATUS:

North Coast EMS meets this standard and has developed BLS and LALS/ALS treatment guidelines and policies and procedures requiring START triage and Incident Command System to be taught in all prehospital care classes. All hospitals have developed transfer protocols and agreements. North Coast EMS helped streamline pediatric transfer agreements through the EMSC special project grant several years ago, more recently worked to streamline transfers within the Humboldt County area, and is in the process of reviewing status of transfer agreements with targeted trauma centers.

The Agency is currently in the process of reviewing and updating ALS protocols, expanding standing orders for paramedics and updating base hospital Kardex Protocol Cards. BLS protocols will be reviewed as needed.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies. Additionally, BLS policies are distributed to first responder agencies for review and comment.

NEED(S):

NEW North Coast EMS needs to formally revise ALS and BLS protocols and associated policies, as needed, including standing orders expansion, Kardex system, policy manuals and the web page.

NEW North Coast EMS needs to review current status of transfer agreements with targeted trauma centers prior to designation.

OBJECTIVE(S):

NEW North Coast EMS will formally revise ALS and BLS protocols and associated policies, as needed, including standing orders expansion, Kardex system, policy manuals and the web page.

NEW North Coast EMS will review current status of transfer agreements with targeted trauma centers prior to designation.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW - Short term.

2005 UPDATE KEY

↔ = Continuing from 2003
 = Completed since 2003
 = Dropped/No longer relevant
NFW = New as of 2005-2006

References:

- North Coast EMS Policy # 3104: First Responder Training Program – Course Content.
- North Coast EMS Policy # 5102: EMT-I Scope of Practice
- North Coast EMS Policy # 5303: EMT-II Scope of Practice
- North Coast EMS Policy # 5402: Paramedic Scope of Practice

MINIMUM STANDARD:

5.03 - Transfer Guidelines*

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

CURRENT STATUS:

North Coast EMS meets this standard. Agency staff previously worked with hospital staff to develop transfer agreements and have helped streamline transfer agreements through the EMSC special project grant. North Coast EMS has a written “Interfacility Transfer Procedure” policy. All hospitals have developed transfer protocols and agreements and the Agency is in the process of reviewing status of transfer agreements with targeted trauma centers.. As needed, North Coast EMS is available to assist with regional transfer agreement issues.

COORDINATION WITH OTHER EMS AGENCIES:

All North Coast EMS Policies and Procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies. Written hospital agreements have been superceded, for the most part, by COBRA/OBRA rules. The EMSA needs to evaluate the role of written transfer agreements in California EMS systems in the future.

NEED(S):

NEW North Coast EMS needs to review current status of transfer agreements with targeted trauma centers prior to designation.

OBJECTIVE(S):

NEW North Coast EMS will review current status of transfer agreements with targeted trauma centers prior to designation.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – short-term.

Reference:

North Coast EMS Policy # 2208: Interfacility Transfer Procedure.

2005 UPDATE KEY

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☑ = Completed since 2003

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NFW = New as of 2005-2006

MINIMUM STANDARD:**5.04 - Specialty Care Facilities***

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

CURRENT STATUS:

North Coast EMS meets this standard. The agency has designated six base and one alternative base hospital, and four EDAPs are currently designated. There are no receiving hospitals in the region. The Agency has signed participation agreements with each facility.

North Coast EMS is in the process of formally designating up to four trauma centers within the region. A formal trauma system monitoring program, including use of the Collector trauma registry, will be implemented following designation.

COORDINATION WITH OTHER EMS AGENCIES:

Participation agreements are negotiated with base and alternative base hospital participants, EDAPs and will be with modified base hospitals and trauma centers.

NEEDS:

↔ North Coast EMS needs to continue to monitor existing base hospitals, alternative base hospitals and EDAPs.

NEW North Coast EMS needs to formally designate up to four trauma centers, implement the Regional Trauma Plan and monitor the regional trauma system after implementation.

NEW North Coast EMS needs to formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

OBJECTIVE(S):

↔ North Coast EMS will continue to monitor existing base hospitals, alternative base hospitals and EDAPs.

NEW North Coast EMS will formally designate up to four trauma centers, implement the Regional Trauma Plan and monitor the regional trauma system after implementation.

NEW North Coast EMS will formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – short term.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

5.05 - Mass Casualty Management

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

RECOMMENDED GUIDELINE:

5.05 - Mass Casualty Management

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

CURRENT STATUS:

North Coast EMS meets this standard by supporting and encouraging efforts of hospitals and counties to prepare for mass casualty management. All hospitals in the region have their own mass casualty disaster and multi-casualty incident plans which coordinate hospital communications and patient flow. Historically, North Coast EMS did not specifically assist hospitals in their mass casualty preparations, as this has not been specifically delegated to the Agency by Counties, nor funded. With funding to implement the Cascadia Region Disaster Medical/Health Preparedness Project from 1999-2001, North Coast EMS was able to work more intensively with hospitals to establish physician and nurse call-lists, hospital and field treatment supply lists and other mass casualty plans, in conjunction with the Humboldt County Health Officer.

More recently, the Agency participated in a process to upgrade the Med Net System to establish a single MCI/disaster channel in Humboldt County and to acquire ReddiNet equipment and software for each interested hospital as part of the Statewide Hospital Communications System effort. The Agency also has participated in the process underway in each county to utilize disaster funds to increase hospital preparedness and surge capacity within the region and adopted a Regional Multi-Casualty Plan in recent years.

COORDINATION WITH OTHER EMS AGENCIES:

Agency staff routinely attend the Humboldt-Del Norte Medical Society Disaster Preparedness Committee meetings, the Lake County EMCC Disaster Subcommittee meetings, and HRSA and other disaster related meetings, reviewed disaster plans and evaluated drills, although staff reductions have precluded some of these activities in recent years. Throughout the region, North Coast EMS has ongoing contact with OES personnel, hospitals and Health Departments, and the Executive Director is a member of the Humboldt County Disaster Council.

NEED(S):

↔ North Coast EMS needs to continue to work with Public Health Departments, disaster-related committees, hospitals and others to help ensure ongoing Mass Casualty Preparedness. **NEW** North Coast EMS needs to coordinate the process to implement the Area-Wide Med Net System in Humboldt County.

OBJECTIVE(S):

↔ North Coast EMS will continue to work with Public Health Departments, disaster-related committees, hospitals and others to help ensure ongoing Mass Casualty Preparedness.

NEW North Coast EMS will coordinate the process to implement the Area-Wide Med Net System in Humboldt County.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – short term.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>

MINIMUM STANDARD:**5.06 - Hospital Evacuation***

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

CURRENT STATUS:

North Coast EMS meets this standard by supporting and participating in efforts of hospitals and counties to prepare for mass casualty management, including evacuation. All hospitals in the region have their own mass casualty disaster and multi-casualty incident plans that coordinate hospital communications and patient flow. Only as special project funding has allowed (i.e., the Cascadia Region Disaster Medical/Health Preparedness Project), can North Coast EMS specifically assist hospitals in their mass casualty preparations, but this has not been specifically delegated to the Agency by Counties, nor funded. The Agency participates in disaster planning efforts with counties, but does not lead the planning process.

In the event of hospital evacuation, the Cascadia Project provided planning for Field Treatment Sites and use of the Cascadia Air Bridge to obtain supplies and personnel through SEMS. Field Treatment Sites were identified outside the Cascadia land risk zones, supply lists and call-down lists of nurses and physicians were established, and sites were mapped.

There has been an increased focus on disaster medical services training and preparedness throughout the region because of the Bioterrorism, WMD and HRSA grants. North Coast EMS has participated in many of these efforts.

COORDINATION WITH OTHER EMS AGENCIES:

County Health Officers, OES Coordinators, hospitals, and others coordinate on various aspects of disaster planning, including hospital evacuation. North Coast EMS coordinates with these personnel, and attends the Lake County EMCC Disaster Subcommittee and the Humboldt-Del Norte Medical Society Disaster Preparedness Committee meetings.

NEED(S):

- Humboldt County states that increased funding should go to the County Public Health Department for disaster planning and operations; and
- Lake County states that the disaster response plan needs to be evaluated, and that staff need to work with individual hospitals to assure that plans exist.
- ↔ North Coast EMS needs to continue to work with Public Health Departments, disaster-related committees, hospitals and others to help ensure ongoing Mass Casualty Preparedness.

OBJECTIVE(S):

- North Coast EMS will continue to work with Counties to secure block grant funds and/or increased state funding for disaster planning and operations; and

- Lake County states they will coordinate hospital disaster and county disaster planning for hospital evacuation.
- ↔ North Coast EMS will continue to work with Public Health Departments, disaster-related committees, hospitals and others to help ensure ongoing Mass Casualty Preparedness.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 <input checked="" type="checkbox"/> = Completed since 2003 <input checked="" type="checkbox"/> = Dropped/No longer relevant NFW = New as of 2005-2006</p>

Enhanced Level: Advanced Life Support**MINIMUM STANDARD:****5.07 - Base Hospital Designation***

“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:

North Coast EMS currently meets this standard and has identified the number and role of base and alternative base hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers. There is one designated base hospital in Del Norte County, three in Humboldt County (plus one designated alternative base), and two in Lake County. Participation agreements defining the roles and responsibilities of prehospital and hospital providers have been developed by North Coast EMS and are utilized by each base and alternative base hospital and prehospital care service providers.

Site visits are periodically conducted to all base or alternative base hospitals. At this time, Sutter-Coast Hospital in Del Norte County is on probation due to the absence of the Prehospital Care Nurse Coordinator position. The Prehospital Care Medical Director and Del Norte Ambulance have assumed those duties and we are in the process of restructuring the base hospital program. This will involve adopting a Modified Base Hospital Program, without Mobile Intensive Care Nurses (MICNs), to help cut hospital costs and we plan to formally implement this program at Sutter-Coast, St. Joseph and Redwood Memorial Hospitals. This will require revision of the current base hospital contracts.

In 2004, North Coast EMS conducted a public hearing as part of an Impact Evaluation review of Adventist Health-Redbud’s request for a status change from a Basic to Standby ED. The Agency recommended that the change be approved, notified the EMSA of support for Redbud’s continuation as a full base hospital. EMSA granted approval with conditions pending DHS approval of the status change. North Coast EMS is currently awaiting formal notice of the change.

COORDINATION WITH OTHER EMS AGENCIES:

All of the above activities have been coordinated with all participating facilities, the JPA Governing Board, Lake County EMCC and Humboldt County EMCC and MAC. All associated policy changes have been or will be submitted in informational mailings for EMS community review. The Impact Evaluation of ED status change at Redbud involved a public hearing.

NEED(S):

The JPA Governing Board needs to determine if General Hospital, which is currently interested in becoming a base hospital, should do so. If General Hospital does become a second base hospital in Eureka, policies and protocols regarding base hospital communications will need to be developed.

North Coast EMS needs to continue to work with Sutter-Lakeside Hospital in Lake County to monitor base hospital probation and ensure successful reinstatement of base hospital status when full compliance is achieved and maintained.

NEW North Coast EMS needs to formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

NEW North Coast EMS needs to verify that Standby ED status has been granted by DHS to Adventist Health-Redbud Hospital in Lake County, and if so, formally notify the EMSA, send policy and contract ensuring immediate availability of ED MDs for online medical control .

OBJECTIVE(S):

North Coast EMS will carry out the decision of the JPA Governing Board regarding General Hospital as instructed.

North Coast EMS will continue to work with Sutter-Lakeside Hospital in Lake County to monitor base hospital probation and ensure successful reinstatement of base hospital status when full compliance is achieved and maintained.

NEW North Coast EMS will formally adopt a Modified Base Hospital Program compliant with state law and regulation, remove probation and implement this program at Sutter-Coast Hospital, and on a trial basis initially, implement and monitor this program at St. Joseph and Redwood.

NEW North Coast EMS will verify that Standby ED status has been granted by DHS to Adventist Health-Redbud Hospital in Lake County, and if so, formally notify the EMSA, send policy and contract ensuring immediate availability of ED MDs for online medical control .

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

Enhanced Level: Trauma Care System**MINIMUM STANDARD:**

5.08 - Trauma System Design

“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:

The North Coast EMS Regional Trauma System Plan was approved by the SEMSA in July 2003. The Plan and associated documents meet all state requirements and the above standards and is in the process of implementation. Development and implementation of the Plan was funded by two State Trauma Grants funded over the last four years. Those grants have set the stage for trauma center designation and implementation of the Regional Trauma System. They also financed numerous EMS system improvements, including: purchase of training equipment, replacement of a Med Net Mt Top Repeater, development of new policies, procedures and protocols, provision of local trauma training programs, purchase of a trauma registry, etc..

The Agency conducted visits to four targeted trauma centers (Sutter-Lakeside, Redwood, St. Joseph and Mad River) last fiscal year, and we are currently in the process of designating Lakeside as a Level IV trauma center. Hopefully, Humboldt County designations will follow. Prior to designation, each facility will have to respond to site visit findings, formally commit to designation and undergo a follow-up site visit by staff. Trauma center designation will include a formal written contract with each facility.

The Executive Director has been a member of the State Trauma Advisory Committee and as such, provides input and review of evolving trauma system standards.

COORDINATION WITH OTHER EMS AGENCIES:

Development of the Regional Trauma Plan involved extensive use of the Regional Trauma Advisory Committee and a public hearing. All of the above activities have been coordinated with all participating facilities, the JPA Governing Board, the Trauma Advisory Committee, Lake County EMCC and Humboldt County EMCC and MAC. All associated policy changes have been or will be submitted in informational mailings for EMS community review.

NEED(S):

- North Coast EMS needs to complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS needs to evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW North Coast EMS needs to formally designate up to four trauma centers and implement the Regional Trauma Plan.

OBJECTIVE(S):

- North Coast EMS will complete and publish results of the Rural/Urban Trauma Study.
- North Coast EMS will evaluate the applicability of the new state trauma regulations to the region and promote adoption as needed.

NEW North Coast EMS needs to formally designate up to four trauma centers and implement the Regional Trauma Plan.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

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 = Dropped/No longer relevant
NFW = New as of 2005-2006

MINIMUM STANDARD:

5.09 - Public Input

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

CURRENT STATUS:

The North Coast EMS Regional Trauma System Plan was approved by the SEMSA in July 2003. The Plan meets all state requirements and is in the process of implementation. Development and implementation of the Plan was funded by two State Trauma Grants. This process involved establishment of a Regional Trauma Advisory Committee and a public hearing .

COORDINATION WITH OTHER EMS AGENCIES:

Development of the Regional Trauma Plan involved extensive use of the Regional Trauma Advisory Committee, a public hearing and participation of all interested facilities.

NEED(S):

NEW North Coast EMS needs to formally designate up to four trauma centers and implement the Regional Trauma Plan.

OBJECTIVE(S):

NEW North Coast EMS will formally designate up to four trauma centers and implement the Regional Trauma Plan.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

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Enhanced Level: Pediatric Emergency Medical and Critical Care System

MINIMUM STANDARD:

5.10 - Pediatric System Design

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

- | | |
|---|--|
| <ul style="list-style-type: none"> a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, | <ul style="list-style-type: none"> d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation of the system. |
|---|--|

CURRENT STATUS:

This standard is not fully applicable to North Coast EMS, as there is no Pediatric CCU or PICU in the region. However, pediatric emergency medical and critical care has been addressed through the EMSC project, which included three components: prehospital, in-hospital, and injury prevention. The in-hospital portion of the project addressed issues such as EDAP, interfacility transfers, and staff education. EDAP was established in the North Coast EMS region in 1989, with the goal of improving pediatric care by requiring minimum education standards for physicians and ED staff, minimum safe staffing levels, minimum equipment availability, and a pediatric CQI program. These minimum standards were agreed to by participating hospitals and are monitored by site visit evaluations.

All designated EDAPs in the region periodically receive site visits. Jerald Phelps withdrew designation due to financial hardship and Sutter-Lakeside Hospital designation was withdrawn for cause. The North Coast EMS Nurse Contractor continues to work with PDLNs to ensure EDAP standards are in place. Four of seven hospitals are currently designated as EDAPs.

COORDINATION WITH OTHER EMS AGENCIES:

All ongoing pediatric related developments involve input of the MACs and EMCCs, and pediatric specialists as appropriate.

The Training Coordinator has been appointed to state EMSC committees and routinely attends both state and local pediatric related committee meetings. The EMS Coordinator also routinely attends state EMSC conferences and occasionally state and local pediatric associated meetings.

NEED(S):

NEW North Coast EMS needs to conduct site visits to all designated EDAPs.

OBJECTIVE(S):

NEW North Coast EMS will conduct site visits to all designated EDAPs.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – short term.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

5.11 - Emergency Departments

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

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.”

RECOMMENDED GUIDELINE:

5.11 - Emergency Departments

“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:

North Coast EMS meets both the standard and the recommended guideline. EDAP was established in the North Coast EMS region in 1989, with the goal of improving pediatric care by requiring minimum education standards for physicians and ED staff, minimum safe staffing levels, minimum equipment availability, and a pediatric CQI program. These minimum standards were agreed to by participating hospitals and are monitored by annual site visit evaluations. Four of seven hospitals in the region are EDAP designated, and all were site visited periodically. Jerald Phelps withdrew designation two years ago due to financial hardship and Sutter-Lakeside Hospital designation was withdrawn for cause. The North Coast EMS Nurse Contractor continues to work with PDLNs to ensure EDAP standards are in place at each designated facility.

There are no pediatric CCU and pediatric trauma centers in the region.

COORDINATION WITH OTHER EMS AGENCIES:

All ongoing pediatric related developments involve input of the MACs and EMCCs, and pediatric specialists as appropriate. The Training Coordinator has been appointed to state EMSC committees and routinely attends both state and local pediatric related committee meetings. The EMS Coordinator also routinely attends state EMSC conferences and occasionally state and local pediatric associated meetings.

NEED(S):

NEW North Coast EMS needs to conduct site visits to all designated EDAPs.

OBJECTIVE(S):

NEW North Coast EMS will conduct site visits to all designated EDAPs.

TIME FRAME FOR MEETING OBJECTIVE(S):

NEW – short term.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

5.12 - Public Input

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

CURRENT STATUS:

This standard is not fully applicable to North Coast EMS, as the agency has not developed a formal pediatric emergency medical and critical care system. However, in the region six hospitals in 1989 and two hospitals in 1998 were designated as EDAP (since that time, one hospital dropped formal designation and one hospital was purchased and its emergency department closed, one designation was withdrawn, leaving four total), and several years ago the EMSC Project addressed several aspects of pediatric emergency medical and critical care.

COORDINATION WITH OTHER EMS AGENCIES:

The EMSC Project had the participation and input of numerous individuals on the MACs and EMCCs, and others in the region. All ongoing pediatric related developments involve input of the MACs and EMCCs, and pediatric specialists as appropriate.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

Enhanced Level: Other Specialty Care Systems

MINIMUM STANDARD:

5.13 - Specialty System Design

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

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

CURRENT STATUS:

This standard is not applicable to North Coast EMS, since there are no specialty care plans for EMS-targeted clinical conditions in the region at this time. However, as described in previous sections of this EMS System Plan, the Agency is in the process of implementing the Regional Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

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NFW = New as of 2005-2006

MINIMUM STANDARD:

5.14 - Public Input

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

CURRENT STATUS:

This standard is not applicable to North Coast EMS, since there are no specialty care plans for EMS-targeted clinical conditions in the region at this time.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

6.01 - QA/QI Program

“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 and procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.”

RECOMMENDED GUIDELINE:

6.01 - QA/QI Program

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and the recommended guideline. The agency has a comprehensive Continuous Quality Improvement Program involving all prehospital providers and base hospitals. The CQI Program uses state standards in developing protocols. The CQI Program is prospective (policies and protocols, site visits), concurrent (at time of patient arrival at the ED) and retrospective (field care audit, case review, system improvement, EPCIS Program, trauma registry).

The Agency currently utilizes the Marin County developed EPCIS program to generate Prehospital Care Records (PCRs) and evaluate the response and care provided to specific patients. This has facilitated improved data collection and monitoring, including zone specific information. Importantly, we estimate that almost 100% of all paramedic or EMT-II patient contacts are entered on the computerized PCR system.

North Coast EMS works with Counties to provide information from the computerized data system and the QI program to help monitor ambulance ordinances, as appropriate and as the EPCIS system permits. In Humboldt County, the Agency provides period “chute time” reports to the County, and continues to provide data reports upon request throughout the region. Data are also utilized to generate quarterly and final reports; all data elements required by the EMSA for receipt of General Funds are included.

North Coast EMS shares and coordinates its CQI functions with EMS system participants. Base hospitals perform most of the evaluations specific to individual patient care by individual personnel, and North Coast EMS largely provides more system-wide data assessment (except in addressing particular cases, etc.).

Additionally, several North Coast EMS regional policies are in place to ensure that each designated LALS/ALS provider and base hospital have approved CQI plans in place to identify problems at the most immediate level. North Coast EMS also continues to provide assistance to Counties to monitor local ambulance ordinances when possible.

COORDINATION WITH OTHER EMS AGENCIES:

As above, the region's comprehensive CQI program is coordinated among all system participants, who provide the input that enables North Coast EMS to conduct overall system monitoring.

NEED(S):

Lake County needs to develop a monitoring plan for the new ambulance ordinance.

NEW North Coast EMS needs to evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS needs to evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

NEW Humboldt County needs to assess whether or not to revise the Ambulance Ordinance, and Agency needs to provide data to assist with this process.

OBJECTIVE(S):

Lake County will develop a monitoring plan for the new Ambulance Ordinance.

NEW North Coast EMS will evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS will evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS will evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

NEW Humboldt County will assess whether or not to revise the Ambulance Ordinance, and Agency needs to provide data to assist with this process.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short term.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

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MINIMUM STANDARD:

6.02 - Prehospital Records

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and has developed policies and procedures which require prehospital care records (PCRs) for all emergency patient responses be completed and forwarded to appropriate agencies. The EPCIS program is in place to produce those reports. Paramedics complete the report on the hospital computer immediately after the call, which is printed put and submitted to the ED; if another call occurs, reports are completed on the provide computer and faxed or submitted to ED within 24 hours. The Agency and base hospitals have been working together to ensure timely submission of PCRs to the ED MD to provide relevant patient care information.

The region has attained near 100% compliance with use of this system and adopted additional policies requiring these practices. The Agency created computerized mechanisms to track any non-compliance, and upgraded 27 out of 30 regional computers during the past three years.

The EMS Coordinator provides provider and hospital data uploads generated by the prehospital records. Annual and quarterly reports are submitted to EMSA as required, and numerous standardized or specialized reports are available upon request.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

↔ Emergency Departments are not always able to receive the PCR as quickly as their staff would like. This is due to the region’s rural setting, in which ambulance providers often need to transport patients out of their coverage area, and thus need to leave the ED fairly quickly to resume coverage, often before the PCR has been completed.

NEW The EMS Coordinator needs to continue to train and orient PCNCs and ALS liaisons on use of the new EPCIS program for QI purposes.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

OBJECTIVE(S):

↔ North Coast EMS will encourage ambulance providers to provide PCRs as quickly as possible, and will explore how to set up the PCR program so that they may transmit the data more easily and quickly to Emergency Departments.

NEW The EMS Coordinator needs to continue to train and orient PCNCs and ALS liaisons on use of the new EPCIS program for QI purposes.

NEW North Coast EMS will evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

MINIMUM STANDARD:

6.03 - Prehospital Care Audits

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

RECOMMENDED GUIDELINE:

6.03 - Prehospital Care Audits

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and has developed policies and procedures requiring audits of prehospital care, including both system response and clinical aspects. In Fiscal Year 2000-2001, North Coast EMS updated its audit procedures for hospitals through a process involving the local MACs. The new plan replaces the ALS provider site-visit program (other than for cause. Each base hospital is contractually required to provide, or cause to be provided, periodic Field Care Audits to utilize actual patient care experience as an educational opportunity for prehospital and ED personnel,.

North Coast EMS partially meets the recommended guideline in that the mechanism that links prehospital records with other systems, where it does exist, is not formalized (i.e., an integrated management information system). Hospital staff file a copy of the prehospital care report in the patient’s hospital record when it is submitted on time, and prehospital records can be linked by emergency department run numbers. There is no computerized link available with dispatch records at this time.

As part of special projects funded by SEMSA several years ago, the Rural Trauma Program and the Rural/Urban Trauma Study, emergency department inpatient, discharge and transfer records were linked with prehospital records for major trauma patients. Finally, as part of the new Regional Trauma Plan, the Agency purchased software and hardware and has installed a regional trauma registry in four targeted trauma centers that can be manually linked to EPCIS.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS works closely with base hospitals, ALS Providers, counties and others to ensure prehospital care audits are conducted and utilized both for educational, disclosure protected QIP and EMS System enhancement purposes.

NEEDS:

- ↔ A mechanism is needed to link prehospital records with dispatch, emergency department, in-patient and discharge records.
- ☒ Due to increasing operating costs and an increasing workload, additional personnel are needed to restore regular site visits to LALS/ALS providers.
- ↔ The new EPCIS system needs to be enhanced, as needed.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, to ensure that its field care audit, QIP and required state reporting capabilities exceed those available to EPCIS.

OBJECTIVE(S):

- North Coast EMS will explore through OSHPD ways to develop a mechanism to link prehospital records with emergency department, inpatient and discharge records. OSHPD would have to find ways to protect patient confidentiality, such as by masking data seen by this agency's staff.
- ↔ (replaces above) North Coast EMS will continue to participate in the statewide process to develop a new data system, including new elements, clinical indicators and a legislatively required plan to match EMS and OSHPD data.
- North Coast EMS will seek augmentation funding for hiring additional personnel to restore regular site visits to LALS/ALS providers.
- ↔ The new EPCIS system will be enhanced, as needed.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, to ensure that its field care audit, QIP and required state reporting capabilities exceed those available to EPCIS.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:

6.04 - Medical Dispatch

“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 prearrival/post dispatch directions.”

CURRENT STATUS:

North Coast EMS meets this minimum standard. The Agency has established a procedure for dispatch agencies to apply for accreditation as a Level II EMD provider, and has provided EMD training in the region annually for several years. EMD accreditation entails, in part, using certified personnel and implementing and maintaining a CQI Program. North Coast EMS relies on local dispatching and emergency transport agencies to designate and provide appropriate levels of medical response to emergencies. North Coast EMS receives and reviews feedback on medical dispatching from the public, first responders, ambulance and dispatch personnel. With past grant funding, Emergency Medical Dispatch providers in the region monitored the appropriateness of pre-arrival and post-dispatch directions. Unfortunately, recent state budget problems have reduced the number of dispatch agencies participating in the EMD program to two, although the Del Norte County Sheriffs Department recently implemented this program as well..

The Agency has been meeting periodically in Del Norte County with representatives of dispatch, fire, law and ambulance response, to implement a new dispatch response policy and enhance overall communications. In Lake County, the Agency worked closely with county and providers representatives to ensure ongoing ambulance transport from the Lake Pillsbury area.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS will, as part of the QIP program, review or ensure review of all written requests involving medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions, where those are utilized. This involves closely working with dispatch providers and response organizations.

NEED(S):

- North Coast EMS needs a permanent mechanism to monitor for “over-triage” or excessive response; and
- State standards are needed for Emergency Medical Dispatch (EMD), and increased numbers of EMD Programs need to be implemented.

NEW – North Coast EMS needs to continue to work with dispatch and responders throughout the region to ensure appropriate and timely use of medical resources during 9-1-1 calls.

OBJECTIVE(S):

- North Coast EMS will explore what type of permanent mechanism may be implemented to monitor “over-triage” or excessive response; and
 - North Coast EMS will encourage the development of both state standards for EMD as well as more EMD Programs in the region.
- NEW – North Coast EMS needs to continue to work with dispatch and responders throughout the region to ensure appropriate and timely use of medical resources during 9-1-1 calls.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:**6.05 - Data Management System***

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

RECOMMENDED GUIDELINES:**6.05 - Data Management System***

“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:

North Coast EMS meets this minimum standard and has implemented the EPCIS program as the mechanism (replacing PCR97) to collect prehospital information, provide medical documentation, monitor the prehospital ALS system region-wide and audit patients care based on existing standards. Regional computers were upgraded and new EPCIS software was installed on 27 of 30 computers. EPCIS is better able to provide a mechanism to fulfill emerging SEMSA requirements, such as a statewide common data set and clinical indicators. High risk patient groups are also assessed, including pediatric and geriatric populations.

The EPCIS system, unlike the previous PCR-DS, is capable of integrating prehospital and hospital data. Currently, Prehospital Care Nurse Coordinators (PCNCs) perform periodic field care audits (FCAs). Through FCAs and chart review, the PCNCs use case studies to evaluate the entire treatment received by a patient, both prehospital and hospital. North Coast EMS generally does not use patient registries, tracer studies or other monitoring systems to further monitor patient care, except where special studies, such as the trauma study many years ago, were performed. The Regional Trauma Plan involves use of a regional trauma registry at targeted trauma centers.

COORDINATION WITH OTHER EMS AGENCIES:

Auditing procedures are discussed with hospital and emergency medical transportation service representatives, as well as County Health Officers and the JPA members, as needed.

NEED(S):

- North Coast EMS needs continued support of ongoing programming and repairs to the PCR-DS system, and will need funds to eventually replace this system;
- ↔ North Coast EMS needs to continue to maintain and enhance the EPCIS system, including installing upgrades, revising the audit system to review region-specific protocols and assessing.

NEW North Coast EMS needs to implement use of the regional trauma registry at up to four trauma centers, and install the remaining two digital recording systems, as part of the trauma system evaluation process.

NEW North Coast EMS needs to evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS needs to evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

NEW Humboldt County needs to assess whether or not to revise the Ambulance Ordinance, and Agency needs to provide data to assist with this process.

NEW North Coast EMS needs to select and implement use of an existing trauma registry (compatible with EMSA requirements) as part of the Regional Trauma System, ideally that links or is capable of linkage with the EPCIS system.

OBJECTIVE(S):

- North Coast EMS will seek continued support of ongoing programming and repairs to the PCR-DS system, and will explore sources of funds to eventually replace this system;
- ↔ North Coast EMS will continue to maintain and enhance the EPCIS system, including installing upgrades, revising the audit system to review region-specific protocols.

NEW North Coast EMS will implement use of the regional trauma registry at up to four trauma centers, and install the remaining two digital recording systems, as part of the trauma system evaluation process.

NEW North Coast EMS will evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS will evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS will evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

NEW Humboldt County will assess whether or not to revise the Ambulance Ordinance, and Agency needs to provide data to assist with this process.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short term: NEW Ongoing: Maintenance and enhancement of EPCIS.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:**6.06 - System Design Evaluation**

“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:

North Coast EMS currently meets this minimum standard and has several EMS system evaluation programs and tools in use:

- The Medical Priority, Inc. EMD Program, which meets national standards for dispatch, was implemented by North Coast EMS with SEMSA funding;
- The AED Program, which the agency reports on annually to SEMSA; new regulations will no longer require monitoring by North Coast EMS, but reports will continue to be submitted.
- The EPCIS Data Program, which is a tool for monitoring EMS system operations and is used to generate data audit screens to identify system trends and patient care problems. EPCIS also assists with research, is part of the CQI Program and provides reporting to system participants and SEMSA consistent with new and developing CQI requirements (e.g., statewide data set, etc.) ;
- Training and CE programs are evaluated based on state standards, agency policies and procedures, site visits and written reports;
- LALS/ALS providers are evaluated based on state standards and written reports, and have approved CQI Programs in place. Site visits are conducted as needed, such as for a new provider or to investigate problems. The Agency also conducts certification and accreditation reviews of personnel;
- Base hospitals are evaluated based on state standards, site visits and written reports, and all facilities have written participation agreements with North Coast EMS. Base Hospital site visit survey tools has been updated;
- The EDAP Program evaluates pediatric capabilities of EDs based on local standards and state guidelines, site visits and reports. All EDAPs have been site-visited since FY 1999-2000. All EDAPs have written participation agreements with North Coast EMS;
- The CQI Program is in place to provide a mechanism for review of prehospital care, incident reporting, problem identification, and system monitoring;
- North Coast EMS has completed several surveys throughout the region to assess the needs regarding personnel, training, system design and operations. The results of the regional surveys are used to guide policy and procedural changes to improve operations and the EMS system;

- North Coast EMS participated in the Mt. Valley “EMS System Evaluation” special project, which utilized the “Rapid Cycle Improvement Program” for special short term studies (e.g. chest pain).
- The Rural Trauma Program and the Rural/Urban Trauma Study evaluated trauma patient outcomes in this region;
- North Coast EMS’s Executive Director, Regional Medical Director, EMS Coordinator and Training Coordinator participate on various committees at the State level to improve EMS system evaluation mechanisms statewide. North Coast EMS staff reviewed and commented on numerous documents last year, such as the proposed data set, LEMSA evaluation tools, a CQI regulations, clinical indicators, etc.
- This EMS System Plan and the current update will serve as the current EMS System evaluation document.

COORDINATION WITH OTHER EMS AGENCIES:

EMS System evaluation involves working with all members of the EMS community, including organizations and individuals involved with public education and training, medical dispatch, medical training of prehospital personnel, first response, transport, EDs, base hospitals and specialty services, oversight and coordination, etc. North Coast EMS utilizes numerous mechanisms to coordinate with all EMS System participants.

NEED(S):

- ↔ North Coast EMS evaluation of drills by prehospital personnel;
- North Coast EMS needs to explore how the PCR-DS system can facilitate EMS system evaluation; and
- Statewide standards for EMS system evaluation are needed (underdevelopment at this time) and North Coast EMS needs to implement when available.

NEW North Coast EMS needs to implement the Regional Trauma Plan complete with a trauma registry and CQI program.

NEW North Coast EMS needs to implement use of the regional trauma registry at up to four trauma centers, and install the remaining two digital recording systems, as part of the trauma system evaluation process.

NEW North Coast EMS needs to evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS needs to evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS needs to evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.

NEW North Coast EMS needs to conduct, periodic or as needed, evaluation visits to approved training, CE programs, and designated ALS Providers, base hospitals and trauma centers.

NEW North Coast EMS needs to submit the self-study plan and complete the national accreditation process, and secure accreditation associated with the North Coast Paramedic Training Program.

OBJECTIVE(S):

- ↔ North Coast EMS will evaluate drills by prehospital personnel with respect to training needs;
 - ☑ North Coast EMS will explore how the PCR-DS system can facilitate EMS system evaluation; and
 - ☑ North Coast EMS encourages SEMSA to adopt statewide standards for EMS system evaluation and will implement new state standards when available.
- NEW** North Coast EMS will implement the new Regional Trauma Plan complete with a trauma registry and CQI program.
- NEW** North Coast EMS will implement use of the regional trauma registry at up to four trauma centers, and install the remaining two digital recording systems, as part of the trauma system evaluation process.
- NEW** North Coast EMS will evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.
- NEW** North Coast EMS will evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.
- NEW** North Coast EMS will evaluate the NorCal EMS, Inc. EPCIS like website program, currently under development, as a potential tool to replace EPCIS.
- NEW** North Coast EMS will conduct, periodic or as needed, evaluation visits to approved training, CE programs, and designated ALS Providers, base hospitals and trauma centers.
- NEW** North Coast EMS will submit the self-study plan and complete the national accreditation process, and secure accreditation associated with the North Coast Paramedic Training Program.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range - NEW

MINIMUM STANDARD:
6.07 - Provider Participation

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

CURRENT STATUS:

North Coast EMS meets this minimum standard. Each approved LALS/ALS provider (and base hospital) currently has an approved CQI Program in place, as required by North Coast EMS policy. Implicit in written agreements is the expectation of active participation in system-wide evaluation through the EPCIS system and trauma registry when implemented. Providers’ (and base hospitals’) CQI Programs involve the use of the existing CQI policies to review, investigate and resolve problems, and the EPCIS data system to generate data regarding system trends and patient care, audits, peer review, and case investigation as needed. North Coast EMS will continue to provide audit reports to EMSA and to monitor AED training through its training provider approval program. Furthermore, as stated in standard 6.06, base hospitals, EDAPs, and training providers also participate in system evaluation with North Coast EMS through written agreements, site visits, and written reports. North Coast EMS also solicits response from system participants on other various regional assessments, but their response is not required.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS utilizes an extensive process to solicit input from EMS System participants the system-wide evaluation system.

NEED(S):

- North Coast EMS needs to explore ways to expand and improve, at the state level, standards and authority for provider participation in statewide evaluation.

NEW North Coast EMS needs to require use of the regional trauma registry at all designated trauma centers, as part of the trauma system evaluation process.

NEW North Coast EMS needs to require annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS needs to evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS needs to evaluation approved training, CE programs, and designated ALS Providers, base hospitals and trauma centers, as needed, to ensure compliance with state and regional standards.

OBJECTIVE(S):

- North Coast EMS will work with SEMSA to expand and improve, at the state level, standards and authority for provider participation in statewide evaluation.

NEW North Coast EMS will require use of the regional trauma registry at all designated trauma centers, as part of the trauma system evaluation process.

NEW North Coast EMS will require annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

NEW North Coast EMS will evaluate the new Modified Base Hospital Program to ensure maintenance of QIP.

NEW North Coast EMS will evaluation approved training, CE programs, and designated ALS Providers, base hospitals and trauma centers, as needed, to ensure compliance with state and regional standards.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

6.08 - Reporting

“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:

North Coast EMS currently meets this minimum standard and sends the results of all AED and routinely generated EPCIS reports to EMS system participants, including Boards of Supervisors (via the JPA Governing Board), hospitals, provider agencies and Emergency Medical Care Committees. All research studies, policies and procedures, quarterly and final reports, and the North Coast EMS System Plan are also widely distributed to providers and posted on the Agency web site.

PCR-related reports to SEMSA Are included in quarterly and final General Fund reports.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS utilizes a comprehensive process to submit reports, policy and plan drafts, data and other system evaluation materials to all interested parties in the region.

NEED(S):

- North Coast EMS will need to institute new reports from the EPCIS PCR-DS to SEMSA when reports are once again required.
- ↔ North Coast EMS needs to continue training PCNCs and ALS Liaisons to use EPCIS for data reporting and QI purposes, and expand regional standardized reports as needed.

OBJECTIVE(S):

- When the Vision System Information and Evaluation Committee process is complete and SEMSA has instituted new reporting requirements, adjust EPCIS as needed to fulfill these requirements.
- ↔ North Coast EMS will complete training PCNCs and ALS liaisons to use EPCIS for data reporting and QI purposes, and expand use of regional standardized reports as needed.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>
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Enhanced Level: Advanced Life Support

MINIMUM STANDARD:

6.09 - ALS Audit

“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 GUIDELINE:

6.09 - ALS Audit

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

CURRENT STATUS:

North Coast EMS currently meets this minimum standard and has developed and upgraded the EPCIS program as well as other mechanisms to audit treatment provided by personnel affiliated with LALS/ALS providers and base and alternative base hospitals.

The EPCIS system is capable of integrating both prehospital and hospital data. However, this can only be done manually at this time. Prehospital Care Nurse Coordinators (PCNC) perform monthly field audits. Through chart review, the PCNCs use case studies to evaluate the entire treatment received by a patient, both prehospital and hospital. Special studies, such as the trauma studies, have included analyses of prehospital, base, receiving and transfer hospital survival outcomes relative to the national MTOS outcome norms.

COORDINATION WITH OTHER EMS AGENCIES:

The process, policies and procedures North Coast EMS utilizes to evaluate, or ensure evaluation of ALS field care is extensive and involves all base hospitals, providers and others.

NEED(S):

- The new EPCIS system needs to be enhanced, as needed, including as it relates to new EMSA draft core clinical indicators, new data dictionary and the forthcoming trauma registry.

NEW North Coast EMS needs to evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

OBJECTIVE(S):

- The new EPCIS system will be enhanced, as needed, including as it relates to new EMSA draft core clinical indicators, new data dictionary and the forthcoming trauma registry.

NEW North Coast EMS will evaluate and implement the new State Quality Improvement Performance Regulations (QIP), including annual submission to Agency of QIP reports by ALS Providers and Base Hospitals and Agency reports to EMSA.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003
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NFW = New as of 2005-2006

Enhanced Level: Trauma Care System**MINIMUM STANDARD:**

6.10 - Trauma System Evaluation

“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:

This standard is in the process of implementation. The North Coast EMS Regional Trauma System Plan was approved by the SEMSA in July 2003. The Plan meets all state requirements and is in the process of implementation. Prior state grants funded the purchase of a trauma registry which has been installed in four targeted trauma centers. This registry will utilize trauma triage criteria and SEMSA inclusion criteria, and will identify patients whose care fell outside the established triage system. The EPCIS program and registry will be linked, at least manually as needed, and both systems will be utilized to identify trauma system improvements. Draft policies specific to trauma system CQI and evaluation will be implemented with trauma center designation.

COORDINATION WITH OTHER EMS AGENCIES:

Development of the Regional Trauma Plan, associated policies and selection of the trauma registry, involved extensive use of the Regional Trauma Advisory Committee and other pre-existing committees. A public hearing was conducted prior to completion of the Trauma Plan.

NEED(S):

NEW The North Coast EMS region needs to implement the Regional Trauma System Plan complete with a trauma registry that meets SEMSA inclusion criteria.

NEW The North Coast EMS needs to implement use of the trauma registry and other trauma system evaluation and CQI tools with trauma center designation.

OBJECTIVE(S):

NEW North Coast EMS will implement the recently approved Regional Trauma System Plan, including adopting a trauma registry compatible with SEMSA requirements.

NEW The North Coast EMS will implement use of the trauma registry and other trauma system evaluation and CQI tools with trauma center designation.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

6.11 - Trauma Center Data

“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 GUIDELINE:

6.11 - Trauma System Evaluation

“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:

This standard is in the process of implementation. The North Coast EMS Regional Trauma System Plan was approved by the SEMSA in July 2003. The Plan meets all state requirements and is in the process of implementation. State grants previously funded purchase of a regional trauma registry. All designated trauma centers will be required to utilize this registry and submit data and reports to North Coast EMS.

COORDINATION WITH OTHER EMS AGENCIES:

Development of the Regional Trauma Plan involved extensive use of the Regional Trauma Advisory Committee and a public hearing. The RE-TAC will continue to be used to help review trauma registry reports and continuously evaluate the Regional trauma System.

NEED(S):

NEW The North Coast EMS region needs to implement the Regional Trauma System Plan complete with a trauma registry that meets SEMSA inclusion criteria.

NEW The North Coast EMS needs to implement use of the trauma registry and other trauma system evaluation and CQI tools with trauma center designation.

OBJECTIVE(S):

NEW North Coast EMS will implement the recently approved Regional Trauma System Plan by December 2003 or shortly thereafter, including adopting a trauma registry compatible with SEMSA requirements.

NEW The North Coast EMS will implement use of the trauma registry and other trauma system evaluation and CQI tools with trauma center designation.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

MINIMUM STANDARD:

7.01 - Public Information Materials

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

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

RECOMMENDED GUIDELINE:

7.01 - Public Information Materials

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

CURRENT STATUS:

North Coast EMS meets the minimum standard and recommended guideline. The Agency, as staff time permits, promotes public awareness of the EMS System and supports local efforts to encourage proper system access, public training and awareness. North Coast EMS personnel submit articles to local newspapers, give presentations, attend numerous meetings involved with injury prevention, child safety, disaster preparation, etc. The Agency provides data upon request to assist with local highway safety projects, drowning prevention, and other efforts to reduce death and disability. We have on several occasions identified high risk roadways that Caltrans subsequently improved. The Agency previously initiated the process to improve EMS access by installing highway call boxes, and we continue to participate in grant requests to enhance local traffic safety projects.

North Coast EMS promotes development and dissemination of informational materials whenever possible and as needed. North Coast EMS previously provided funding for several public service announcements on local television, and well as newspaper articles, to promote safe practices, such as using bicycle helmets and child car seats. The Agency continues to expanded its video selection and reference library, and our web page is available to provide further information. Finally, agency staff continue to participate in state and local child safety and EMS for Children activities.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS works with numerous state and local organizations to support or help promote public awareness, training, system access, traffic safety, child safety, disaster preparation, etc.

NEEDS:

NEW Additional staff time is needed to provide more than a limited involvement in public information and education campaigns.

OBJECTIVES:

NEW North Coast EMS will work with SEMSA to secure additional funding to conduct public information and education activities.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

7.02 - Injury Control

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

RECOMMENDED GUIDELINE:

7.02 - Injury Control

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

CURRENT STATUS:

North Coast EMS meets this minimum standard and the recommended guideline. The Agency Training Coordinator participates in the Humboldt County Child Death Review Committee, which is staffed by County Public Health Officials and attended by numerous agencies concerned about or working toward injury prevention goals. North Coast EMS staff participate in injury prevention, child safety, traffic safety meetings, and support local grant opportunities to promote injury control and prevent illness, with local health programs when possible. North Coast EMS also has worked previously to promote injury control by funding public information on safety through television public service announcements, although this has been curtailed due to revenue.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS works with numerous individuals and organizations to promote, support or assist injury and illness prevention programs, including the health departments.

NEED(S):

NEW North Coast EMS needs to continue the effort to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues, as staff time allows.

OBJECTIVE(S):

NEW North Coast EMS will continue the effort to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues, as staff time allows.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

7.03 - Disaster Preparedness

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

RECOMMENDED GUIDELINE:

7.03 - Disaster Preparedness

“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:

All member county OES Offices in the region meet both the minimum standard and recommended guideline. OES Offices and the American Red Cross promote citizen disaster preparedness and disseminates available information to the public. Although this function is not delegated to North Coast EMS, the Agency participates in, promotes, assists and supports citizen disaster preparedness activities as staff time permits. .

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard/guideline.

NEED(S):

- Humboldt County states that they need funding for adequate disaster planning staff time, and on-going participation in promoting awareness and preparedness throughout the county, including efforts to produce/disseminate information materials to the public.
- NEW** – North Coast EMS needs to continue to participate in, promote, assists and support citizen disaster preparedness activities as staff time permits.

OBJECTIVE(S):

- Humboldt County will take part in coordinated efforts between private and public sectors to develop, provide, and promote informational materials.
- North Coast EMS will work with Counties to obtain block grant funding and/or increased state funds for disaster preparedness.
- NEW** – North Coast EMS will continue to participate in, promote, assists and support citizen disaster preparedness activities as staff time permits.

TIME FRAME FOR MEETING OBJECTIVE(S)

Ongoing

2005 UPDATE KEY

- ↔ = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:

7.04 - First Aid and CPR Training

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

RECOMMENDED GUIDELINE:

7.04 - First Aid and CPR Training

“The local EMS agency should adopt a goal of 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:

North Coast EMS meets this minimum standard. In the region, the American Heart Association, Red Cross, local Fire Departments, hospitals, and others routinely promote and provide first aid and CPR training. Numerous classes are conducted routinely throughout the region. North Coast EMS encourages these efforts and requires CPR certification for all levels of prehospital care training (first responder, EMT-I, EMT-II, paramedic and MICN). North Coast EMS promotes the concept that all high school students should be trained in CPR and first prior to graduation.

North Coast EMS promotes layperson AED, and has developed public access defibrillation policies and an AED informational packet, so that individuals, businesses and physicians interested in promoting layperson AED are aware of training, equipment, monitoring and reporting requirements. Rather than focus CPR and AED training on high risk patients’ family members, North Coast EMS dropped plans to use this as part of a strategy to reduce cardiac mortality, in part because in recent years many high risk patients have implanted AEDs and pace makers, etc.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEEDS:

North Coast EMS needs to assess, with special project assistance, the causative factors in cardiac death arrests in the region, and determine how automated external defibrillation, focussed CPR training of high risk patients’ family members, and/or general public education may reduce mortality.

NEW – North Coast EMS needs to continue to promote, support, assist local first aid and CPR training efforts for all citizens as staff time permits.

OBJECTIVE(S):

North Coast EMS will consider obtaining funding and implementation of a cardiac improvement program in the region.

NEW – North Coast EMS will continue to promote, support, assist local first aid and CPR training efforts for all citizens as staff time permits.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input checked="" type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:**8.01 - Disaster Medical Planning**

“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:

North Coast EMS meets this standard by participating in disaster planning efforts. Historically, North Coast EMS responsibilities have included approval of prehospital training programs that include START triage, the Incident Command System, multi-casualty incident and general disaster medical training. In addition, the Agency routinely attends county disaster meetings, participates in exercises, distributes disaster medical information and assists as needed. A Regional MCI Plan has been adopted, the Executive Director is a member of the Humboldt County Disaster Council, and staff work routinely with numerous individuals and organizations to help develop medical response plans and procure bioterrorism, HAZ MAT, WMD and disaster related funding. Throughout the region, North Coast EMS has ongoing contact with OES personnel, hospitals, county health departments, and the committees mentioned.

Each JPA member county ultimately retains responsibility and authority for declared disaster preparedness, response and recovery. Del Norte, Humboldt and Lake Counties each have a disaster medical response plan in place. Each of these plans addresses the need to respond to catastrophic disasters, including those involving toxic substances.

From 1999 to 2001, North Coast EMS was able to focus more intensive efforts on disaster medical planning in Humboldt and Del Norte Counties, with special project funding to carry out the “Cascadia Region Disaster Medical/Health Preparedness Project.” This project was carried out in cooperation with the county OES and Health Officers in the two counties. Medical response plans were developed, including personnel call-down lists, supply lists, field treatment site identification, mapping of earthquake-vulnerable areas, NEST activation, use of the Cascadia Air Bridge and other disaster response components. A large disaster exercise was conducted by the Project Coordinator and the Humboldt County Health Department to test many of the plans developed through the project. In addition, the Executive Director has been appointed to the Humboldt County Disaster Council. In Lake County, the Sheriff’s Office has assumed responsibility for OES and hired a part-time Coordinator (a paramedic) to help organize and provide training.

Three years ago, North Coast EMS received a SEMSA special project grant entitled: Prehospital MCI/Disaster Preparedness. This project developed the Regional MCI Plan, promoted ICS, MCI/disaster preparedness and developed a complimentary MCI module as a model for first responder CE programs.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS participates in county disaster planning efforts through information and data sharing, input into the planning and equipment acquisition process, and participation in numerous disaster related meetings.

NEED(S):

- Del Norte County may need to update their “Emergency Plan” from 1976;
- ☑ Humboldt County states that they need to revise all response plans to comply with new SEMS requirements, and train all response agencies on revised plans. Humboldt County further states that it needs funding for adequate disaster planning staff time from the disaster component of SEMSA federal block grant funding (underway); and
- ☑ Lake County may need to formalize some agreements in their medical response plan.
- ↔ North Coast EMS needs to continue efforts to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues as staff time and funding permits.

OBJECTIVES:

- ☑ North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will facilitate the increased organization of local, county and regional resources in preparation for a major event along the Southern Cascadia Subduction Zone;
- ☑ Del Norte County will assess the need to update their “Emergency Plan” from 1976;
- ☑ Humboldt County will revise response plans and provide training (in progress);
- ☑ Lake County may need to formalize some agreements in their medical response plan; and
- ☑ North Coast EMS recommends that SEMSA clarify disaster planning responsibilities and provide funding accordingly.
- ↔ North Coast EMS will continue efforts to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues as staff time and funding permits. Special project funding will be utilized if available

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

MINIMUM STANDARD:

8.02 - Response Plans

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

RECOMMENDED GUIDELINE:

8.02 - Response Plans

“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:

Del Norte, Humboldt, and Lake Counties meet this standard and all but Del Norte County’s plan meet the recommended guideline. Each county has a disaster medical response plan in place that applies to a variety of hazards, including hazardous materials or toxic substances.

Del Norte County’s Emergency Plan calls for 12 drills per year, and that these drills will simulate a variety of disasters. The 1999 Mass Casualty Plan by Del Norte Ambulance, Inc. states that the plan is to be utilized in the event of disasters involving a variety of emergency situations, including hazardous materials. The Humboldt/Del Norte Hazardous Materials Response Team covers Del Norte County for toxic substances, and works with the Del Norte County Environmental Health Department, which assists with materials identification.

In Humboldt County, medical response plans are in place for a variety of potentially disastrous or hazardous incidents, and all plans use the CA Office of Emergency Services (OES) multi-hazard planning model. The Humboldt/Del Norte Hazardous Materials Response Team covers Humboldt County for any toxic substances incidents, and they work with the Public Health Division to identify the material.

The Lake County Operations Plan addresses a variety of hazards, including toxic substances, and uses the California OES model. Lake and Humboldt Counties have a local HazMat unit.

All three counties are in the process of purchasing disaster and hazardous materials supplies with WMD, HRSA and Bioterrorism grants, as well as updating annexes and other documents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Del Norte County may need to update their “Emergency Plan” from 1976;
- Humboldt County states that Hospital Emergency ICS (HEICS) and the Standardized Emergency Management System (SEMS) programs need to be incorporated into current planning and procedure development of hospitals, and that ongoing involvement by all participants in medical response planning is also needed; and
- Lake County states that they need more exercises and assurance that all personnel know what resources are available and how to access them. Overlapping mutual aid is needed as is coordination between the RIMS (Resource Information Management System) coastal region and mutual aid regions.

OBJECTIVES:

- North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will facilitate the increased organization of local, county and regional resources in preparation for a major event along the Southern Cascadia Subduction Zone;
- Del Norte County will assess the need to update their “Emergency Plan” from 1976;
- Humboldt County will continue to develop and update medical response plans to meet the variety of potential hazards existing in our county and to conform to state requirements; and
- Lake County will develop standardized operational procedures for accessing resources for medical emergencies, including RIMS for a single point of ordering.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

↔ = Continuing from 2003

= Completed since 2003

= Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:**8.03 - HazMat Training**

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

CURRENT STATUS:

North Coast EMS currently meets this standard and has developed policies and procedures outlining hazardous materials (HazMat) training requirements for first responders. Title 22 outlines the HazMat training requirements for EMT-Is, EMT-IIIs and EMT-PIs. In the last several years, the Executive Director has participated in OES and County Health meetings involving the distribution of bio-terrorism, HRSA and WMD funds that are and will continue to assist with preparedness. Finally, Humboldt County has revised its Haz Mat Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

NEW Bioterrorism, WMD and associated disaster training for first responders and EMTs is needed throughout the region, and North Coast EMS will continue to work with OES, Health Departments and others to promote and incorporate Bioterrorism, MCI and disaster training into approved classes, etc. Agency will also assist with promoting Haz Mat training and preparedness as staff time and funding permit.

OBJECTIVE(S):

NEW North Coast EMS will prepare Enhanced Rural Outreach special project grant if state funding is available.

NEW North Coast EMS will continue to work with OES, Health Departments and others to promote and incorporate Bioterrorism, MCI and disaster training into approved classes, etc. Agency will also assist with promoting Haz Mat training and preparedness as staff time and funding permit.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

References:

North Coast EMS Policy # 3104: First Responder Training Program – Course Content
Title 22, Chapter 2, §100075; Chapter 3, §100120; and Chapter 4, §100159.

2005 UPDATE KEY

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☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

MINIMUM STANDARD:

8.04 - Incident Command System

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

RECOMMENDED GUIDELINE:

8.04 - Incident Command System

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

CURRENT STATUS:

North Coast EMS and the member counties meet the minimum standard. Del Norte, Humboldt, and Lake Counties have disaster medical response plans in place that use the Incident Command System. County OES staff and EMS personnel in each county have been trained in ICS.

North Coast EMS also meets the recommended guideline and has developed policies requiring ICS field management be included in all training programs for first responders. This training also includes response to hazardous materials incidents. Title 22 outlines HazMat training requirements for EMT-Is, EMT-IIs and EMT-Ps. North Coast EMS does not have jurisdiction over other medical providers, such as nurses and doctors, who are not prehospital providers.

North Coast EMS has also promoted continuing education in ICS and multi-casualty incident management, and adopted a Regional MCI Plan that utilizes ICS as the primary organizational structure.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

↔ Lake County states that they need greater Hospital Emergency ICS (HEICS) involvement, including training within the facility as well as training in field operations. A HEICS class may be needed for each hospital, including new and refresher courses and ongoing training for all new personnel.

North Coast EMS needs to complete the Prehospital MCI/Disaster and Rural Outreach special projects and continue to utilize products to promote ICS in the future.

NEW – North Coast EMS needs to continue to assist regional efforts to ensure use of ICS during MCI and disaster incidents.

OBJECTIVE(S):

↔ The Lake County OES Coordinator will explore with hospitals the possibility of increased HEICS training of hospital personnel.

North Coast EMS needs to complete the Prehospital MCI/Disaster and Rural Outreach special projects and continue to utilize products to promote ICS in the future.

NEW – North Coast EMS will continue to assist regional efforts to ensure use of ICS during MCI and disaster incidents.

TIME LINE:

Short range.

References:

North Coast EMS Policy # 3104: First Responder Training Program – Course Content
Title 22, Chapter 2, §100075; Chapter 3, §100120; Chapter 4, §100159.

2005 UPDATE KEY

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MINIMUM STANDARD:**8.05 - Distribution of Casualties***

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

RECOMMENDED GUIDELINE:**8.05 - Distribution of Casualties***

“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 of injuries.”

CURRENT STATUS:

North Coast EMS, hospitals and member counties meet this standard and the recommended guideline. All of the county disaster medical plans in the region provide procedures for distribution of disaster casualties to the most appropriate facilities. These plans were updated through the Cascadia Project in Del Norte and Humboldt Counties to address not only hospital evacuation and transfer of patients between facilities, but also potential field treatment sites in sub-regions throughout Del Norte and Humboldt County, in the event these are needed. North Coast EMS has also developed a Regional MCI Plan and MCI and patient destination policies for prehospital personnel that outline procedures for distributing disaster casualties to the most appropriate medical facilities in the service area.

Specialized HazMat training has been provided to hospital emergency personnel in Humboldt County. Per Office of State Health Planning and Development (OSHPD) regulations, all emergency departments in the North Coast EMS region are capable of (and have policies/procedures regarding) receiving and treating (or transferring) patients with hazardous materials contamination. All emergency departments consult with existing poison control centers as needed.

Recent federal and state disaster-related grants have increased training opportunities, purchased equipment and increased disaster preparedness within the region.

COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS, county disaster staff and medical personnel in their respective counties coordinate with the Humboldt-Del Norte Medical Society’s Medical Disaster Subcommittee and the Lake County EMCC Disaster Subcommittee. All North Coast EMS policies and procedures are distributed for comment to MACs, EMCCs, base and alternative base hospitals, providers, health officers, JPA members and interested others prior to finalization, as are revisions to those policies. Additionally, first responder and EMT-I level policies are distributed to first responder agencies for review and comment.

NEED(S):

- Humboldt County states that they need adequate disaster planning staff time to continuously update disaster response plans; and

- Lake County states that personnel need ongoing training and disaster drills, a list of possible sites of contamination, and radiation capability. Lake County may need to identify more places to place people in a disaster situation and develop a facilities list, especially facilities not normally used for patients.

NEW - North Coast EMS needs to continue efforts to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues as staff time and funding permits. Special project funding will be utilized if available

OBJECTIVE(S):

- Humboldt County will seek adequate funding for ongoing disaster planning; and
- Lake County will explore provision of ongoing training and disaster drills, a list of possible sites of contamination, and radiation capability. Lake County will assess the need to identify more sites to place people in a disaster situation, and as needed, will develop a facilities list, especially facilities not normally used for patients.

NEW - North Coast EMS will continue efforts to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues as staff time and funding permits. Special project funding will be utilized if available

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

<p>2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p><input checked="" type="checkbox"/> = Completed since 2003</p> <p><input checked="" type="checkbox"/> = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

8.06 - Needs Assessment

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

RECOMMENDED GUIDELINE:

8.06 - Needs Assessment

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

CURRENT STATUS:

The standard and recommended guideline are met. All of the county disaster medical plans in the region address needs assessments and communication protocols within the county. Region II has the Regional Disaster Medical Health Coordinator (RDMHC) system established for outside mutual aid requests for each county located within the region. The system has been tested throughout the region since 1999 during the annual statewide and periodic local exercises. The Cascadia Special Project also culminated in a large exercise in Humboldt County that tested the EMS system, including communications, and several efforts are underway currently to enhance MCI and disaster planning, communications, within each county.

Currently, each JPA-member county participates in the State established program, involving local, regional (in Contra Costa County) and state resources, to communicate

COORDINATION WITH OTHER EMS AGENCIES: All local and regional disaster medical activities involve Public Health, Office of Emergency Services, disaster-related committees, fire, ambulance, law enforcement, hospitals, EMS, etc. Recent activities are based upon state guidelines and standards.

NEED(S):

- Lake County states it needs training in RIMS for medical personnel and hospitals.
- ↔ Humboldt County states that it needs to continuously review/revise disaster management policies, procedures and plans; regular testing or drills of each component; to revise/review areas in which drills show problems; and special project funds for a resource availability and assessment system.

OBJECTIVE(S):

- Lake County will explore the possibility of increased training in the use of RIMS for medical personnel and hospitals.
- Humboldt County will:
 - develop the ability to determine early in a disaster that outside resources are needed with defined procedures to acquire help and communicate needs;
 - ↔ review/revise disaster management policies, procedures and plans;
 - ↔ do regular testing or drills of each component;
 - ↔ revise/review areas in which drills show problems; and

↔ seek special project funds for a resource availability and assessment system.

TIME FRAME FOR MEETING OBJECTIVE(S): Short range.

MINIMUM STANDARD:**8.07 - Disaster Communications***

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

CURRENT STATUS:

This standard is met in the North Coast EMS region. All ambulances in Del Norte County are capable of talking to every other emergency unit in Del Norte. Ambulances can communicate with hospitals in Humboldt/Del Norte if needed, and can contact the state OES for a radio cache.

In Humboldt County, CALCORD, local government channels, and OES White are available, and hospitals, ambulance providers and the Health Department can use Med-Net and cellular phones for communications during disasters. The hospitals and Health Department have developed a backup communications system utilizing amateur radio operators and equipment. A specific operating Med Net frequency is in the process of installation that will allow better Areawide communications on the Med Net system for MCIs and disasters. Humboldt and Lake Counties have also initiated, or completed, communications studies utilizing disaster-related grants

In Lake County, there is a plan to install other frequencies, and frequencies that do not require repeaters (e.g. Green-Net) have been identified. Hospitals access the Red-Net with fire approval. All transporting agencies are fire based.

Currently, several efforts are underway to enhance the Med Net System (VHF): expand the system, establish a single Med Net disaster channel, etc. Past efforts have been made to help ensure that ambulance and fire personnel radios have the same disaster frequencies, etc. Finally, North Coast EMS acquired a ReddiNet System for all interested hospitals to participate in the Statewide Hospital Communication Network, although only two are doing so at this time.

COORDINATION WITH OTHER EMS AGENCIES:

The County Health Departments and OES Offices coordinate with RDHMC, SEMSA, and mutual aid agencies as needed for disaster planning and operations. Local MCIs and disasters involve scene to scene, scene to hospital communications and hospital to hospital communications.

NEED(S):

- ↔ There is a need to designate one tactical command frequency in each county in the region, in the entire region, or for the state as a whole;
- ↔ There is a need to develop and coordinate inter-hospital disaster communications using prehospital Med-Net in Humboldt County; and
- ↔ Lake County states that they need additional radios and frequencies, and to ensure that hospitals and field responders have a common frequency besides Red Net.

NEW North Coast EMS needs to continue to work with OES, Counties and others to enhance the Med Net System, establish a single Med Net disaster channel, promote use of RediNet and help ensure that common radio frequencies are available between EMS, fire and law.

OBJECTIVES:

- ↔ SEMSA should assist in developing and funding a statewide communication system;
 - ↔ North Coast EMS and Humboldt County Public Health Division personnel will work with hospitals in Humboldt County to facilitate inter-hospital disaster communications
 - ☒ North Coast EMS will provide a communications check as part of hospital site visits; and
 - ↔ Lake County will acquire additional radios, especially to distribute to field responders.
- NEW** North Coast EMS will continue to work with OES, Counties and others to enhance the Med Net System, establish a single Med Net disaster channel, promote use of RediNet and help ensure that common radio frequencies are available between EMS, fire and law.

TIME FRAME FOR MEETING OBJECTIVE(S):

Short range.

2005 UPDATE KEY

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MINIMUM STANDARD: 8.08 -
Inventory of Resources

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

RECOMMENDED GUIDELINE:
8.08 - Inventory of Resources

“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:

North Coast EMS and member counties meet this standard and partially meet the recommended guideline. All of the county disaster medical plans in the region have established disaster resource lists, including medical personnel, supplies, facilities, etc. North Coast EMS, with the assistance of counties, has completed and updated the disaster medical responders resource lists and will continue to do so annually when requested by the EMSA and as part of the Regional EMS Plan. The Cascadia Project also provided a means to update supply and resource lists throughout Del Norte and Humboldt Counties. Medical offices, hospitals and potential field treatment sites were also inventoried to record what facilities and supplies they have on hand. These lists are periodically updated by Public Health.

Del Norte Ambulance maintains a mobile MCI unit capable of treating up to 100 people. In Humboldt County, the Health Department solidified contracts with medical providers throughout the county and OES has agreements for resource acquisitions. Lake County has an emergency resource directory with a medical section that needs further development, including a description for how to access both material and human resources within the county at any time. Lake County does not have written agreements with anticipated providers of disaster medical resources.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard/guideline.

NEED(S):

- ↔ Disaster medical resource directories should be periodically reviewed and updated by each county;
 - Humboldt County states that it needs to maintain and expand contracts with anticipated providers, and receive funding for adequate disaster planning staff time; and
 - ↔ Lake County states that the emergency resource directory needs the medical portion further developed and needs a description for how to access those resources, both materials and people, within the county, 24 hours a day. Lake County also needs to formalize written contracts with anticipated providers of disaster medical resources.
- NEW** North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

OBJECTIVES:

- ☑ North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will facilitate the increased organization of local, county and regional resources in preparation for a major event along the Southern Cascadia Subduction Zone, including the development of supply lists, contracts with providers, and casualty collections points (CCPs) or field treatment sites (FTSs);
 - ☑ North Coast EMS will annually update resource directories associated with the EMS Plan and provide information to counties;
 - ☑ Humboldt County will maintain and expand contracts with anticipated providers, and
 - ↔ North Coast EMS will complete the disaster-related special projects (completed) and continue to pursue funding for adequate disaster planning staff time; and
 - ↔ Lake County will explore the need to further develop the emergency resource directory medical portion and a description for how to access those resources, both materials and people, within the county, 24 hours a day.
 - ☑ North Coast EMS complete the special project to enhance prehospital disaster medical preparedness, multi-casualty incidents and bioterrorism in all three counties in the region and pursue ongoing funding in the future.
- NEW** North Coast EMS will continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

2005 UPDATE KEY

- ↔ = Continuing from 2003
- ☑ = Completed since 2003
- ☒ = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:

8.09 - DMAT Teams

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

RECOMMENDED GUIDELINE:

8.09 - DMAT Teams

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

CURRENT STATUS:

North Coast EMS and member counties meet the standard and the recommended guideline. Each county in the North Coast EMS region has the capability, through the County Health Officer, to activate a DMAT team through the Region II RDMHC.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- Lake County states that they need to explore whether it is feasible to establish a DMAT team locally.

NEW EMS system participants need to assess statewide availability and use of CAL-MATs and D-MATs for response to the north coast.

OBJECTIVE(S):

- Lake County will explore whether it is feasible to establish a DMAT Team locally.
- NEW** EMS system participants need to assess statewide availability and use of CAL-MATs and D-MATs for response to the north coast.

TIME FRAME FOR MEETING OBJECTIVE(S):

Long range.

2005 UPDATE KEY

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 = Completed since 2003
 = Dropped/No longer relevant
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MINIMUM STANDARD:**8.10 - Mutual Aid Agreements***

“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:

Counties in the North Coast EMS region meet this minimum standard. Each county within the region has a system in place for mobilizing response and transport vehicles and other relevant resources during a disaster. County ordinances that permit ambulances require ambulance mutual aid agreements. Fire and ambulance mutual aid agreements are in place for the entire region. All of the county OADMHC contacts for medical mutual aid outside each county within the region go through Region II RDMHC.

It is important, however, to emphasize that ground access to the north coast counties are frequently cut off during inclement weather, earthquakes and flooding, and statewide plans to ensure that outside help is available when needed by air and sea is critical. Simultaneously, most areas need to be prepared for long term isolation.

COORDINATION WITH OTHER EMS AGENCIES:

Counties coordinate with SEMSA, RDHMC, and Contra Costa EMS.

NEED(S):

- Humboldt County states that they need to review and update resource lists and procedures from RDMHC to allow prompt response to mutual aid requests.
 - North Coast EMS needs to, with county assistance, promote development of formal ambulance mutual aid agreements as part of the Prehospital MCI/Disaster special project.
- NEW** Those involved with disaster preparedness on the north coast need to continue to enhance efforts to ensure that: potentially isolated communities are prepared for extended isolation, necessary outside resources are available to the region, and areas each county receive necessary materials, and evacuate casualties, despite potential road closures, during large events.

OBJECTIVE(S):

- North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from SEMSA. This project will facilitate the increased organization of local, county and regional resources in preparation for a major event along the Southern Cascadia Subduction Zone; and

- ↔ Humboldt County will participate in ongoing medical mutual aid planning with other counties in the region, as well as the state.
- ☑ North Coast EMS will, with county assistance, promote development of formal ambulance mutual aid agreements as part of the Prehospital MCI/Disaster special project.
- NEW** Those involved with disaster preparedness on the north coast need to continue to enhance efforts to ensure that: potentially isolated communities are prepared for extended isolation, necessary outside resources are available to the region, and areas each county receive necessary materials, and evacuate casualties, despite potential road closures, during large events.

TIME FRAME FOR MEETING OBJECTIVES:

Ongoing.

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003</p> <p>☑ = Completed since 2003</p> <p>☒ = Dropped/No longer relevant</p> <p>NFW = New as of 2005-2006</p>

MINIMUM STANDARD:**8.11 - CCP Designation***

“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:

Member counties in the region meet this minimum standard. Designation of CCPs (now called field treatment sites or FTSs) is part of each county’s Disaster Medical Plan. In Del Norte County, CCPs/FTSs will be designated at the time of the disaster; potential sites were identified and their resources inventoried through the Cascadia Project. Humboldt County has designated CCPs/FTSs, and also identified numerous potential sites and their resources through the Cascadia project. In Lake County, CCPs/FTSs have not been formally designated, but they are informally established and known to personnel.

The Cascadia Region Disaster Medical/Health Planning Project catalogued many potential sites in each sub-region in the two counties, so that every potentially isolated geographic area has a potential FTS, with contact information and facility specifications recorded for quick reference to OES and Health Officer personnel.

COORDINATION WITH OTHER EMS AGENCIES:

EMS providers, Red Cross, county health officers and OES personnel.

NEED(S):

- Del Norte County may need to assess the need to formally designate CCPs/FTSs and/or update their disaster medical plan;
- Humboldt County states that it needs to continue to evaluate and designate sites as needed, review site selection, equipment, staffing needs and mechanisms for supply acquisition, as well as secure funding for adequate disaster planning staff time; and
- ↔ Lake County needs to formally designate CCPs/FTSs as part of the medical annex of the Emergency Operations Plan.

NEW North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

OBJECTIVE(S):

- North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will facilitate development of supply lists, contracts with providers, and CCPs/FTSs;

- ☑ Del Norte County will assess the need to formally designate CCPs/FTSs and/or update their disaster medical plan;
 - ☑ Humboldt County will review existing sites and designate additional CCP/FTA sites throughout the county, as necessary, will review site selection, equipment, staffing needs and mechanisms for supply acquisition, and will secure funding for adequate disaster planning staff time; and
 - ↔ Lake County will formally designate CCPs/FTSs as part of the medical annex of the Emergency Operations Plan.
- NEW** North Coast EMS will continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

TIME FRAME FOR MEETING OBJECTIVES:

Ongoing.

2005 UPDATE KEY

↔ = Continuing from 2003
 ☑ = Completed since 2003
 ☒ = Dropped/No longer relevant
 NFW = New as of 2005-2006

MINIMUM STANDARD:**8.12 - Establishment of CCPs**

“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:

Counties in the region meet this standard. All counties have operational area disaster communication systems, use Med-Net, OASIS and cellular phones, and have the capability to have medical response units all communicate on the same system. In addition, Del Norte County states that it uses RACES as a backup. Humboldt County states that it also uses RACES as a backup, short wave radio, and CALCORD. Lake County also uses Red-Net and RACES.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ Del Norte County may need to assess the need to formally designate CCPs/FTSs and a means for communicating with them;
- ↔ Humboldt County states that it needs to perform ongoing review and revision of CCP/FTA designation and operational procedures, as needed; and
- ↔ Lake County needs to formally designate CCPs/FTSs before an official means of communicating with them can be set, although the capability is currently available and known to personnel.

NEW North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available. This needs to include evaluation and implementation, where possible, of a single Med Net disaster channel, and linked radio frequencies between fire and ambulance responders.

OBJECTIVE(S):

- North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will facilitate the increased organization of local, county and regional resources in preparation for a major event along the Southern Cascadia Subduction Zone, including the development of supply lists, contracts with providers, and CCPs/FTSs;
- ↔ Del Norte County will assess the need to formally designate CCPs/FTSs;
- ↔ Humboldt County will define plans for establishing communication with CCPs/FTSs; and

↔ Lake County will formally designate CCPs/FTSs, and the means for communicating with them.

NEW North Coast EMS will continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available. This will include evaluation and implementation, where possible, of a single Med Net disaster channel, and linked radio frequencies between fire and ambulance responders.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

<p>2005 UPDATE KEY ↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>

MINIMUM STANDARD:

8.13 - Disaster Medical Training

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

RECOMMENDED GUIDELINE:

8.13 - Disaster Medical Training

“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:

The North Coast EMS region currently meets this standard and recommended guideline and has developed policies addressing disaster medical training of first responders, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances. Policies are in place that require ICS field management be included in all training programs for first responders. This training includes response to hazardous materials incidents. Title 22 outlines the proper training in ICS and HazMat response for EMT-Is, EMT-IIs, and EMT-Ps.

North Coast EMS periodically provides continuing education training opportunities on disaster medical services. North Coast EMS also conducted a MCI/DMS survey during FY 2001-2002, to assist with planning for meeting ongoing preparedness needs of prehospital personnel, and more recently administered the Prehospital MCI/Disaster special project that included an assessment of training needs relative to MCI/disasters and review/update of existing policies, etc. The adopted Regional MCI Plan is heavily focused on ICS orientation, and numerous drills and exercises are routinely conducted to enhance MCI/disaster awareness. Finally, county OES, Health Departments, North Coast EMS and many others are actively involved with Bioterrorism, WMD, Haz Mat assessments and equipments/training acquisitions with disaster associated grant funds.

COORDINATION WITH OTHER EMS AGENCIES:

All local disaster training efforts are coordinated with the appropriate agencies and personnel.

NEED(S):

↔ North Coast EMS and regional member counties need to explore the need for bioterrorism training for EMS responders.

NEW North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

OBJECTIVE(S):

↔ Training of EMS responders will expand to include specific bioterrorism training with the assistance of state DHS and SEMSA, as needed.

NEW North Coast EMS will continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

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MINIMUM STANDARD:

8.14 - Hospital Plans

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

RECOMMENDED GUIDELINE:

8.14 - Hospital Plans

“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:

Hospitals in the region, county OES offices and North Coast EMS meet this standard and recommended guideline. All hospitals in the region have their own mass casualty disaster and mass casualty incident plans that coordinate hospital communications and patient flow. North Coast EMS does not specifically assist hospitals in their mass casualty preparations, as this has not been specifically delegated to the agency by Counties, nor funded. All counties have worked with hospitals over the last several years to encourage hospitals to adopt plans that integrate with the county’ medical response plans; HEICS has been used as the model.

North Coast EMS staff routinely attend the Humboldt-Del Norte Medical Society Disaster, Lake County EMCC Disaster, HRSA and other meetings to participate in disaster planning. The Executive Director is a member of the Humboldt County Disaster Council.

All hospitals in the region hold annual drills, which always have interagency participation. Guidelines from the Joint Commission for the Accreditation of Health Organizations also require hospitals to develop response plans which are consistent with their jurisdictions’ overall medical response plans.

North Coast EMS is responsible for training of prehospital personnel regarding their function in disaster situations. Participation in disaster drills is useful for evolution of the educational needs of prehospital personnel, and we prompt participation whenever possible.

The county lead Bioterrorism/WMD and HRSA grants all focusing on improving overall preparedness by all providers, including hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Each county works with local providers, hospitals, EMS and other organizations on medical response plans. .

NEED(S):

- ↔ Lake County states that hospital plans need to be acquired by County OES, reviewed, and better coordinated with the County Emergency Operations Plan.
Humboldt County states that it needs:
- to continue to encourage and require hospitals to participate with the Humboldt County Health Department in disaster planning integration of hospital and disaster plans;
- ↔ to encourage implementation of HEICS in hospitals and to continue involving hospitals in exercises and planning forum;

- to perform multi-agency disaster exercises; and
- to receive funding for adequate Disaster Planning staff time.
- North Coast EMS needs to continue to work with county and hospital representatives to enhance hospital disaster preparedness and communications.

OBJECTIVES:

- North Coast EMS, on behalf of Del Norte and Humboldt Counties, received Prevention 2,000 Federal Block Grant funding for the “Cascadia Region Disaster Medical/Health Preparedness Proposal” from the State EMS Authority. This project will enable North Coast EMS to assist counties with disaster drills and other disaster medical planning needs, as staffing allows;
- North Coast EMS will participate in disaster exercises to evaluate training needs and field functioning of prehospital personnel, as staffing allows;
- Humboldt County will achieve integrated disaster plans for hospitals, providers and county response system. All agencies and hospitals will participate in multi-agency annual drills; and
- Lake County OES will acquire and review hospital plans, and see that there is better coordination between hospitals and the County Emergency Operations Plan.
- North Coast EMS will continue to work with county and hospital representatives to enhance hospital disaster preparedness and communications.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

Reference:

Emergency Medical Services Authority Disaster Medical Response Plan (EMSA # 201), page 10. July 1992

2005 UPDATE KEY

- = Continuing from 2003
- = Completed since 2003
- = Dropped/No longer relevant
- NFW** = New as of 2005-2006

MINIMUM STANDARD:**8.15 - Interhospital Communications**

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

CURRENT STATUS:

This standard is met by all hospitals in the region. All hospitals participate in, and annually practice disaster planning efforts within each county. Several communications methods are available to ensure communications between hospitals, EOCs and the Region II office, including Ham operators.

Using Med-Net, all hospitals have direct communication capability with ambulances. In Del Norte County, the single hospital not only has Med-Net capability, but access also to the ambulance company frequency. The hospital can talk directly with the Sheriff’s dispatch and Del Norte Ambulance. Lake County acquired an emergency generator to supplement its communication ability. In Humboldt County, an AreaWide Med Net Network is being installed that will allow all field personnel who can tone a repeater, and all hospitals to talk on the same channel during MCIs or larger events.

North Coast EMS previously utilized state funds to purchase the ReddiNet Hospital Communications System for interested facilities. Only Sutter-Lakeside Hospital is utilizing the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- There is a need to develop and coordinate inter-hospital disaster communications using prehospital Med-Net in Humboldt County; and
- Lake County states that it needs to refine, check, and train on procedures.
- North Coast EMS needs to continue to work with counties, hospitals and providers to enhance the Med Net System, designate single MCI/disasters channel per county and acquire/implement the RediNet System.

OBJECTIVE(S):

- ↔ North Coast EMS and Humboldt County Health Department personnel will work with hospitals in Humboldt County to facilitate inter-hospital disaster communications;
- North Coast EMS will provide a communications check as part of hospital site visits; and
- Lake County will refine, check and train on procedures.
- North Coast EMS will continue to work with counties, hospitals and providers to

enhance the Med Net System, designate single MCI/disasters channel per county and acquire/implement the RediNet System.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing.

<p style="text-align: center;">2005 UPDATE KEY</p> <p>↔ = Continuing from 2003 ☑ = Completed since 2003 ☒ = Dropped/No longer relevant NFW = New as of 2005-2006</p>
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MINIMUM STANDARD:**8.16 - Prehospital Agency Plans**

“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 GUIDELINE:**8.16 - Prehospital Agency Plans**

“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:

All prehospital providers and acute care hospitals in the North Coast EMS region meet this standard and recommended guideline. North Coast EMS has developed policies and procedures for training in and management of significant medical incidents by prehospital medical agencies. Per hospital accreditation requirements, all hospitals have written policies and procedures for management of significant medical incidents. North Coast EMS, in cooperation with county and regional medical personnel, promotes SEMS, ICS and HEICS programs in the region. The Agency adopted a Regional MCI Plan a few years ago and continues to assist with and support efforts to ensure that prehospital and ED personnel training.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for his standard.

NEED(S):

- Humboldt County states that multi-agency disaster exercises are needed; and
- Lake County states that it needs to develop a training schedule for SEMS and ICS training for hospital and ambulance providers, and integrate with other agencies' first responders through exercises. The programs in place are not specified to hospitals, and need to be.
- ↔ North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

OBJECTIVE(S):

- Humboldt County and North Coast EMS will facilitate multi-agency disaster exercises in which all agencies and hospitals participate;
- Lake County will specify training programs to be integrated with hospitals.
- ↔ North Coast EMS will continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

TIME FRAME FOR MEETING OBJECTIVE(S): Ongoing.

Enhanced Level: Advanced Life Support

MINIMUM STANDARD:

8.17 - ALS Policies

“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:

North Coast EMS currently meets this standard and has developed reciprocity agreements with all contiguous county EMS agencies, permitting intercounty response of LALS/ALS personnel in cases where mutual aid is needed. Fire and ambulance mutual aid arrangements are in place for the entire region. Counties in the North Coast EMS region each call on Region II RDMHC for assistance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

- ↔ North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

OBJECTIVE(S):

- ↔ North Coast EMS needs to continue efforts, as staff time and funding permit, to improve the quality and availability of training and preparedness of prehospital personnel to respond to disasters, multi-casualty incidents, bioterrorism and related issues. Special project funding will be used if available.

TIME FRAME FOR MEETING OBJECTIVE(S):

Ongoing

2005 UPDATE KEY

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Enhanced Level: Specialty Care Systems**MINIMUM STANDARD:****8.18 - Specialty Center Roles**

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

CURRENT STATUS:

North Coast EMS meets this standard. North Coast EMS has formally designated six Emergency Departments in the region to be Emergency Department Approved for Pediatrics (EDAPs). Four are currently designated. As discussed in standard 1.07 and elsewhere, the Regional Trauma Plan has been approved by the EMSA and we are in the process of implementing the plan, including designation of trauma centers.

As discussed in standard 5.13, there are no specialty care plans for EMS-targeted clinical conditions in the region at this time. However, as described in previous sections of this EMS System Plan, the agency has participated in several specialized trial studies which examined specific clinical conditions, and will continue to do so in order to optimize the level of care provided in the region.

All hospitals in the region have their own mass casualty disaster and mass casualty incident plans which coordinate hospital communications and patient flow. North Coast EMS does not specifically assist hospitals in their mass casualty preparations, other than as special project funding has allowed.

COORDINATION WITH OTHER EMS AGENCIES: Not applicable for this standard.

NEED(S):

↔ None.

OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

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☑ = Completed since 2003

☒ = Dropped/No longer relevant

NFW = New as of 2005-2006

TIME FRAME FOR MEETING OBJECTIVE(S): Not applicable.

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

MINIMUM STANDARD:

8.19 - Waiving Exclusivity

“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:

This standard is not applicable, since there are no exclusive operating areas in the North Coast EMS region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

↔ No needs at this time.

OBJECTIVE(S):

None.

TIME FRAME FOR MEETING

OBJECTIVE(S):

Not applicable.

2005 UPDATE KEY

↔ = Continuing from 2003

☑ = Completed since 2003

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NFW = New as of 2005-2006

EMS System: North Coast Emergency Medical Services

County: Humboldt

Reporting Year: 2005

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes X no
 - a. Radio primary frequency MedNet Tx 467.950 → 468.175
Rx 462.950 → 463.175
 - b. Other methods Short wave Tx 146.910
Rx 146.310 Calcord Tx 156.075 Rx 156.075
 - b. Other methods Cell Phone
 - c. Can all medical response units communicate on the same disaster communications system?
yes X no Ambulances can only communicate on the Med-Net. Hospitals
can only communicate to the EOC on 2-meters.
 - d. Do you participate in OASIS? yes X no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes X no
 - 1) Within the operational area? yes X no
 - 2) Between the operational are and the regions and/or state? yes X no
6. Who is your primary dispatch agency for day-to-day emergencies? For Ambulance:
Fortuna/Garberville – CDF; Hoopa - Tribal Police; and Arcata/Eureka – City Ambulance
7. Who is your primary dispatch agency for a disaster? CDF, Tribal Police & City Ambulance + OES

EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2005

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X no
 - a. Radio primary frequency MedNet
 - b. Other methods RedNet Phone
 - c. Can all medical response units communicate on the same disaster communications system?
yes X no
 - d. Do you participate in OASIS? yes X no
 - e. Do you have a plan to utilize RACES as a back-up communication system?
yes no X RACES does not exist in county, but plan to use ARES.
 - 1) Within the operational area? yes X no
 - 2) Between the operational are and the regions and/or state? yes no X
6. Who is your primary dispatch agency for day-to-day emergencies? Central Dispatch - Sheriff's Office
7. Who is your primary dispatch agency for a disaster? Sheriff's Office + OES

TABLE 5: RESPONSE/TRANSPORTATIONEMS System: North Coast EMSReporting Year: 2005**NOTE:** Table 5 is to be reported by agency.

1. Number of exclusive operating areas	<u>None</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>None</u>
3. Total number responses (7/1/02-6/30/03)	<u>18,049</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>18,049</u>
b) Number of non-emergency responses (code 1: normal)	<u>N/A</u>
4. Total number of transports (1998 data)	<u>17,657</u>
a) Number of emergency responses (code 2: expedient, Code 3: lights and siren)	<u>17,657</u>
b) Number of non-emergency transports (code 1: normal)	<u>N/A</u>

Early Defibrillation Programs

5. Number of public safety defibrillation programs.	<u>N/A</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>
6. Number of EMT-defibrillation programs	<u>7</u>
a) Automated	<u>N/A</u>
b) Manual	<u>0</u>

Air Ambulance Services (1996 data)

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

TABLE 5: SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE	
	1. BLS and CPR capable first responder.	Not available	Not available	Not available	Not available
	2. Early defibrillation capable responder.	Not available	Not available	Not available	Not available
	3. Advanced life capable responder.	See below	See below	See below	See below
	4. EMS transport unit.	See below	See below	See below	See below

The data requested are not maintained in our database in the above format. See below for response time data.

Response Time Interval (in minutes)	Del Norte		Humboldt		Lake		Southern Trinity*		Total	
	N	%	N	%	N	%	N	%	N	%
Unknown	4	0.4	39	1.1	3	0.1	1	1.6	47	0.7
0 to 4.99	451	43.6	1587	44.1	1526	55.1	21	33.9	3585	50.7
5 to 7.99	272	26.3	878	24.4	630	22.8	5	8.1	1785	25.2
8 to 14.99	189	18.3	701	19.5	487	17.6	14	22.6	1002	14.2
15 to 19.99	30	2.9	162	4.5	92	3.3	6	9.7	290	4.1
20 to 29.99	69	6.7	114	3.2	21	0.8	5	8.1	209	3.0
over 29.99	19	1.8	120	3.3	9	0.3	10	16.1	158	2.2
Grand Total									7076	100.1

Notes on the above data:

- 1) Data are from 1999. North Coast EMS is understaffed in 2002, and is unable to commit the one half to one full day it would take to update the response times from 1999.
- 2) Southern Trinity County runs are classified as “wilderness;” all other counties in the region are classified as “rural.” However, there are great variances among and within counties, even among areas that are all classified as “rural.” Some of these areas are, in fact, small towns with quick access to emergency response services, while other areas are indeed rural in that they are outside of incorporated areas -- by varying distances, up to actual “wilderness” areas.

TABLE 6: FACILITIES/CRITICAL CAREEMS System: North Coast EMSReporting Year: FY 2004-2005**NOTE:** Table 6 is to be reported by agency.**Trauma (Note: A formal Trauma System Plan is under development during 2002-2003)**

1. Trauma Patients:

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

Emergency Departments:

- | | |
|---|----------|
| 2. Total number of emergency departments | <u>7</u> |
| a) Number of referral emergency services | <u>0</u> |
| b) Number of standby emergency services | <u>1</u> |
| c) Number of basic emergency services | <u>6</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

Receiving Hospitals

- | | |
|--|----------|
| 3. Number of receiving hospitals with written agreements | <u>0</u> |
| 4. Number of base hospitals with written agreements | <u>7</u> |

TABLE 7: DISASTER MEDICAL

EMS System: North Coast Emergency Medical Services
 County: Del Norte
 Reporting Year: 2005

NOTE: Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Depends on needed areas
 - b. How are they staffed? Depends on staff and needs
 - c. Do you have a supply system for supporting them for 72 hours? yes ___ no X
2. CISD

Do you have a CISD provider with 24 hour capability yes X no ___
3. Medical Response Team
 - a. Do you have any team medical response capability yes ___ no X
 - b. For each team, are they incorporated into your local response plan? yes ___ no X
 - c. Are they available for statewide response? yes ___ no X
 - d. Are they part of a formal out-of-state response system? yes ___ no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response team? yes ___ no X
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? yes ___ no X
 - d. Do you have the ability to do decontamination in the field? yes ___ no X

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 jurisdictions EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? yes X no ___
 - b. exercise? yes X no ___

EMS System: North Coast Emergency Medical Services
 County: Humboldt
 Reporting Year: 2005

NOTE: Disaster Medical Operations are handled by Public Health Dept., not North Coast EMS.
 Contacts:
 Dr. Ann Lindsay
 (707) 268-2181 or
 Clarke Guzzi
 (707) 268-2187

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Public Schools, County Fairgrounds
- b. How are they staffed? Red Cross and Social Services Division Staff
- c. Do you have a supply system for supporting them for 72 hours? yes___ no X
**Local Resources and Mutual Aid Request*

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___ no X
**We have MOU's with medical clinics to provide services*
- b. For each team, are they incorporated into your local response plan? yes___ no X
- c. Are they available for statewide response? yes___ no X
- d. Are they part of a formal out-of-state response system? yes___ no X

4. Hazardous Materials

- a. Do you have any HazMat trained medical response team? yes___ no X
- b. At what HazMat level are they trained? Decontamination
- 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 jurisdictions EOCs you will need to interact with in a disaster? 7
- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes___ no X
 - b. exercise? yes___ no X

EMS System: North Coast Emergency Medical Services
 County: Humboldt
 Reporting Year: 2005

4. List all counties with which you have a written medical mutual aid agreement.
None with independent counties except through State Mutual Aid Agreement.
5. Do you have formal agreements with hospitals in your operational areas to participate in disaster planning and response? yes ___ no X
 Good informal relationships
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes ___ no X
 Good informal relationships
7. Are you part of a multi-county EMS system for disaster response? yes ___ no X
**Part of a regional EMS system, but agency doesn't participate in disaster response*
8. Are you a separate department or agency? yes ___ no X
9. If not, to whom do you report? Disasters: Dr. Ann Lindsay, Humboldt County Health Officer
10. If not in the health department, do you have a plan to coordinate public health and environmental health issues with the Health Department yes X no ___
**County handles disaster response, LEMSA does not participate in disaster response*

EMS System: North Coast Emergency Medical Services

County: Lake

Reporting Year: 2005

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

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

Good informal relationships

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes___ no X

Good informal relationships

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

8. Are you a separate department or agency? yes X no___

. If not, to whom do you report? Not a separate EMS dept., but separate we are from the regional disaster response agency.

10. If not in the health department, do you have a plan to coordinate public health and environmental health issues with the Health Department N/A yes___ no___

TABLE 8: PROVIDERS

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2005

Name, address & telephone: Del Norte Ambulance, Inc Post Office Box 306 Crescent City, CA 95531 (707) 487-1116		Primary Contact: Ron Sandler			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <input checked="" type="checkbox"/> 8 BLS <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 5 LALS <input checked="" type="checkbox"/> 2 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <input checked="" type="checkbox"/> 5 3 on duty 24 hours 2 MCI support units

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Name, address & telephone: Arcata-Mad River Ambulance Post Office Box 4948 Arcata, CA 95521 (707) 822-3353		Primary Contact: Douglas Boileau			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 2 BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 14 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

Name, address & telephone: City Ambulance of Eureka Inc 135 W. Seventh Street Eureka, CA 95501 445-4907		Primary Contact: Jaison Chand			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 40 BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> 25 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Name, address & telephone: K'ima:w Ambulance Post Office Box 1288 Hoopa, CA 95546 (530) 625-4261 ext 269 266		Primary Contact: Robin Stevenson			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>8</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>9</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Health</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

Name, address & telephone: Loleta Fire Department Post Office Box 119 Loleta, CA 95551 (707) 733-5407		Primary Contact: David Waterman			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>4</u> BLS <input type="checkbox"/> LALS <u>6</u> PSDefib <u>5</u> EMT-D <u>1</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> no	Number of ambulances: <u>0</u>

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Name, address & telephone: Orleans Fire Department Post Office Box 312 Orleans, CA 95556 (530) 627-3493		Primary Contact: Tom Bouse			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 3 First Resp. <input checked="" type="checkbox"/> 8 BLS <input checked="" type="checkbox"/> 3 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes (BLS) <input checked="" type="checkbox"/> no (ALS)	Number of ambulances: <input type="checkbox"/> 0

Name, address & telephone: Shelter Cove Fire Department 9126 Shelter Cove Road Whitethorn, CA 95589 (707) 986-7507		Primary Contact: Sal Gurreri			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport or Tx PRN	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> 9 BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes (BLS) <input checked="" type="checkbox"/> no (ALS)	Number of ambulances: <input checked="" type="checkbox"/> 1

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone: Clearlake Oaks Fire Dept. 12655 E. Highway 20 Clearlake, CA 95453 Business #: (707) 998-3294 FAX #: (707) 998-3292		Clofpd@home.com		Primary Contact: Lou Dukes Dan Copas Jim Robbins	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water* * ALS Boat	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>10</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>5</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>2</u> <u>Plus 1 ALS Boat</u>

Name, address & telephone: Kelseyville Fire Dept. Post Office Box 306 Kelseyville, CA 95451 Business #: (707) 279-4268 FAX #: (707) 279-4256		Sam552@hotmail.com		Primary Contact: Howard Strickler, Chief Sam Hukkanen, EMS Director	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>8</u> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <u>15</u> EMT-D <u>25</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>5</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone: Lakeport Fire Department 445 Main Street Lakeport, CA 95453 Business #: (707) 263-4396 FAX #: (707) 262-1283		Primary Contact: Al Moorhead Bob Ray				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>23</u> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>18</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>	

Name, address & telephone: Lake County Fire Department 14815 Olympic Dr. Clearlake, CA 95422 Business #: (707) 994-2170 FAX #: (707) 994-4861		Primary Contact: Jim McMurry Willie Sapeta				
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <u>28</u> BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <u>8</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>	

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone: Lucerne Fire Department Post Office Box 647 Lucerne, CA 95458 Business #: (707) 274-3100 FAX #: (707) 274-3102		Primary Contact: Jim Robbins Dave Fesmire			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 7 BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS (3 FT – 12 PT)
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>

Name, address & telephone: Nice Fire and Rescue Post Office Box 4000 Nice, CA 95464 (707) 274-8834 FAX # (707) 274-8095		Primary Contact: Gary Saylor Leah Robbins Jim Robbins			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> 10 BLS <input type="checkbox"/> LALS <input type="checkbox"/> PSDefib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS (2FT- 8PT)
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal <input checked="" type="checkbox"/> CSD	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone: South Lake County Fire Post Office Box 1360 Middletown, CA 95461 (707) 978-3089 FAX #		Primary Contact: Pau Duncan			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PSDefib <u>7</u> BLS <u>2</u> EMT-D <input type="checkbox"/> LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>3</u>

Name, address & telephone: Upper Lake Fire Distinct Main Street Upper Lake, CA 95485 (707) 275-2446		Primary Contact: Ken Petz Debbie Arrington			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <u>16</u> BLS <input type="checkbox"/> EMT-D <u>1</u> LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> State; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>1</u>

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone:		REACH		Primary Contact: Jennifer Hardcastle	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> State; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> No	Number of ambulances: <u>1</u>

TABLE 9: APPROVED TRAINING PROGRAMS

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2005

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address

Crescent City Fire Department 520 I Street Crescent City, CA 95531		Cindy Henderson (707) 487-1116
Student Eligibility:* Open to general public	Cost of Program Basic <u>\$ 150</u> Refresher <u>\$ 40</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>15</u> Cont. Education: _____ Expiration Date: <u>11/30/07</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

Training Institution Name/Address

Arcata Fire Protection District 631 Ninth Street Arcata, CA 95521		Ed Trigeiro, Asst. Chief, Training Officer (707) 825-2000
Student Eligibility:* Restricted to members of Arcata Fire or allied agencies with approval of Fire Chief	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-I Refresher, First Aid, First Responder AED Training and Recertification</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>15</u> Cont. Education: <u>4</u> Expiration Date: <u>11/30/07</u> Number of courses: <u>1</u> Initial training: <u>N/A</u> Refresher: <u>1</u> Cont. Education: <u>1</u>

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Training Institution Name/Address

College of the Redwoods 7351 Tompkins Hill Road Eureka, CA 95501-9300		Meredith Harris (707) 476-4236; (707) 476-4214 Refresher: Leslie Haddock 476-4136
Student Eligibility:* Minimum 18 y.o. Complete EMT-I	Cost of Program Basic \$130 Tuition + fees, plus books, <u>uniform and immunization.</u> Refresher <u>\$100</u> + \$25 CPR Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>70 – 35/course</u> Refresher: <u>20</u> Cont. Education: <u>Yes</u> Expiration Date: <u>2/28/09</u>
		Number of courses: <u>Fall & Spring (semesters)</u> Initial training: <u>2</u> Refresher: <u>2 (April & Nov.)</u> Cont. Education: <u>Yes - Refresh</u> <u>Credit for Initial</u>

Training Institution Name/Address

Ferndale Volunteer Fire Department Post Office Box 523 Ferndale, CA 95536		Tom Ford, EMT-I Program Director (707) 786-4298
Student Eligibility:* Ferndale VFD and other local departments as available.	Cost of Program Basic _____	**Program Level: <u>EMT-I refresher</u> Number of students completing training per year: Initial training: _____ Refresher: <u>12</u> Cont. Education: <u>6</u> Expiration Date: <u>3/31/06</u>
		Number of courses: <u>1</u> Initial training: _____ Refresher: _____ Cont. Education: _____

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

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

EMS System: North Coast EMS County: Humboldt Reporting Year: 2005

Training Institution Name/Address

Humboldt State University, Center Activities Arcata, CA 95521		Tricia Gill (707) 826-3357
Student Eligibility:* 18+ years of age Open to the general public	Cost of Program HSU Students Basic <u>\$180 to \$195</u> Refresher <u>\$95 to \$105</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>60</u> Cont. Education: <u>10</u> Expiration Date: <u>2/28/07</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>varies</u>

Training Institution Name/Address

Shelter Cove Fire Department 9126 Shelter Cove Road Whitethorn, CA 95589		(707) 986-7507
Student Eligibility:* Fire Dept. primarily but open to general public	Cost of Program Basic <u>Sliding Scale *</u> Refresher <u>Sliding Scale *</u>	**Program Level: <u>EMT-I & First Responder</u> Number of students completing training per year: Initial training: <u>20</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>8/31/06</u> Number of courses: <u>1-2</u> Initial training: <u>1-2</u> Refresher: _____ Cont. Education: <u>continuous</u>

- * Fire Class fee w/text \$125
- * Refresher Fees \$96

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Training Institution Name/Address

Ruth Lake Community Services District/STAR Post Office Box 4 Mad River, CA 95552		Jim Tinkelenberg, EMT-II, EMS Coordinator (707) 574-6616
Student Eligibility: * Open to general public	Cost of Program Basic <u>\$50</u> Refresher <u>varies</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>12-20</u> Refresher: <u>6-10</u> Cont. Education: <u>80-100</u> Expiration Date: <u>12/31/07</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: _____

Training Institution Name/Address

St. Joseph Hospital 2700 Dolbeer Street Eureka, CA 95501		Debbie McMahon, RN, MICN, CEN 445-8121 (work)
Student Eligibility: * Must be an RN. Must have at least 500 hours of emergency nursing. Must be recommended by Emergency Dept. Director. Must pass MICN pre-test by 80%	Cost of Program Basic <u>\$250</u> per student Refresher <u>\$50</u> per student	**Program Level: <u>MICN</u> Number of students completing training per year: Initial training: <u>- approx. 15 per year</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>2/28/07</u> Number of courses: <u>varies - only on as-needed basis</u> Initial training: _____ Refresher: <u>varies – only on an as-needed basis</u> Cont. Education: _____

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

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

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Training Institution Name/Address

North Coast Paramedic Program 3340 Glenwood St. Eureka, CA 95501		(707) 445-2081
Student Eligibility: Must be currently certified EMT-I	Cost of Program Basic <u>\$1750.00</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>9/30/07</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: _____

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

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

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Training Institution Name/Address

Lake County Fire 14805 Olympic Dr. Clearlake, CA 95422		Willie Sapeta (707) 994-2170 ext 37
Student Eligibility:* Open to general public	Cost of Program Basic <u>\$140</u> Refresher <u>\$0</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: <u>every 4th Tuesday and throughout year</u> Expiration Date: <u>8/31/07</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>monthly</u>

Training Institution Name/Address

Nice Fire Department Post Office Box 4000 Nice, CA 95464		Jill Saylor (707) 274-8834
Student Eligibility:* Restricted to Fire Service Personnel	Cost of Program Basic <u>\$115</u> Refresher <u>\$24</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>18</u> Refresher: <u>10</u> Cont. Education: _____ Expiration Date: <u>8/31/06</u> Number of courses: <u>1 every 1 or 2 years</u> Initial training: _____ Refresher: <u>1 every 1 or 2 years</u> Cont. Education: _____

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

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

EMS System: North Coast EMS County: Lake Reporting Year: 2005

Training Institution Name/Address

Clearlake Community College 15880 Dam Road Extension Clearlake, CA 95422		Willie Sapeta (707) 994-2424 or 994-2170
Student Eligibility: Open to general public	Cost of Program Basic <u>\$52</u> Refresher <u>\$28</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>26</u> Refresher: _____ Cont. Education: _____ Expiration Date: <u>1/31/07</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

Training Institution Name/Address

Mendocino Community College P.O. Box 3000 Ukiah, CA 95482		Ken Wells (707) 279-4268
Student Eligibility: Open to general public	Cost of Program Basic <u>\$130</u> Refresher <u>\$100</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>20</u> Cont. Education: _____ Expiration Date: <u>8/31/07</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____

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

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

TABLE 10: FACILITIES

EMS System: North Coast EMS

County: Del Norte

Reporting Year: 2005

Name, address & telephone		Sutter Coast Hospital 800 E. Washington Crescent City, CA 95531 (707) 464-8888		Primary Contact:	Carole Peet, R.N.
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					If Trauma Center what Level: IV in Oregon Trauma System

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

EMS System: North Coast EMS

County: Humboldt

Reporting Year: 2005

Name, address & telephone		Mad River Community Hospital P.O. Box 1115 Arcata, CA 95518 (707) 822-3621		Primary Contact: Ed Nickerson, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		Pediatric Critical Care Center:*
		Comprehensive emergency service	<input type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:**** Level IV with advanced resources

Name, address & telephone		Redwood Memorial Hospital 3300 Renner Drive Fortuna, CA 95540 (707) 725-7382		Primary Contact: Judith Baird, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		Pediatric Critical Care Center:*
		Comprehensive emergency service	<input type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:**** Level IV

*Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

**Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

Name, address & telephone		S. Humboldt Community Hospital 733 Cedar Street Garberville, CA 95542 (707) 923-3921		Primary Contact: Karl Verick, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input checked="" type="checkbox"/>	Satellite base to Redwood Memorial Hospital	
		Basic emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Comprehensive emergency service	<input type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:**** none

Name, address & telephone		St. Joseph Hospital 2700 Dolbeer Street Eureka, CA 95501 (707) 445-8121 (switchboard)		Primary Contact: Deborah McMahon, RN	
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		Pediatric Critical Care Center:*
		Basic emergency service	<input checked="" type="checkbox"/>		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:**** Level III with Neuro
		<input checked="" type="checkbox"/> Neonatal ICU			

* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

EMS System: North Coast EMS

County: Lake

Reporting Year: 2005

Name, address & telephone		Adventist Health/Redbud Community Hospital Post Office Box 6710 Clearlake, CA 95422 (707) 994-6486		Primary Contact:	Mary Donati, RN
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****
					none

Name, address & telephone		Sutter-Lakeside Hospital 5176 Hill Road East Lakeport, CA 95451 (707) 262-5008 fax: 262-5053		Primary Contact:	Mary Cardinale-Stein, RN
Written Contract:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****
					Level IV

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 11A: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2005

**County Office of Emergency Services
Coordinator:**

Alternate's Name:

Allen Winogradov

Jeannine Galatioto

Work Telephone No.: (707) 464-7207

Work Telephone No.: (707) 464-7214

Home Telephone No.: _____

Home Telephone No.: (707) 464-9678

Office Pager No.: (707) 954-3702

Office Pager No.: N/A

FAX No.: (707) 465-0350

FAX No.: (707) 464-1165

24-HR. No.: (707) 464-4191

24-HR. No.: (707) 464-4191

**County EMS Disaster Medical Services
Coordinator:**

Alternate's Name:

Dr. Thomas Martinelli

Peter Esko, Environmental Health Scientist

Work Telephone No.: (707) 951-0380 cell

Work Telephone No.: (707) 464-3191 ext. 295

Home Telephone No.: (707) 458-3563

Home Telephone No.: (707) 464-8408,
(707) 822-8816 weekends

Office Pager No.: _____

Office Pager No.: (707) 954-2658 cell

FAX No.: (707) 465-1783

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

24-HR. No.: (707) 464-3191

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Del Norte Date: 2005

County Health Officer's Name:

Dr. Thomas Martinelli

Work Telephone No.: (707) 951-0380 cell
or 464-3191

Home Telephone No.: (707) 458-3563

Office Pager No.: _____

FAX No.: (707) 465-1783

24-HR. No.: (707) 464-3191

Alternate's Name:

Crescent City Internal Medicine

Work Telephone No.: (707) 465-8666

Home Telephone No.: N/A

Cell Phone No.: N/A

FAX No.: _____

24-HR. No.: (707) 465-8666

Medical/Health EOC Telephone No.:
established at time of incident

Amateur Radio contact name:
request from logistics

Who is the RDMHC for your region?
Dr. William Walker

Medical/Health EOC FAX No.
established at time of incident

Medical/Health radio frequency used:
Med-Net Tx 468.100; Med-Net Rx 463.100; open PL

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2005

**County Office of Emergency Services
Coordinator:**

Alternate's Name:

Dan Larkin

Judy Taylor

Work Telephone No.: (707) 268-2500/02

Work Telephone No.: (707) 268-2500

Home Telephone No.: (707) 443-4223

Home Telephone No.: (707) 444-1383

Office Pager No.: (707) 441-6219

Office Pager No.: none

FAX No.: (707) 445-7764

FAX No.: (707) 445-7764

24-HR. No.: (707) 445-7251 (S.O. Emerg)

24-HR. No.: (707) 445-7251 (S.O. Emerg)

**County EMS Disaster Medical Services
Coordinator:**

Alternate's Name:

Ann Lindsay, M.D.

Alexandra Wineland, Public Health Director

Work Telephone No.: (707) 268-2181

Work Telephone No.: (707) 268-2121

Home Telephone No.: (707) 839-1712

Home Telephone No.: (707) 442-4823

Office Pager No.: (707) 441-8171

Office Pager No.: (707) 441-8092

FAX No.: (707) 445-6097

FAX No.: (707) 445-6097

24-HR. No.: (707) 445-7337

24-HR. No.: (707) 445-7337

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2005

County Health Officer's Name:

Ann Lindsay, M.D.

Alternate's Name:

Gena Pennington, M.D.

Work Telephone No.: (707) 268-2181

Work Telephone No.: (707) 268-2116

Home Telephone No.: (707) 839-1712

Home Telephone No.: (707) 822-4948

Office Pager No.: (707) 822-7041

Office Pager No.: (707) 268-9406

FAX No.: (707) 445-6097

FAX No.: (707) 445-5686

24-HR. No.: (707) 445-7251 (S.O. Emer.)

24-HR. No.: (707) 445-7251 (S.O. Emer.)

Medical/Health EOC Telephone No.:

(707) 268-2513

Medical/Health EOC FAX No.

(707) 445-7764

Amateur Radio contact name:

Clem Cantu

Medical/Health radio frequency used:

Med Net Tx 468.000 and RX 463.000 Pierce Mt. Repeater or 2 m-) Tx 146.910 Rx 146.310

Who is the RDMHC for your region?

Dr. William Walker

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2005

**County Office of Emergency Services
Coordinator:**

Alternate's Name:

Chris Rivera

Willie Sapeta

Work Telephone No.: (707) 262-4090

Work Telephone No.: (707) 262-4091

Home Telephone No.: (707) 279-2363

Home Telephone No.: (707) 994-2424

Office Pager No.: (707) 264-1045

Office Pager No.: (707) 264-3137

FAX No.: (707) 262-4095

FAX No.: (707) 262-4095

24-HR. No.: (707) 263-2331

24-HR. No.: (707) 263-2331

**County EMS Disaster Medical Services
Coordinator:**

Alternate's Name:

Chris McMillian

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-8929

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 485-0270

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 272-5173

Office Pager No.: (707) 264-3811

FAX No.: (707) 263-1662

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

24-HR. No.: (707) 263-2331

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2005

County Health Officer's Name:

Craig McMillian

Alternate's Name:

Richard B. Arnold, M.D.

Work Telephone No.: (707) 263-8929

Work Telephone No.: (707) 263-2241

Home Telephone No.: (707) 485-0270

Home Telephone No.: (707) 279-2836

Office Pager No.: (707) 272-5173

Office Pager No.: (707) 264-3811

FAX No.: (707) 262-4280

FAX No.: (707) 263-1662

24-HR. No.: (707) 263-2331

24-HR. No.: (707) 263-2331

Medical/Health EOC Telephone No.:

(707) 263-8929

Medical/Health EOC FAX No.

(707) 263-1662

Amateur Radio contact name:

Alan Vanderwarker

Medical/Health radio frequency used:

MedNet 463.000

Who is the RDMHC for your region?

Dr. William Walker

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11B: DISASTER MEDICAL RESPONDERS

EMS System: North Coast EMS County: Del Norte Date: 2005

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (510) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Ron Sandler

none

Work Telephone No.: (707) 437-1116

Work Telephone No.: _____

Home Telephone No.: (707) 464-5591

Home Telephone No.: _____

Office Pager No.: (707) 951-6904

Office Pager No.: _____

FAX No.: (707) 487-3116

FAX No.: _____

24-HR. No.: (707) 464-4191

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

established at the time of incident

established at the time of incident

Amateur Radio contact name:

Medical/Health radio frequency used:

request from logistics

Med-Net Tx 468.100; Med-Net Rx 463.100; open

PL

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Humboldt Date: 2005

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

24-HR. No.: (510) 646-2441

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

RDMHC (510) 803-7800

RDMHC (510) 803-7878

Amateur Radio contact name:

Medical/Health radio frequency used:

Clem Cantu

MedNet Horse Mt. Repeater: Tx 468.025

Rx 463.025 & PLL code 103.5

2 meter: Tx 146.410 & Rx 146.310

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

EMS System: North Coast EMS County: Lake Date: 2005

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Dr. William Walker

Art Lathrop

Work Telephone No.: (925) 646-4690

Work Telephone No.: (925) 646-4690

Home Telephone No.: (510) 370-5010

Home Telephone No.: (510) 339-8296

Office Pager No.: _____

Office Pager No.: (925) 940-1114

FAX No.: (925) 646-4379

FAX No.: (925) 646-4379

24-HR. No.: (510) 646-2441

24-HR. No.: (510) 646-2441

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Dr. William Walker

none

Work Telephone No.: (925) 646-4690

Work Telephone No.: _____

Home Telephone No.: (510) 370-5010

Home Telephone No.: _____

Office Pager No.: _____

Office Pager No.: _____

FAX No.: (925) 646-4379

FAX No.: _____

24-HR. No.: (510) 646-2441

24-HR. No.: _____

Medical/Health EOC Telephone No.:

Medical/Health EOC FAX No.

(707) 263-8929

(707) 263-1662

Amateur Radio contact name:

Medical/Health radio frequency used:

Alan Vanderwarker

MedNet 463.000

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Del Norte County
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Del Norte Ambulance, uninterrupted service starting in the mid 70's with no decrease in service or changes to zone
Area or subarea (Zone) Geographic Description: Del Norte County (entire county)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 1, Arcata/McKinleyville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcata-Mad River Ambulance, 42 years in operation
Area or subarea (Zone) Geographic Description: Northwestern Humboldt County, Zone #1
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 2, Hoopa/Willow Creek
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. K'ima:w Medical Center Rescue Ambulance, 25 years of operation
Area or subarea (Zone) Geographic Description: Eastern Humboldt County, Zone #2
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zones 3 and 4, Eureka/Fortuna/Garberville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City Ambulance of Eureka, Inc., 28 years of operation
Area or subarea (Zone) Geographic Description: Central/Southern Humboldt County, Zones 3 and 4
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast Emergency Medical Services
Area or subarea (Zone) Name or Title: Humboldt County, Zone 4, Shelter Cove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Shelter Cove Fire Department, 7 years of operation
Area or subarea (Zone) Geographic Description: Southern Humboldt, Zone 4
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Clearlake Oaks Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Clearlake Oaks Fire Protection District
Area or subarea (Zone) Geographic Description: Clearlake Oaks Fire Protection District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Nice Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Nice Fire District
Area or subarea (Zone) Geographic Description: Nice Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lucerne Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lucerne Fire District
Area or subarea (Zone) Geographic Description: Lucerne Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lake County Fire District
Area or subarea (Zone) Geographic Description: Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: South Lake County Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lake County Fire District
Area or subarea (Zone) Geographic Description: South Lake County Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Kelseyville Fire District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Kelseyville Fire District
Area or subarea (Zone) Geographic Description: Kelseyville Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name: North Coast EMS- Lake County
Area or subarea (Zone) Name or Title: Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lakeport Fire
Area or subarea (Zone) Geographic Description: Lakeport Fire District
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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.

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Local EMS Agency or County Name:

North Coast EMS- Lake County

Area or subarea (Zone) Name or Title:

Upper Lake Fire Department

Name of Current Provider(s):

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

Upper Lake Fire Department

Area or subarea (Zone) Geographic Description:

Upper Lake Fire Department

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

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

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Local EMS Agency or County Name: North Coast- Lake County
Area or subarea (Zone) Name or Title: Lake County- Clearlake and Lakeport
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ProTransport 1
Area or subarea (Zone) Geographic Description: Clearlake and Lakeport: BLS permit currently will request ALS when new ordinance is in effect
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
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EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
ACRAMENTO, CA 95814-7043
(916) 322-4336 FAX (916) 324-2875



June 30, 2006

Larry Karsteadt
North Coast EMS Agency
3340 Glenwood Avenue
Eureka, CA 95501

Dear Mr. Karsteadt: *LARRY*

We have completed our review of *North Coast EMS Agency's 2005 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Regarding the transportation component of the plan, however, the EMS Authority would like to emphasize that the local EMS agency is responsible for administering the EMS system inclusive of transportation. According to Health and Safety Code section 1797.200, each county that develops an EMS program is responsible for designating a local EMS agency to administer emergency medical services. Section 1797.204 requires the local agency to plan, implement, and evaluate an emergency medical services system, and transportation planning is an integral component of the system.

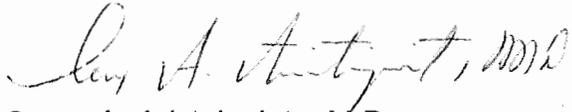
Further, while section 1797.222 of the code authorizes the counties to adopt ordinances governing patient transport, it also tasks the LEMSAs with recommending the adoption of such ordinances to the county board of supervisors. This shared responsibility for developing local governance of the EMS transportation system requires local officials to work cooperatively to ensure the design of the EMS transportation system adequately meets the needs of the community.

Based on the North Coast EMS Plan update, two counties in your jurisdiction, Lake and Humboldt, may consider developing or modifying ambulance ordinances. The EMS Authority encourages the establishment of these ordinances and advocates collaboration with the counties in the development of these ordinances.

Larry Karsteadt
June 30, 2006
Page 2

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Cesar A. Aristeiguieta, M.D.", written in dark ink.

Cesar A. Aristeiguieta, M.D.
Director

CAA:ss

Enclosure