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SUE DAVIS  
Clerk of Board of Supervisors  
Kern County Administrative Center  
1115 Truxtun Avenue, 5th Floor  
Bakersfield, California 93301  
Telephone (805) 861-2157

December 12, 1995

Joseph E. Morales, M.D., M.P.A.  
Director, EMS Authority  
1930 9th Street, Suite 100  
Sacramento, CA 95814

Re: Kern County EMS Plan

Dear Dr. Morales:

This letter transmits to you the Kern County EMS Plan. This Plan was approved by the Board of Supervisors on December 12, 1995, during a regularly scheduled public Board Hearing. If you have any questions about the Plan, please contact Fred Drew, Director, EMS Department, at (805) 861-3200.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth W. Peterson".

KENNETH W. PETERSON  
Chairman  
Kern County Board of Supervisors

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Enclosure

cc: Joel Heinrichs, CAO  
Fred Drew, Director, EMS Dept.  
Bernard Barmann, County Counsel

EMSPLA-KC.01

## EXECUTIVE SUMMARY

California Health and Safety Code, Division 2.5, Section 1797.254 requires the EMS Department to submit an Emergency Medical Services (EMS) Plan to the State EMS Authority. This Plan will be used as both a work plan and a long-range plan for future EMS System coordination and planning. This Plan meets the requirements of the initial five-year plan, and annual updated work plans will be submitted on the subsequent four years providing updated information on the status of the EMS System, and progress in meeting long-range goals.

The Plan meets or exceeds all basic standards (except one - see explanation contained in the Plan) and most of the enhanced-level standards as set forth in the EMS System Guidelines, Part III, EMS System Planning Guidelines. The information contained in the Plan comes primarily from Fiscal Year 1994-95. However, because of the timing of various input resources, some information is based on Calendar Year 1994.

In general, the EMS System in Kern County is stable, provides increasingly efficient emergency medical prehospital service to the public using emergency medical dispatching; public (fire department) first responders; paramedic-level private ambulance company transportation; and five base hospitals covering over 8,000 square miles of urban and rural environment.

The same global issues facing EMS throughout the country, are among those affecting our local system, such as emergency medical care delivery in an ever changing managed care health system, public funding restrictions, system dispatch/Public Safety Answering Points (PSAP) centralization issues, centralized control of certain functions at the EMS Authority and the need to continue to improve our quality of care, and be able to quantify that quality of care.

Kern County is unique in that it is both urban (the metro-Bakersfield area of over 350,000 population), and the rest of Kern County (rural) covering over 8,000 square miles with two major mountain ranges dissecting the County. With this

in mind, the major needs identified in Kern County EMS System center around the following areas:

Quality Improvement Program: Systems and Policies for the County's Continued Quality Improvement (CQI) Program are in place and will be implemented in early 1996.

Trauma System Implementation: County's Trauma Plan has been approved by EMS Authority, and coordination for implementation is currently ongoing.

Communications: The County is currently involved with a major upgrade of its entire Communications' System, that will have a major positive impact on the EMS System.

Medical Dispatch: Major improvements in medical dispatch have been made with implementation of Emergency Medical Dispatcher II (EMD-II). Continued coordination regarding City Public Safety Answering Points (PSAP) and medical dispatch upgrade is an area of continuing needs improvement.

Public Education: Continual emphasis is being placed on educating the public about the County's EMS System and use of enhanced 9-1-1 System.

A detailed explanation of how the Kern County EMS System meets the standards and guidelines as established by the EMS Authority is contained in the Plan.

Although there is always room for improvement, the Kern County EMS System works well and provides effective and efficient prehospital emergency medical services to the citizens of Kern County.

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**TABLE 1:**

**SUMMARY OF SYSTEM STATUS**

**TABLE 1: Summary of System Status**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director			X		

**Planning Activities**

1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X			
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations	X				X
1.11 System Participants			X		

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/ Policies		X			

**System Finance**

1.16 Funding Mechanism		X			
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**Medical Direction**

1.17 Medical Direction*		X			
1.18 QA / QI		X			
1.19 Policies, Procedures, Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan		X			

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan	X				
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan	X				
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## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

### Dispatchers

2.04 Dispatch Training		X			
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### First Responders (non-transporting)

2.05 First Responder Training			X		
2.06 Response		X			
2.07 Medical Control		X			

### Transporting Personnel

2.08 EMT-I Training			X		
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### Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X			

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*		X			
3.02 Radios			X		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals					
3.06 MCI/Disasters		X			

### Public Access

3.07 9-1-1 Planning/Coordination			X		
3.08 9-1-1 Public Education		X			

### Resource Management

3.09 Dispatch Triage			X		
3.10 Integrated Dispatch		X			

## D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*			X		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response*			X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing			X		
4.17 ALS Equipment		X			

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
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				

### E. FACILITIES / CRITICAL CARE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
5.01 Assessment of Capabilities			X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management			X		
5.06 Hospital Evaluation*		X			

#### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
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#### Enhanced Level: Trauma Care System

5.08 Trauma System Design	X			X	X
5.09 Public Input		X			

#### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design	X				
5.11 Emergency Departments	X				
5.12 Public Input	X				

#### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design	X				
5.14 Public Input	X				

## F. DATA COLLECTION / SYSTEM EVALUATION

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

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		X			
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation	X			X →	X
6.11 Trauma Center Data	X			X →	X

## G. PUBLIC INFORMATION AND EDUCATION

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X			

## H. DISASTER MEDICAL RESPONSE

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

### Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles		X			
8.19 Waiving Exclusivity	N/A				

**SYSTEM ASSESSMENT**

**III. MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT:**

**AGENCY ADMINISTRATION**

**STANDARD:**

1.01 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:**

Department meets and exceeds this standard.

- Include staff, medical, and administration qualifications.
- Include EMCAB and specialty committees for project activity.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

- Annual Implementation Plan
- Long-range Plan

**STANDARD:**

- 1.02 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:**

Department meets and exceeds this standard.

- Include training, C.E., investigation process, ordinance, EMD Program, and development of Q.A. officers thru providers.
- EMS Automated Information Management System (AIMS) provides information for systemwide TQM Network (fully implemented January 1996).

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The following boards and committees provide for continuous consumer and healthcare providers' input:

- Emergency Medical Care Advisory Board
- Medical Advisory Committee
- Policy & Procedures & Guideline Development Process includes provider coordination and input.
- Board of Supervisors
- Trauma Care System Plan Steering Committee
- Medical Society Hospital Liaison Committee

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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:**

Dr. Robert Barnes, Medical Director, is a licensed E.R. physician on contract with the County. He is the Director of E.D., Mercy Hospital, and has the Medical Advisory Committee for advisory consultation.

**COORDINATION WITH OTHER EMS AGENCIES:**

Dr. Barnes is currently the Secretary of EMDAAC.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**PLANNING ACTIVITIES**

**STANDARD:**

1.05 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:**

Plan submitted.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Annotated in the Plan.

**OBJECTIVE:**

See Plan.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.06 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:**

Will submit in accordance with EMS System Standards and Guidelines.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

Trauma System Plan received local approval on August 15, 1995, and submitted to EMSA for approval.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Completed.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

This is kept current and tracked on a regular basis.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.10 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).

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:**

We have a basic identification process through public and private provider input.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Identification process should be formalized.

**OBJECTIVE:**

Establish a more formal process to identify population groups serviced by the EMS System.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.11 Recommended Guideline.**

1.11 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.

**CURRENT STATUS:**

This is accomplished through a performance-based ordinance, hospital contracts, policies for first responders, protocols, EMD, and training policies.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**REGULATORY ACTIVITIES**

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished with regular visits and review of reports, records, and prehospital patient care records.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.13 Each local EMS agency shall coordinate EMS system operations.

**CURRENT STATUS:**

Conducted daily with all participants within the EMS System.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.14 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:**

Policies and Procedures have been developed in all areas of EMS.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

Compile all policies and procedures into one manual or document.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Mechanism includes: performance-based ordinance with performance standards; incident reports; investigation process; on-call personnel and EMD program.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**SYSTEM FINANCES**

**STANDARD:**

- 1.16 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:**

EMS Department training program and certification fees, along with maximum use of EMS Fund administration in fees provides approximately 90% of the costs necessary by the Department. The other 10% is provided by the General Fund. The Kern County local EMS Agency is a separate County Department, and not part of any other organization (e.g., the Health Dept.).

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**MEDICAL DIRECTION**

**STANDARD:**

1.17 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:**

Medical direction contained in policies, procedures, and protocols.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

We have a structured Quality Assurance program by referral, communication, investigation process, education, and feedback (both formally and informally).

**COORDINATION WITH OTHER EMS AGENCIES:**

North Coast EMS — Data Systems Management.

**NEED(S):**

Money and time.

**OBJECTIVE:**

To develop a formal "Total Quality Management" structure and comprehensive statistical data monitoring system. This should be completed by January 1996.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.19 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.

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

**CURRENT STATUS:**

Accomplished with policies, procedures, protocols, EMD-II, and education programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Completed and implemented.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.21 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:**

Completed and implemented.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Required by law — handled through the education process.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Finished — protocols same as prehospital care.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**STANDARD:**

1.24 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.

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

**CURRENT STATUS:**

Finished. (Ordinance and Permit process; reimbursement contracts for indigent prehospital care.)

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.25 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.

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:**

Contracts with seven Base Hospitals.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

Develop a medical control plan within the next five years.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**STANDARD:**

- 1.26 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:**

Development of Trauma Care System Plan completed and locally approved on August 15, 1995.

**COORDINATION WITH OTHER EMS AGENCIES:**

Sierra-Sacramento EMS, Riverside EMS, Los Angeles EMS, and Fresno EMS.

**NEED(S):**

None.

**OBJECTIVE:**

Complete Phase II by October 1996, and then if there is an application for Trauma Center, implement plan in late 1996.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: PEDIATRIC EMERGENCY MEDICAL AND CRITICAL CARE SYSTEM**

**STANDARD:**

- 1.27 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:**

None.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

Develop plan within five years.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS**

**STANDARD:**

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: (a) the optimal system design for ambulance service and advanced life support services in the EMS area; and (b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**CURRENT STATUS:**

None.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

No plans to develop.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**B. STAFFING/TRAINING:**

**LOCAL EMS AGENCY**

**STANDARD:**

2.01 The local EMS Agency shall routinely assess personnel and training needs.

**CURRENT STATUS:**

Assess continuously through reports, meeting with EMS providers, and training program directors and other feedback mechanisms.

**COORDINATION WITH OTHER EMS AGENCIES:**

We coordinate with Southern California EMS Agencies on EMT-I Certification/Recertification due to the number of personnel who come to Kern County for recertification.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

2.02 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:**

Approval mechanism in place. Monitor through visits, reports, and meetings with program directors.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

2.03 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:**

Mechanisms include a formal accreditation process, certificate review process, and policies/procedures using EMT-I and EMT-D regulations as foundation.

**COORDINATION WITH OTHER EMS AGENCIES:**

Some coordination with other local EMS Agencies when verification of information is necessary.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**DISPATCHERS**

**STANDARD:**

2.04 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.

**CURRENT STATUS:**

Partial compliance at this time. Some small city police departments (PSAP) dispatcher's training is not yet accomplished.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

Convince municipalities to upgrade training of their PSAP dispatchers to include appropriate EMD training and/or contract with cities to use the County's Emergency Communication Center.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**FIRST RESPONDERS (NON-TRANSPORTING)**

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds minimum standard, except for two small city fire departments not yet trained to provide defibrillation.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

Establish a plan to gain approval by the cities to include defibrillation training.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

2.06 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:**

Accomplished with several private and industrial teams in rural areas through our priority medical dispatch.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS Agency Medical Director.

**CURRENT STATUS:**

All non-transporting first responders operate in accordance with Department policies/procedures, and Medical Director's guidance.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**TRANSPORT PERSONNEL**

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds minimum standard, with some non-ALS personnel trained in automatic defibrillation.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**HOSPITAL**

**STANDARD:**

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

**CURRENT STATUS:**

Completed and continuously emphasized during meetings and conferences.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Believe a requirement in all Emergency Departments; however, is not 100% confirmed at this time.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

N/A

**OBJECTIVE:**

Conduct a survey in the next year to ascertain compliance; and if not, encourage hospitals to incorporate as a standard.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**STANDARD:**

2.11 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:**

Currently, conduct Advanced Life Support Courses at the EMS Department. Training with all new procedures and continuous communication with system participants through verbal and written communication.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through formal EMT-Defibrillation Policies and Procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

N/A

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through formal MICN Certification/Recertification Policies and Procedures, Base Hospital Meetings, and MICN Recertification Courses.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

## **C. COMMUNICATIONS**

### **COMMUNICATIONS EQUIPMENT**

#### **STANDARD:**

3.01 — 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.

#### **CURRENT STATUS:**

Planning and execution of EMS communications is found in several documents including the County Ordinance, Operational Policies and Procedures, and associated regulations. These specify communication requirements throughout the system.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None.

#### **NEED(S):**

None.

#### **OBJECTIVE:**

N/A

#### **TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.02 — 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.

**CURRENT STATUS:**

Exceeds the minimum standard with vehicle-to-vehicle communications and ambulance-to-first responder communications through the public dispatch center (Emergency Communications Center [ECC]).

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.03 — 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:**

Exceeds the minimum standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.04 — 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:**

Exceeds the minimum standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds minimum standard with some hospitals meeting the recommended guideline.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

Conduct a survey over the next year to determine whether all hospitals have this capability in Recommended Guideline.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.06 — 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:**

This is reviewed during disaster drill training. Communication linkages are duplicated so that during multi-casualty incidents and disasters, effective communications can be maintained.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**PUBLIC ACCESS**

**STANDARD:**

3.07 — The local EMS Agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**CURRENT STATUS:**

Developed and distributed public relations video tape about the 9-1-1 system, and made it available to news organizations.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.08 — The local EMS Agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**CURRENT STATUS:**

Exceed the minimum standard by not only being involved, but through aggressive advertising and marketing of our EMS System 10-minute tape produced in 1991.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**RESOURCE MANAGEMENT**

**STANDARD:**

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

**CURRENT STATUS:**

Meets recommended guidelines with establishment and use of the EMD System throughout Kern County.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

3.10 – The local EMS System shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies.

**CURRENT STATUS:**

This is accomplished through required performance standard linkages from Communication Center to State, etc.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**D. RESPONSE/TRANSPORTATION:**

**STANDARD:**

4.01 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:**

Countywide Ordinance effective February 1991, with established EMS transport service areas.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 4.02 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:**

Countywide Ambulance Ordinance includes a permit process authorization and includes all incorporated areas of Kern County.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.03 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:**

Accomplished through ordinance, regulations, policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through performance standards for all emergency responses.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.05 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 — 15/25 minutes
  - Wilderness — as quickly as possible

**CURRENT STATUS:**

Exceeds minimum standard (except not include time from PSAP receipt to arrival) and all but one of Recommended Guidelines (not have systemwide defibrillation for Basic Life Support calls).

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

Develop strategy to fund countywide defibrillation.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.06 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:**

All emergency vehicles must meet inventory requirements, produce copies of all regulatory agency checks and all Advanced Life Support units inspected by EMS Department.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.07 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:**

Accomplished with our Ordinance, Regulations and Policies.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 4.08      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:**

Accomplished with Ordinance, Regulations, Polices, and specific EMS Aircraft Guidelines and Operational Procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination is made with EMS agency adjacent to Kern County for back up EMS aircraft.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The Emergency Communication Center is designated.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 4.10 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:**

Accomplished with Ordinance, permits issued and mutual aid/secondary call lists through normal communication's channels.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds minimum standard with coordination with Sheriff's Search and Rescue. No formal plan written or planned.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.12 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:**

Accomplished through Annex "D" — EMS of County Emergency Plan, and exercised annually with disaster drills.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Meets minimum standard. Some mutual-aid agreements accomplished.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.14 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:**

More than meets minimum standard with Kern County Emergency Plan and local disaster plans.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.15 Multi-casualty response plans and procedures shall utilize State standards and guidelines.

**CURRENT STATUS:**

Exceeds minimum standard. EMS Department staff on-call 24-hours per day to provide guidance during multi-casualty incidents.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**Enhanced Level: Advanced Life Support**

**STANDARD:**

4.16 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.

**CURRENT STATUS:**

Meet minimum standard. Same ALS units without second ALS crew member does have defibrillation training.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through medical scope of practice and associated policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**Enhanced Level: Ambulance Regulation**

**STANDARD:**

- 4.18 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:**

Kern County Ambulance Ordinance and Regulations.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**Enhanced Level: Exclusive Operating Permits**

**STANDARD:**

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, Health & Safety Code, 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:**

Currently, not planning exclusive operating areas.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.21 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, Health & Safety Code, comply with applicable policies and procedures regarding system operations and patient care.

**CURRENT STATUS:**

N/A

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

N/A

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**E. FACILITIES/CRITICAL CARE**

**STANDARD:**

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

**CURRENT STATUS:**

Base and Receiving Hospital Agreements executed annually.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished with Hospital Status System Policy.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

5.03 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:**

Accomplished through the Hospital Liaison Committee of the Kern County Medical Society (monthly meeting).

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through Receiving Hospital Agreements and Hospital Status System Policy.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished with Mass Casualty Hospital Zoning System which is exercised with disaster drills.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished with our EMS Med-Alert System, where any accident of five or more patients requires EMS Staff to manage patient destination.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**Enhanced Level: Advanced Life Support**

**STANDARD:**

5.07 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:**

Accomplished through Base Hospital Agreements.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**STANDARD:**

- 5.08 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:**

Trauma Care System Plan developed and locally approved on August 15, 1995.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

N/A

**OBJECTIVE:**

To EMS Authority for approval in July-August 1995.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Trauma Plan Steering Committee includes prehospital and hospital clinical and administrative professionals; and healthcare education.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

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

**STANDARD:**

- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- A. The number and role of system participants, particularly of emergency departments,
  - B. The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - C. Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
  - D. Identification of providers who are qualified to transport such patients to a designated facility,
  - E. Identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - F. The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
  - G. A plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Not currently developing.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE:** Unknown.

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 5.11 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.

**CURRENT STATUS:**

Not currently developing.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

5.12 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:**

Not currently developing.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE:** Unknown.

Annual Implementation Plan

Long-range Plan

**Enhanced Level: Other Specialty Care Systems**

**STANDARD:**

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- A. The number and role of system participants,
  - B. The design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
  - C. Identification of patients who should be triaged or transferred to a designated center,
  - D. The role of non-designated hospitals including those which are outside of the primary triage area, and
  - E. A plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Not currently developing.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE:** Unknown

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Not currently developing.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: Unknown**

Annual Implementation Plan

Long-range Plan

## **F. DATA COLLECTION/SYSTEM EVALUATION**

### **STANDARD:**

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

### **CURRENT STATUS:**

Currently, meet QA to evaluate response to incidents with EMD and response data; other Data-Collection System currently in place and being tested. EMS Automated Information Management System (AIMS) assisted with EMSA grant to purchase Cardiff software and implement a new PCR.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEED(S):**

None

### **OBJECTIVE:**

Complete implementation of AIMS System trial project and analyze data by September 1995.  
Complete systemwide implementation by January 1996.

### **TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Currently, part of the system.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Currently, meet minimum standard. Clinical aspects are done by exception only when necessary.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

Recommended Guidelines objective when fully implemented Trauma System.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

EMD regulations and monthly meeting with EMD providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

6.05 The local EMS agency shall establish a data-management system which supports its systemwide 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.

**CURRENT STATUS:**

Almost completed with EMS AIMS. Should be operational by January 1996.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

6.06 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:**

Almost completed with EMS AIMS. Should be operational by January 1996.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished through Ambulance Ordinance and associated Regulation's requirements.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Currently, part of System.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**STANDARD:**

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

**CURRENT STATUS:**

This is done by exception only.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

Future plans call for Trauma System data collection which will accomplish Recommended Guidelines.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**STANDARD:**

- 6.10 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:**

Currently, Trauma Care System Plan includes these as part of Phase II, expected to last from September 1995 - October 1996.

**COORDINATION WITH OTHER EMS AGENCIES:**

Plan coordination with the three agencies which use the Regional Trauma Registry.

**NEED(S):**

Unknown at this time.

**OBJECTIVE:**

Expect to complete no later than October 1996.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 6.11 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:**

The Plan calls for data to be collected at all hospitals, in accordance with the "Inclusive System Model."

**COORDINATION WITH OTHER EMS AGENCIES:**

All Kern County hospitals, and two out-of-County hospitals.

**NEED(S):**

Unknown at this time.

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

## **G. PUBLIC INFORMATION AND EDUCATION**

### **STANDARD:**

- 7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
- A. Understanding of EMS System design and operation,
  - B. Proper access to the system,
  - C. Self-help (e.g., CPR, first-aid, etc.),
  - D. Patient and consumer rights as they relate to the EMS System,
  - E. Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
  - F. Appropriate utilization of emergency departments.

### **CURRENT STATUS:**

Accomplished through public information video tape produced and distributed in 1991. Still being used by many organizations.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Participate as member of committees and conferences, and National EMS Week, in order to promote injury control and preventive medicine.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

7.03 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:**

Accomplished with participation in community planning and disaster plan coordination.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Provide information to public on CPR training.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

## **H. DISASTER MEDICAL RESPONSE**

### **STANDARD:**

8.01 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:**

Completed.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Participates in several disaster drills per year.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.02 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:**

Accomplished with Annex "D", Kern County Emergency Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.03 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:**

Achieved standard by conducting two Haz-Mat classes annually (for two years) and training in accordance with State/Federal requirements.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The ICS is part of our emergency plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds Minimum Standard. Accomplished with Mass Casualty Hospital Zoning System, which is exercised annually.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Exceeds Minimum Standard. Accomplished with annual disaster exercise, which EMS is a major participant.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Accomplished with policies and practical with disaster drills.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.08 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.

**CURRENT STATUS:**

Exceeds minimum standard, but cannot currently ensure that health care facilities have written agreements with anticipated providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

Conduct survey to ascertain healthcare facilities' status.

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

There is no DMAT in our area.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

Establish a DMAT team.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 8.10 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:**

Where necessary, mutual-aid agreements are executed.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.11 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:**

Accomplished in our disaster plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.12 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:**

Disaster plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

- 8.13 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.

**CURRENT STATUS:**

Disaster plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.14 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:**

At least one full-scale disaster drill each year.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

**CURRENT STATUS:**

Disaster plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.16 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 staff in their use.

**CURRENT STATUS:**

Exceeds minimum standard, but cannot ensure the availability of training in managing medical incidents; however, we encourage this.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**STANDARD:**

8.17 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:**

Accomplished with regulations, policies/procedures and local protocols.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: SPECIALTY CARE SYSTEMS**

**STANDARD:**

8.18 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:**

Partially accomplished with disaster plan for disasters.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS/AMBULANCE REGULATION**

**STANDARD:**

8.19 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:**

Not applicable — even though we have a process for this in a non-exclusive environment.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIMEFRAME FOR OBJECTIVE: N/A**

Annual Implementation Plan

Long-range Plan

**SECTION 3:**

**SYSTEM RESOURCES**

**TABLE 2:**

**SYSTEM ORGANIZATION &  
MANAGEMENT**

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Kern County

Reporting Year: 1995

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

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

a. Basic Life Support (BLS)	<u>36%</u>
b. Limited Advanced Life Support (LALS)	<u>NONE</u>
c. Advanced Life Support (ALS)	<u>64%</u>
  
2. Type of agency 100%

a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-profit Entity
f - Other: <u>Separate County Department</u>
  
3. The person responsible for day-to-day activities of EMS agency reports to D

a - Public Health Officer
b - Health Services Agency Director/Administrator
c - Board of Directors
d - Other: <u>Board of Supervisors</u>
  
4. Indicate the non-required functions which are performed by the agency
 

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

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

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

5. EMS agency budget for FY 94/95

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ <u>466,641</u>
Contract Services (e.g. medical director)	<u>40,199</u>
Operations (e.g. copying, postage, facilities)	<u>67,498</u>
Travel	<u>8,502</u>
Fixed assets	<u>9,979</u>
Indirect expenses (overhead)	<u>      </u>
Ambulance subsidy	<u>602,600</u>
EMS Fund payments to physicians/hospital	<u>      </u>
Dispatch center operations (non-staff)	
Training program operations (Included in Operations Above)	
Other: <u>Data Collection Grant</u>	<u>23,121</u>
Other: _____	
Other: _____	

**TOTAL EXPENSES** \$ 1,218,540

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ 33,100

Office of Traffic Safety (OTS)

State general fund

County general fund 674,067

Other local tax funds (e.g., EMS district)

County contracts (e.g. multi-county agencies)

Certification fees 65,160

Training program approval fees 76,725

Training program tuition/Average daily attendance funds (ADA)  
Job Training Partnership ACT (JTPA) funds/other payments

Base hospital application fees

Base hospital designation fees 4,900

Trauma center application fees

Trauma center designation fees

Pediatric facility approval fees

Pediatric facility designation fees

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

Other critical care center application fees

Type:

Other critical care center designation fees

Type:

Ambulance service/vehicle fees

15,025

Contributions

\_\_\_\_\_

EMS Fund (SB 12/612) & (AB-75)

347,387

Other grants:

Other fees:

Other (specify): Sales, Photocopies, etc.

2,176

**TOTAL REVENUE**

**\$ 1,218,540**

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

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

6. Fee structure for FY 94/95

           We do not charge any fees

  X   Our fee structure is:

First responder certification		\$ <u>          </u>
EMS dispatcher certification		<u>          35.00</u>
EMT-I certification:	In-County:	<u>          20.00</u>
	Out-of-County:	<u>          48.45</u>
EMT-I recertification:	In-County:	<u>          20.00</u>
	Out-of-County:	<u>          48.45</u>
EMT-defibrillation certification		<u>          20.00</u>
EMT-defibrillation recertification		<u>          20.00</u>
EMT-II certification		<u>          </u>
EMT-II recertification		<u>          </u>
EMT-P accreditation		<u>          50.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u>          35.00</u>
MICN/ARN recertification		<u>          35.00</u>
EMT-I training program approval		<u>          </u>
EMT-II training program approval		<u>          </u>
EMT-P training program approval:	In-County:	<u>      1,400.00</u>
	Out-of-County:	<u>      3,197.00</u>
MICN/ARN training program approval		<u>          50.00</u>
Receiving hospital designation		<u>          100.00</u>
Base hospital designation		<u>      1,000.00</u>
Trauma center application		<u>          </u>
Trauma center designation		<u>          </u>
Pediatric facility approval		<u>          </u>
Pediatric facility designation		<u>          </u>

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

Other critical care center application

Type:

Other critical care center designation

Type:

Ambulance service license (Ground & Air)	<u>\$280.00</u>
Ambulance vehicle permits (Unit Fees - Ground & Air)	<u>140.00/unit</u>
Other: <u>BTLS Training Program</u>	<u>125.00</u>
Other: <u>Classroom Rental</u>	<u>13.00/Hr.</u>
Other: <u>Training Program</u>	<u>15.00/Hr.</u>
Other: <u>C.E. Programs</u>	<u>8.00/Hr.</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 94/95.

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

EMS System: Kern County

Reporting Year: FY-94/95

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Director	(1)	28.09	18%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	Senior Coordinator	(1)	23.47	19%	
Program Coord./Field Liaison (Non- clinical)	EMS Coordinator	(3)	20.82	20%	
Trauma Coord.					
Med. Director	Medical Director	(1)	50.99	N/A	Contracted
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

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

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

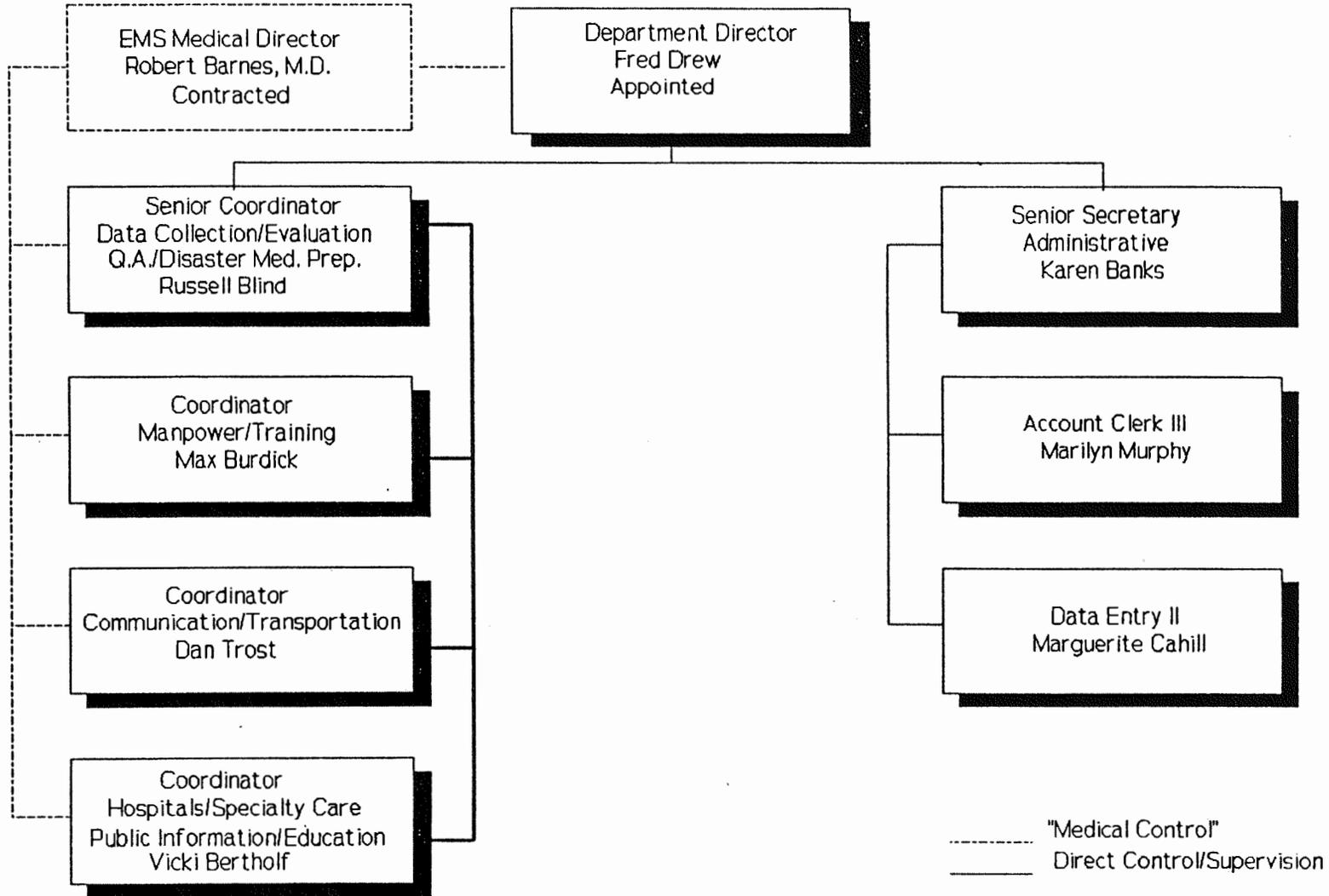
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Senior Secretary	(1)	14.04	24%	
Other Clerical	Account Clerk III.	(1)	12.15	26%	
Data Entry Clerk	Data Entry Clerk II.	(1)	10.89	27%	
Other					

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

KERN COUNTY  
EMS DEPARTMENT  
Organization chart

Effective September 18, 1995

FULL TIME 8  
PART TIME: 0  
TOTAL: 8



**TABLE 3**

**PERSONNEL/TRAINING**

**TAB. 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

Revision [2/16/95]

EMS System: Kern County

Reporting Year: 1995

**NOTE:** Table 3 is to be reported by agency.

Including: Fire

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	3,256			64	41
Number newly certified this year	1,051			11	3
Number recertified this year	259			24	0
Total number of accredited personnel on July 1 of the reporting year					
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions	1		1		
d) revocations					
e) denials	2				
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 41 41

2. Early defibrillation: 6

a) Number of EMT-I (defib) certified

b) Number of public safety (defib) certified (non-EMT-I) 284

3. Do you have a first responder training program? X yes \_ no

Note: Number of EMT-Is include Fire Department personnel and those from Out-of-County who have recertified in Kern County.

**TABLE 4**  
**COMMUNICATIONS**

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**EMS System: Kern CountyCounty: Kern CountyReporting Year: 1995

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

1. Number of primary Public Safety Answering Points (PSAP) 12<sup>1</sup>
2. Number of secondary PSAPs 2<sup>2</sup>
3. Number of dispatch centers directly dispatching ambulances 8<sup>3</sup>
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 467.950 — 462.950
  - b. Other methods Other Countywide Med-Net Frequencies
  - 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 X    no     
    - 1) Within the operational area?    yes X    no
    - 2) Between the operational area and the region and/or state?    yes X    no
6. Who is your primary dispatch agency for day-to-day emergencies? Emergency Communication Center
7. Who is your primary dispatch agency for a disaster? Emergency Communication Center vis EMS  
Operations Center

1-Includes (3) CHP Communication Centers (Los Angeles, Barstow, Bakersfield)

2-With E-9-1-1 Equipment

3-Does not include Shell, U.S. Borax, Edwards A.F.B., or China Lake N.W.C.

**TABLE 5**

**RESPONSE/TRANSPORTATION**

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

EMS System: Kern County

Reporting Year: FY-94/95

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	<u>N/A</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>N/A</u>
3. Total number responses	<u>70,616</u>
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>30,616</u>
b) Number non-emergency responses (Code 1: normal) (Includes interfacility transfers)	<u>40,000 Estimate</u>
4. Total number of transports	<u>64,496</u>
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>24,496</u>
b) Number non-emergency transports (Code 1: normal) (Includes interfacility transfers)	<u>40,000 Estimate</u>

**Early Defibrillation Programs**

5. Number of public safety defibrillation programs	<u>0</u>
a) Automated	<u>0</u>
b) Manual	<u>0</u>
6. Number of EMT-Defibrillation programs	<u>4</u>
a) Automated	<u>4</u>
b) Manual	<u>0</u>

**Air Ambulance Services**

7. Total number of responses	<u>548</u>
a) Number of emergency responses	<u>548</u>
b) Number of non-emergency responses	<u>0</u>
8. Total number of transports	<u>          </u>
a) Number of emergency (scene) transports	<u>493</u>
b) Number of non-emergency responses	<u>0</u>

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

Revision #1 [2/16/95]

**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. EMT-I	5 min/90%	8 min/90%	50 min/90%	5 min/90%
2. Early defibrillation responder.	5 min/90%	8 min/90%	50 min/90%	5 min/90%
3. Advanced life support responder.	8 min/90%	15 min/90%	50 min/90%	8 min/90%
4. Transport Ambulance.	8 min/90%	15 min/90%	50 min/90%	8 min/90%

Notes:

1. Estimated, probably less.
2. We only have partial "system" coverage of EMT-Defibrillation through EMT-I First Responder Agencies.
3. We still have a mix of ALS and BLS that are held to time standards. We do not separate response time standards by unit level — but assume ALS-level transport unit sent on 95% of calls Countywide.
4. "Actual" 90th percentile response times are less!

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

EMS System: Kern County

Reporting Year: FY-94/95

NOTE: Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria N/A
- b) Number of major trauma victims transported directly to a trauma center by ambulance \_\_\_\_\_
- c) Number of major trauma patients transferred to a trauma center \_\_\_\_\_
- d) Number of patients meeting triage criteria who weren't treated at a trauma center \_\_\_\_\_

**Emergency departments:**

- Total number of emergency departments 11
- a) Number of referral emergency services 0
- b) Number of standby emergency services 4
- c) Number of basic emergency services 7
- d) Number of comprehensive emergency services 0

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements 4
- 2. Number of base hospitals with written agreements 7

**TABLE 7**  
**DISASTER MEDICAL**



**TABLE 8**  
**PROVIDERS**

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Bakersfield Fire Department 1501 Truxtun Avenue, Bakersfield, CA 93301			Primary Contact: Mike Kelly, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: _____ PS _____ BLS _____ LALS
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 checked="" 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>-0-</u>

Name, address & telephone: California City Fire Department 20890 Hacienda Blvd., California City, CA 93505			Primary Contact: Robert Paris, Acting Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: _____ PS _____ BLS _____ LALS
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 checked="" 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>-0-</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: CARE Ambulance P.O. Box 857, Kernville, CA 93238			Primary Contact: Robert Bohn, Owner		
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: ____ PS      ____ PS-Delib ____ BLS      ____ EMT-D ____ LALS      ____ 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: Delano Ambulance P.O. Box 283, Delano, CA 93215			Primary Contact: Frank Subriar, Owner		
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: ____ PS      ____ PS-Delib ____ BLS      ____ EMT-D ____ LALS      ____ 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>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Golden Empire Ambulance, Inc. P.O. Box 918, Bakersfield, CA 93302			Primary Contact: Peter Brandon, President		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" 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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ 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>12</u>  11 Ground 1 Air

Name, address & telephone: Hall Ambulance Service, Inc. 1001 21st Street, Bakersfield, CA 93301			Primary Contact: Harvey Hall, President		
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: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ 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>29</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Kern Ambulance P.O. Box 519, Wasco, CA 93280			Primary Contact: David Greek, Owner		
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: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-ID ____ LALS      ____ 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>3</u>

Name, address & telephone: Kern County Fire Department 5642 Victor Street, Bakersfield, CA 93308			Primary Contact: Dan Clark, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-ID ____ LALS      ____ 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 checked="" 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>-0-</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Mercy Air Service, Inc. P.O. Box 2532, Fontana, CA 92334			Primary Contact: Homer Aerts, President		
Written Contract: <input checked="" 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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ 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>1</u>

Name, address & telephone: Poulin Corp., dba Liberty Ambulance 1325 W. Ridgecrest Blvd., Ridgecrest, CA 93555			Primary Contact: Sandy Poulin, Owner		
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: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ 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>8</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: <b>Schaefer's Shafter Ambulance</b> P.O. Box 687, Shafter, CA 93263			Primary Contact: <b>Gerald Schaefer, Owner</b>		
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: ____ PS                      ____ PS-Defib ____ BLS                     ____ EMT-D ____ LALS                    ____ 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>3</u>

Name, address & telephone: <b>Shell Western Exp. &amp; Prod.</b> Attn: Health Care Facility, P.O. Box 400, McKittrick, CA 93251			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: ____ PS                      ____ PS-Defib ____ BLS                     ____ EMT-D ____ LALS                    ____ 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>1</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Taft Fire Department 801 Center Street, Taft, CA 93268			Primary Contact: Vance Brannon, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: _____ PS                  _____ PS-Defib _____ BLS                _____ EMT-D _____ LALS                _____ 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 checked="" 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>-0-</u>

Name, address & telephone: U.S. Borax Ambulance Service 14486 Borax Road, Boron, CA 93516			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" 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: _____ PS                  _____ PS-Defib _____ BLS                _____ EMT-D _____ LALS                _____ 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>1</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: <b>Wasco Ambulance</b> P.O. Box 747, Delano, CA 93216			Primary Contact: <b>Frank Subriar, Owner</b>		
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: _____ PS      _____ PS-Delib _____ BLS      _____ EMT-ID _____ LALS      _____ 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>3</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input 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: _____ PS      _____ PS-Delib _____ BLS      _____ EMT-ID _____ LALS      _____ ALS
Ownership: <input type="checkbox"/> Public <input 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: _____

**TABLE 9**

**APPROVED TRAINING PROGRAMS**

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Kern County County: 15 Reporting Year: 1995

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address

Contact Person telephone no.

Bakersfield Community College 1801 Panorama Drive, Bakersfield, CA 93305		Darlene Grogan (805) 395-4281
Student Eligibility: * Open to the general public.	Cost of Program [basic/refresher]:  Basic: \$85.00 Recert: \$35.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>83</u> Refresher: <u>51</u> Cont. Education: <u>Unknown</u> Expiration Date: <u>8/99</u>  Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Unknown</u>

Training Institution Name / Address

Contact Person telephone no.

Cerro Coso College 3000 College Heights Blvd., Ridgecrest, CA 93555		Steve Bloomberg (619) 375-5001 (ext. 203)
Student Eligibility: * Open to the general public.	Cost of Program [basic/refresher]:  Basic: \$85.00 Recert: \$35.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>102</u> Refresher: <u>80</u> Cont. Education: <u>Unknown</u> Expiration Date: <u>8/99</u>  Number of courses: <u>8</u> Initial training: <u>4</u> Refresher: <u>4</u> Cont. Education: <u>Unknown</u>

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** Kern County **County:** 15 **Reporting Year:** 1995

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Preparedness, Training & Development, Inc. (P.T.&D., Inc.) 2112 Foothill Blvd., Suite "A", La Crescenta, CA 91214		Dr. David Rasmuoff (818) 248-2293
Student Eligibility: * Mobil Oil Personnel	Cost of Program [basic/refresher]:  Basic: N/A Recert: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>16</u> Refresher: <u>18</u> Cont. Education: <u>Unknown</u> Expiration Date: <u>2/96</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Unknown</u>

Training Institution Name / Address		Contact Person telephone no.
California Emergency Services Training Academy (C.E.S.T.A.) P.O. Box 16895, South Lake Tahoe, CA 96151-6895		Debra Garber (916) 542-3140
Student Eligibility: * Open to general public.	Cost of Program [basic/refresher]:  Basic: \$495 Recert: \$95	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>15</u> Refresher: <u>10</u> Cont. Education: <u>Unknown</u> Expiration Date: <u>2/99</u>  Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>Unknown</u>

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Kern County County: 15 Reporting Year: 1995

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Taft College 29 Emmons Park Drive, Taft, CA 93268		Penny Vest (805) 763-4282
Student Eligibility: * Open to the general public.	Cost of Program [basic/refresher]: Basic: \$85.00 Recert: \$35.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>10</u> Cont. Education: <u>Unknown</u> Expiration Date: <u>1/96</u>  Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>Unknown</u>

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

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

**TABLE 10**

**FACILITIES**

# TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: Bakersfield Memorial Hospital P.O. Box 1888, Bakersfield, CA 93303			Primary Contact: C. Larry Carr, President					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	<input checked="" type="checkbox"/> yes <input 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:****

Name, address & telephone: Delano Regional Medical Center P.O. Box 460, Delano, CA 93216			Primary Contact: Gerald Starr, CEO					
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****

- \* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**  
(Continued)

EMS System: KERN COUNTY

County: 15

Reporting Year: 1995

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

Name, address & telephone: Kern Medical Center 1830 Flower Street, Bakersfield, CA 93305		Primary Contact: Gerald Starr, CEO						
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****

Name, address & telephone: Mercy Hospital P.O. Box 119, Bakersfield, CA 93302		Primary Contact: Bernard Herman, President						
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- \*\*\* Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*

\*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**  
(Continued)

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: San Joaquin Community Hospital 2615 Eye Street, Bakersfield, CA 93301			Primary Contact: Fred Manchur, Administrator		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <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:****		

Name, address & telephone: Kern Valley Hospital P.O. Box 1628, Lake Isabella, CA 93240			Primary Contact: L. Ned Miller, Administrator		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <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:****		

- \* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**  
(Continued)

EMS System: Kern County

County: 15

Reporting Year: 1995

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

Name, address & telephone: <b>Ridgecrest Community Hospital</b> 1081 N. China Lake Blvd., Ridgecrest, CA 93555			Primary Contact: <b>David Mechtenberg, Administrator</b>		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*
					<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:****

Name, address & telephone: <b>Tehachapi Hospital</b> 115 West "E" Street, Tehachapi, CA 93561			Primary Contact: <b>David Jacobsen, Administrator</b>		
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*
					<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:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- \*\*\* Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**  
(Continued)

EMS System: Kern County

County: 15

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> Westside District Hospital 110 East North Street, Taft, CA 93268		<b>Primary Contact:</b> Margo Arnold, Administrator						
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****

<b>Name, address &amp; telephone:</b> Antelope Valley Medical Center 1600 West Avenue "J", Lancaster, CA 93534		<b>Primary Contact:</b> Robert Harenski, Administrator						
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- \*\*\* Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**  
**(Continued)**

**EMS System:** Kern County

**County:** 15

**Reporting Year:** 1995

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

<b>Name, address &amp; telephone:</b> Henry Mayo Newhall Memorial Hospital 23845 W. McBean Parkway, Valencia, CA 91355			<b>Primary Contact:</b> Duffy Watson, Administrator				
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:		Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	<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:****	

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- \*\*\* Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 11**

**DISASTER MEDICAL RESPONDERS**

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

EMS System: Kern County

County: 15

Date: 1995

NOTE: Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

Charles Conner

Work Telephone No.: (805) 861-2491 (Ext. 3056)

Home Telephone No.: (805) 861-2500

Office Pager No.: (805) 636-2311

FAX No.: (805) 633-1809

24-HR No.: (805) 861-2500

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR No.: \_\_\_\_\_

**County EMS Disaster Medical Services (DMS) Coordinator:**

Russell Blind

Work Telephone No.: (805) 861-3200

Home Telephone No.: (805) 391-9013/Cellular 839-4271

Office Pager No.: (805) 638-9985

FAX No.: (805) 326-0951

24-HR No.: (805) 861-2300

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR No.: \_\_\_\_\_

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 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

B. A. Jinadu, M.D., M.P.H.

Work Telephone No.: (805) 861-3655

Home Telephone No.: (805) 872-6989

Office Pager No.: (805) 332-2512 (Cellular)

FAX No.: (805) 861-2018

24-HR No.: \_\_\_\_\_

**Alternate's Name:**

Claudia Jonah, M.D.

Work Telephone No.: (805) 861-3522

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: (805) 861-2018

24-HR No.: \_\_\_\_\_

Medical/Health EOC telephone no.:

Amateur Radio contact name: Don Pipkin

Who is the RDMHC for your region? Edward DeFoe, M.D.

Medical/Health EOC FAX No.:

Medical/Health radio frequency used: Med-9

**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: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**OES Region:** Mutual Aid Region V

**County:** 15

**Date:** 1995

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

Roy Manning

Work Telephone No.: (209) 658-7803

Home Telephone No.: \_\_\_\_\_

Office Pager No.: (209) 476-6126

FAX No.: (209) 445-5987

24-hour No.: (209) 445-5672

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR No.: \_\_\_\_\_

**Regional Disaster Coordinator:**

Paul B. Calkins

Work Telephone No.: (209) 275-0903

Home Telephone No.: (209) 275-0903

Office Pager No.: (209) 971-5375

FAX No.: (209) 445-5987

24-hour No.: (209) 445-5672

**Alternate's Name:**

\_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Office Pager No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

24-HR No.: \_\_\_\_\_

**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.

**E 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**  
Edward DeFoe, M.D.  
Work Telephone No.: (209) 445-3270  
Home Telephone No.:  
Office Pager No.:  
FAX No.:  
24-hour No.: (209) 488-1800

**Alternate's Name:**  
Work Telephone No.:  
Home Telephone No.:  
Office Pager No.:  
FAX No.:  
24-HR No.:

**Regional Ambulance Transportation Coordinator:**  
Work Telephone No.:  
Home Telephone No.:  
Office Pager No.:  
FAX No.:  
24-hour No.:

**Alternate's Name:**  
Work Telephone No.:  
Home Telephone No.:  
Office Pager No.:  
FAX No.:  
24-HR No.:

Medical/Health EOC telephone no.:  
Amateur Radio contact name:

Medical/Health EOC FAX No.:  
Medical/Health radio frequency used:

**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

## Description of Plan Development Process

Over the past year, the EMS Department met with various professional groups (private ambulance companies, hospital E.R. professionals, and Kern County Medical Society) to discuss and coordinate various policies and procedures which are specifically part of our Plan. Many of these meetings are scheduled on a normal basis throughout the year to discuss issues related to the EMS System, and these were used to gain comment on, or coordinate various activities directly related to many of the standards contained in the Plan. For instance, a dispatch Q.A. team meets monthly, and a Trauma Plan Steering Committee met monthly for over a year to discuss the Trauma Plan, and trauma related standards in the EMS Plan.

Once the Plan was in draft form, it was distributed to all interested parties for review and comment.

Next, the Plan was briefed to the Emergency Medical

Care Advisory Board (EMCAB) and public comments were taken. The Plan was then formalized and with EMCAB's support, sent to the Board of Supervisors for approval, and transmitted to the EMS Authority.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



May 3, 1996

Fredick A. Drew  
EMS Administrator  
1400 H street  
Bakersfield, CA 93301

Dear Mr. Drew:

We have completed our review of *Kern County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Joseph E. Morales'.

Joseph E. Morales, M.D., MPA  
Director

mr:JM:kern.app/05/03/96