Orange County
Emergency Medical Services Agency

EMS SYSTEM PLAN

TABLE of CONTENTS

Section 1 . . . . . Executive Summary i

Section 2
Table 1 . . . . . Summary of System Status iii

EMS System Standards
A. . . . . Systems Organization and Management 1
B. . . . . Staffing/Training 29
C . . . . . Communications 42
D. . . . . Response/Transportation 52
E. . . . . Facilities/Critical Care 74
F. . . . . Data Collection/System Evaluation 88
G. . . . . Public Information and Education 99
H. . . . . Disaster Medical Response 103

Section 3 . . . . . System Resources and Operations
Table 2 . . . . . System Organization and Management 122
Table 3 . . . . . Personnel/Training 127
Table 4 . . . . . Communications 128
Table 5 . . . . . Response/Transportation 129
Table 6 . . . . . Facilities/Critical Care 131
Table 7 . . . . . Disaster Medical 133

Section 4 . . . . . Resources Directory
Table 8 . . . . . Providers 134
Table 9 . . . . . Approved Training Programs 149
Table 10 . . . . . Facilities 152
Table 11 . . . . . Dispatch Agency 169

Section 5 . . . . . Plan Development Process 183

Section 6 . . . . . Compliance Exclusive Operating Permits 184

Annex A . . . . . Trauma System Guidelines

ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN

SECTION 1: EXECUTIVE SUMMARY

Section 1797.254 of the California Health and Safety Code requires that each Local Emergency Medical Services Agency submit an EMS plan annually to the State EMS Authority. The Orange County Emergency Medical Services Agency, in collaboration with multiple EMS System participants, completed a comprehensive evaluation of the current EMS System based on the State EMS System guidelines required standard and recommended standard guideline (goal). The optimal Orange County EMS System was then defined based on local needs and resources.

The Emergency Medical Services Plan for the County of Orange provides a framework for the planning and implementation of EMS programs designed to enhance the current System. Evaluation of the current EMS delivery system reveals that the local EMS System meets minimum state standards and complies with state laws and regulations. As a result of exceeding the minimum state standards in many areas, the Orange County EMS Agency remains in the unique position of a proactive role in designing EMS activities and programs to refine and enhance the existing EMS System over the next five years.

Based on the State EMS Authority delineated EMS plan format and contents, the Orange County EMS Plan evaluates the current System, identifies needs and objectives for System enhancement and recommends cost-effective, practical methods for effecting change, continuing the evaluation process and improving the overall delivery system for emergency medical services in Orange County.

All needs identified focus on the goal of developing the optimal EMS System for Orange County. To improve or expand the existing EMS System, the following needs have been identified:

- Additional EMS Agency staff to oversee EMS System expansion, including public information and education and disaster response coordination
- Managed care committee representation/expertise
- Continued evaluation of trauma triage and transfer criteria and agreements
- Comprehensive involvement of all EMS System participants in the EMS System QI program
- Determination of optimal system design for pediatric emergency medical and critical care
- Uniform monitoring of private and public emergency medical transportation services
- Development of EMT-1 Treatment Guidelines and medical control
- Evaluation of alternative communication options for biomedical and disaster communications
- Standardized compliance with trauma data reporting requirements
- EMS Agency participation and leadership in EMS community and public education
- Evaluation of EMS System capabilities in the management of patients with radiation or chemical contamination and injuries.

- Continued promotion of Hospital Emergency Incident Command System (HEICS) in local hospitals
- Development of formalized disaster medical response training for all EMS System participants.

Proposed solutions consider EMS System priorities, budgetary constraints, available resources and alternatives for achieving desired results. EMS Agency staff have been assigned responsibility for specific needs and a time frame has been developed for resolution of each need identified. Recommendations are currently being evaluated; many have been implemented.

The addition of managed care representation to the existing committee structure will insure that input from the managed care community is obtained regarding EMS System operations and clinical issues in anticipation of health care reform. Increased involvement of pediatric specialties will be solicited to provide guidance and expertise in the evaluation of pediatric emergency medical and critical care in Orange County.

The comprehensive EMS QI Program will address continued evaluation of trauma triage and patient transfer issues, QI program expansion, and trauma data reporting compliance. Expansion of EMS Agency monitoring responsibilities will include emergency medical transportation services provided by public safety agencies as well as private ambulance services which may require additional staff or reassignment of job responsibilities.

Development of EMT-1 Treatment Guidelines will require input from EMS System participants and educators and the medical community; coordination of this task will be provided by EMS Agency staff. Evaluation of alternate communication options for biomedical and disaster communications is currently a collaborative project involving public safety agencies, Orange County Communications, emergency medical transportation services and the EMS Agency.

Additionally EMS Agency staff would be required to formally address the need for EMS Agency participation and leadership in community education. Currently public education is provided by multiple public safety agencies, the American Red Cross, the EMS Agency and various programs within the Orange County Health Care Agency. A cost-effective alternative is being considered to avoid duplication of services. The status of EMS community education in Orange County will be evaluated to identify needs, resources and alternative funding options to secure Public Information and Education staff. The new EMS Agency staff will liaison with agencies and programs providing EMS public education.

The disaster medical resource inventory is being updated and expanded. This will provide a mechanism for evaluating EMS System capabilities in the management of patients with radiation or chemical contamination, the status of HEICS in local hospitals and options for providing formalized disaster medical response training for all EMS System participants.

The EMS System in Orange County is evolving during a period of health care reform. An ongoing evaluation process insures that programs meet the needs of the community, providing quality emergency medical care while recognizing the need for cost-effective operations. Tremendous progress is being made to actively involve all EMS System participants in the EMS System QI program. A comprehensive network of professional and technical advisory groups exists in addition to the Emergency Medical Care committee (EMCC) to provide consumer and health care provider input to the EMS System. The EMS Plan has been developed as a strategic plan to guide and evaluate EMS System activities in Orange County.

TABLE 1: Summary of System Status

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 is to be reported by agency.

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended goal	Annual Implementation	Long-range Plan
1.01 LEMSA Structure		X	N/A		X
1.02 LEMSA Mission		X	N/A		X
1.03 Public Input		X	N/A		X
1.04 Medical Director		X	X		X
Planning Activities					
1.05 System Plan		X	N/A		X
1.06 Annual Plan Update		X	N/A	X	
1.07 Trauma Planning*		X	X	X	X
1.08 ALS Planning*		X	N/A		X
1.09 Inventory of Resources		X	N/A	X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X		X

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

N/A = Not Applicable

System Finance

1.16 Funding Mechanism		X	n/a		X

Medical Direction

1.17 Medical Direction*		X	N/A		X
1.18 QA / QI		X	0		X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X	N/A	X	
1.21 Determination of Death		X	N/A		X
1.22 Reporting of Abuse		X	N/A	X	
1.23 Interfacility Transfer		X	N/A	X	

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		X

Enhanced Level: Trauma Care System	**Does not currently meet standard**	**Meet minimum standard**	**Meet recommended goal**	**Annual Implementation**	**Long-range Plan**
1.26 Trauma System Plan		X		X	X

Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan	X			X	X

Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			X

B. STAFFING / TRAINING

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

Dispatchers

2.04 Dispatch Training		X	X	X	

First Responders (non-transporting)

2.05 First Responder Training		X	0		X
2.06 Response		X	N/A		X
2.07 Medical Control	X		N/A	X	X

Transporting Personnel

2.08 EMT-I Training		X	X		X

Hospital

2.09 CPR Training		X	N/A		X
2.10 Advanced Life Support		X	X		X

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

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

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

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X	X	
4.17 ALS Equipment		X		X	

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended goal	Annual Implementation	Long-range Plan
4.18 Compliance	X			X	X

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X		X	X
4.20 Grandfathering		X		X	
4.21 Compliance	X			X	X
4.22 Evaluation		X			X

E. FACILITIES / CRITICAL CARE

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

F. DATA COLLECTION / SYSTEM EVALUATION

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

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X			X

Enhanced Level: Trauma Care System

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

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended goal	Annual Implementation	Long-range Plan
7.01 Public Information Materials	X		0	X	X
7.02 Injury Control	X		0	X	X
7.03 Disaster Preparedness		X	0	X	X
7.04 First Aid & CPR Training	X		0	X	X

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended goal	Annual Implementation	Long-range Plan
8.01 Disaster Medical Planning*		X			X
8.02 Response Plans	X	X			X
8.03 HazMat Training				X	X
8.04 Incident Command System		X		X	
8.05 Distribution of Casualties*		X		X	
8.06 Needs Assessment		X			X
8.07 Disaster Communications*		X			X
8.08 Inventory of Resources		X	X	X	
8.09 DMAT Teams		X			X
8.10 Mutual Aid Agreements*		X			X
8.11 CCP Designation*		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X	0	X	X
8.14 Hospital Plans		X	X	X	
8.15 Interhospital Communications		X			X
8.16 Prehospital Agency Plans		X	X		X

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			X

Enhanced Level: Specialty Care Systems	**Does not currently meet standard**	**Meet minimum standard**	**Meet recommended goal**	**Annual Implementation**	**Long-range Plan**
8.18 Specialty Center Roles		X			X
8.19 Waiving Exclusivity		X			X

SYSTEM ORGANIZATION AND MANAGEMENT

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:

Pursuant to the California Health and Safety Code, the Orange County Board of Supervisors designated the Health Care Agency as the EMS Agency in February 1982. The formal organizational structure depicted in P/P #070.00 integrates both agency staff and non-agency technical and clinical support resources.

Needs:

The continuing legislated expansion of EMS Agency activities requires additional personnel to meet the needs of patients and the EMS providers. Consideration must given to the need for a public information/community education coordinator and the growth potential for the EMS Quality Improvement Program. Strengthening of staff resources would enable the EMS agency to oversee EMS system expansion and to be proactive in response to the anticipated the health care reform impact on EMS activities.

Objective:

Insure that EMS agency staff and non-agency resources are adequate to maintain and enhance the operational and clinical capabilities of the EMS System.

For Objective:

☒ Annual Implementation Plan
- *Review staff and resource needs*

☒ Long Range Plan
- *Maintain current staffing*
- *Assess the potential for additional staffing as revenue permits*

BOR/laa:LA 3:1518

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:

A comprehensive system-wide QA/QI program has been implemented. The Board of Supervisor has designated the Quality Assurance Board to review and recommend closure to study findings to the EMS in Orange County. The EMS Agency and base hospital QA/QI programs are operational. The status of ALS and ambulance service providers' QA/QI program development currently ranges from basic to model programs.

Needs:

Involvement of all EMS System participants in QA/QI program with EMS Agency oversight, consultation and QI program approval.

Objective:

Promote active participation of all EMS system participants in the EMS system QA/QI.

For Objective:

☒ Annual Implementation

- *Complete QI status inventory/needs assessment of all EMS system participants*

☒ Long Range Plan

- *Expand QI implementation plan for public safety agencies to include patient outcome*
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A comprehensive network of professional and technical advisory groups exists in addition to the Emergency Medical Care Committee (EMCC) to provide consumer and health care provider input to the EMS System. In addition citizen, and provider complaints/suggestions are solicited with formal follow-up to all complaints/suggestions.

Needs:

None

Objective:

Provide for broad representation of consumers and healthcare providers to insure comprehensive input is obtained regarding EMS system operations and clinical issues.

For Objective:

☐ Annual Implementation

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Recommended Goal:

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:

The Orange County Board of Supervisors designated Bruce E. Haynes, M.D., a Board Certified Emergency Medicine Physician and nationally recognized experienced State EMS Authority Director as the Orange County EMS Medical Director. The EMS Medical Director is a .75 FTE position. The Assistant Medical Director, Richard Hoech, M.D., is an experienced emergency medicine physician with considerable experience in EMS System quality improvement and prehospital care. The Assistant Medical Director is a .25 FTE position. A seven member base hospital physician directors advisory board is advisory to the medical director. In addition, physicians with appropriate specialties and non physician providers serve on the formal technical advisory subcommittees.

Needs:

None

Objective:

Provide comprehensive clinical expertise and input from the physician specialties.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The EMS System Plan is in a dynamic state. On-going evaluation of EMS System performance by the EMS agency and system participants provides continuing direction. Overall, goals are established with EMS community involvement, realistic time-frames are identified and the evaluation mechanism exists to modify the plan as needed. The Orange County EMS Summit resource document designed by Orange County EMS Agency and system leaders has served as the frame work for continuing system enhancement the past four years. It also has provided for needs identification, system update and implementation.

Needs:

This EMS Agency is soliciting all EMS system participants and health care consumers to participate in the development and adoption of a comprehensive EMS System Plan for 1995 - 2000.

Objective:

Utilize the EMS System Plan as a working document or strategic plan to guide and evaluate ongoing EMS activities in Orange County.

For Objective:

☒ Annual Implementation Plan

- *Initial EMS system assessment by EMS Agency staff*
- *Develop draft EMS Plan with input consumers and health care providers*
- *Submit EMS Plan to EMS system participants for review and recommendations*
- *Submit EMS Plan to Board of Supervisors for formal submission to EMS Authority*
- *Submit EMS Plan to EMS Authority*

☒ Long Range Plan

- *Routine assessment, review, and revision*

BOR/laa:LA 3:1518

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:

The existing 1993 EMS System Plan has been evaluated and modified to reflect current implementation needs and goals. System review and annual updates will continue to be adopted for the EMS Plan 1995 - 2000.

Needs:

Continue and forward to the State EMS Authority the summary process of system communication, system progress, and system design changes as determined by the Agency and its community advisory/advisory technical subcommittees.

Objective:

Update EMS System Plan annually.

For Objective:

☒ Annual Implementation Plan

- *Submit annual EMS Plan updates to EMS Authority*

☐ Long Range Plan

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The Orange County Trauma System consists of two designated Level II trauma centers and one designated Level I trauma center. A contractual agreement exists with an additional Level I trauma center in Los Angeles County to provide trauma care for Orange County trauma victims when necessary. EMS policies address trauma patient triage, destination determination, trauma patient transfer, and data collection. Orange County trauma centers and paramedic receiving centers occasionally receive patients from Los Angeles or San Diego County.

Coordination With Other EMS Agencies:

Intercounty Agreements have been executed with all adjacent counties. Coordination with the appropriate EMS Agency occurs as needed in response to specific incidents or system issues.

Needs:

Trauma triage criteria and trauma transfer issues have been identified by system participants as components requiring continuing evaluation and appropriate modification if needed.

Objective:

Continue to insure that timely, appropriate and cost effective trauma care is available to all trauma victims.

For Objective:

☒ Annual Implementation Plan

- *Complete trauma patient transfer audit*

☒ Long Range Plan

- *Continue tracking of trauma victims transferred as "Call Continuation" or "Immediate Retriage" patients*

BOR/laa:LA 3:1518

Standard 1.08

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

Current Status:

ALS ground services are available within approximately 5-8 minutes throughout Orange County. Currently all ALS providers are fire departments.

Coordination With Other Agencies:

Mutual aid coordination of ALS resources for multi-casualty or disaster situations is available and routinely used for Multi Victim Incident as well as disaster situations (Policies 900.00 series).

Needs:

No needs identified.

Objective:

Continue to maintain ALS emergency services throughout Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR:laa
system org.

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:

The EMS agency maintains a comprehensive inventory of EMS resources including personnel, ambulance service providers, ALS providers, paramedic receiving centers, base hospitals, specialty centers and training programs. This inventory is updated routinely.

Needs:

No needs identified.

Objective:

Maintain a comprehensive EMS inventory.

For Objective:

☒ Annual Implementation Plan

- *Update EMS inventory annually and as needed*

☐ Long Range Plan

BOR/laa:LA 3:1518

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).

Goal:

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:

Services for a variety of special population groups are available throughout Orange County, provided by facilities, dispatch centers, ambulance service providers and ALS providers. All designated paramedic receiving centers in Orange County maintain JCAHO accreditation; consequently they meet the standard and goal. The County disaster response plans identify population groups such as elderly and handicapped requiring specialized services for evacuation by the prehospital system. Communications services for hearing impaired and mute are through the Orange County Communication.

Needs:

No needs identified.

Objective:

Continue to insure prompt, cost effective availability of EMS services for special population groups while minimizing the need for duplication of highly specialized services.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 1.11

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

Goal:

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:

Agreements have been developed and executed with system participants including base hospitals, paramedic receiving centers, trauma centers, neuro trauma receiving centers, ALS providers, ambulance service providers, EMT and EMT-P Training Programs. Roles and responsibilities are in Policy and Procedures for all EMS providers.

Needs:

No needs identified. Managed care organizations may assume a more active role in EMS system operations requiring clarification of their roles and responsibilities in future years.

Objective:

Maintain a coordinated EMS System with continuing review of conformance to identified roles and responsibilities of providers.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 1.12

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

Current Status:

Agreements existing with EMS System participants mandate involvement with QA and data collection. Representation on the Quality Assurance Board (QAB) includes members from each component of the EMS delivery system. Committee structure insures monitoring and review with subsequent recommendations developed based on input from the medical community and health care consumers.

Needs:

No needs identified.

Objective:

Promote active involvement of all EMS System participants in the review and monitoring of EMS System operations.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Review QAB membership to insure comprehensive representation*
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 1.13

Each local EMS agency shall coordinate EMS system operations.

Current Status:

The organizational structure of the EMS agency provides for comprehensive coordination of EMS System operations through technical advisory subcommittees representing all EMS System participants.

Needs:

Maintain current committee structure and membership - continue to monitor/modify operations as needed.

Objective:

Insure active participation in EMS System operations and effective communication within the EMS System.

For Objective:

- ☐ Annual Implementation Plan
- ☒ Long Range Plan
  - *Routine monitoring*

BOR/laa:LA 3:1518

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:

A comprehensive policy and procedure manual is maintained, updated and distributed periodically to all EMS System participants. Revisions completed in response to recommended system operational needs and regulations adopted by the program and medical director are mailed in a timely manner to assure conformity and standardization.

Needs:

No need identified. Continue systematic approach to routine policy review/revision to facilitate thorough, prompt review by appropriate EMS participants/committees.

Objective:

Maintain comprehensive current policy and procedure manual, review and revise as needed.

For Objective:

☒ Annual Implementation Plan
- *Complete policy review/revision as needed*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 1.15

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

Current Status:

Formal (e.g. redesignation, recertification, etc.) and informal (e.g. complaints, CQI audits, etc.) review policies exist to provide the mechanism for ensuring compliance with system policies. The EMS Agency organizational structure provides oversight, review of areas of non-compliance and recommendations for corrective action.

Needs:

No needs identified.

Objective:

Continue to maintain an effective mechanism to review, monitor, and enforce compliance with system policies.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Funding for EMS agency operations is partially derived from State Realignment funds (13%) and County General Fund (2%). The remining 85% of the funding is generated from fees for designation, licensing, certification and/or authorization functions performed by the EMS agency and the county discretionary portion of the EMD Fund. The disaster coordination position is funded by the EMS fund.

Needs:

Periodic review of alternative funding sources.

Objective:

Maintain optimal funding for EMS Agency operations.

For Objective:

☐ Annual Implementation

☒ Long Range Plan
- *Routine monitoring*

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:

Seven base hospitals currently provided medical direction to ALS providers in Orange County. Clinical oversight is provided by the Base Hospital Medical Directors Advisory Committee. Roles responsibilities and relationships are clearly delineated in contractual agreements and policies and procedures.

Coordination With Other EMS Agencies:

Policies and procedures available as a resource. Currently medical direction is provided by base hospitals located in Orange County.

Needs:

No needs identified. ALS provider involvement in QI, base hospital leadership in education, and OCEMS monitoring of overall system will identify needs for further modification.

Objective:

Maintain collaborative approach to evolving EMS System responsive to quality care and cost containment issues while insuring consistent medical direction within the system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine Monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

A comprehensive QI program evaluating system performance exists within the EMS agency. Base Hospital QI Programs approved by the EMS Agency are coordinated programs including individual and collaborative system studies. QI within ALS provider and ambulance service provider agencies ranges from basic in house QI consisting of reviews of response time and/or documentation to comprehensive programs in which multiple aspects of overall operations and clinical care are evaluated with system modification/education/follow-up based on outcome.

Needs:

Prehospital care provider QI programs need to be expanded, approved and/or implemented consistently with the focus on quality of care. In collaboration with EMS System participants, the EMS Agency must continue a leadership role to insure implementation of provider based QI programs. This need may effectively be addressed by the Quality Assurance Board completing a status/needs assessment, developing an inventory of current QI program status and establishing a QI network. The QI network would determine goals and provide resources for education and program development specific for various prehospital providers within the system.

Objective:

Promote a coordinated QI program integrating all EMS System participants in the overall evaluation of operations and clinical care.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 1.02*

☒ Long Range Plan
- *Develop QI resource network*

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

Goal:

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

Current Status:

The OCEMS Polices and Procedures address all aspects of EMS operations. Responsive to system needs, the EMS Agency, in collaboration with system participants routinely develops and updates policies pertinent to local EMS practice. Emergency medical dispatching includes the utilization of pre-arrival/post dispach instructions by ALS provider agency personnel.

Needs:

No needs identified.

Objective:

EMS policies must clearly direct appropriate quality care consistent with goals and abilities of the EMS System. This requires continuing routine development, monitoring and revision of policies.

For Objective:

☒ Annual Implementation

- *Reference Standard 1.14*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 1.20

Each local EMS agency shall have a policy regarding "Do-No-Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

Current Status:

A DNR policy (recognizing a green OCEMS arm band) was adopted countywide in August, 1991. Effective January 1, 1994, Orange County EMS implemented an expanded DNR policy in accordance with the EMS Authority's DNR guidelines. Education and/or consultation via a "DNR guidelines" video, lecture and an educational packet including the policy, copies of DNR request documents, course objectives and a post-test were provided to all prehospital personnel, acute care facilities, skilled nursing facilities, home health agencies and hospice programs. An overview has been widely distributed and published in the Orange County Medical Society's Bulletin.

Needs:

No needs identified.

Objective:

Continue to promote uniform knowledge, understanding and utilization of DNR guidelines.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The EMS Agency Prehospital Determination of Death policy clearly defines situations appropriate for field pronouncement of death. Orange County Coroner review of this policy was solicited prior to implementation and communication exists to provide immediate feedback on individual cases when necessary.

Needs:

No needs identified.

Objective:

Continue to monitor and promote EMS system participants compliance with the Determination of Death Policy and Orange County Coroner mandates regarding field pronouncement of death.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

EMS policies exist providing a mechanism for reporting child abuse and elder abuse. Currently, SIDS death are not formally reported by prehospital personnel -- the Orange County Coroner is directly involved in each case however, paramedic receiving centers notify the Orange County Coroner of suspected SIDS deaths routinely as a "reportable death".

Needs:

No problems have been identified with current mechanism for reporting SIDS deaths.

Objective:

Maintain current policies delineating reporting responsibility and process for child abuse, elder abuse and suspected SIDS deaths.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Update policies as needed*

BOR/laa:LA 3:1518

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:

Several types of interfacility transfers may be utilized in Orange County depending on the clinical condition of the patient. ALS providers paramedics, when utilized per policy for a patient requiring emergent transfer adhere to OCEMS Agency treatment guidelines. BLS personnel adhere to EMT scope of practice per Title 22 during interfacility transfers. Aeromedical EMT-P personnel adhere to treatment guidelines, policies and procedures pertaining to scope of practice in the county where currently accredited to practice.

Needs:

Current policies meet the standard. No needs identified.

Objective:

Insure quality patient care within the scope of practice of EMTs during interfacility transfers.

For Objective:

- ☐ Annual Implementation Plan
- ☐ Long Range Plan
  - *Continue monitoring standard of care*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

City or county fire departments currently provide all ALS services within their governmental borders pursuant to the grandfather clause Section 1797.201, Health and Safety Code and as approved by the State EMS Authority following recognition of the Orange County EMS Plan. Each ALS provider for the city and/or county design request for proposal defines the requirements and responsibilities related to EMS approval as an ambulance for transport of ALS patient service.

Needs:

No needs identified.

Objective:

Continue to insure appropriate, quality ALS care in Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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:

Current policies clearly delineate BH selection and designation criteria Base hospital physician and MICN medical direction. Currently with seven (7) BH providing medical direction for ALS providers, the need for in-house medical direction for provider agencies has not been identified.

Needs:

No needs identified. The EMS Agency medical director and BH medical directors should be involved in establishing minimum qualifications should the system evolve to require the addition of ALS provider in-house medical direction.

Objective:

Maintain a medical control plan consistent with the needs of the EMS system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*
- *Establish process for determining the need for ALS provider in-house medical directors*

BOR/laa:LA 3:1518

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:

A comprehensive trauma care system plan has been fully implemented including the designation of one level I and two level II trauma centers in Orange County and an additional Level I in Los Angeles County which serves the Orange County area. In addition, five facilities have been designated as neuro trauma receiving centers. Designation criteria is clearly defined in policy.

Needs:

Current system meets the standard. On-going evaluation of triage vs outcome data, and effectiveness in relationship to health reform reimbursement and trauma transfers is needed to assure the responsiveness of the current system.

Objective:

An optimal trauma system providing cost effective, quality trauma care insuring appropriate resource utilization.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring trauma costs, trauma triage patient outcome and disposition*

BOR/laa:LA 3:1518

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:

Currently pediatric emergency medical and critical care is integrated into the overall EMS System. Determination of the need for a higher level of care and/or coordination of patient transfers are the responsibility of the sending/referring physician. Designated trauma and neuro trauma centers provide specialized care for pediatric trauma victims. A formalized pediatric emergency medical and critical system plan has not been developed.

Needs:

The existing system is thought to be adequately meeting community needs. On-going evaluation of the existing system should insure that it is responsive to the needs of the pediatric population.

Objective:

Insure that the existing EMS system provides adequate pediatric emergency medical and critical care.

For Objective

☒ Annual Implementation Plan

- *Agendize for consideration by Facilities Advisory Committee as to the need for a formal pediatric plan*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

ALS services are currently provided exclusively by city and county fire departments for each city and all unincorporated areas. Emergency ambulance service is provided by fire departments in several cities and/or private ambulance services. Selection of private ambulance services in most cities and unincorporated areas utilizes a competitive bid process administered by the local jurisdiction's fire chief.

Needs:

The present system optimally provides for emergency ambulance service and Advanced Life Support (ALS) services in Orange County based on community needs and resources. Service areas are designated by written agreements and all areas maintain adequate ambulance and ALS service coverage.

Objective:

Insure that all areas of Orange County continue to be provided prompt, appropriate ambulance and ALS service of the highest quality.

Implementation/For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

STAFFING/TRAINING

Standard 2.01

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

Current Status:

The EMS agency facilitates continuing education, EMT and EMT-P training, MICN preparation and disaster training through the establishment of policies, procedures, agreements and the maintenance of a resource inventory. The EMS agency routinely interacts with its providers via its technical advisory subcommittees, Ambulance Association, base hospitals, fire services to assess training needs and identify alternative methods for meeting these needs.

Needs:

No needs identified.

Objective:

Facilitate pertinent, cost effective training/educational opportunities for EMS System participants.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A mechanism exists, with supporting policies and written agreements, for the EMS agency to approve EMS education programs every two years or as needed. Those approved and monitored programs include EMT-I, EMT-P, EMT-D, MICN, EMD and prehospital continuing education.

Needs:

Current system meets the standard.

Objective:

Continue to insure that quality EMS education programs are available to EMS system participants in compliance with state regulations.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Policies/procedures define accreditation of EMT-P personnel, authorization of MICNs certification/licensure of EMT-I personnel and first responder accreditation for defibrillation. Informal base hospital and EMS formal review process policies and the Orange County Ambulance Ordinance provide a mechanisms for reporting and investigating unusual occurrences.

Needs:

Current system meets the standard.

Objective:

Continue to insure that EMS personnel qualifications and performance adhere to established state and local standards.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

Requests for emergency medical care in Orange County are routed through 9-1-1 to local fire department dispatch centers. Emergency medical dispatch training and recertification is available for dispatch personnel through the Orange County Fire Department. The Santa Ana Fire Department provides in-house training to its dispatch personnel. The Orange County Ambulance Ordinance directs non-public safety dispatch personnel receiving requests for emergency medical services to immediately route such requests to a public safety dispatch center.

Needs:

Current system meets standards. To meet the goal the EMS Agency needs to update the resource inventory to determine the need for EMD training to insure that all medical dispatch personnel have completed approved training.

Objective:

Insure that a coordinated EMD System exists in Orange County.

For Objective:

☒ Annual Implementation Plan
- *Update resource inventory*

☐ Long Range Plan

BOR/laa:LA 3:1518

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.

Goal:

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

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

Current Status:

Current system exceeds this standard. ALS unit response times throughout Orange County average between 5 to 8 minutes. Early defibrillation programs have been implemented by six fire departments. All nontransporting EMS first responder unit personnel are certified at the EMT-I level.

Needs:

No needs identified. Current system meets standard and goal. On going monitoring of response times will insure consistent provision of prompt EMS response.

Objective:

Insure that all areas of Orange County are provided prompt, appropriate EMS response by qualified personnel.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Public safety agencies currently provide emergency medical response first responders and ALS providers. First aid teams exist and routinely respond to incidents within many major industries. Public safety agencies respond to these sites for medical emergencies when requested.

Needs:

No needs identified.

Objective:

Continue to promote integrated emergency medical response capability in Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Currently policies exist regarding first responder defibrillation and determination of death. The Orange County Fire Department utilizes some EMS personnel who have completed first responder training in accordance with State Fire Marshal standards. All other first responders are EMT-I personnel.

Needs:

Medical direction policies for first responder personnel must be developed and implemented.

Objective:

Provide consistent medical direction for EMT-I and first responder personnel.

For Objective:

☒ Annual Implementation Plan
- *Develop and implement first responder medical direction policies*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 2.08

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

Goal:

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

Current Status:

All emergency medical transport vehicle personnel are certified at the EMT-I level. The depth of current EMS response capability provides advanced life support responders when needed. To supplement available ALS personnel, first responder defibrillation accredited personnel are utilized by six fire departments.

Needs:

The current EMS System meets this standard and the goal.

Objective:

Maintain established standard for provision of EMS services.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 2.09

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

Current Status:

CPR training is an established minimum criteria for designated paramedic receiving center hospital and prehospital personnel providing direct emergency patient care.

Needs:

The current EMS System exceeds this standard.

Objective:

Insure maintenance of established standard.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 2.10

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

Goal:

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

Current Status:

Current policy mandates training in advanced life support for physicians and registered nurses providing direct emergency patient care. This requirement is waived for those E.D. physicians who are certified by the American Board of Emergency Medicine. Most E.D. physicians are ABEM certified (e.g.: all are qualified in emergency medical practice EMS policy require ABEM, or Internal Medicine, Family Practice boards or 7000 plus hours in emergency medical practice).

Needs:

No needs identified.

Objective:

Continue to insure that emergency department physicians and nurses providing direct emergency patient care are trained in advanced life support.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A comprehensive accreditation policy for EMT-P personnel defines system and optional scope of practice orientation, training and participation in the quality improvement process.

Needs:

No needs identified.

Objective:

Continue to insure EMT-P candidate/personnel compliance with accreditation policy.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A policy exists for local accreditation of public safety personnel in early defibrillation.

Needs:

Current policy meets the standard. Prior to expanding the early defibrillation accreditation policy to include other basic life support personnel a needs assessment will be conducted.

Objective:

Insure the need for, training and qualifications of early defibrillation accredited personnel.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The base hospital designation policies describe orientation and/or training regarding EMS operations, policies, procedures and radio communications for base hospital personnel providing medical direction to prehospital personnel. A formal MICN educational program is also defined in policy.

Needs:

No needs identified.

Objective:

Insure uniformity in OCEMS training/orientation for base hospital personnel.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

COMMUNICATIONS

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.

Goal:

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

Current Status:

Policies and/or written agreements exist which specify medical communications capability and requirements for the prehospital setting. The HEAR/ReddiNet, Med-10 and biomedical frequencies are utilized for routine and disaster communications coordinated by Orange County Communications. Pilot studies have just been completed resulting in approval of cellular communication as an alternative method of communicating.

Coordination With Other EMS Agencies:

Mutual aid and disaster communications are coordinated with other EMS Agencies as needed.

Needs:

Alternative communication options need to continue to be explored for biomedical and disaster communications to meet changing demands and new technology.

Objective:

Maintain an effective, coordinated EMS communication system.

For Objective:

☒ Annual Implementation Plan

- *Liaison with EMS providers and Orange County Communications to identify alternative communications*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

Direct two-way bio-med channel radio equipment is utilized between paramedic accompanied emergency medical transport units and base hospitals. ALS and non-transporting (paramedic assessment units) ALS responders are dispatched via fire service. Paramedics do not communicate directly to the receiving hospital E.D. BLS ambulance-to-hospital, and vehicle-to-vehicle communication is accomplished via Med-10 and/or the fire channel and the provider's dispatch.

Needs:

Current EMS communications in concept meet this standard and the goal. Identify feasibility and medical necessity for ambulance to receiving hospital vs base hospital communication.

Objective:

Continue to evaluate EMS communications to maintain effectiveness and to identify equipment modifications, alternatives and/or needs.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 3.01*

☒ Long Range Plan
- *Routine monitoring of communication problems/effectiveness*

BOR/laa:LA 3:1518

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:

Emergent interfacility transfers with (9-1-1) paramedics utilize base hospital medical direction via biomedical communications. Interfacility transfers with an RN may utilize cellular phone or radio relay for necessary communications. Emergency medical transport vehicles may utilize in-direct two-way radio communications when appropriate to relay information to both sending and receiving facilities through Med-10, Orange County Communications, their dispatch center and/or the base hospital.

Coordination With Other EMS Agencies:

Current communication options can be adapted to accommodate communication needs with out-of-county communications center and facilities via fire channels, and/or Med-10.

Needs:

Current system can adopt to meet this need. EMS communication capabilities need to be inventoried to identify deficiencies and alternative communication options. The use of cellular phones or other communication options should be evaluated.

Objective:

Insure effective biomedical communications options are available to EMS System participants during interfacility transfers.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 3.01*

☐ Long Range Plan

BOR/laa:LA 3:1518

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:

All emergency medical transport vehicles have the ability to communicate directly with Orange County Communications via radio or land-line for disaster coordination Med-10 to private ambulance services. The fire service channels are also directly accessible to the disaster command post.

Needs:

Current system meets this standard. Recent disasters has tested this aspect of communication. Recommendations includes ambulance service provider review of Med-10 communication and Med-10 monitoring requirements during a disaster.

Objective:

Maintain optimal disaster communications.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The HEAR/ReddiNet network provides the two-way radio communication as well as hard copy capability between participating hospitals. Referrals between hospitals to obtain specialty services are routinely obtained via phone. Paramedic receiving center criteria includes specialty center (e.g. neuro, trauma) resource requirements.

Needs:

The current radio system can adapt to meet standard and goal. Enhancement of the current radio system to include two-way radio capability would be costly. At present this expense cannot be justified as the current system appears to provide adequate communication capability day to day as well as in a disaster situation.

Objective:

Maintain an effective EMS communications system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A coordinated EMS communications system exists for providers to communicate during a multi-casualty incident or disaster. EMS/disaster communications are evaluated monthly for problem identification.

Needs:

The current system (e.g. HEAR/ReddiNet) meets this standard. Although EMS System providers can utilize established communication linkages it has been identified that skilled nursing facilities are lacking in disaster communications capability. Amateur radio operator coverage is being coordinated to provide radio communication coverage to skilled nursing facilities; improving this communication link would exceed this standard.

Objective:

Promote communication linkages among all providers during a disaster. Expand EMS disaster communications system to provide communication linkages/options for all healthcare facilities.

For Objective:

- ☐ Annual Implementation Plan
- ☒ Long Range Plan

BOR/laa:LA 3:1518

Standard 3.07

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

Goal:

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

Current Status:

The 9-1-1 system is fully operational in Orange County via public safety agency coordination. Ambulance service providers, when appropriate, are dispatched simultaneously with advance life support units. Public safety dispatch personnel request ambulance service provider response via land-line.

Needs:

No needs are identified for the development of the 9-1-1 system. The current system meets standard and goal. However, between EMS and PSAPs some link is needed to ascertain accurate call times and times intervals to dispatch. Dedicated automatic dial phone communication is utilized between some public safety dispatch centers and ambulance service providers. This communication option promotes a coordinated and prompt response. An inventory of ambulance service providers would provide information regarding the existence, need for and/or feasibility of dedicated automatic dial direct communication link.

Objective:

Continue to promote a coordinated response and enhanced 9-1-1 systems.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Public safety agencies provide wide spread public education regarding 9-1-1 telephone service. This comprehensive community education is not duplicated by the EMS agency.

Needs:

No needs identified.

Objective:

Encourage continuing public education regarding the availability and appropriate utilization of the 9-1-1 telephone service.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 3.09

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

Goal:

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

Current Status:

A policy exists defining the EMD training program to be utilized by public safety agencies providing emergency medical dispatch. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. The Orange County fire departments training program have been approved as meeting the policy criteria.

Needs:

Current policy meets standard and goal. A resource inventory will be completed to determine any the need for additional EMD continuing education/recertification opportunities in Orange County.

Objective:

To promote standardized emergency medical dispatch throughout Orange County.

For Objective:

☒ Annual Implementation Plan
- *Complete EMD resource inventory*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 3.10

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

Goal:

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

Current Status:

Orange County Communications provides a functionally integrated dispatch for the 16 fire paramedic services. Fire and police utilize designated frequencies, private ambulance service providers utilize Med-10, and Orange County Communications has the capability to integrate all EMS communications. Mutual aid coverage is available to insure advance life support, first responder and ambulance services in all areas of Orange County during periods of peak demand.

Needs:

Current EMS communications system meets standard and goal.

Objective:

Maintain an effective EMS communications system for normal operations and disaster communications.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

RESPONSE/TRANSPORTATION

Standard 4.01

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

Goal:

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:

The Orange County Ambulance Ordinance defines an emergency response area as a geographical location specified by the fire chief within which emergency services may be provided under a license. The Ambulance Ordinance has been adopted by 22 out of 31 cities in Orange County. In the remaining 9 cities the boundaries are established by the fire chief. The transportation service areas and existing city unincorported area boundaries were grandfathered as addressed in the Orange County EMS Plan approved by EMS Authority in 1985.

Coordination With Other EMS Agencies:

Ambulance Ordinance is available as a resource to other EMS agencies. Coordination occurs with other EMS agencies as needed for specific incidents, mutual aid or disaster situations.

Needs:

Current system meets standard and goal.

Objective:

Maintain established standard and encourage adoption of Ambulance Ordinance in the nine non-contracting cities in Orange County.

For Objective:

- ☐ Annual Implementation Plan
- ☒ Long Range Plan
  - *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.02

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

Goal:

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:

All private ambulances services are licensed by the EMS Agency to operate within the boundaries of Orange County. The Ambulance Ordinance provides a mechanism for monitoring compliance with local and state regulations.

Needs:

Current mechanism meets and exceeds this standard for overall monitoring of private ambulance services. Consistent monitoring for compliance to medical policies has also been implemented for public safety agencies providing emergency medical transport even though exempted from the local Ordinance.

Objective:

Promote uniform compliance with local and state regulations for both private and public emergency medical transportation services providing the same service.

For Objective:

☒ Annual Implementation Plan
- *Annual transport vehicle inspection by EMS Agency staff*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A policy exists defining approved EMD training program requirements. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Emergency medical dispatching has been implemented by a majority of public safety agencies providing 9-1-1 service. Several agencies utilize priority dispatching. The Ambulance Ordinance directs a basic life support ambulance service receiving requests for emergency medical services from other than public safety agency to immediately notify a public safety agency to respond to the request.

Needs:

On going EMD quality control studies specifically addressing the classification of medical requests and appropriate level of medical response should be routinely evaluated for appropriateness by the EMS QA Board.

Objective:

Insure dispatch of appropriate level of medical response.

For Objective:

☒ Annual Implementation Plan

- *Quality Assurance Board monitor EMD QA studies*
- *Determine need for and develop medical request classification and response policy if indicated*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 4.04

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

Current Status:

Pre-scheduled patient transports are routinely performed by private ambulance services which in the past has; not impacted emergency medical response capability.

Needs:

Existing system meets and exceeds this standard. However, as more and more ALS agencies initiate BLS transport the impact should be continually monitored.

Objective:

Maintain current timely response capabilities.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.05

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

Goal:

Emergency medical service areas (response times) 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 and 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 and 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 and Wilderness–as quickly as possible. d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban–8 minutes, Suburban/rural–20 minutes and Wilderness–as quickly as possible.

Current Status:

Response times (not including the interval from PSAP to dispatch of fire ALS services) are specified in the Orange County Fire Paramedic Master Plan, OCEMS policies and procedures and contractual agreements between fire service and private ambulance service which meet or exceed this standard and goal for first responder, advanced life support and emergency transportation unit responses.

Coordination With Other EMS Agencies:

Coordination with other EMS agencies is provided for intercounty agreement and would occur as needed for mutual aid or disaster incidents.

Needs:

Current system meets standard and goal excluding PSAP receipt of call to dispatch times. Routine monitoring to determine appropriate response times based on patient outcome. Encourage all EMS providers to include monitoring of response times in their QI programs.

Objective:

Assist public safety agencies in securing PSAP time data for internal QA studies and evaluate by the Quality Assurance Board to assure maintaining appropriate emergency medical response times.

For Objective:

☒ Annual Implementation Plan
- *Patient outcome/response time QI*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

California Code Title 13 and the Orange County Ambulance Rules and Regulations specify staffing and equipment requirements for emergency medical transport vehicles. EMS agency policies and procedures also mandate optimal staffing and equipment requirements for ALS responses within the County.

Needs:

Compliance is monitored annually and periodically as needed to insure adherence to a uniform standard for basic emergency medical transport vehicle staffing and equipment for both private and public agencies providing emergency medical transportation services.

Objective:

Continue to insure that all ambulances are staffed and equipped appropriately.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 4.02*

☐ Long Range Plan

BOR/laa:LA 3:1518

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:

A comprehensive EMS System exists in Orange County with the majority of first responders being fire department personnel trained at the EMT-I level. Orange County Fire Department supplements their existing response with first responders trained in accordance with the State Fire Marshall First Responder Training. All responders are integrated into the EMS System.

Needs:

Current system meets this standard.

Objective:

Maintain present coordinated EMS System.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.08

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: a) authorization of aircraft to be utilized in prehospital patient care, b) requesting of EMS aircraft, c) dispatching of EMS aircraft, d) determination of EMS aircraft patient destination, e) orientation of pilots and medical flight crews to the local EMS system, and f) addressing and resolving formal complaints regarding EMS aircraft.

Current Status:

Private rotary-wing air ambulance services must be licensed to operate in Orange County and must comply with the Ambulance Ordinance and Rules and Regulations. EMS agency policies address the categorization and coordination of prehospital air ambulance services including requests, dispatch, patient destination and data collection.

Coordination With Other EMS Agencies:

Air ambulance services licensed to operate in adjacent counties but not in Orange County may be utilized for mutual aid and disaster situations.

Needs:

Current policies adequately meet this standard. Continue to monitor air ambulance compliance with policies, procedures and regulations.

Objective:

Maintain a comprehensive EMS System with aeromedical response capability.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.09

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

Current Status:

Authorized public safety agency disptach centers have been designated for the coordination of air ambulance responses. This pilot policy was implemented in March, 1995 placing the designated service requestor as primary coorindating agency. The Orange County Communications coordinated communications center remains asd backup/resource to all EMS air operations Policies delineate scope of responsibility and reporting requirements.

Needs:

No needs identified.

Objective:

Maintain coordinated dispatch capability for air ambulance responses.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR:laa
system org.

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:

The designated coordination center Orange County Communications, maintains current availability status information for air ambulance services licensed in Orange County. Air ambulance providers licensed to operate in Orange County must comply with the Ambulance Ordinance and Rules and Regulations. A policy describes staffing requirements.

Coordination With Other EMS Agencies:

Availability of medical aircraft licensed to operate in adjacent counties can be obtained as indicated for mutual aid and disaster response requests.

Needs:

Policies meet this standard through local Ordinance and licensing. On-going QI evaluation of requests for emergency air ambulance response, response times and appropriateness of aeromedical transports is on going.

Objective:

Maintain a comprehensive EMS System with appropriate aeromedical response capabilities.

For Objective:

☒ Annual Implementation Plan
- *Complete aeromedical response QI study*

☐ Long Range Plan

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The existing EMS System has the ability to respond to all areas of Orange County with appropriate rescue resources including water rescue vehicles.

Coordination With Other EMS Agencies:

Appropriate rescue resources can be obtained from other counties as needed.

Needs:

Existing system meets the standard.

Objective:

Maintain current level of EMS response.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A comprehensive EMS disaster plan exists including a mechanism for mobilizing response and transport vehicles.

Needs:

Current system meets this standard. Continued disaster drill activities identify plan enhancement strategies. Evaluation following disaster exercises or activation of the EMS disaster plan will determine the need for modifications.

Objective:

Maintain and update EMS disaster plan to insure that it is responsive to the needs of the community and level of response required.

For Objective:

☒ Annual Implementation Plan
- *Annual disaster exercises*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.13

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

Goal:

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

Current Status:

Within the existing system there are informal as well as formal mechanisms in place to permit and facilitate intercounty response of emergency medical transport vehicles and EMS personnel when requested. Financial responsibility is determined by the scope of the incident and/or level of disaster.

Coordination With Other EMS Agencies:

Intercounty coordination as indicated by the incident.

Needs:

Existing system meets the needs of the community.

Objective:

Maintain and facilitate intercounty responses of EMS equipment and personnel when necessary.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

An effective multi-casualty response plan is in place utilizing the Incident Command System. The Incident Command System is also utilized for hospital disaster medical response in acute care facilities in which implementation of the Hospital Emergency Incident Command System (HEICS) has been completed.

Needs:

Evaluation following activation of the plan will direct the need for modification.

Objective:

Maintain an effective multi-casualty response plan with modifications determined by evaluation following plan activation and/or drills.

For Objective:

☒ Annual Implementation Plan
- *Annual disaster exercises*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.15

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

Current Status:

The Orange County multi-casualty response plan utilizes state standards and guidelines directing a coordinated response.

Needs:

The need for modifications may be identified by changes in state standards and/or evaluation of plan's effectiveness following activation and/or drills.

Objective:

Promote continued comprehensive multi-casualty response consistent with state standards.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

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

Current Status:

Currently ALS ambulances are staffed with two paramedics. Paramedic assessment units utilize one paramedic and do not provide transport. Through pilot studies the EMS agency is currently evaluating the system impact of utilizing alternate configurations in the provision of ALS care.

Needs:

Current system exceeds the standard and goals.

Objective:

Maintain current standard for ALS unit staffing. Evaluate requests to modify staffing requirements to continue to meet the needs of the patient.

For Objective:

☒ Annual Implementation Plan

- *Continue evaluation of alternate ALS response configuration*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 4.17

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

Current Status:

Advanced life support units maintain ALS inventory mandated by EMS Agency Policy/Procedure. Paramedic Assessment Units are currently equipped for standing order interventions.

Needs:

Current policies meet standard. Routinely evaluate advanced life support inventory policy to align with scope of practice.

Objective:

Insure that ALS units and PA Units are equipped to enable prompt response within the scope of practice.

For Objective:

☒ Annual Implementation Plan

- *Review ALS inventory evaluation to maintain compliance with policies*

☐ Long Range Plan

BOR/laa:LA 3:1518

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:

Effective January 1, 1986, County of Orange Codified Ordinance 3517 allows the OCEMS Agency to establish rules and regulations to regulate and license ambulance services. This applies to ambulance services operating in any unincorporated area of Orange County and also in each city which has adopted the ambulance ordinance. Public safety agencies providing emergency medical transportation services are exempted by Ordinance but voluntarily adhere to the Ambulance Ordinance pertaining to system operations.

Needs:

ALS Treatment Guidelines exist for EMT-P level care only. Clinical care issues at the EMT level are not currently addressed in treatment guidelines approved by the medical director. A mechanism exists to ensure that public safety agencies providing emergency medical transportation comply with applicable policies and procedures regarding system operations.

Objective:

Insure uniform compliance with applicable policies pertaining to system operations and clinical care for both private and public emergency medical transportation services.

For Objective:

☒ Annual Implementation Plan
- *Reference Standards 2.07 and 4.02*

☒ Long Range Plan
- *Reference Standards 2.07 and 4.02*

BOR/laa:LA 3:1518

Standard 4.19

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services, b) optimal transportation system efficiency and effectiveness, and c) use of a competitive process to ensure system optimization.

Current Status:

Although exclusive operating areas are not designated but have been grandfathered by the EMS Agency the Ambulance Ordinance and Rules and Regulations addresses minimum standards and system effectiveness pertaining to EMS transportation services.

Needs:

The current system provides for comprehensive EMS response and transportation capability throughout Orange County. Many fire departments providing medical transportation have voluntarily chosen to utilize the Ambulance Ordinance competitive process to insure optimal service.

Objective:

Maintain current Ordinance and local standards for transportation services.

For Objective:

☒ Annual Implementation Plan
- *Monitor compliance of all emergency transport providers*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.20

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

Current Status:

The EMS agency has implemented a local plan that continues the use of existing providers operating with the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Most public safety emergency service providers use a Request for Proposal to qualify transport services for its community.

Needs:

No needs identified.

Objective:

Maintain optimal EMS transportation system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

Current Status:

Although the EMS agency does not grant exclusive operating permits, the EMS Agency policies and procedures provide a mechanism for ensuring ALS provider compliance with state and local regulations and/or guidelines. The Ambulance Ordinance and Rules and Regulations provides a mechanism for insuring private ambulance compliance with relevant policies and procedures.

Needs:

No needs have been identified.

Objective:

Maintain optimal EMS transportation system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 4.22

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

Current Status:

Exclusive operating areas are not designed or granted by the EMS Agency. Response areas are the city and/or unincorporated areas each fire department serves based on city/unincorporated area boundaries. Comprehensive EMS response capability exits throughout the county.

Needs:

Current system meets and exceeds the standard.

Objective:

Maintain comprehensive EMS response capability throughout Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Fountain Valley

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Fountain Valley Fire Dept - 20 yrs

Area or subarea (Zone) Geographic Description:
Jurisdictional boundaries City of Fountain Valley

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
FV Fire Dept - ALS 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Fountain Valley Fire - grandfathered
MedTrans previously Seals Ambulance Service
Courtesy arrangement by FV Fire and Seals -
Seals would abide by any requirements in order to
better serve the citizens of Fountain Valley

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title:

Fullerton

Name of Current Provider(s):

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

Fullerton Fire Dept - 20yrs
Careline California - 20yrs.

Area or subarea (Zone) Geographic Description:

Juristictional boundaries City of Fullerton

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

Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Fullerton Fire Dept - ALS - 9-11
Careline California - emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Fullerton Fire - grandfathered
Careline California - previously Southland Ambulance + Lifefleet Ambulance; handshake agreement

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Brea

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Brea Fire Department - 20yrs

Area or subarea (Zone) Geographic Description:
Juristictional boundaries - City of Brea

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Brea Fire Dept - ALS 9-1-1
- Emergency Ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Brea Fire Dept - grandfathered
(grandfathered in as part of city ordinance).

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title:

Lattabra

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

Lattabra Fire - 20yrs

Area or subarea (Zone) Geographic Description:

Jurisdictional boundaries - City of Lattabra

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Lattabra Fire - ALS - 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Lattabra Fire - grandfathered

Emergency Ambulance - grandfathered in as part of city ordinance

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
County of Orange

Area or subarea (Zone) Name or Title:
Anaheim

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Anaheim Fire Department - 20 yrs
CareLine California Ambulance Service - 20 yrs

Area or subarea (Zone) Geographic Description:
Juristictional boundaries, city of Anaheim

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Anaheim Fire Department - ALS 9-1-1
CareLine California - Emergency Ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Anaheim Fire Department - grandfathered
CareLine California - previously Southland Ambulance + LifeFleet Ambulance; handshake agreement

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Costa Mesa

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Costa mesa Fire Department - 20yrs

Area or subarea (Zone) Geographic Description:
Juristictional boundaries City of Costa Mesa

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Costa mesa Fire Department - ALS 9-1-1
→ Emergency Ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competitition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Costa mesa Fire Dept - grandfathered
Thru City Ordinance established Agreement 1966 -
Grandfathered in thru Ordinance action.

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title:

Santa Ana

Name of Current Provider(s):

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

Santa Ana Fire - 20 yrs

Area or subarea (Zone) Geographic Description:

Juristictional boundaries - City of S.A.

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

Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

SAFD - ALS + emergency ambulance - 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

SAFD - grandfathered ALS
?
emergency ambulance

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title: Cypress, Dana Point, Irvine, Laguna Niguel, La Palma, Los Alamitos, Mission Viejo, Placentia, San Juan Capistrano, Seal Beach, Stanton, Tustin, Villa Park, Westminster, Yorba Linda & unincorporated areas of county, San Clemente

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

Orange County Fire Authority - 20yrs
Various ambulance providers - unk (see back of form)

Area or subarea (Zone) Geographic Description:

Jurisdictional boundaries of the above

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

OCFA - ALS 9-1-1
emerg. ambulance 9-1-1 (San Clemente & Westminster only)
Ambulance Providers - emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

OCFA - grandfathered ALS
RFP bid - emerg. amb - Westminster

Ambulance - RFP bid process - 3yr with option to renew for 4yrs

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title:

Huntington Beach

Name of Current Provider(s):

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

Huntington Beach Fire - ALS &
Emergency Ambulance

Area or subarea (Zone) Geographic Description:

Jurisdictional boundaries of City of HB

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

Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

HB Fire - ALS & Emergency Ambulance
9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

HB Fire - ALS - grandfathered

HB Fire - Emergency Ambulance - City Council chose to allow Fire to provide ambulance service 2 yrs ago - o RFP or bid process. Displaced Seals Ambulance who had provided this service for many yrs.

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Laguna Beach

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Laguna Beach Fire - 20yrs
Careline California - 20yrs

Area or subarea (Zone) Geographic Description:
Juristictional boundaries of City of Laguna Beach

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
LB Fire - ALS 9-1-1
Careline California - emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competitition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
LB Fire - grandfathered
Careline - ⊖ bid, written agreement, previously Life Care Ambulance & Life Fleet Ambulance

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Newport Beach

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Newport Beach Fire - 20 yrs
MedTrans Ambulance - yrs

Area or subarea (Zone) Geographic Description:
Juristictional boundaries - City of Newport Beach

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Newport Fire - ALS 9-1-1
MedTrans - Emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Newport Fire - grandfathered
MedTrans - RFP bid process, terms unknown, previously Seals Ambulance

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:
Orange

Area or subarea (Zone) Name or Title:
Orange City

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Orange Fire Dept - 20 yrs
CareLine & Medix Ambulance - unk

Area or subarea (Zone) Geographic Description:
Juristictional boundaries - City of Orange

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Orange Fire - ALS 9-1-1
CareLine & Medix - emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):
If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competitition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Orange Fire - grandfathered
CareLine + Medix - handshake

EXCLUSIVE OPERATING AREAS
EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Orange

Area or subarea (Zone) Name or Title:

Garden Grove

Name of Current Provider(s):

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

Garden Grove Fire Department - 20 yrs
Careline California - 6 yrs

Area or subarea (Zone) Geographic Description:

Jurisdictional boundaries - City of Garden Grove

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

Include intent of local EMS agency and Board action.

exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Garden Grove Fire - ALS 9-1-1
Careline - emergency ambulance 9-1-1

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

Garden Grove Fire - grandfathered
Careline - RFP - bid process - 1 yr with option to renew for 1 additional yr
Medix Ambulance had contract for 1 yr - 1988

ALS AND BLS SERVICES IN ORANGE COUNTY

INCORPORATED CITY	BLS AMBULANCE SERVICE	ALS PARAMEDIC FIRE SERVICE
ANAHEIM	CARELINE CALIFORNIA	ANAHEIM FIRE DEPT.
BREA	EMERGENCY AMBULANCE SERVICE	BREA FIRE DEPT.
BUENA PARK	CARELINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
COSTA MESA	SCHAEFER AMBULANCE SERV & MEDTRANS, INC.	COSTA MESA FIRE DEPT.
CYPRESS	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
DANA POINT	CARLINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
FOUNTAIN VALLLEY	MEDTRANS, INC.	FOUNTAIN VALLEY FIRE DEPT.
FULLERTON	CARELINE CALIFORNIA	FULLERTON FIRE DEPT.
GARDEN GROVE	CARELINE CALIFORNIA	GARDEN GROVE FIRE DEPT.
HUNTINGTON BEACH	HUNTINGTON BEACH FIRE DEPARTMENT	HUNTINGTON BEACH FIRE DEPT.
IRVINE	DOCTORS AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LA HABRA	EMERGENCY AMBULANCE SERVICE	LA HABRA FIRE DEPT.
LA PALMA	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LAGUNA BEACH	CARELINE CALIFORNIA	LAGUNA BEACH FIRE DEPT.
LAGUNA HILLS	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LAGUNA NIGUEL	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LAKE FORREST	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LOS ALAMITOS	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
MISSION VIEJO	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
NEWPORT BEACH	MEDTRANS, INC.	NEWPORT BEACH FIRE DEPT.
ORANGE	MEDIX AMBULANCE SERV. & CARELINE CALIFORNIA	ORANGE CITY FIRE DEPT.
PLACENTIA	EMERGENCY AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
SAN CLEMENTE	ORANGE COUNTY FIRE AUTHORITY	ORANGE COUNTY FIRE AUTHORITY
SAN JUAN CAPISTRANO	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
SANTA ANA	SANTA ANA FIRE DEPARTMENT	SANTA ANA FIRE DEPT.
SEAL BEACH	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
STANTON	CARELINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
TUSTIN	DOCTORS AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
VILLA PARK	CARELINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
WESTMINSTER	WESTMINSTER FIRE DEPARTMENT	WESTMINSTER FIRE DEPT.
YORBA LINDA	EMERGENCY AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY

UNINCORPORATED AREAS	BLS AMBULANCE SERVICE	ALS PARAMEDIC FIRE SERVICE
COWAN HEIGHTS	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
EL TORO	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LEMON HEIGHTS	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
LESIURE WORLD	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
MIDWAY CITY	CARELINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
ORANGE OLIVE	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
ORTEGA HIGHWAY	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
ROSSMOOR	CARELINE CALIFORNIA	ORANGE COUNTY FIRE AUTHORITY
SANTA ANA HEIGHTS	SCHAEFERS AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
SILVERADO	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY
SUNSET BEACH	MEDIX AMBULANCE SERVICE	ORANGE COUNTY FIRE AUTHORITY

FACILITIES/CRITICAL CARE

Standard 5.01

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

Goal:

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

Current Status:

Written agreements have been executed between the EMS agency and designated paramedic receiving centers, trauma centers, neuro trauma centers, and base hospitals. Policy defines requirements for designation and for a designation review process. Designation periods are for two years or less.

Needs:

System meets this standard.

Objective:

Insure that comprehensive EMS care is provided by designated paramedic receiving centers and specialty care centers.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Prehospital triage and patient destination policies exist to assure patients are transported to the closest most appropriate facility. Transfer protocols exist to provide for appropriate utilization of paramedics (9-1-1) or critical care ambulances appropriately staffed and equipped for emergent interfacility transports. Policies mandate the establishment of transfer agreements/plans between paramedic receiving centers and specialty centers.

Coordination With Other EMS Agencies:

Coordination via intercounty agreements and policies with other EMS agencies for intercounty patient triage and transfer issues.

Needs:

Current system meets the standard. The utilization of paramedics (9-1-1) to perform emergency interfacility requires continued monitoring. Private critical care ambulances staffed with nurses are available for routine facility center transfer.

Objective:

Continue to facilitate appropriate and timely prehospital triage and interfacility transports.

For Objective:

☒ Annual Implementation Plan
- *Call Continuation/Retriage QI*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Triage criteria endorsed by the technical advisory committees exist for trauma and neuro trauma patients. Paramedic receiving centers are required to establish transfer agreements with specialty centers and specifically, centers are required to accept valid trauma/neuro patients.

Coordination With Other EMS Agencies:

Trauma triage and transfer agreements may result in intercounty patient triage or transfer.

Needs:

Current system meets the standard. Continued monitoring of criteria utilized to identify patients requiring transfer to specialty centers will direct the need for transfer criteria revision.

Objective:

Continually monitor consistent patient transfer guidelines to insure appropriate and timely patient transfers.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Policies/procedures and written agreements provide the mechanism for designation and monitoring of paramedic receiving centers, trauma, and neuro surgical specialty centers.

Coordination With Other EMS Agencies:

The Orange County recognition of designation of a trauma center in Los Angeles County requires EMS inter-agency coordination.

Needs:

Current system meets standard.

Objective:

Maintain availability of appropriate paramedic receiving center and specialty center care for patients in Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 5.05

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

Goal:

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

Current Status:

A comprehensive mass casualty plan exists. The Hospital Emergency Incident Command System (HEICS) disaster plan is utilized by > 75% of acute care facilities the remaining facilities are being urged to adopt the HEICS. All HEICS training has been performed by the EMS Agency disaster response coordinator. Formal drills are performed routinely.

Needs:

Current system meets the standard goal. Continue to promote hospital disaster preparedness.

Objective:

Working with Southern California Hospital Council promote HEICS disaster response plan for 100% of facilities in Orange County and through out Southern California.

For Objective:

☒ Annual Implementation Plan
- *Annual disaster exercises*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 5.06

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

Current Status:

A comprehensive EMS disaster plan includes a plan for hospital evacuation. The plan includes a resource inventory of all hospitals, specifically bed availability for patients arriving from an evacuated hospital with medical personnel.

Coordination With Other EMS Agencies:

EMS transportation availability takes into consideration out of county resources as necessary for evacuation.

Needs:

Continued evaluation following drills or plan activation will determine the need for modification.

Objective:

Provide a coordinated response to insure prompt and safe hospital evacuation.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The base hospital designation criteria and process is clearly delineated in policy. Seven designated base hospitals provide medical direction, continuing education and quality improvement activities for prehospital personnel.

Coordination With Other EMS Agencies:

Currently medical direction is provided by base hospitals located and designated in Orange County. Inter county agreements with Riverside, Los Angeles, San Diego, and San Bernardino provides for base hospital coordination when appropriate.

Needs:

System meets the standard.

Objective:

Maintain current designation process to provide medical direction for prehospital personnel.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 5.08

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to: a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system.

Current Status:

A well established trauma system addresses all aspects of trauma care in the designation criteria/process, policies and procedures and written agreements. Designation, catchment areas, patient triage and transfer, coordination with non-trauma centers and quality improvement activities are clearly defined.

Needs:

Continued monitoring of current system with focus on reimbursement and transfer issues identified by EMS System participants as areas of priority concern.

Objective:

Maintain a coordinated trauma system in Orange County.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The organizational structure provides for routine exchange of information and planning pertaining to the trauma system. The Facilities Advisory Subcommittee and the Quality Assurance Board structures provide a mechanism for immediate feedback and routine monitoring. Technical advisory committee representation includes prehospital and hospital personnel and consumers.

Needs:

System meets the standard.

Objective:

Maintain active involvement of EMS System participants and consumers in the trauma care system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A separate pediatric emergency medical and critical care system has not been developed. Existing paramedic receiving center and specialty centers provide pediatric emergency care. Transfers to specialized facilities are, coordinated by the sending and receiving physicians.

Needs:

Evaluate current system to determine need to develop a formal pediatric emergency medical and critical care system plan. Obtain input from EMS system participants and pediatric specialists.

Objective:

Consistent provision of quality pediatric care by qualified personnel with appropriate equipment and resources.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 1.27*

☒ Long Range Plan
- *Reference Standard 1.27*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The EMS agency has established very minimal standards for pediatric capability of emergency departments. Current paramedic receiving center criteria include staffing, training equipment and data reporting requirements, however, are not all specific to pediatric patients.

Needs:

Current PRC criteria fails to identify comprehensive standards for pediatric capability. Revision of this policy must consider staffing and training specific to the care of pediatric patients. Pediatric equipment requirements should be updated. Consultation criteria and availability should be defined. Data reporting requirements, specific to the pediatric population, should be developed.

Objective:

Consistent provision of quality pediatric care by qualified personnel with appropriate equipment and resources.

For Objective:

☒ Annual Implementation Plan

- *Agendize for Facilities Advisory Subcommittee to determine minimum standards*
- *Review/revise PRC criteria as needed*

☒ Long Range Plan

- *Develop data reporting requirements specific to the pediatric population*
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The Emergency Medical Care Committee and technical subcommittee structure includes broad representation by EMS System providers and consumers.

Needs:

Current committee representation meets this standard. Pediatric specialties are not well represented in the existing organizational structure.

Objective:

Provide comprehensive input regarding pediatric emergency medical and critical care. Provide a mechanism to encourage qualified pediatric specialists to participate in planning and evaluating the care of pediatric patients.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 1.27*

☒ Long Range Plan
- *Reference Standard 1.27*

BOR/laa:LA 3:1518

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:

Policies and written agreements provide a mechanism for patients with certain clinical conditions to be triaged to a paramedic receiving center or specialty center capable of providing trauma, the neuro surgical hyperbaric, burn and/or replantation services.

Needs:

Current system meets the standard and the needs of the community. Continued monitoring may identify need for policy revisions in the future.

Objective:

Maintain a coordinated response that provides patient triage, transport and care appropriate for the clinical condition.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The Emergency Medical Care Committee and technical advisory subcommittee structure includes broad representation by EMS System participants, providers, and consumers.

Needs:

Current system meets this standard.

Objective:

Continue EMS System participant as well as consumer participation in planning for specialty center care consistent with the needs of the community.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

A comprehensive QI program is operational. monitoring and evaluation of overall system operations is coordinated by the EMS Agency. All EMS system providers participate in QI activities. Patient outcome data is reported to the EMS agency.

Needs:

Current QI programs meets the standard and goal. Currently four areas are targeted for continued expansion of QI activities: 1) BLS patient outcome/documentation; 2) ALS provider QI; 3) Private ambulance QI; 4) Dispatch (9-1-1) PSAP QI.

Objective:

Promote active participation by all providers in EMS agency - mandated QI activities. Facilitate consistent development and implementation of provider based QI programs.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 1.02*

☒ Long Range Plan
- *Reference Standard 1.02*

BOR/laa:LA 3:1518

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:

Distribution of prehospital records is defined by the local EMS agency for all patient responses.

Needs:

Prehospital record completion and distribution for prehospital ALS responses and trauma and neuro surgical are clearly define and functional. Prehospital records for BLS responses should be standardized for all BLS patients.

Objective:

Standardize BLS prehospital record.

Time Frame:

☒ Annual Implementation Plan
- *Development of standardized BLS prehospital patient record*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 6.03

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

Goal:

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

Current Status:

A mechanism exists to facilitate comprehensive prehospital care audits. Policies and/or written agreements require prehospital and hospital tracking and data reporting integrating prehospital records with dispatch, emergency department, in-patient and discharge records. Currently a public safety automated documentation/interagency ALS patient reporting system is being field tested.

Needs:

System meets the standard and the goal.

Objectives:

Insure continued evaluation of prehospital care to maintain appropriate system response and quality patient care. Promote the adoption of an automated data system.

For Objective:

☒ Annual Implementation Plan

- *Participate in evaluation of automated data system for prehospital ALS providers*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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 prearrival/post dispatch directions.

Current Status:

Review of medical dispatching is performed routinely in-house by agencies providing EMD with reports submitted to the EMS agency and to the Quality Assurance Board.

Needs:

Current system meets this standard. A formal mechanism should be established providing specific guidelines for evaluation of medical dispatching. A resource inventory should be completed and EMD program oversight responsibilities assigned to an EMS staff member.

Objective:

Maintain effective and appropriate monitoring of medical dispatching.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 2.04*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

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

Current Status:

An integrated data management system exists with comprehensive monitoring of all aspects of patient care performed. The Quality Assurance staff routinely evaluate patient registry data, tracer studies and patient care.

Coordination With Other EMS Agencies:

Designation criteria mandates reporting of system response and clinical data by designated trauma center in Los Angeles County receiving trauma victims from Orange County.

Needs:

System meets the standard and the goals.

Objective:

Maintain a comprehensive data management system evaluating prehospital and hospital system response and clinical care.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The current organizational structure and existing data management system provide a mechanism for dynamic evaluation of EMS system design and operations.

Needs:

Current system meets the standard for the community. Prevention strategies consistent with community needs are not currently addressed. Continued monitoring of the impact of managed care on the EMS system may identify the need for extended related guidelines and standards to further integrate these providers into the EMS system.

Objective:

Provide for optimal EMS system design and operations.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 1.01*
- *Assign, if available, EMS agency staff to liaison with other HCA Programs involved in prevention strategies*

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 6.07

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

Current Status:

The EMS system QI Program includes provider participation and data reporting. The systemwide evaluation program will require additional EMS resources to provide adequate oversight, consultation, education and data analysis/reporting for EMS system participants. State law and/or local policies delineate scope of EMS agency authority in this area.

Needs:

The current system meets minimum the standard, however, evaluation and modification of the EMS System QI Program is needed to the integration of all EMS system providers. The current system does not provide consultation, education and feedback regarding QI for BLS EMS providers.

Objective:

Provide for a comprehensive EMS evaluation program promoting QI education and active involvement of all EMS system participants.

For Objective:

☒ Annual Implementation Plan
- *Reference Standards 1.02 and 1.18*

☒ Long Range Plan
- *Reference Standards 1.02 and 1.18*

BOR/laa:LA 3:1518

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:

The EMS agency produces quarterly administrative reports which are distributed for review to all system participants. The EMS agency and the QAB evaluates overall operations; results are reported to the Emergency Medical Care Committee and the Board of Supervisors.

Needs:

Current system meets the standard as the administrative reports currently include data reflecting EMS system activity.

Objective:

Continue to design and produce an annual report providing comprehensive results of the evaluation of overall EMS system design and operations.

For Objective:

☒ Annual Implementation Plan
- *Annual EMS system activity report*

☒ Long Range Plan

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

Prehospital, base hospital and receiving hospital data by policy must be submitted to the EMS agency. The data management system integrates prehospital and hospital activities in the audit process.

Needs:

Current system meets the standard and the goal.

Objective:

Provide continued evaluation of treatment provided by advanced life support providers utilizing an integrated data management system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Status:

The current trauma system provides for comprehensive evaluation of clinical and operational aspects. Data reporting requirements are clearly defined in policy and written agreements.

Needs:

Current system meets the standard.

Objective:

Provide for comprehensive trauma system evaluation to ensure optimal system design and operation.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 6.11

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

Goal:

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:

Trauma system evaluation includes data reporting requirements for designated trauma centers and non-trauma centers providing trauma care.

Needs:

A mechanism exists to meet this standard, however, trauma system evaluation is impaired by the lack of timely compliance with trauma center data reporting requirements. In collaboration with EMS system participants, this problem must be evaluated and solutions identified to facilitate compliance.

Objective:

Ensure compliance with trauma data reporting requirements to provide for active involvement of all designated trauma centers in trauma QI and system evaluation.

For Objective:

☒ Annual Implementation Plan
- *Review/revise data reporting requirements*

☒ Long Range Plan
- *Develop/implement data reporting enforcement policy*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The EMS agency does not formally provide EMS public information and education. However, hospitals, fire departments and other programs within the Orange County Health Care Agency provide a variety of educational activities and/or materials pertaining to Emergency Medical Services.

Needs:

Current EMS agency resources are not adequate to formally address this goal. Additional staff, dedicated to EMS community education, would be required to promote the development of EMS educational programs. Targeted EMS agency staff should liaison with community agencies such as Optima, Red Cross, and American Heart to provide EMS consultation for community education.

Objective:

Provide EMS agency participation and leadership in EMS community education.

For Objective:

☒ Annual Implementation Plan

- *Evaluate alternative EMS public information services to determine if community needs are adequately met*
- *Secure additional EMS staff assigned to public information and education*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 7.02

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

Goal:

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

Current Status:

The Orange County Health Care Agency Public Health Division, local hospital and public safety agencies provide a variety of comprehensive health education programs including injury and illness prevention for high risk patient populations.

Needs:

To adequately meet the goal additional EMS staff would be required and assigned direct responsibility for developing and coordinating EMS community education programs.

Objective:

Promote active EMS agency participation in community health maintenance and prevention education.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 7.01*

☒ Long Range Plan
- *Reference Standard 7.01*

BOR/laa:LA 3:1518

Standard 7.03

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

Goal:

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:

The role of local office of emergency services has been assigned to the County of Orange Emergency Management Division. The EMS agency is assigned the role of all disaster medical preparedness. In collaboration with the EMD, local fire departments and disaster response organizations, the EMS agency promotes disaster preparedness activities. The agency disaster coordinator has concentrated his efforts on hospital, clinics, and prehospital preparedness.

Needs:

System meets the standard. Currently, the EMS Medical Disaster Management Coordinator's priority responsibilities focus on disaster medical preparedness and response capability for health care facilities. Additional staff, designed Public Information/Community Education Coordinator would be required to formally produce and disseminate community disaster preparedness information from the EMS agency.

Objective:

Identify staff and role for EMS agency participation in community disaster preparedness education.

For Objective:

☒ Annual Implementation Plan

- *Liaison with EMD to determine role and necessary resources of EMS agency in community education*

☒ Long Range Plan

- *Provide for community education*

BOR/laa:LA 3:1518

Standard 7.04

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

Goal:

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

Current Status:

Community first aid and CPR training has been formally promoted by the EMS agency and the Board of Supervisors through the purchase and donation of CPR training manikins for all public schools in Orange County. No community training goals have been adopted for the general public.

Needs:

Current EMS agency resources are not adequate to further address this standard or goal. Additional staff, assigned community education coordination responsibilities would be required to adequately meet this need.

Objection:

Provide for EMS agency participation in CPR and first aid community education promotion.

For Objective:

☒ Annual Implementation Plan
- *Reference Standard 7.01*

☒ Long Range Plan
- *Additional EMS agency staff assigned public information and education responsibilities*

BOR/laa:LA 3:1518

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:

A comprehensive disaster medical response plan has been developed. Disasters involving toxic substances have been addressed in the Orange County Hazardous Materials Area Plan.

Coordination With Other EMS Agencies:

The disaster medical response plan includes utilization of out-of-county resources.

Needs:

No needs identified. Continue to monitor plans for effectiveness following drills, or plan activation.

Objective:

Maintain coordinated disaster medical response capability.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 8.02

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

Goal:

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:

The California Office of Emergency Services' multi-hazard functional plan was utilized in the development of the Orange County multi-hazard Disaster Plan.

Needs:

No needs identified.

Objective:

Maintain coordinated disaster medical response capability.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

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:

The fire departments have addressed training and equipment needs for hazardous materials incidents in compliance with Federal and State OSHA regulations. Comprehensive training for hazardous materials incident response has not been consistently completed by private ambulance services.

Needs:

All EMS providers must comply with Federal and State OSHA regulations regarding training and equipment for hazardous materials incident response.

Objective:

The EMS agency will advise all EMS providers of Federal and State OSHA regulations pertaining to training and equipment requirements to provide safe and comprehensive EMS response to hazardous materials incidents.

For Objective:

☒ Annual Implementation Plan

- *Provide notification to all EMS providers to clarify the need for compliance with all Federal and State OSHA regulations pertaining to hazardous materials incident response training and equipment requirements*

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 8.04

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

Goal:

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

Current Status:

All Orange County Disaster Plans utilize the Incident Command System (ICS) as the basis for field management in compliance with State law. Incident Command System training is routinely provided by the fire departments in Orange County. ICS training is integrated into EMT-I curriculum.

Needs:

No needs identified.

Objective:

Insure comprehensive use of the Incident Command System by all EMS providers during disaster medical responses.

For Objective:

☒ Annual Implementation Plan
- *Resource inventory*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 8.05

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

Goal:

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:

There is a defined mechanism for the triage and transportation of disaster casualties to appropriate facilities based on patient status and facility capabilities. Special facilities have been identified for the receipt and treatment of patients with radiation and/or chemical contamination and injuries. The public safety HazMat teams are directed to complete field decontamination prior to transport.

Coordination With Other EMS Agencies:

Many facilities have demonstrated appropriate management of patients with radiation contamination during the drills evaluated by the NRC.

Needs:

Current system meets minimum standard and goal.

Objective:

Provide for the safe and appropriate management of disaster casualties.

For Objective:

- ☐ Annual Implementation Plan
- ☐ Long Range Plan
  - *Routine monitoring*

BOR/laa:LA 3:1518

Standard 8.06

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

Goal:

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

Current Status:

A mechanism exists for needs/resource assessment and the communication of this information through the Regional Disaster Medical/Health Coordinator program. The EMS agency participates in annual drills evaluating this capability. Existing policies meet the standard and the goal.

Needs:

No needs identified. Continued evaluation of the system following drills or activation will direct the need for plan modification.

Objective:

Maintain coordinated disaster medical response capability with a mechanism for obtaining emergency resources from other jurisdictions.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

Standard 8.07

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

Current Status:

Specific EMS frequencies have been designated for disaster communications and coordination.

Coordination With Other EMS Agencies:

Coordination with other EMS agencies occurs routinely during disaster situations to facilitate information sharing and requests for resources.

Needs:

No needs identified. Recent disasters have tested the disaster communication system. Recommendations for modifications and training to enhance the system have been implemented.

Objective:

Continue to promote an integrated disaster communication system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

The EMS agency maintains a disaster medical resource directory including EMS responders which, when utilized would provide resource inventory data. The EMS agency promotes the execution of written agreements between health care facilities and their vendors as a component of Hospital Emergency Incident Command System implementation.

Needs:

Current system meets the standard. Continued promotion of HEICS implementation should include recommendations for health care facilities to execute agreements with potential disaster medical resources suppliers/vendors.

Objective:

Promote the execution of written agreements between health care facilities and anticipated disaster medical resource vendors.

For Objective:

☒ Annual Implementation Plan
- *Liaison with Hospital Council*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 8.09

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

Goal:

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

Current Status:

The EMS agency promotes the development and maintenance of local DMAT teams. A role has been identified for DMAT teams in the county's Mass Casualty Medical Response Plan.

Needs:

No needs identified. The EMS agency should continue to liaison with local DMAT teams to provide clarification of roles and responsibilities.

Objective:

Insure a coordinated disaster medical response which integrates the capabilities of DMAT teams into the overall response.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Intercounty EMS agreements for medical mutual aid have been executed with adjacent counties. A mechanism exists to obtain relevant emergency resources during significant medical incidents.

Coordination With Other EMS Agencies:

Coordination with other EMS agencies includes the execution of intercounty agreements and routine interaction as needed.

Needs:

Continue to evaluate the system following drills and/or activation to determine the need for modification. Continued involvement with the Regional Disaster Medical/Health Coordinator Program may direct modification of existing policies.

Objective:

Insure the availability of EMS resources during significant medical incidents.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Potential sites for local casualty collection points (CCPs) have been identified in Orange County and shall be designated by the county health officer when appropriate.

Coordination With Other EMS Agencies:

Routine communication and coordination as indicated by the scope of the incident.

Needs:

No needs identified. Regular review of casualty collection points sites will determine the need for modifications and/or additions.

Objective:

Insure that identification and/or designation of casualty collection points continues to meet the needs of the community.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

A comprehensive disaster plan includes a mechanism for CCP utilization. Multiple options for CCP communications have been identified, e.g. amateur radio, Med-10, cellular phones.

Needs:

No needs identified. Disaster communications are routinely evaluated following drills or plan activation to determine need for modification.

Objective:

Maintain coordinated disaster communications with CCPS

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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.

Goal:

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

Current Status:

Current system meets standard. Local EMS responders are trained in disaster medical response, however comprehensive training for the management of patients contaminated by toxic or radioactive substances has not been consistently provided to all EMS system participants. The Orange County Hazardous Materials Area Plan provides for highly trained public safety HazMat teams to respond to and manage contaminated patients at the scene, prior to transport.

Needs:
The EMS agency should promote mass casualty training scenarios to exercise and evaluate the management of contaminated disaster casualties.

Objective:

Provide for the safe and appropriate management of all disaster casualties including patients requiring special handling and care due to exposure to or contamination by hazardous substances.

For Objective:

☒ Annual Implementation Plan
- *Incorporate HazMat training and equipment requirements into ambulance rules and regulations*
- *Annual ambulance inspection to include monitoring for compliance*

☒ Long Range Plan
- *Routine monitoring for compliance*

BOR/laa:LA 3:1518

Standard 8.14

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

Goal:

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:

The EMS agency has experienced tremendous success in the promotion/integration of ICS into the hospital disaster response framework. With the support of the Hospital Council of Southern California, greater that 75% of local hospitals have implemented the Hospital Emergency Incident Command System (HEICS). The wide spread adoption of this program insures integration of hospital disaster plan with the county's medical response plan. Disaster drills are conducted annually involving all acute care facilities, the EMS agency, and prehospital providers.

Needs:

No needs identified, standard and goal met by current system. Continue to promote the implementation of HEICS in local hospitals. Maintain communication with Public Health to insure coordinated disaster response.

Objective:

Promote a fully integrated county disaster medical response plan.

For Objective:

☒ Annual Implementation Plan
- *Annual disaster exercises*

☐ Long Range Plan

BOR/laa:LA 3:1518

Standard 8.15

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

Current Status:

The HEAR/ReddiNet system provides a coordinated emergency interhospital communication network. Policies and procedures direct participation and emergency and non-emergency operations.

Needs:

Current system meets the standard. Monitoring of HEAR/ReddiNet will continue to evaluate effectiveness and direct the need for modification. Promotion of amateur radio operator involvement in interhospital disaster communications.

Objective:

Continue to promote an optimal disaster communications system.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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 staffs in their use.

Goal:

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

Current Status:

Disaster drills conducted routinely each year are coordinated with prehospital providers and acute care facilities. These drills provide training and evaluation in disaster medical response for EMS system participants.

Needs:

Current system meets the standard, partially meets goal. While conducted disaster drills provide overall system education, there is a need for formalized disaster medical response training for all EMS System participants.

Objective:

Insure that all EMS personnel are adequately trained to provide optimal emergency medical management during major medical events.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Comprehensive disaster medical response training*

BOR/laa:LA 3:1518

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:

Current policies and medical aid agreements provide for ALS personnel and mutual aid responders from other EMS systems to be utilized as needed during major medical incidents.

Needs:

Current system meets the standard.

Objective:

Facilitate the utilization of out-of-county resources as needed during major medical events.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan
- *Routine monitoring*

BOR/laa:LA 3:1518

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:

Specialty center availability status is routinely maintained and communicated to each base hospital and paramedic receiving center utilizing land-line or the HEAR/ReddiNet to facilitate routine triage and patient destination determinations. During a major disaster, specialty center availability would be requested utilizing the HEAR/ReddiNet -- this information would be integrated into the ICS response for patient triage and destination decisions.

Needs:

Current system meets the standard.

Objective:

Maximize available specialty center resources during major medical incidents.

For Objective:

- ☐ Annual Implementation Plan
- ☒ Long Range Plan
  - *Routine monitoring*

BOR/laa:LA 3:1518

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:

ALS units and Paramedic Assessment Units are provided by fire departments for specific cities and/or unincorporated areas. Ambulance transport services are provided by fire departments or private ambulance companies for a specific city and/or unincorporated area. The system provides for mutual aid, automatic aid and/or disaster response as indicated.

Needs:

Current system meets standard.

Objective:

Insure inventory availability of required EMS resources in the event of a major medical incident.

For Objective:

☐ Annual Implementation Plan

☒ Long Range Plan

- *Routine monitoring*

BOR/laa:LA 3:1518

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

IS System: Reporting Year: 1995

NOTE: Number one 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: _____

   a. Basic Life Support (BLS) _____

   b. Limited Advanced Life Support (LALS) _____

   c. Advanced Life Support (ALS) 100%

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

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

4. Indicate the non-required functions which are performed by the agency

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

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 95/96 (Proposed)

A. EXPENSES

Salaries and benefits (all but contract personnel)	$ 573,377
Contract Services (e.g. medical director)	129,905
Operations (e.g. copying postage, facilities)	197,341
Travel	2,195
Fixed assets	Ø
Indirect expenses (overhead)	Ø
Ambulance subsidy	Ø
EMS Fund payments to physicians/hospital	Ø (1)
Dispatch center operations (non-staff)	Ø
Training program operations	Ø
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	$ 902,818

(1) EMS Fund not administered by Orange County EMS Agency

Table 2 - System Organization & Management (cont.)

B. SOURCES OF FUNDING

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	$ Ø
Office of Traffic Safety (OTS)	Ø
State general fund	Ø
County general fund	19,098
Other local tax funds (e.g., EMS district)	Ø
County contracts (e.g. multi-county agencies)	Ø
Certification fees	23,500
Training program approval fees	Ø
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	Ø
Base hospital application fees	Ø
Base hospital designation fees	Ø
Trauma center application fees	Ø
Trauma center designation fees	40,122
Pediatric facility approval fees	Ø
Pediatric facility designation fees	Ø
Other critical care center application fees	Ø
Type:_____	
Other critical care center designation fees	Ø
Type: _____	
Ambulance service/vehicle fees	80,000
Contributions	Ø
EMS Fund (SB 12/612)	622,000
Other grants: _____	Ø
Other fees: _____	Ø
Other (specify): Health Realignment	116,098
Other (specify): Nuclear Power Peparedness	2,000
TOTAL REVENUES	$ 902,818

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 95/96

Name of EMS Agency:

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ Ø
EMS dispatcher certification	Ø
EMT-I certification	25.00
EMT-I recertification	25.00
EMT-defibrillation certification	Ø
EMT-defibrillation recertification	Ø
EMT-II certification	Ø
EMT-II recertification	Ø
EMT-P accreditation	350.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	60.00
MICN/ARN recertification	60.00
EMT-I training program approval	Ø
EMT-II training program approval	Ø
EMT-P training program approval	Ø
MICN/ARN training program approval	Ø
Base hospital application	Ø
Base hospital designation	Ø
Trauma center application	Ø
Trauma center designation	20,061.00
Pediatric facility approval	Ø
Pediatric facility designation	Ø

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type: _____ $ Ø

Other critical care center designation

Type: _____ Ø

Ambulance service license 600.00

Ambulance vehicle permits 300.00

Other: Ambulance Driver/Attendant License 50.00

Other: EMT Lost Card Replacement 7.50

Other: _____ _____

7. EMS agency staff for FY 95/96

EMS System: _____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	HCA Program Manager II	1.0	$34.37	14.96%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Coordinator	1.0	$25.18	14.96%	
Program Coord./Field Liaison (Non-clinical)	EMS Specialist	1.0	$21.45	14.96%	
Trauma Coord.					
Medical Director	EMS Med Dir	Contract	$58.64	N/A	
Other MD/Med. Consult./Trng. Med. Dir.	EMS Assist Med Dir	Contract	$53.30	N/A	
Disaster Med. Planner	EMS Coord	1.0	$25.18	14.96%	
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator	EMS Coord	1.0	$25.18	14.96%	
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary II	1.0	$14.79	14.96%	
Other Clerical	Office Suprv Office Specialist	1.0 1.0	$15.63 $14.44	14.96% 14.96%	
Data Entry Clerk	Data Entry Specialist Info Pro Tech	1.0 3.0	$14.44 $13.67	14.96% 14.96%	
Other					

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

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

Revision /16/95)

EMS System: Health Care Agency/Orange County Emergency Medical Services Agency

Reporting Year: 1994

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIs	EMT-Ps	MICN	EMS DISPATCHER
Total Certified	821		526	122	
Number newly certified this year	559*		90*	20*	
Number recertified this year	262*		100*	30*	
Total number of accredited personnel on July 1 of the reporting year					
Number of certification reviews resulting in:					
a) formal investigations			0		
b) probation	1		0		
c) suspensions	1		0		
d) revocations	1		0		
e) denials	4		0		
f) denials of renewal	0		0		
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 145*
2. Early difbrillation:
   a) Number of EMT-I (defib) certified 1,488*
   b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program? ☒ yes ☐ no

* estimates

TABLE 4: SYSTEM RESOURCES AND OPERATIONS
Communications

Revision #1(2/16/95)

EMS System: Health Care Agency/Emergency Medical Services Agency

County: Orange

Reporting Year: 1994

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

1. Number of primary Public Service Answering Points (PSAP) 29
2. Number of secondary PSAPs 5
3. Number of dispatch centers directly dispatching ambulances 13
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system?

   yes ✓ no _____

   a. Radio primary frequency 46.56

   b. Other methods various (i.e., telephone, FAX)

   c. Can all medical response units commuicate on the same disaster communications system?

      yes ✓ no _____

   d. Do you participate in OASIS? yes _____ no ✓

   e. Do you have a plan to utilize RACES as a back-up communication system?

      yes ✓ no _____

      1) within the operational area? yes ✓ no _____

      2) between the operational area and the region and/or state? yes ✓ no _____

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Revision #1 (2/16/95)

MS System: Health Care Agency/Orange County Emergency Medical Services Agency

Reporting Year: 1993

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		38
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		80 %
3.	Total number responses		
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	39,786
	b) Number non-emergency responses	(Code 1: normal)	39,786
4.	Total number of transports		
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	40,173
	b) Number of non-emergency transports	(Code 1: normal)	3,386

arly Defibrillation Providers

5.	Number of public safety defibrillation providers	
	a) Automated	
	b) Manual	
6.	Number of EMT-Defibrillation providers	6 agencies/1,488personnel
	a) Automated	6 agencies/1,488personnel
	b) Manual	∅

Air Ambulance Services

7.	Total number of responses	153
	a) Number of emergency responses	153
	b) Number of non-emergency responses	∅
8.	Total number of transports	115
	a) Number of emergency (scene) responses	115
	b) Number of non-emergency responses	∅

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.	3-5 min	3-5 min	∅	∅
2. Early defibrillation responder.	2 min	2 min	∅	∅
3. Advanced life support responder.	5-7min	5-7 min	∅	∅
4. Transport Ambulance.	< 10 min	< 10 min	∅	∅

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

Facilities/Critical Care

Revision #1 (2/16/95)

EMS System: Health Care Agency/Emergency Medical Services Agency

Reporting Year: _____

NOTE: Table 6 is to reported by agency.

Trauma

Trauma patients:

a)	Number of patients meeting trauma triage criteria	3,825
b)	Number of major trauma victims transported directly to a trauma center by ambulance	3,093
c)	Number of major trauma patients transferred to a trauma center	105
d)	Number of patients meeting triage criteria who weren't treated at trauma center	627

Emergency Departments

Total number of emergency departments		28
a)	Number of referral emergency services	Ø
b)	Number of standby emergency services	Ø
c)	Number of basic emergency services	28
d)	Number of comprehensive emergency services	1

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	28
2.	Number of base hospitals with written agreements	_____
3.	Have you tested your MCI Plan this year in a:	
	a. real event?	yes ✓ no ___
	b. exercise?	yes ✓ no ___

List all counties with which you have a written medical mutual aid agreement.

_____

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

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

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

8. If your agaency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes ___ no ___

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Orange County EMS Agency

County: Orange

Reporting Year: 1994

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? 10 recommended, 10 alternate sites
   b. How are they staffed? In-County DMAT, volunteers
   c. Do you have a supply system for supporting them for 72 hours? Yes ___ No ✓

2. CISD
   Do you have a CISD provider with 24 hours capability? Yes ✓ No ___

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? Yes ✓ No ___
   b. At what HazMat level are they trained? On scene incident commander
   c. Do you have the ability to do decontamination in an emergency room? Yes ✓ No ___
   d. Do you have the ability to do decontamination in the field? Yes ✓ No ___

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes ✓ No ___
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 31
3. Have you tested you MCI Plan this year in a:
   a. real event? Yes ___ No ✓
   b. exercise? Yes ✓ No ___

Name, address & telephone:				Primary Contact:		
FHP, INC. AMBULANCE DEPT. 17918 Crusader Cerritos, CA 90701 Telephone No: (310) 809-3922				Earl Covington		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 11	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
GOODHEW AMBULANCE SERVICE 5420 W. Jefferson Blvd. Los Angeles, CA 90016 Telephone No: (213) 437-0801				Stuart Stern		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 1	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
HUNTINGTON AMBULANCE SERVICE P.O. Box 145 Sunset Beach, CA 90742 Telephone No: (310) 592-1627				Charles Graves		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 1	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
LIFEFLEET AMBULANCE SERVICE, INC. 1890 Betmor Lane Anaheim, CA 92805 Telephone No: (714) 939-8101				Shellie Conklin, R.N.		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 31	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
LYNCH AMBULANCE SERVICE 4250 Artesia Avenue Fullerton, CA 92633 Telephone No: (714) 670-8307				Walter Lynch		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 5	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
MEDIX AMBULANCE SERVICE, INC. 310 W. First Street Tustin, CA 92680 Telephone No: (714) 634-2671				Michael Dimas		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 24	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
MED TRANS INC. 551 N. Fairview Santa Ana, CA 92703 Telephone No: (714) 564-3400				David Schrader		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 42	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
SCHAEFER AMBULANCE SERVICE 2215 S. Bristol Street Santa Ana, CA 92704 Telephone No: (714) 545-8486				Jim Karras		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 10	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:						Primary Contact:
SEALS AMBULANCE SERVICE 2131 Placentia Costa Mesa, CA 92626 Telephone No: (714) 548-3456						Larry Seal
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 10	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:						Primary Contact:
MERCY AIR SERVICE INC 8190 Mango Avenue Fontana, CA 92334-2532 Telephone No: (909) 357-9006						Mary Davis, R.N.
Written Contract: ☐ Yes ☒ No	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 3	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

TABLE 3: RESOURCES DIRECTORY -- Providers

EMS System: _____ **County:** Orange **Reporting Year:** 1994

Name, address & telephone:				**Primary Contact:**		
ANAHEIM FIRE DEPARTMENT 500 E. Broadway Anaheim, CA 92805 Telephone No: (714) 254-400				Jeff Bowman, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☐ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				**Primary Contact:**		
BREA FIRE DEPARTMENT 1 Civic Center Circle Brea, CA 92621 Telephone No: (714) 990-7644				Willima R. Simpkins, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
BUENA PARK DEPARTMENT 8081 Western Avenue Buena Park, CA 90620 Telephone No: (714) 562-3800				Herb Jewell, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
COSTA MESA FIRE DEPARTMENT 77 Fair Drive Costa Mesa, CA 92626 Telephone No: (714) 754-5106				Frank Fantino, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
FOUNTAIN VALLEY FIRE DEPARTMENT 10200 Slater Fountain Valley, CA 92708 Telephone No: (714) 963-8321 ext. 437				Bernard Heimos, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
FULLERTON FIRE DEPARTMENT 312 E. Commonwealth Avenue Fullerton, CA 92632 Telephone No. (714) 738-6502				Marc Martin, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
GARDEN GROVE FIRE DEPARTMENT 11301 Acacia Parkway Garden Grove, CA 92640 Telephone No: (714) 741-5600				Vince Bonacker, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
HUNTINGTON BEACH FIRE DEPARTMENT 2000 Main Street Huntington Beach, CA 92648 Telephone No: (714) 536-5411				Mike Dolder, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
LAGUNA BEACH FIRE DEPARTMENT 501 Forest Avenue Laguna Beach, CA 90651 Telephone No: (714) 497-0700				Rich Dewberry, D.C.		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
LA HABRA FIRE DEPARTMENT 201 E. La Habra Blvd. La Habra, CA 90633-0377 Telephone No: (310) 905-9719				Benjamin Wilkins, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
NEWPORT BEACH FIRE DEPARTMENT 3300 Newport Blvd. Newport Beach, CA 92663 Telephone No: (714) 644-3103				Tim Riley, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
ORANGE CITY FIRE DEPARTMENT 176 South Grand Orange, CA 92666 Telephone No: (714) 288-2500				Ed Rowlett, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
ORANGE COUNTY FIRE DEPARTMENT 180 South Water Street Orange, CA 92666 Telephone No: (714) 289-7410				Larry J. Holms, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☒ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☐ City; ☒ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
SAN CLEMENTE FIRE DEPARTMENT 100 Presidio Avenue San Clemente, CA 92672 Telephone No: (714) 361-8200 Ext. 244				Gene Begnell, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
SANTA ANA FIRE DEPARTMENT 1439 S. Broadway Santa Ana, CA 92707 Telephone No: (714) 647-5700				Allen Carter, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
WESTMINSTER FIRE DEPARTMENT 7351 Westminster Avenue Westminster, CA 92683 Telephone No: (714) 893-0571				John DeMonaco, Chief		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☒ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ Yes ☒ No	If public: ☒ Fire ☐ Law	If public: ☒ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: _____	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

TABLE O[illegible]: RESOURCES DIRECTORY -- Providers

EMS System: _____ **County:** Orange **Reporting Year:** _____

Name, address & telephone:						**Primary Contact:**
BOWERS AMBULANCE SERVICE 446 E. Pacific Coast Highway Long Beach, CA 90608 Telephone No: (310) 591-3371						Bruce Plannette
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 6	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:						**Primary Contact:**
CARE AMBULACE SERVICE 8942 Katella Anaheim, CA 92804 Telephone NO: (714) 828-7750						Dan Richardson
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 12	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
DOCTORS AMBULANCE SERVICE 23091 Terra Drive Laguna Hills, CA 92653 Telephone No: (714) 951-1668				Bruce Herren		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 10	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

Name, address & telephone:				Primary Contact:		
EMERGENCY AMBULANCE SERVICE 495 S. Brea Blvd. Brea, CA 92622-9506 Telephone No: (714) 990-1742				Phil Davis		
Written Contract: ☐ Yes ☒ No	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	If Air: Classification	If Air: ☐ Rotary ☐ Fixed Wing		Service Provided: ☐ PS ☐ PS Defib ☒ BLS ☐ EMT-D ☐ LALS ☐ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	If public: ☐ Fire ☐ Law	If public: ☐ City; ☐ county; ☐ state; ☐ Fire district ☐ Federal	System available 24 hours? ☒ Yes ☐ No	# of Ambulances: 8	Basic/Comp EMS Permit H&SC Section 1798.101 ☐ Yes ☒ No

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1994

Training Institution Name/Adress	Contact Person Telephone No.
SADDLEBACK COLLEGE 28000 Marguerite Parkway Mission Viejo, CA 92692	Gail O'Hearn R.N. (714) 582-4581
Student Elibility: * Cost of Program Basic _____ Refresher _____	** Program Level: EMT-I Number of students completing training per year: Initial training: 200 Refresher: 60 Cont. Education: _____ Expiration Date: 5/94 Number of courses: 10 Initial training: 8 Refresher: 2 Cont. Education: _____

Training Institution Name/Adress	Contact Person Telephone No.
RANCHO SANTIAGO COLLEGE 1530 W. 17th Street Santa Ana, CA 92706	Elaine Dethlefson, R.N. (714) 564-6825
Student Elibility: * Cost of Program Basic _____ Refresher _____	** Program Level: EMT-I Number of students completing training per year: Initial training: 120 Refresher: 60 Cont. Education: _____ Expiration Date: 5/96 Number of courses: 5 Initial training: 3 Refresher: 2 Cont. Education: _____

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

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

EMS System: _____ County Orange Reporting Year: 1994

Training Institution Name/Adress	Contact Person Telephone No.
ORANGE COAST COLLEGE 2701 Fairview Road Costa Mesa, CA 92628	Ann Zanelli, R.N. (714) 432-5089
Student Elibility: * Cost of Program Basic _____ Refresher _____	** Program Level: EMT-I Number of students completing training per year: Initial training: 140 Refresher: 120 Cont. Education: _____ Expiration Date: 2/96 Number of courses: 6 Initial training: 4 Refresher: 2 Cont. Education: _____

Training Institution Name/Adress	Contact Person Telephone No.
NORTH ORANGE COUNTY ROP 1617 E. Ball Road Anaheim, CA 92801	Marianne McBrien, R.N. (714) 635-1281
Student Elibility: * Cost of Program Basic _____ Refresher _____	** Program Level: EMT-I Number of students completing training per year: Initial training: 240 Refresher: 90 Cont. Education: _____ Expiration Date: 6/94 Number of courses: 4 Initial training: 2 Refresher: 2 Cont. Education: _____

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1994

Training Institution Name/Adress	Contact Person Telephone No.
CAPISTRANO-LAGUNA BEACH ROP 31522 El Camino Real San Juan Capistrano, CA 92673	Susan Lawry, R.N. (714) 496-3118

Student Elibility: *	Cost of Program Basic _____ Refresher _____	** Program Level: EMT-I Number of students completing training per year: Initial training: 240 Refresher: 90 Cont. Education: _____ Expiration Date: 6/94 Number of courses: 4 Initial training: 2 Refresher: 3 Cont. Education: _____

Training Institution Name/Adress	Contact Person Telephone No.

Student Elibility: *	Cost of Program Basic _____ Refresher _____	** Program Level: _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

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

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

TABLE [illegible] RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
ANAHEIM GENERAL HOSPITAL 3350 W. Ball Road Anaheim, CA 92804 (714) 827-6700	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:			
ANAHEIM MEMORIAL HOSPITAL 1111 West La Palma Avenue Anaheim, CA 92801 (714) 774-1450	Emergency Department Supervisor			
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]. RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
BREA COMMUNITY HOSPITAL 380 West Central Avenue Brea, CA 92621 (714) 671-5424	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:			
CHAPMAN GENERAL HOSPITAL 2601 East Chapman Avenue Orange, CA 92669 (714) 633-0011	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE [illegible]: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
COASTAL COMMUNITIES HOSPITAL 2701 South Bristol Santa Ana, CA 92704 (714) 754-5454	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:				
FOUNTAIN VALLEY REGIONAL HOSPITAL 17100 Euclid Street Fountain Valley, CA 92708 (714) 966-7200	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]. RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
FRIENDLY HILLS REGIONAL HOSPITAL 1251 West Lambert Road La Habra, CA 90631 (714) 870-5090	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****	

Name, Address & Telephone:	Primary Contact:				
GARDEN GROVE HOSPITAL 12601 Garden Grove Blvd. Graden Grove, CA 92643 (714) 537-5160	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]. RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
HOAG MEMORIAL HOSPITAL PRESBYTERIAN 301 Newport Blvd. Newport Beach, CA 92658 (714) 645-8600	Emergency Department Supervisor			
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:			
HUNTINGTON BEACH HOSPITAL & MEDICAL CENTER 17772 Beach Blvd. Huntington Beach, CA 92647 (714) 842-1473	Emergency Department Supervisor			
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
IRVINE MEDICAL CENTER 16200 Sand Canyon Irvine, CA 92718 (714) 753-2000	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:				
KAISER PERMANENTE MEDICAL CENTER 441 Lakeview Avenue Anaheim, CA 92807 (714) 978-4000	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
LA PALMA INTERCOMMUNITY HOSPITAL 7901 Walker Street La Palma, CA 90623 (714) 670-7400	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:				
LOS ALAMITOS MEDICAL CENTER 3751 Katella Avenue Los Alamitos, CA 90720 (714) 826-6400	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1[illegible]: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:
MARTIN LUTHER HOSPITAL 1830 West Romneya Drive Anaheim, CA 92801 (714) 491-5200	Emergency Department Supervisor

Written Contract	Referral emergency service	Standby emergency service	Basic emergency service	Comprehensive emergency service	Paramedic Receiving Center	Base Hospital:	Pediatric Critical Care Center: *
☐ yes ☒ no	☐	☐	☒	☐	☒	☐ yes ☒ no	☐ yes ☒ no

EDAP:**	PICU:***	Burn Center:	Trauma Center:	If Trauma Center what level****
☐ yes ☒ no	☐ yes ☒ no	☒ yes ☐ no	☐ yes ☒ no	

Name, Address & Telephone:	Primary Contact:
MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 Medical Center Road Mission Viejo, CA 92691 (714) 364-1400	Emergency Department Supervisor

Written Contract	Referral emergency service	Standby emergency service	Basic emergency service	Comprehensive emergency service	Paramedic Receiving Center	Base Hospital:	Pediatric Critical Care Center: *
☒ yes ☐ no	☐	☐	☒	☐	☒	☒ yes ☐ no	☒ yes ☐ no

EDAP:**	PICU:***	Burn Center:	Trauma Center:	If Trauma Center what level****
☐ yes ☒ no	☒ yes ☐ no	☐ yes ☒ no	☒ yes ☐ no	II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 16: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
PACIFICA HOSPITAL 18800 Delaware Street Huntington Beach, CA 92648 (714) 842-0611	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:			
PLACENTIA LINDA COMMUNITY HOSPITAL 1301 North Rose Drive Placentia, CA 92670 (714) 993-2000	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 16: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
SADDLEBACK MEMORIAL MEDICAL CENTER 24451 Health Center Road Laguna Hills, CA 92653 (714) 837-4500	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****	

Name, Address & Telephone:	Primary Contact:				
ST. JOSEPH HOSPITAL 1100 West Stewart Drive Orange, CA 92668 (714) 633-9111	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 16: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:
ST. JUDE MEDICAL CENTER 101 East Valencia Mesa Drive Fullerton, CA 92635 (714) 871-3280	Emergency Department Supervisor

Written Contract	☒ yes ☐ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service Paramedic Receiving Center	☐ ☐ ☒ ☐ ☒			Base Hospital:	☒ yes ☐ no	Pediatric Critical Care Center: *	☐ yes ☒ no
EDAP:**	☐ yes ☒ no	PICU:***	☐ yes ☒ no	Burn Center:	☐ yes ☒ no	Trauma Center:	☐ yes ☒ no	If Trauma Center what level****	

Name, Address & Telephone:	Primary Contact:
SAMARITAN MEDICAL CENTER/SAN CLEMENTE 645 Camino delos Mares San Clemente, CA 92672 (714) 496-1122	Emergency Department Supervisor

Written Contract	☐ yes ☒ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service Paramedic Receiving Center	☐ ☐ ☒ ☐ ☒			Base Hospital:	☐ yes ☒ no	Pediatric Critical Care Center: *	☐ yes ☒ no
EDAP:**	☐ yes ☒ no	PICU:***	☐ yes ☒ no	Burn Center:	☐ yes ☒ no	Trauma Center:	☐ yes ☒ no	If Trauma Center what level****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 16: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
SOUTH COAST MEDICAL CENTER 31872 Coast Highway South Laguna, CA 92677 (714) 499-2002	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:				
TUSTIN HOSPITAL MEDICAL CENTER 14662 Newport Avenue Tustin, CA 92680 (714) 838-9600	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒			Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no		Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
UCI MEDICAL CENTER 101 The City Drive South Orange, CA 92668 (714) 456-6011	Emergency Department Supervisor			
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☒ Paramedic Receiving Center ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: * ☒ yes ☐ no
EDAP:** ☐ yes ☒ no	PICU:*** ☒ yes ☐ no	Burn Center: ☒ yes ☐ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what level**** I

Name, Address & Telephone:	Primary Contact:			
WEST ANAHEIM MEDICAL CENTER 3033 West Orange Anaheim, CA 92804 (714) 827-3000	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:				
WESTERN MEDICAL CENTER/ANAHEIM 1025 South Anaheim Blvd. Anaheim, CA 92805 (714) 533-6220	Emergency Department Supervisor				
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****	

Name, Address & Telephone:	Primary Contact:				
WESTERN MEDICAL CENTER/SANTA ANA 1001 North Tustin Avenue Santa Ana, CA 92705 (714) 835-3555	Emergency Department Supervisor				
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what level**** II	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1v: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:
DOCTORS HOSPITAL OF SANTA ANA 1901 N. College Avenue Santa Ana, CA 92706 (714) 547-2565	Emergency Department Supervisor

Written Contract	☐ yes ☒ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service Paramedic Receiving Center	☐ ☐ ☒ ☐ ☐			Base Hospital:	☐ yes ☒ no	Pediatric Critical Care Center: *	☐ yes ☒ no
EDAP:**	☐ yes ☒ no	PICU:***	☐ yes ☒ no	Burn Center:	☐ yes ☒ no	Trauma Center:	☐ yes ☒ no	If Trauma Center what level****	

Name, Address & Telephone:	Primary Contact:
FHP HOSPITAL 9920 Talbert Avenue Fountain Valley, CA 92728 (714) 962-4677	Emergency Department Supervisor

Written Contract	☐ yes ☒ no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service Paramedic Receiving Center	☐ ☐ ☒ ☐ ☐			Base Hospital:	☐ yes ☒ no	Pediatric Critical Care Center: *	☐ yes ☒ no
EDAP:**	☐ yes ☒ no	PICU:***	☐ yes ☒ no	Burn Center:	☐ yes ☒ no	Trauma Center:	☐ yes ☒ no	If Trauma Center what level****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1b: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
SANTA ANA HOSPITAL MEDICAL CENTER 1901 N. Fairview Street Santa Ana, CA 92706 (714) 554-1653	Emergency Department Supervisor			
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐ Paramedic Receiving Center ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center: * ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what level****

Name, Address & Telephone:	Primary Contact:			
Written Contract ☐ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐ Paramedic Receiving Center ☐		Base Hospital: ☐ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☐ no	Burn Center: ☐ yes ☐ no	Trauma Center: ☐ yes ☐ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: _____ **County** Los Angeles **Reporting Year:** 1995

Name, Address & Telephone:	**Primary Contact:**			
LONG BEACH MEMORIAL MEDICAL CENTER 2801 Atlantic Avenue Long Beach, CA 90801 1428 (310) 595-2076	Emergency Department Supervisor			
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐ Paramedic Receiving Center ☐		Base Hospital: ☐ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☐ no	Burn Center: ☐ yes ☐ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what level****

Name, Address & Telephone:	**Primary Contact:**			
Written Contract ☐ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐ Paramedic Receiving Center ☐		Base Hospital: ☐ yes ☐ no	Pediatric Critical Care Center: * ☐ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☐ no	Burn Center: ☐ yes ☐ no	Trauma Center: ☐ yes ☐ no	If Trauma Center what level****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

TABLE 1 RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
ANAHEIM FIRE DEPARTMENT 201 S. Anaheim Blvd. #301 Anaheim, CA 92805 (714) 254-4000	Chief Jeff Bowman			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 67 ALS 150 BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

Name, Address & Telephone:	Primary Contact:			
BREA FIRE DEPARTMENT 1 Civic Center Circle Brea, CA 92621 (714) 990-7644	Chief William R. Simpkins			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training 33 EMT-D 8 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

TABLE 1.. RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	**Primary Contact:**			
COSTA MESA FIRE DEPARTMENT 77 Fair Drive Costa Mesa, CA 92626 (714) 754-5106	Chief Frank Fantino			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: Yes EMD Training; 66 EMT-D; 33 ALS _____ BLS; _____ LALS; _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

Name, Address & Telephone:	**Primary Contact:**			
FOUNTAIN VALLEY FIRE DEPARTMENT 10200 Slater Fountain Valley, CA 92708 (714 963-8321 x437	Chief Bernard Heimos			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training; _____ EMT-D; 12 ALS 21 BLS; _____ LALS; _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

TABLE 1.. RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone: **FULLERTON FIRE DEPARTMENT** 312 E. Commonwealth Avenue Fullerton, CA 92632 (714) 738-6502			**Primary Contact:** Chief Marc Martin	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 27 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

Name, Address & Telephone: **GARDEN GROVE FIRE DEPARTMENT** 11301 Acacia Parkway Garden Grove, CA 92640 (714) 741-5600			**Primary Contact:** Chief Vince Bonacker	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 25 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

TABLE 1x. RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
HUNTINGTON BEACH FIRE DEPARTMENT 2000 Main Street Huntington Beach, CA 92648 (714) 536-5411	Chief Mike Dolder			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 42 ALS 141 BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 3

Name, Address & Telephone:	Primary Contact:			
LAGUNA BEACH FIRE DEPARTMENT 501 Forest Avenue Laguna Beach, CA 90651 (714) 497-0700	Chief William Edmundson			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training 30 EMT-D 12 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

TABLE 1x. RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
LA HABRA FIRE DEPARTMENT 201 E. La Habra Blvd. La Habra, CA 90633-0377 (714) 526-2227	Chief Mike McGroarty			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 13 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

Name, Address & Telephone:	Primary Contact:			
NEWPORT BEACH FIRE DEPARTMENT 3300 Newport Blvd. Newport Beach, CA 92663 (714) 644-3103	Chief Tim Riley			
Written Contract: ☒ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training 94 EMT-D 15 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
ORANGE CITY FIRE DEPARTMENT 176 South Grand Orange, CA 92666 (714) 288-2500	Chief Ed Rowlett			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D 28 ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: _____

Name, Address & Telephone:	Primary Contact:			
ORANGE COUNTY FIRE AUTHORITY 180 South Water Street Orange, CA 92666 (714) 289-7410	Chief Larry J. Holms			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☒ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: Yes EMD Training 1265 EMT-D 170 ALS 500 BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☒ fire district ☐ Federal	Number of Ambulances: 2

TABLE 1[illegible]: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ County Orange Reporting Year: 1995

Name, Address & Telephone:	Primary Contact:			
SANTA ANA FIRE DEPARTMENT 1439 S. Broadway Santa Ana, CA 92707 (715) 647-5700	Chief Allen Carter			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: Yes EMD Training; ___ EMT-D; 42 ALS ___ BLS; ___ LALS; ___ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: ___	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 7

Name, Address & Telephone:	Primary Contact:			
WESTMINSTER FIRE DEPARTMENT 7351 Westminster Avenue Westminster, CA 92683 (714) 893-0571	Chief John DeMonaco			
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ___ EMD Training; ___ EMT-D; 30 ALS 47 BLS; ___ LALS; ___ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: ___	If public: ☒ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 3

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
BOWERS AMBULANCE SERVICE 446 E. Pacific Coast Highway Long Beach, CA 90806 (310) 591-3371	Mike Downs			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 12 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 6

Name, Address & Telephone:	Primary Contact:			
CARE AMBULANCE SERVICE 8932 Katella Avenue Anaheim, CA 92804 (714) 828-7750	Rick Richardson			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 32 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 13

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
CARELINE CALIFORNIA 1890 Betmor Lane Anaheim, CA 92805 (714) 939-8101	Kevin Chao			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 128 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 30

Name, Address & Telephone:	Primary Contact:			
CRIPPEN AMBULANCE SERVICE 234 E. Badillo Street Covina, CA 91723 (818) 967-5191	Bruce Bunt			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 27 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 6

TABLE 1x: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
DOCTORS AMBULANCE SERVICE 23091 Terra Drive Laguna Hills, CA 92653 (714) 951-1668	Bruce Herren			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 25 BLS ____ LALS ____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 8

Name, Address & Telephone:	Primary Contact:			
EMERGENCY AMBULANCE SERVICE 495 S. Brea Blvd. Brea, CA 92622-9506 (714) 990-1742	Phil Davis			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 25 BLS ____ LALS ____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 9

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
FHP AMBULANCE SERVICE 17918 Crusader Cerritos, CA 90701 (310) 809-3922	Earl Covington			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 37 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 11

Name, Address & Telephone:	Primary Contact:			
GOODHEW AMBULANCE SERVICE 5420 W. Jefferson Blvd. Los Angeles, CA 90016 (213) 931-5555	Matt Swinden			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 28 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 1

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
HUNTINGTON AMBULANCE SERVICE P.O. Box 154 Sunset Beach, CA 90742 (310) 592-1627	Matt Swinden			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 6 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 2

Name, Address & Telephone:	Primary Contact:			
LYNCH AMBULANCE SERVICE 4250 Artesia Avenue Fullerton, CA 92633 (714) 670-8307	Walter Lynch			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 22 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 6

TABLE 1X. RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:			**Primary Contact:**	
MEDIX AMBULANCE SERVICE 310 W. First Street Tustin, CA 92680 (714) 634-2671			Michael Dimas	
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 79 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 25

Name, Address & Telephone:			**Primary Contact:**	
MEDTRANS, INC. 539 N. Fairview Santa Ana, CA 92703 (714) 564-3400			Kimberly Hooper	
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 83 BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 45

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 (2/16/95)

EMS System: _____ **County** Orange **Reporting Year:** 1995

Name, Address & Telephone:	Primary Contact:			
SCHAEFER AMBULANCE SERVICE 2215 South Bristol Santa Ana, CA 92704 (714) 545-8486	Jim Karras			
Written Contract: ☐ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 40 BLS ____ LALS ____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 9

Name, Address & Telephone:	Primary Contact:			
MERCY AIR SERVICE, INC. P.O. Box 2532 Fontan, CA 92334-2532 (909) 357-9006	Mary Davis, R.N.			
Written Contract: ☐ yes ☐ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D 17 ALS ____ BLS ____ LALS 20 Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district ☐ Federal	Number of Ambulances: 4

SECTION 5: PLAN DEVELOPMENT PROCESS

Determination of the overall goals of the EMS system in Orange County considered many factors. EMS service area, geography, demographics, status of the current system, results of the EMS system QI evaluation process and available resources were evaluated to identify needs and establish realistic expectations for EMS system goals. Input was solicited from EMS system participants and consumers throughout the planning process.

EMS agency staff completed the initial evaluation of local EMS system compliance with the state's EMS Systems Standards and Guidelines. Thorough assessment of each state standard and the local mechanism for meeting the minimum standard required the involvement of the EMS Agency Medical Director, Assistant Medical Director, EMS Agency Administrator, ALS Program Manager, BLS Coordinator, QI Program Manager, Disaster Coordinator, Data Analysts, Financial Analyst and EMS clerical staff. Needs and objectives were identified considering the needs of the community, optimal EMS system design, available resources and limitations due to legal, financial and technical constraints.

The draft EMS Plan was submitted to the following organizations for review and recommendations:

Emergency Medical Care Committee
Base Hospital Physician Directors
Facilities Advisory Committee
Paramedic Advisory Committee
Medical Transportation Committee
EMS Quality Assurance Board
Disaster Advisory Group
Prehospital Care Coordinators
Orange County Medical Association
Society of Orange County Emergency Physicians
Fire Chief's Association
Hospital Council of Southern California
Emergency Department Nurse Supervisors
Orange County Ambulance Association
Senior Citizens of Orange County
Association of City Mayors
League of California Cities

The draft EMS Plan was submitted to the County of Orange Board of Supervisors, the EMS Agency's governing body, for formal adoption. The resultant resolution is included as an attachment in this section.

SECTION 6 ANNEX #2, AB3153
COMPLIANCE EXCLUSIVE OPERATING PERMITS

The Orange County EMS (OCEMS) Agency licenses private basic life support ambulance providers in compliance with the Orange County Ordinance #3571 adopted 1986. The cities have been solicited to adopt the Orange County Ambulance Ordinance and request for proposal (RFP) process for identifying private ambulance emergency service responders. The OCEMS Agency authorizes ambulance response zones for all cities electing to adopt the County Ordinance and RFP process. Individual city/county fire services usually through a process contract with one or more licensed ambulance providers for ambulance dispatch to respond to emergency patients with in its governmental boundaries. A RFP process prepared by the Orange County Fire Department and approved by the OCEMS Agency identifies the emergency medical transport service areas serviced by the County Fire Authority.

In the State adopted OC EMS Plan for 1985, the existing city/county fire service advanced life support provider agencies were recognized as the exclusive providers of EMT-paramedic services for their fire emergency response service areas since 1980.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

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

February 22, 1996

Shellie Conklin
Orange County EMS
Acting EMS Administrator
517 North Main, Suite 301
Santa Ana, CA 92701

Dear Ms. Conklin:

We have completed our review of *Orange 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.*

Our reviewers raised some concerns regarding the following sections:

Section 1.27 Enhanced Level - Pediatrics
Section 5.10 Pediatric Emergency Medical and Critical Care Systems
Section 5.11 Pediatric Standards for Emergency Departments

Orange County has no formal pediatric emergency medical and critical care system in place. Evaluating the need for one, especially at this time, may be a good idea. The Authority is providing consultation visits to local EMS agencies to help integrate newly developed EMSC guidelines into the local EMS system. I encourage you to schedule an EMSC consultation visit within the next six months. EMSA is able to provide technical assistance at no cost to your agency through a federal EMSC grant from the Maternal and Child Health Bureau. Funds will not be available to do this type of technical assistance in the future. Please contact Carol Biancalana at (916) 322-4336, extension 309 to set up a visit.

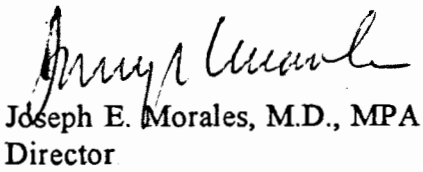
Section 6.05 Data Management

Please provide more information regarding your integrated prehospital data management system. If possible please submit copies of annual reports or routine reports that are generated by Orange County EMS. Table 5, Systems Standard Response Times, gives time

ranges for geographic areas which appear to be standard response times rather than actual response times. Please confirm and correct, if necessary. Also, please verify the number on Table 5, Systems Resources and Operations - items 3a and 3b are identical. These concerns may be addressed in your annual update.

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

Sincerely,



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

mr:JM:orange.app:2/18/96