



**DATE:** April 7, 1999  
**TO:** Board of Supervisors  
**FROM:** Michael Osur, Assistant Director of Public Health/EMS Agency Director  
**SUBJECT:** EMS PLAN - UPDATE

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## Executive Summary

In 1994, the Board of Supervisors approved the County's first Emergency Medical Services EMS Plan. This plan was the result of many years of hard work and cooperation of the EMS system participants including: ambulance providers, fire departments, law enforcement agencies, hospitals, trauma centers and city and county staff. The EMS Plan specified how Riverside County would address the various components and state requirements for local EMS and trauma systems. The key points specified in the EMS Plan were: emergency ambulance exclusive operating areas (EOAs), EMS advisory committee structures, role of first responder, law enforcement agencies, hospitals, trauma centers and all other system stakeholders.

This EMS Plan Assessment document is a review of what the EMS Agency and system participants have accomplished in the preceding four years. This assessment is a collaborative effort of the Board-appointed Emergency Medical Care Committee (EMCC), County Fire Chiefs Association, Riverside County Ambulance Association, the Healthcare Association of Southern California (HASC), and the EMS Agency.

### Major Accomplishments

- 1) The three EMS Advisory Committees: EMCC, Prehospital Care Advisory Committee (PCAC) and the Emergency Department Directors' Advisory Committee (EDDAC) meet regularly to discuss system issues, make recommendations for improvement and evaluate how the system is performing.
- 2) The Trauma Plan was fully implemented. All three existing Level II Trauma Centers (RGH/RCRMC, Riverside Community and Desert Hospital) and the Level I Trauma Center (Loma Linda University Medical Center) had site visits from the American College of Surgeons. A Level III Trauma Center (Inland Valley Regional Medical Center) was designated in the Southwest Area of the County. All trauma centers participate on the Trauma Audit Committee and report data via a standardized trauma patient registry. The Trauma Audit Committee works to ensure that all critical trauma patients receive high quality and timely definitive care.

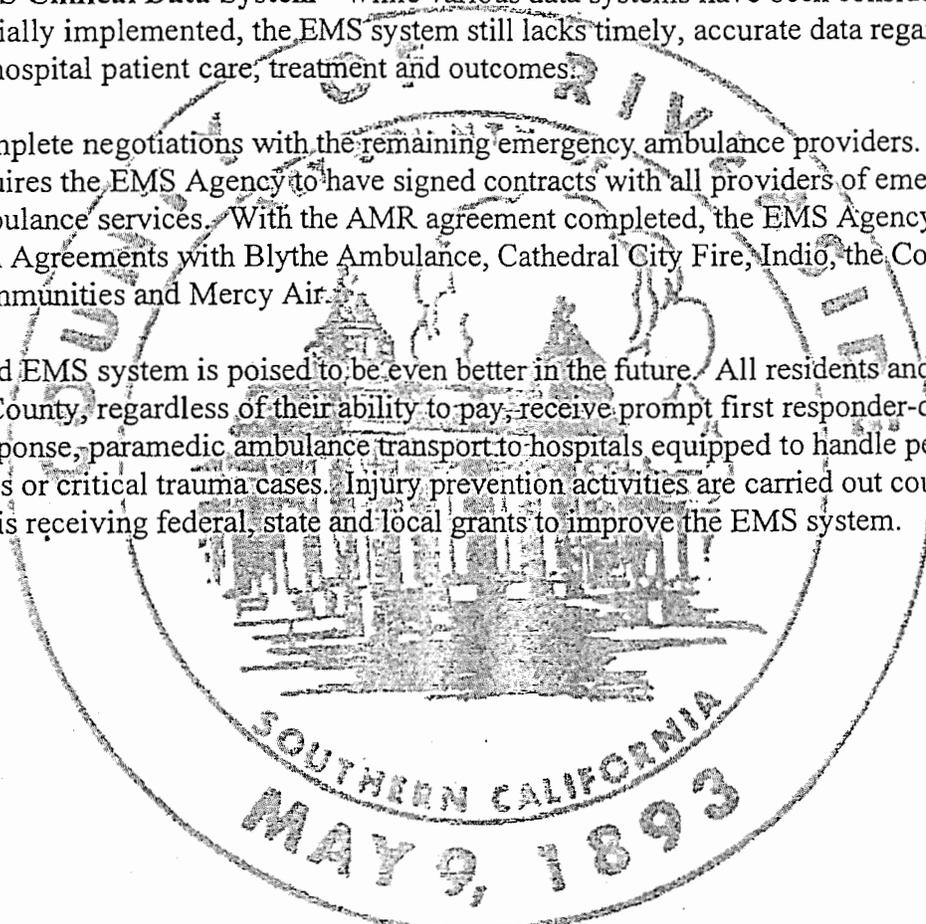
- 3) The ambulance ordinance was completely re-written and approved by the Board as Ordinance 756. Standards for advanced life support, basic life support, critical transport units and air ambulances are specified including: personnel and equipment requirements, quality assessment and improvement programs.
- 4) The EMS Agency received over \$1,400,000 in State Emergency Medical Services Authority, State Office of Traffic and Safety and local foundation grants. These grants address EMS system issues regarding: EMS for Children, Pediatric Injury Prevention, First Responder to EMT Upgrade Training, School-based non-violence programs, car seat education patrols, teenage drunk and drugged driving programs and grief support training for medical responders.
- 5) Establishment of the EMS for Children (EMSC) program. All hospitals in the County received specialized site visits to review each hospital's capabilities for treating ill and injured children according to state guidelines. Two pediatric care centers (Loma Linda and Children's Hospital of Orange County) were recognized as tertiary care transfer centers for the county's most ill children.
- 6) The County established twelve emergency ambulance exclusive operating areas for 9-1-1 responses. The County has a signed agreement with the Idyllwild Fire Protection District to cover the communities of Idyllwild and Pine Cove. In addition, the County signed an agreement with American Medical Response (AMR) for seven of the zones representing 18 of the county's 24 cities and a majority of the unincorporated areas. This agreement, for the first time, set response time and performance standards for emergency ambulances. The AMR Agreement also ensures ambulance coverage on the mountain plateau region and transport of mental health patients on a 5150 hold.
- 7) Virtually all areas of the county now receive "early" defibrillation services from fire service agencies. Early defibrillation is the key to saving patients in cardiac arrest. "Save rates" for patients receiving such treatment increase from approximately 2% to 25% of patients suffering complete heart and respiratory failure. Over the past four years the number of defibrillators on first responder vehicles has increased from 40 to over 120 and 22 additional lives have been saved.
- 8) The cities of Riverside, Corona and Norco in cooperation with AMR and the EMS Agency are beginning implementation of first responder paramedic programs in their respective cities, thereby ensuring even faster advanced life support treatments to critical patients in those areas.
- 9) In the Coachella Valley, the EMS Agency, in conjunction with the Institute of Critical Care Medicine, fire agencies and volunteer organizations, has conducted two CPR Heart Party events and trained almost 1000 residents in CPR.

## Future Challenges

While many parts of the EMS Plan have been implemented, much remains to be done:

- 1) **9-1-1 and Public Education** - Many calls for 9-1-1 medical responses are unnecessary and cause limited resources to be depleted. Educating the public about appropriate use of 9-1-1 is critical if we are to ensure timely response to medical emergencies. In addition, more citizens must be trained in CPR if the County is to improve its cardiac arrest save rate.
- 2) **Emergency Medical Dispatch (EMD)** - EMD is more than just dispatching ambulances to calls. EMD also includes "call prioritization" and "post-dispatch" instruction to callers. The EMS system must ensure that all calls to 9-1-1 for medical emergencies receive such instruction. To date, only one center (Corona) has an approved medical dispatch training program, however, no dispatchers have been certified as meeting state standards.
- 3) **EMS Clinical Data System** - While various data systems have been considered and one partially implemented, the EMS system still lacks timely, accurate data regarding prehospital patient care, treatment and outcomes.
- 4) Complete negotiations with the remaining emergency ambulance providers. State law requires the EMS Agency to have signed contracts with all providers of emergency ambulance services. With the AMR agreement completed, the EMS Agency must still sign Agreements with Blythe Ambulance, Cathedral City Fire, Indio, the Cove Communities and Mercy Air.

A very good EMS system is poised to be even better in the future. All residents and visitors to Riverside County, regardless of their ability to pay, receive prompt first responder-defibrillator capable response, paramedic ambulance transport to hospitals equipped to handle pediatric emergencies or critical trauma cases. Injury prevention activities are carried out county-wide and the county is receiving federal, state and local grants to improve the EMS system.



# EMS SYSTEM ASSESSMENT

**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.

January, 1999

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>1.01 LEMSA Structure</b>  <i>Standard: Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.</i></p>	X		<p><i>Delineated in EMS Policy Manual</i></p>				

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<p><b>1.02 LEMSA Mission</b>  <i>Standard: each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.</i></p>	X		<i>EMS Policy Manual specifies QA/QI criteria</i>				
<p><b>1.03 Public Input</b>  <i>Standard: each local EMS agency shall have a mechanism (including eh 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.</i></p>	X		<i>EMCC, EDDAC, PCAC Committees</i>				

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<p><b>1.04 Medical Director</b>  <i>Standard: Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine</i></p> <p><i>Goal: The local EMS agency medical director should have administrative experience in emergency medical services. 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.</i></p>	X	X	<p><i>Contract with Medical Director specifies roles and responsibilities</i></p> <p><i>EMS Policy Manual</i></p>				
<p><b>1.05 System Plan</b>  <i>Standard: Each local EMS agency shall develop an EMS system plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS authority. The plan shall:</i></p> <p><i>a) Assess how the current system meets these guidelines;</i></p> <p><i>b) Identify system needs for patients within each of the targeted clinical categories (as identified in Section II); and, provide a methodology and time line for meeting these needs.</i></p>	X		<p><i>Original EMS Plan submitted in 1994 and approved in 1995</i></p>				<p><i>Trauma plan needs to be updated to include peds. Cardiac and stroke centers are under consideration</i></p>

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<p><b>1.06 Annual Plan Update</b>  <i>Standard: Each local EMS agency shall develop an annual update to its EMS system plan and shall submit it to the EMS Authority. The update shall:</i>  <i>a) Identify progress made in plan implementation.</i>  <i>b) Changes to the planned system design.</i></p>	X		Updates have been sent to the State when made				
<p><b>1.07 Trauma Planning:</b>  <i>Standard: The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.</i></p> <p>-----  <i>Goal: The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.</i></p>	X	X	<p>Implemented County Trauma Plan  Trauma Audit Committee meets every other month to determine care delivered and review system demands.  Trauma centers in County reviewed and designated by ACS standards.</p>				Goal to update trauma plan after trauma regulations are approved.
<p><b>1.08 ALS Planning</b>  <i>Standard: The local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.</i></p>	X		Ambulance ordinance 756 and ALS Standards of Contracts denotes ALS as Standard of Care in all areas of the County.				

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<p><b>1.09 Inventory of Resources</b>  <i>Standard: Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory</i></p>	X		Annual update of all disaster resources established through the regional Communication organizations and Disaster Preparedness Planner of EMS Agency				Need to include BLS and "gurney" services inventory.
<p><b>1.10 Special Populations</b>  <i>Standard: 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).</i></p>	X		EMS-C project IDs care for pediatric patients, safety fairs.				
<p><i>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).</i></p>						X	<i>Need to include geriatric, trauma rehab, MI and stroke rehab</i>
<p><b>1.11 System Participants</b>  <i>Standard: Each local EMS agency shall identify optimal roles and responsibilities of system participants.</i></p> <p>-----  <i>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.</i></p>	X		<i>EMS Policy Manual; Provider Contracts in process; audits; Base Hospitals and Trauma Center contracts;</i>			X	<i>Need to finish agreements with all participants: ALS transporting, ALS first responders, receiving hospitals and BLS providers</i>

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<b>REGULATORY ACTIVITIES</b>							
<b>1.12 Review &amp; Monitoring</b> <i>Standard: Each local EMS agency shall provide for review and monitoring of EMS system operations.</i>	<i>X</i>		<i>Site visits; audits; trauma registry</i>				<i>Need data system; include first responders and PSAPs to list for feedback and reviews</i>
<b>1.13 Coordination</b> <i>Standard: Each local EMS agency shall coordinate EMS system operations.</i>	<i>X</i>					<i>X</i>	<i>Include Reddinet to operations</i>
<b>1.14 Policy &amp; Procedures Manual</b> <i>Standard: Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.</i>	<i>X</i>		<i>A completely updated EMS Policy manual distributed 4/97. Periodic updates sent to all system participants</i>				
<b>1.15 Compliance with Policies</b> <i>Standard: Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.</i>	<i>X</i>		<i>Incident review and investigation process as described in Policy Manual.</i>				<i>Need data system; review process needs to include first responders.</i>

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<b>SYSTEM FINANCE</b>							
<b>1.16 Funding Mechanism</b> <i>Standard: 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.</i>	X		<i>Funded by Health Dept and access to EMS fund by the County</i>			X	<i>Should be statewide mechanism to fund this.</i>
<b>MEDICAL DIRECTION</b>							
<b>1.17 Medical Direction*</b> <i>Standard: Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and roles of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.</i>	X		<i>Emergency Department Directors Advisory Committee (EDDAC)</i>  <i>Policy Manual</i>  <i>EMS Medical Director - member of EDDAC</i>				
<b>1.18 QA/QI</b> <i>Standard: 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.</i>  ----- <i>Goal: Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.</i>	X		<i>Policy Manual identifies roles of all system participants</i>  <i>Ambulance permit process requires QA/QI program for ambulance providers</i>				
		X					

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<p><b>1.19 Policies, Procedures, Protocols</b>  <i>Standard: Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to: a) triage; b) treatment; c) transport; d) on-scene treatment times; e) transfer of emergency patients; f) standing orders; g) base hospital contact; h) on-scene physicians and other medical personnel; i) local scope of practice for pre-hospital personnel.</i></p> <p>-----</p> <p><i>Goal: Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.</i></p>	X		EMS Policy Manual				
		X	EMS Policy Manual				Need for development of EMD protocols
<p><b>1.20 DNR Policy</b>  <i>Standard: Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.</i></p>	X		EMS Policy Manual				
<p><b>1.21 Determination of Death</b>  <i>Standard: Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.</i></p>	X		EMS Policy Manual				

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<p><b>1.22 Reporting of Abuse</b>  <i>Standard: Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS death.</i></p> <p>-----</p> <p><i>Goal: Develop a written policy for reporting SIDS death.</i></p>	<i>X</i>		<p><i>Training Institutions and Orientation programs include training.</i>  <i>Reminder memo sent out 1/99. Update to policy manual will include abuse policies</i></p>				<i>Include a SIDS policy</i>
<p><b>1.23 Interfacility Transfer</b>  <i>Standard: The local EMS Director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.</i></p>	<i>X</i>		<p><i>EMS Policy Manual</i></p>				
<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<p><b>1.24 ALS Systems</b>  <i>Standard: Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.</i></p> <p>-----</p> <p><i>Goal: Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.</i></p>	<i>X</i>	<i>X</i>	<p><i>Ambulance Ordinance 756</i>  <i>ALS System Standards</i>  <i>Ambulance permit process</i></p> <hr/> <p><i>Exclusive Operating Areas established in 1994 EMS Plan and authorized by Ambulance Ordinance</i></p>				

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<p><b>1.25 On-Line Medical Direction</b>  <i>Standard: Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.</i></p> <hr/> <p><i>Goal: Each EMS system should develop a medical control plan which determines:</i>  <i>a) the base hospital configuration for the system;</i>  <i>b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply;</i>  <i>c) the process for determining the need for in-house medical direction for provider agencies.</i></p>	X	X	<p><i>Base Hospitals throughout County are designated.</i></p> <hr/> <p><i>Contracts present for all base hospitals.</i></p> <p><i>Protocols established when base hospital contact is to be made</i></p>				<p><i>Need to develop process for determining the need for in-house medical directions for provider agencies.</i></p>

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<b>ENHANCED LEVEL: TRAUMA CARE SYSTEM</b>							
<b>1.26 Trauma System Plan</b> <i>Standard: The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:</i> <i>a) the optimal system design for trauma care in the EMS area;</i> <i>b) the process which allows all eligible facilities to apply.</i>	<i>X</i>		<i>Trauma System Plan</i>				<i>Plan needs to be updated when trauma regulations promulgated</i>
<b>ENHANCED LEVEL: PEDIATRIC EMERGENCY &amp; CRITICAL CARE SYSTEM</b>							
<b>1.27 Pediatric System Plan</b> <i>Standard: The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources which determines:</i> <i>a) the optimal system design for pediatric emergency medical and critical care in the EMS system, and;</i> <i>b) the process for assigning roles to system participants, including a process which allows eligible facilities to apply.</i>	<i>X</i>		<i>EMS-C ED site visits have been conducted all hospitals in the County.</i>  <i>Two pediatric tertiary centers have been designated.</i>  <i>EMSC Standards adopted</i>				<i>Need to include peds in trauma</i>

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<b>ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS</b>							
<b>1.28 EOA Plan</b> <i>Standard: The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:</i> <i>a) The optimal system design for ambulance service and advanced life support services in the EMS area, and;</i> <i>b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.</i>	X		<i>1994 EMS Plan</i>  <i>EOA Zone Contracts provide for standards and review for optimal service in an area utilizing Administrative Oversight</i>				

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<b>B. STAFFING / TRAINING - LOCAL EMS AGENCY</b>							
<p><b>2.01 Assessment of Needs</b>  <i>Standard: The local EMS agency shall routinely assess personnel and training needs.</i></p> <p>-----</p> <p><i>Goal: 1) Develop on-going training programs based on trend identification through the CQI process.</i></p> <p><i>Goal: 2) Re-evaluate staffing requirements.</i></p>	X		<p><i>Advisory Committee feedback - EDDAC, PCAC</i></p> <p><i>Will increase when EMS Data Collection fully functioning. Will ID specific needs</i></p>				<p><i>Needs data system to help identify training needs</i></p>
<p><b>2.02 Approval of Training</b>  <i>Standard: The EMS authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.</i></p> <p>-----</p> <p><i>Goal: Approve CE providers, according to state guidelines, and monitor to ensure compliance.</i></p>	X	X	<p><i>EMS Policy Manual</i></p> <p><i>EMS Policy Manual. EMS C.E. provider application. C.E. site visits</i></p>				

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<p>2.03 Personnel  <i>Standard: 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.</i></p>	X		EMS Policy Manual				
<b>DISPATCHERS</b>							
<p>2.04 Dispatch Training  <i>Standard: a) Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation; b) medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</i></p> <p>-----  <i>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.</i></p>	X					X	<p><i>Will evaluate Dispatch agencies within the county and develop recommendations</i></p>

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<b>FIRST RESPONDERS (NON-TRANSPORTING)</b>							
<p><b>2.05 First Responder Training</b>  <i>Standard: At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.</i></p> <p>-----</p> <p><i>Goals: 1) 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.</i></p> <p><i>Goal: 2) At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice.</i></p>	X		<p><i>CDF responders trained to CDF first responder. Almost 20% of CDF responders are trained to EMT-1 level. All other first responder agencies are at a minimum, EMT-1</i></p>			X	<p><i>meets goal 1) 2) CDF working to upgrade all personnel to EMT-1 level</i></p>
<p><b>2.06 Response</b>  <i>Standard: Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with the local EMS agency policies.</i></p>	X		<p><i>All Public Safety Agencies are encouraged to respond.</i></p>				
<p><b>2.07 Medical Control</b>  <i>Standard: Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.</i></p>	X		<p><i>EMS Policy Manual</i></p>				

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<b>TRANSPORTING PERSONNEL</b>							
<b>2.08 EMT-1 Training</b> <i>Standard: All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-1 level.</i>  <hr/> <i>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.</i>	<i>X</i>		<i>All personnel in cities with transport responsibility are EMT-1 or higher. All private responders must be minimum of EMT-1.</i>  <i>Emergency transport providers must function at ALS level per Ambulance Ordinance</i>				
<b>HOSPITAL</b>							
<b>2.09 CPR Training</b> <i>Standard: All allied health personnel who provide direct emergency patient care shall be trained in CPR..</i>	<i>X</i>		<i>First Responders and EMT-1s are CPR trained</i>				
<b>2.10 Advanced Life Support</b> <i>Standard: All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.</i>	<i>X</i>						

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<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<b>2.11 Accreditation Process</b> <i>Standard: The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.</i>	X		<i>EMS Policy Manual</i>				<i>ICS needs to be included. Compliance is an issue</i>
<b>2.12 Early Defibrillation</b> <i>Standard: The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.</i>	X		<i>EMS Policy Manual</i>				
<b>2.13 Base Hospital Personnel</b> <i>Standard: All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.</i>	X		<i>Base Hospital contracts includes this requirement.</i>				

Standards and Goals	Meets min. std.	Meets rec. Goal	Description (How Standard is met)	Does not currently meet standard	Short range plan	Long range plan	Needs Assessment/Action Plan
<b>C. COMMUNICATIONS- EQUIPMENT</b>							
<p><b>3.01 Communication Plan*</b>  <i>Standard: The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.</i></p>	X	X	<p><i>EMS Policy Manual</i></p> <p><i>We allow EMS providers to use cellular phones when applicable. Satellites under consideration</i></p>				<p><i>Development and implementation of ReddiNet needs to be included in plan.</i></p>
<p><b>3.02 Radios</b>  <i>Standard: Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.</i></p> <p>-----</p> <p><i>Goal: Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provide for vehicle-to-vehicle communication.</i></p>	X	X	<p><i>Ambulance permit process</i></p> <p><i>EMS Policy Manual</i></p> <p><i>EMS Policy Manual</i></p>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>3.03 Interfacility Transfer*</b>  <i>Standard: Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephones.</i></p>	X		<p><i>Ambulance permit process</i></p> <p><i>EMS Policy Manual</i></p>				
<p><b>3.04 Dispatch Center</b>  <i>Standard: All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.</i></p>	X		<p><i>All emergency transport units have the ability to communicate with CDF dispatch</i></p>				
<p><b>3.05 Hospitals</b>  <i>Standard: All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.</i></p> <p>-----  <i>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).</i></p>	X		<p><i>HEAR radio system in all receiving hospitals (except Palo Verde)</i></p>				<p><i>Implementation of ReddiNet</i></p>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>3.06 MCI/Disasters</b> <i>Standard: 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.</i>	<i>X</i>		<i>Policy Manual, RACES</i>				<i>Will be implementing ReddiNet</i>
<b>PUBLIC ACCESS</b>							
<b>3.07 9-1-1 Planning/Coordination</b> <i>Standard: The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service</i> <hr/> <i>Goal: The local EMS agency should promote the development of enhanced 9-1-1 systems.</i>	<i>X</i>	<i>X</i>	<i>Already implemented</i>				
<b>3.08 9-1-1 Public Education</b> <i>Standard: The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.</i>	<i>X</i>		<i>We ensure that 9-1-1 outreach personnel are at all health and safety fairs</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>RESOURCE MANAGEMENT</b>							
<b>3.09 Dispatch Triage</b> <i>Standard: The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.</i> -----	<i>X</i>		<i>EMS Policy Manual</i>				<i>No agency is currently approved</i>
<i>Goal: The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.</i>		<i>X</i>	<i>EMS Policy Manual</i>				<i>No agency is currently approved</i>
<b>3.10 Integrated Dispatch</b> <i>Standard: The local EMS system shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communication frequencies.</i> ----- <i>Goal: The local EMS agency should develop a mechanism to ensure appropriate systemwide ambulance coverage during periods of peak demand.</i>	<i>X</i>		<i>EMS Policy Manual            County Fire ECC serves this purpose</i>  <i>Ambulance provider contracts</i>				



<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>4.04 Prescheduled Responses</b>  <i>Standard: Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.</i></p>	X		<i>Ambulance contract</i>				
<p><b>4.05 Response Time Standard*</b>  <i>Standard: Each local 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.</i></p> <p>-----  <i>Goal: Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:</i></p> <p><i>a) the response time for a basic life support and CPR capable first responder does not exceed:</i>  <i>Metro/urban--5 minutes</i>  <i>Suburban/rural--15 minutes</i>  <i>Wilderness--(AQAP);</i></p> <p><i>b) the response time for an early defibrillation-capable responder does not exceed:</i>  <i>Metro/urban--5 minutes</i>  <i>Suburban/rural--(AQAP)</i>  <i>Wilderness--(AQAP)</i></p>	X	X	<i>Response time standards are for ambulances from time of receipt of information by ambulance dispatching center to arrival.</i>				<i>Response time standards are for ambulances from time of receipt of information by ambulance dispatching center to arrival.</i>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><i>c) the response time for an advanced life support capable responder ( not functioning as the first responder) does not exceed :</i>  <i>Metro/urban--8 minutes</i>  <i>Suburban/rural--20 minutes</i>  <i>Wilderness--(AQAP)</i></p> <p><i>d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:</i>  <i>Metro/urban--8 minutes</i>  <i>Suburban/rural--20 minutes</i>  <i>Wilderness--(AQAP).</i></p>		<i>X</i>	<p><i>Meets with adjustment of times in ambulance contract.</i></p> <p><i>Metro - 9.59 minutes</i>  <i>Suburban - 13.59 min</i>  <i>Rural - 20 minutes</i>  <i>Wilderness - Best Effort</i></p>				
<p><b>4.06 Staffing</b>  <i>Standard: All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.</i></p>	<i>X</i>		<i>Ambulance Ordinance and permit process</i>				
<p><b>4.07 First Responder Agencies</b>  <i>Standard: The local EMS agency shall integrate qualified EMS first responder agencies (Including public safety agencies and industrial first aid teams) into the system.</i></p>	<i>X</i>		<i>EMS Policy Manual</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>4.08 Medical Rescue Aircraft*</b>  <i>Standard: The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:</i>  <i>a) authorization of aircraft to be utilized in pre-hospital patient care; b) requesting of EMS aircraft; c) dispatching of EMS aircraft; d) determination of EMS aircraft patient destination; e) orientation of pilots and medical flight crews to the local EMS system; and, f) addressing and resolving formal complaints regarding EMS aircraft.</i></p>	<i>X</i>		<p><i>Ambulance Ordinance</i></p> <p><i>Ambulance Permit Process</i></p> <p><i>EMS Policy Manual</i></p>				
<p><b>4.09 Air Dispatch Center</b>  <i>Standard: The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.</i></p>	<i>X</i>		<p><i>EMS Policy Manual</i></p> <p><i>CDF is the lead dispatch agency for all requests for emergency aircraft</i></p>				
<p><b>4.10 Aircraft Availability*</b>  <i>Standard: The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall, maintain written agreements with aeromedical services operating within the EMS area.</i></p>	<i>X</i>		<p><i>Ambulance permit process</i></p> <p><i>Ambulance Ordinance</i></p>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>4.11 Specialty Vehicles*</b>  <i>Standard: Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow-mobiles and water rescue and transportation vehicles.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures, and catchment area.</i></p>	X	X	<p><i>Area COMM groups have developed resource guides for respective areas.</i></p> <p><i>Sheriff's department has search and rescue capabilities</i></p>				
<p><b>4.12 Disaster Response</b>  <i>Standard: The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.</i></p>	X		<p><i>Annex D of Disaster Plan</i></p>				
<p><b>4.13 Intercounty Response*</b>  <i>Standard: The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.</i></p>	X	X	<p><i>Region VI mutual aid agreement is in place.</i></p> <p><i>Region VI mutual aid agreement is in.</i></p>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>4.14 Incident Command System</b> <i>Standard: The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.</i>	<i>X</i>		<i>EMS Policy Manual MCI/MVI policy &amp; training program</i>				
<b>4.15 MCI Plans</b> <i>Standard: Multi-casualty response plans and procedures shall utilize state standards and guidelines.</i>	<i>X</i>		<i>EMS Policy Manual</i>				
<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<b>4.16 ALS Staffing</b> <i>Standard: All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-1 level.</i> <hr/> <i>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.</i>	<i>X</i>	<i>X</i>	<i>Ambulance Permit Process Ambulance  Ambulance Ordinance  EOA Contracts</i>				
<i>Goal: 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 defibrillator.</i>							<i>Not Applicable</i>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>4.17 ALS Equipment</b> <i>Standard: All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.</i>	X		<i>Ambulance Permit Process</i>  <i>EMS Policy Manual</i>				
<b>ENHANCED LEVEL: AMBULANCE REGULATION</b>							
<b>4.18 Compliance</b> <i>Standard: The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.</i>	X		<i>Ambulance Permit Process</i>  <i>Ambulance Ordinance</i>  <i>EOA Contracts</i>				<i>Need data system</i>
<b>ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS</b>							
<b>4.19 Transportation Plan</b> <i>Standard: Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&amp;SC, shall develop an EMS transportation plan which addresses: a) minimum standard for transportation services; b) optimal transportation system efficiency and effectiveness; and, c) use of a competitive process to ensure system optimization.</i>	X		<i>Ambulance Ordinance</i>  <i>EMS Plan</i>  <i>Meets intent of .224</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>4.20 Grandfathering</b> <i>Standard: Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under §1797.224, H&amp;SC.</i>	<i>X</i>		<i>EMS Plan</i>				
<b>4.21 Compliance</b> <i>Standard: The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to §1797.224, H&amp;SC, comply with applicable policies and procedures regarding system operations and patient care.</i>	<i>X</i>		<i>Ambulance Ordinance            EMS Policy Manual            Incident Review Process            EOC Contracts</i>				
<b>4.22 Evaluation</b> <i>Standard: The local EMS agency shall periodically evaluate the design of exclusive operating areas.</i>	<i>X</i>		<i>We have regular meetings with the EMS Administrative oversight groups in the EOAs</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>E. FACILITIES / CRITICAL CARE</b>							
<b>5.01 Assessment of Capabilities</b> <i>Standard: The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.</i> <hr/> <i>Goal: The local EMS agency should have written agreements with acute care facilities.</i>	X		PCAC, EDDAC, "COMM" meetings  Recent EMS-C Site visits  Contracts with Base Hospitals				Need receiving hospital contracts
<b>5.02 Triage &amp; Transfer Protocols*</b> <i>Standard: The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.</i>	X		EMS Trauma Plan  EMS-C Standards  EMS Policy Manual				
<b>5.03 Transfer Guidelines*</b> <i>Standard: The local EMS agency with participation of acute care hospital administrators, physicians, and nurses shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.</i>	X		EMS-C Standards  Trauma Plan				
<b>5.04 Specialty Care Facilities</b> <i>Standard: The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.</i>	X		Base and Receiving Hospitals listed  PCAC, EDDAC and Hospital Assoc of So. Cal (HASC) monitor				Need agreements  If considering cardiac or stroke centers, need to develop guidelines

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>5.05 Mass Casualty Management</b>  <i>Standard: The local EMS agency shall encourage hospitals to prepare for mass casualty management.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communication and patient flow.</i></p>	X	X	<p>EMS Agency participates in area communication meetings and drills to prepare for disasters.</p> <p>Hospitals are also participants in these groups.</p>				
<p><b>5.06 Hospital Evaluation*</b>  <i>Standard: The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.</i></p>	X		<i>Annex D of Disaster Plan</i>				
<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<p><b>5.07 Base Hospital Designation*</b>  <i>Standard: The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.</i></p>	X		<i>Base Hospital Contracts</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>ENHANCED LEVEL: TRAUMA CARE SYSTEM</b>							
<b>5.08 Trauma System Design</b> <i>Standard: Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to: a) the number and level of trauma centers (including the use of other 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; e) a plan for monitoring and evaluation of the system.</i>	X		<i>Trauma Plan  Trauma Audit Committee</i>				
<b>5.09 Public Input</b> <i>Standard: In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.</i>	X		<i>Trauma Plan and amendments developed through system and public hearing processes</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>ENHANCED LEVEL: PEDIATRIC EMERGENCY &amp; CRITICAL CARE SYSTEM</b>							
<b>5.10 Pediatric System Design</b> <i>Standard: Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments; b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix; c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers; d) identification of providers who are qualified to transport such patients to a designated facility; e) identification of tertiary care centers for pediatric critical care and pediatric trauma; f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area; g) a plan for monitoring and evaluation of the system.</i>	X		<i>EMS-C Standards  EMS-C site visits</i>				<i>Needs to be re-evaluated</i>



<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEMS</b>							
<b>5.13 Specialty System Design</b> <i>Standard: Local EMS agencies developing 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 patient mix and workload; c) identification of patients who should be triaged or transferred to a designated center; d) the role of non-designated hospitals including those which are outside of the primary triage area; e) a plan for monitoring and evaluation of the system.</i>	X		<i>EMS Trauma Plan</i>  <i>EMS-C Standards</i>				<i>Need to evaluate other potential areas ,e.g. Cardiac, stroke,etc.</i>
<b>5.14 Public Input</b> <i>Standard: In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.</i>	X		<i>EMS Trauma Plan public hearing</i>  <i>EMS Plan public hearings</i>  <i>EMCC review of plans</i>  <i>EMS-C Advisory Committee</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>F. DATA COLLECTION / SYSTEM EVALUATION</b>							
<p><b>6.01 QA/QI Program</b>  <i>Standard: The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standard and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.</i></p> <p>-----  <i>Goal: The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.</i></p>	X		<p><i>EMS Policy Manual</i></p> <p><i>Individual Incident review process</i></p> <p><i>Trauma Audit Process</i></p>				<i>Need data system</i>
<p><b>6.02 Prehospital Records</b>  <i>Standard: Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.</i></p>	X		<i>EMS Policy Manual</i>				<i>Need data system</i>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>6.03 Prehospital Care Audits</b>  <i>Standard: Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.</i></p>	X		<p><i>Done locally only on ALS and EMT-D. Should be conducted at all levels</i></p>			X	<p><i>Should be accomplished with data system</i></p>
<p><b>6.04 Medical Dispatch</b>  <i>Standard: The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.</i></p>	X		<p><i>EMS Policy Manual</i></p>				<p><i>Needs systematic county approach</i></p>
<p><b>6.05 Data Management System*</b>  <i>Standard: The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state Standard.</i></p> <p>-----</p>				X			<p><i>In developmental stages</i></p>
<p>-----</p> <p><i>Goal: The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.</i></p>							<p><i>In developmental stages</i></p>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>6.06 System Design Evaluation</b>  <i>Standard: The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and Standard, 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 Standard and guidelines.</i></p>	<i>X</i>		<p><i>Partially done</i></p> <p><i>Preventative through Injury Prevention Programs</i></p>				<p><i>Need retrospective clinical review/research on drug usage rates and clinical outcomes by ALS to determine appropriate scope of practice</i></p>
<p><b>6.07 Provider Participation</b>  <i>Standard: The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program.</i></p>	<i>X</i>		<p><i>EMCC, PCAC, EDDAC</i></p>				
<p><b>6.08 Reporting</b>  <i>Standard: The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).</i></p>	<i>X</i>		<p><i>EMCC Annual report</i></p> <p><i>EMCC representatives communicate with respective Board members and agencies represented</i></p>				

Standards and Goals	Meets min. std.	Meets rec. Goal	Description (How Standard is met)	Does not currently meet standard	Short range plan	Long range plan	Needs Assessment/Action Plan
<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<b>6.09 ALS Audit</b> <i>Standard: The process used to audit treatment provided by advanced life support providers shall evaluate both base hospitals and prehospital activities.</i> <hr/> <i>Goal: The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.</i>	X		<i>QA/QI process</i>  <i>EMS Policy Manual</i>				<i>Have not yet met this goal</i>
<b>ENHANCED LEVEL: TRAUMA CARE SYSTEM</b>							
<b>6.10 Trauma System Evaluation</b> <i>Standard: The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) a trauma registry; b) a mechanism to identify patients whose care fell outside of established criteria; and, c) a process of identifying potential improvements to the system design and operation.</i>	X		<i>Trauma Plan</i>  <i>Trauma Audit Committee</i>  <i>Trauma Registry</i>				



Standards and Goals	Meets min. std.	Meets rec. Goal	Description (How Standard is met)	Does not currently meet standard	Short range plan	Long range plan	Needs Assessment/Action Plan
<b>G. PUBLIC INFORMATION AND EDUCATION</b>							
<p><b>7.01 Public Information Materials</b>  <i>Standard: 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; f) appropriate utilization of emergency departments.</i></p> <hr/> <p><i>Goal: The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.</i></p>	X		CPR days, infant and child seats, bicycle helmets, teenage mentorship programs				Need to emphasize prevention of illness
<p><b>7.02 Injury Control</b>  <i>Standard: The local EMS agency in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.</i></p> <hr/> <p><i>Goal: The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.</i></p>	X	X	Car seat and bicycle helmet program  TEMPO, Car seat program, Bicycle helmet program				

Standards and Goals	Meets min. std.	Meets rec. Goal	Description (How Standard is met)	Does not currently meet standard	Short range plan	Long range plan	Needs Assessment/Action Plan
<p><b>7.03 Citizen Disaster Preparedness</b>  <i>Standard: The local EMS agency in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.</i></p>	X	X	Done locally through fire agencies				Evaluate which areas are not involved and promote there.
<p><b>7.04 First Aid &amp; CPR Training</b>  <i>Standard: The local EMS agency shall promote the availability of first aid and CPR training for the general public.</i></p> <p>-----</p> <p><i>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.</i></p>	X	X	CPR days EOA Contracts  CPR days EOA Contracts				Expand on existing programs
<b>H. DISASTER MEDICAL RESPONSE</b>							
<p><b>8.01 Disaster Medical Planning*</b>  <i>Standard: In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.</i></p>	X		Full-time medical/health disaster planner				Need Nuclear, Biological and Chemical training for all participants in the system

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>8.02 Response Plans</b>  <i>Standard: Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.</i></p> <hr/> <p><i>Goal: The California Office of Emergency Services' multi-hazard functional plans should serve as the model for the development of medical response plans for catastrophic disasters.</i></p>	X	X	<p><i>County Disaster Plan</i></p> <p><i>County Disaster Plan</i></p>				
<p><b>8.03 HazMat Training</b>  <i>Standard: All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.</i></p>	X		<p><i>EOA contracts stipulate appropriate training. Also included in EMS training program standards</i></p>				
<p><b>8.04 Incident Command System</b>  <i>Standard: Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.</i></p> <hr/> <p><i>Goal: The local EMS agency should ensure that ICS training is provided for all medical providers.</i></p>	X		<p><i>EMS Policy Manual</i></p>		X		

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>8.05 Distribution of Casualties*</b>  <i>Standard: The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.</i></p> <p>-----</p> <p><i>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.</i></p>	X		Annex D of Disaster Plan			X	
<p><b>8.06 Needs Assessment</b>  <i>Standard: The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.</i></p>	X	X	<p>Active participant in OES Region VI</p> <p>Agency participates in numerous system-wide exercises each year</p>				
<p><b>8.07 Disaster Communications*</b>  <i>Standard: A specific frequency (e.g., CALCORD) or frequencies shall be identified for inter-agency communication and coordination during a disaster.</i></p>	X		HEAR radio MedMARS radio frequency				Will be implementing ReddiNet

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>8.08 Inventory of Resources</b>  <i>Standard: The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.</i></p> <p>-----</p> <p><i>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.</i></p>	X		COMM resource directories maintained in EMS				
<p><b>8.09 DMAT Teams</b>  <i>Standard: The local EMS agency shall establish and maintain relationships with DMAT teams in its area.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should support the development and maintenance of DMAT teams in its area.</i></p>	X	X	Member of OES region VI which has access to San Diego and San Bernardino DMAT				
<p><b>8.10 Mutual Aid Agreements*</b>  <i>Standard: The local EMS agency shall ensure 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.</i></p>	X		OES Region VI mutual aid agreement in force for all member counties				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>8.11 CCP Designation*</b>  <i>Standard: The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).</i></p>	X		<i>Annex D of the County Disaster Plan identifies casualty collection plan</i>				
<p><b>8.12 Establishment of CCPs</b>  <i>Standard: The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.</i></p>	X		<i>Annex D of County Disaster Plan</i>				
<p><b>8.13 Disaster Medical Training</b>  <i>Standard: The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.</i></p> <p>-----  <i>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.</i></p>	X		<i>MCI and Haz-Mat</i>			X	<i>Need to implement biological training</i>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<p><b>8.14 Hospital Plans</b>  <i>Standard: The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).</i></p> <p>-----</p> <p><i>Goal: At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.</i></p>	X	X	<p><i>Assist hospitals in conjunction with "COMM" groups in developing the plans</i></p> <p><i>At a minimum, one county-wide drill a year</i></p>				
<p><b>8.15 Interhospital Agency Plans</b>  <i>Standard: The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.</i></p> <p>-----</p> <p><i>Goal: The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.</i></p>	X	X	<p><i>Hospitals are enforced through JCAHO.</i></p> <p><i>COMM groups</i></p> <p><i>Disaster Drills</i></p>				<p><i>EMSA needs to develop methods of monitoring &amp; assisting pre-hospital agencies &amp; inter-agency training</i></p> <p><i>Need to implement "NBC" programs</i></p>

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>ENHANCED LEVEL: ADVANCED LIFE SUPPORT</b>							
<b>8.17 ALS Policies</b> <i>Standard: The local EMS agency shall ensure that policies and procedures allow advance life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.</i>	X		<i>EMS follows State regulations that allow mutual aid reciprocity</i>				
<b>ENHANCED LEVEL: SPECIALTY CARE SYSTEMS</b>							
<b>8.18 Specialty Center Roles</b> <i>Standard: Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incident and the impact of such incidents on day to day triage procedures.</i>	X		<i>Annex D of the Disaster plan</i>				

<i>Standards and Goals</i>	<i>Meets min. std.</i>	<i>Meets rec. Goal</i>	<i>Description (How Standard is met)</i>	<i>Does not currently meet standard</i>	<i>Short range plan</i>	<i>Long range plan</i>	<i>Needs Assessment/Action Plan</i>
<b>ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS/AMBULANCE REGULATION</b>							
<b>8.19 Waiving Exclusivity</b> <i>Standard: Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.</i>	<i>X</i>		<i>State guidelines followed</i>				

01-08-10  
 10-11-10

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Indio Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Indio Fire, uninterrupted since 1985. Performing EMS since prior to 1981.
<b>Area or subarea (Zone) Geographic Description:</b> City of Indio
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive <i>non</i>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Claims "201" rights. Has written mutual aid agreement with Springs Ambulance. No changes in scope or manner since 1985.  <b>Other:</b> See "Springs vs. City of Rancho Mirage." Indio claims exclusivity based on that case.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Cathedral City Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Cathedral City Fire, uninterrupted since 1988.
<b>Area or subarea (Zone) Geographic Description:</b> City of Cathedral City
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive <i>non</i>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Claims "201" rights. Have mutual aid agreement with Springs Ambulance. No changes in scope or manner since 1988.  <b>Other:</b> Cathedral City says their zone is technically "non-exclusive" in that if a 9-1-1 caller specifically requests another EMS Agency approved emergency ambulance provider, Cathedral City will dispatch that provider.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Idyllwild Fire Protection Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Idyllwild Fire Protection District uninterrupted since prior to 1981.
<b>Area or subarea (Zone) Geographic Description:</b> The community of Idyllwild and Pine Cove and areas in the District.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Uninterrupted service with no changes to scope and manner since prior to 1981.  <b>Other:</b> Claims to be a "201" area.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Blythe Area Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Blythe Ambulance, uninterrupted since prior to 1981.
<b>Area or subarea (Zone) Geographic Description:</b> City of Blythe and adjacent unincorporated areas West to Desert Center.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. If negotiations with the existing provider fail, then competitive process. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Southwest Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Goodhew Ambulance Service, uninterrupted since prior to 1981. Laidlaw/MedTrans bought Goodhew, March 1995, then merged with AMR in 1997.
<b>Area or subarea (Zone) Geographic Description:</b> Cities of Lake Elsinore, Canyon Lake, Murrieta and Temecula and the adjacent unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. AMR contract effective 9/15/98. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. Bought by Laidlaw/MedTrans March 1995. In addition, Goodhew bought John's Ambulance (serving Lake Elsinore and parts of Murrieta) in 1974 and bought Sun City Ambulance (serving the unincorporated area of this zone) in 1985.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<p><b>Local EMS Agency or County Name:</b> Riverside County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Northwest Zone</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Goodhew Ambulance uninterrupted since prior to 1981. Laidlaw/MedTrans bought Goodhew in March 1995, then merged with AMR in 1997.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> Cities of Riverside, Corona and Norco including the adjacent unincorporated areas.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Contract with AMR effective 9/15/98. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. Bought by Laidlaw/MedTrans March 1995.  <b>Other:</b> City of Riverside claims "201" rights since they had a written agreement with Goodhew Ambulance prior to 1981.</p>

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Desert Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Springs Ambulance, uninterrupted since prior to 1981. Springs bought by AMR in November 1996, then merged with Laidlaw/MedTrans in 1997.
<b>Area or subarea (Zone) Geographic Description:</b> Cities of Palm Springs, Desert Hot Springs, La Quinta and Coachella and adjacent unincorporated area east to Desert Center.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981. AMR contract effective 9/15/98.

*(formally called Coachella Vly/Springs zone)*

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Pass Area Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Lifecare Ambulance (prior to 1981) and Careline California (1991). Lifecare bought by AMR in 1996. Careline bought by Laidlaw/MedTrans in 1995. Laidlaw merged with AMR in 1997.
<b>Area or subarea (Zone) Geographic Description:</b> Cities of Banning, Beaumont and Calimesa and the adjacent unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitively determined. See Request for Proposals Contract submitted earlier with AMR effective 9/15/98.  <b>Other:</b> Since 1991 until 1995/1996 there have been two (2) ALS emergency ambulance providers serving this zone, alternating emergency calls on an every other call basis.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Mountain Plateau Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hemet Valley Ambulance since 1982 from a station in the zone. Providing service in the area since the 1960's. Careline won bid in 1995. Laidlaw/MedTrans bought Careline in 1995, then merged with AMR in 1997.
<b>Area or subarea (Zone) Geographic Description:</b> The mountain communities of Mountain Center, Garner Valley, Pinyon Pines, Anza and Aguanga.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitively determined. See Request for Proposals submitted earlier. AMR contract effective since 9/15/98.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> San Jacinto/Hemet Valley Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hemet Valley Ambulance uninterrupted since prior to 1981. Laidlaw/MedTrans bought Hemet in Feb. 1997, then merged with AMR.
<b>Area or subarea (Zone) Geographic Description:</b> Cities of Hemet and San Jacinto along with the adjacent unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Contract with AMR effective 9/15/98. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981.

## EMS PLAN-AMBULANCE ZONE SUMMARY

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

<b>Local EMS Agency or County Name:</b> Riverside County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Central Zone
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Goodhew Ambulance Service uninterrupted since prior to 1981. Laidlaw/MedTrans bought Goodhew in March 1995, then merged with AMR in 1997.
<b>Area or subarea (Zone) Geographic Description:</b> Cities of Moreno Valley and Perris along with the adjacent unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. AMR contract effective 9/15/98. Current provider has provided uninterrupted service with no changes to scope or manner since prior to 1981.

### EMS PLAN-AMBULANCE ZONE SUMMARY

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

<p><b>Local EMS Agency or County Name:</b> Riverside County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Cove Communities</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cove Communities through a contract with Riverside County Fire/CDF. Uninterrupted since prior to 1981.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Indian Wells, City of Rancho Mirage and City of Palm Desert.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Uninterrupted service with no changes to scope and manner since prior to 1981.  <b>Other:</b> See "Springs vs. City of Rancho Mirage." The cities of Rancho Mirage, Palm Desert and Indian Wells make up the Cove Communities District.</p>

EXCLUSIVE OPERATING AREAS

1. Area Name:

Palm Desert Zone

2. Current Provider(s):

Cove Communities through a contract with Riverside County Fire/CDF. Uninterrupted since prior to 1981.

3. Geographic Description:

City of Palm Desert

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. Uninterrupted service with no changes to scope and manner since prior to 1981.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

See "Springs vs. City of Rancho Mirage." The cities of Rancho Mirage, Palm Desert and Indian Wells make up the Cove Communities District.

## EXCLUSIVE OPERATING AREAS

1. Area Name:

Indian Wells Zone

2. Current Provider(s):

Cove Communities through a contract with Riverside County Fire/CDF. Uninterrupted since prior to 1981.

3. Geographic Description:

City of Indian Wells

4. Statement of Exclusivity:

Exclusive

5. Method to Achieve Exclusivity:

Grandfathered. Uninterrupted service with no changes to scope and manner since prior to 1981.

6. Type of Exclusivity:

Emergency Ambulance and Advanced Life Support. All calls requiring ALS and all calls requiring emergency ambulance service.

7. Other

See "Springs vs. City of Rancho Mirage." The cities of Rancho Mirage, Palm Desert and Indian Wells make up the Cove Communities District.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
 SACRAMENTO, CALIFORNIA 95814-7043  
 (916) 322-4336 FAX: (916) 324-2875



December 12, 2002

Michael Osur, EMS Administrator  
 Riverside County EMS Agency  
 4065 County Circle Drive  
 Riverside, Ca 92503

Dear Mr. Osur:

We have completed our review of *Riverside County's 1999 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines* with the exception of the Indio, Cathedral City, and Cove Communities Zones.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.10 Special Populations	Need to develop services for the elderly, handicapped and non-English speakers.
1.27 Pediatric System Plan	Need to include pediatrics into trauma system.
6.05 Data Management System	Need to establish a data management system which supports its system wide planning and evaluation and the QA/QI audit of the care provided to specific patients.

The ambulance zone forms for the following zones do not meet the criteria for grandfathering. The EMS Authority will list these zones as nonexclusive on the state's listing of ambulance zones unless additional information to the contrary is received. The zones are as follows:

- **Indio:** According to the information provided, the City of Indio Fire provided services in the same manner and scope only since 1985.
- **Cathedral City:** According to the information provided, Cathedral City provided service in the same scope and manner only since 1988.

In reference to the above two ambulance zones – public providers may claim 201 rights and provide the service they provided as of June 1, 1980, however, this does not confer exclusivity. If a provider

Michael Osur  
December 12, 2002  
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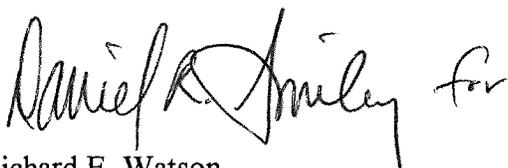
is to meet the requirements for "grandfathering" they must have provided services in the same manner and scope without interruption since January 1, 1981. Clearly the City of Indio Fire and Cathedral City does not fall within that requirement as they both began services after 1981. They, therefore, cannot be grandfathered into the zones. If you wish to make these areas exclusive and wish to be protected under state action immunity, you must conduct competitive bid processes. Otherwise, you may wish to leave the areas as nonexclusive and ensure that all qualified providers are given a fair and equal opportunity to participate. Attached are the ambulance zone summary forms for your use.

- **Cove Communities:** According to the ambulance zone forms provided in the 1994 EMS plan, there were three separate ambulance zones: Palm Desert Zone, Indian Wells Zone, and Rancho Mirage Zone. It appears from the updated ambulance zone forms that all three of these areas have been combined into one zone which would be a change in manner and scope and, therefore, does not appear to meet the grandfathering requirements.

When addressing a standard do not simply restate it, but provide a detailed explanation as to how the standard is being met. Also, please include tables 1-11 in your next annual update.

These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson  
Interim Director

REW:SS

Enclosure