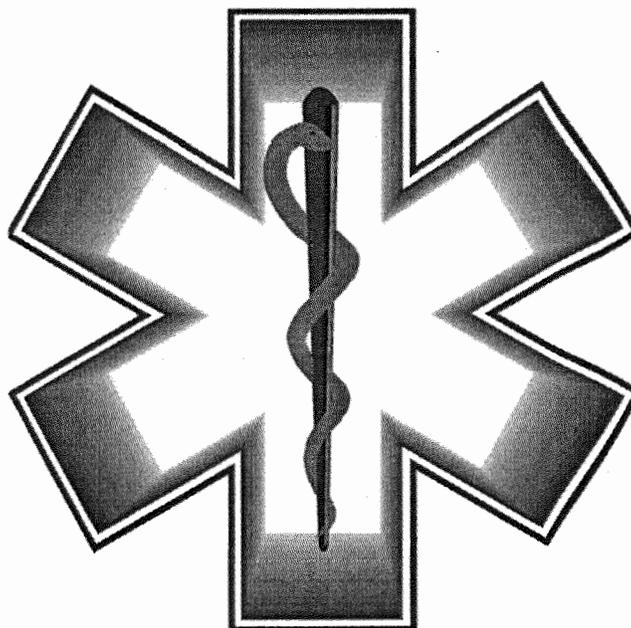


**Mountain-Valley  
Emergency Medical Services Agency**

**EMERGENCY MEDICAL SERVICES SYSTEM PLAN**



**2001-2002**

## EXECUTIVE SUMMARY

The Mountain-Valley Emergency Medical Services Agency (MVEMSA) was formed through a joint powers agreement in 1981 and currently serves the counties of Alpine, Amador, Calaveras, Mariposa, and Stanislaus. The MVEMSA's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system which meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components: manpower and training, communications, transportation, assessment of hospitals and critical care centers, system organization and management, data collection and evaluation, public information and education and disaster response.

Major changes have taken place in the EMS system since the MVEMSA last adopted an EMS plan in 1985. Among these changes are: the availability of advanced life support (paramedic) and 9-1-1 services in all parts of the EMS system, the development of specialized policies and services for critically ill and injured children, the creation of an EMS database management system, the formation of exclusive operating areas (EOAs) for ambulance service in Amador and Stanislaus Counties, the adoption of a regional Policy and Procedure Manual and the withdrawal of San Joaquin and Merced Counties from the JPA.

The process of assessing system needs and developing plan objectives revealed that although major improvements have been made in the EMS system since 1985, several components of the EMS system remain unchanged or undeveloped. As an example, despite tremendous improvements in communications technology the communications system, the series of mountain top repeaters and radio frequencies used to dispatch ambulances to emergencies and for paramedics to contact base hospital physicians and nurses for medical advice, has not been updated or significantly modified since 1985. However, the component most noticeably absent from the A-ML-SJ EMS system is that of a formal trauma care system designed to triage and transport major trauma victims to designated trauma care hospitals. This omission exists in spite of three major trauma planning efforts conducted by the MVEMSA in 1981-83, 1988-90 and 1992-93.

The Mountain-Valley EMS system currently meets or exceeds 84 of the State's 121 minimum standards and recommended guidelines. However, the EMS System Plan does more than just focus on the current deficiencies in the EMS system; it attempts to identify objectives for creating an **optimal** EMS system. In order to accomplish the task of creating an "optimal" system, an EMS Plan Task Force, comprised of representatives from hospitals, ambulance providers, first response agencies, and the insurance industry, was formed. The task force met over the course of several months and created the "Local EMS System Model." The concepts included in this document, such as a single 9-1-1 dispatch center in each county, were used as guides in developing the objectives of the EMS System Plan.

The "System Needs and Plan Objectives" section is the heart of the EMS System Plan. This section describes the current status, needs, objectives and time-line of each component of the EMS system. The needs and the objectives listed in the EMS System Plan were identified and developed by comparing our current EMS system with the California EMS Authority's EMS System Standards and Guidelines and following the concepts presented in the "Local EMS System Model" developed by the EMS Plan Task Force.

Some of the major objectives of the MVEMSA EMS System Plan include:

- Studying the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model;
- Determining the feasibility of establishing county-wide exclusive operating areas for ambulance providers and non-transporting paramedic providers;
- Developing agreements with cities and fire districts regarding ambulance response zones in their areas;
- Developing standardized first response agreements;
- Creating a single EMS dispatch center and an integrated dispatch system for each county;
- Developing a better method to triage medical emergencies and dispatch appropriate resources;
- Updating and repairing the communications system;
- Identifying the optimal roles and responsibilities of EMS system participants;
- Establishing a single system-wide on-line medical control point;
- Developing protocols to allow paramedics to treat and release patients from scene;
- Developing a process to identify preventable morbidity and mortality;
- Developing a mechanism to use non-hospital medical facilities to receive some EMS patients;
- Developing a trauma care system;
- Developing prehospital triage and transfer protocols;
- Developing a pediatric plan.

The objectives listed in the EMS System Plan will be used to guide the MVEMSA in monitoring and improving the EMS system over the next 5 years.

**ASSESSMENT OF SYSTEM**

**Summary of System Status**

This section provides a summary of how the Mountain-Valley Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time-frame the agency has established for either meeting the standard or revising the current status.

A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

**System Organization and Management**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>1.01 LEMSA Structure</b>		X	NA	X	
<b>1.02 LEMSA Mission</b>		X	NA	X	
<b>1.03 Public Input</b>		X	NA	X	X
<b>1.04 Medical Director</b>		X	X		X
<b>1.05 System Plan</b>		X	NA	X	X
<b>1.06 Annual Plan Update</b>		X	NA	X	
<b>1.07 Trauma Planning</b>	X			X	X
<b>1.08 ALS Planning</b>		X	NA	X	X
<b>1.09 Inventory of Resources</b>		X	NA	X	
<b>1.10 Special Populations</b>	X	X	X	X	X
<b>1.11 System Participants</b>		X	X	X	X
<b>1.12 Review &amp; Monitoring</b>		X	NA	X	X

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>1.13</b> Coordination		X	NA	X	
<b>1.14</b> Policy & Procedures Manual		X	NA	X	
<b>1.15</b> Compliance w/ Policies		X	NA	X	X
<b>1.16</b> Funding Mechanism		X	NA	X	X
<b>1.17</b> Medical Direction		X	NA	X	X
<b>1.18</b> QA / QI		X	X	X	X
<b>1.19</b> Policies, Procedures, Protocols		X	X	X	X
<b>1.20</b> DNR Policy		X	NA		X
<b>1.21</b> Determination of Death		X	NA		X
<b>1.22</b> Reporting of Abuse		X	NA		X
<b>1.23</b> Inter-facility Transfer		X	NA		X
<b>1.24</b> ALS Systems		X		X	X
<b>1.25</b> On-Line Medical Direction		X		X	X
<b>1.26</b> Trauma System Plan					X
<b>1.27</b> Pediatric System Plan	X		NA		X
<b>1.28</b> EOA Plan		X		X	X

## Staffing and Training

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA	X	X
2.02 Approval of Training		X	NA	X	X
2.03 Personnel		X	NA		X
2.04 Dispatch Training	X		X	X	X
2.05 First Responder Training	X				X
2.06 Response	X		NA		X
2.07 Medical Control	X		NA	X	X
2.08 EMT-I Training		X	NA		X
2.09 CPR Training		X	NA		X
2.10 Advanced Life Support		X			X
2.11 Accreditation Process		X	NA		X
2.12 Early Defibrillation		X	NA	X	X
2.13 Base Hospital Personnel		X	NA		X

**Communications**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>3.01</b> Communication Plan		X		X	X
<b>3.02</b> Radios		X	X	X	X
<b>3.03</b> Inter-facility Transfer		X	NA		X
<b>3.04</b> Dispatch Center		X	NA	X	X
<b>3.05</b> Hospitals		X	X		X
<b>3.06</b> MCI/Disasters		X	NA		X
<b>3.07</b> 9-1-1 Planning/Coordination		X	X	X	X
<b>3.08</b> 9-1-1 Public Education		X	NA		X
<b>3.09</b> Dispatch Triage		X	X	X	X
<b>3.10</b> Integrated Dispatch	X			X	X

**Response and Transportation**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>4.01</b> Service Area Boundaries		X	X	X	X
<b>4.02</b> Monitoring		X	X	X	X
<b>4.03</b> Classifying Medical Requests		X	NA	X	X
<b>4.04</b> Pre-scheduled Responses		X	NA		X
<b>4.05</b> Response Time Standards	X			X	X

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>4.06 Staffing</b>		X	NA		X
<b>4.07 First Responder Agencies</b>	X		NA	X	X
<b>4.08 Medical &amp; Rescue Aircraft</b>		X	NA		X
<b>4.09 Air Dispatch Center</b>		X	NA		X
<b>4.10 Aircraft Availability</b>		X	NA	X	X
<b>4.11 Specialty Vehicles</b>	X				X
<b>4.12 Disaster Response</b>		X	NA		X
<b>4.13 Intercounty Response</b>		X		X	X
<b>4.14 Incident Command System</b>		X	NA		X
<b>4.15 MCI Plans</b>		X	NA		X
<b>4.16 ALS Staffing</b>		X			X
<b>4.17 ALS Equipment</b>		X	NA	X	
<b>4.18 Compliance</b>		X	NA	X	X
<b>4.19 Transportation Plan</b>		X	NA	X	X
<b>4.20 "Grandfathering"</b>		X	NA		X
<b>4.21 Compliance</b>		X	NA		X
<b>4.22 Evaluation</b>		X	NA	X	X

**Facilities and Critical Care**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>5.01</b> Assessment of Capabilities		X	X	X	
<b>5.02</b> Triage & Transfer Protocols	X		NA	X	X
<b>5.03</b> Transfer Guidelines	X		NA		X
<b>5.04</b> Specialty Care Facilities	X		NA		X
<b>5.05</b> Mass Casualty Management		X	X	X	X
<b>5.06</b> Hospital Evacuation	X		NA		X
<b>5.07</b> Base Hospital Designation		X	NA	X	X
<b>5.08</b> Trauma System Design				X	X
<b>5.09</b> Public Input				X	X
<b>5.10</b> Pediatric System Design	X		NA		X
<b>5.11</b> Emergency Departments		X	X		X
<b>5.12</b> Public Input		X	NA		X
<b>5.13</b> Specialty System Design					X
<b>5.14</b> Public Input					X

## Data Collection and System Evaluation

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

## Public Information and Education

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

**Disaster Medical Response**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
<b>8.01</b> Disaster Medical Planning		X	NA	X	
<b>8.02</b> Response Plans		X	X		X
<b>8.03</b> HazMat Training		X	NA		X
<b>8.04</b> Incident Command System		X	X		X
<b>8.05</b> Distribution of Casualties		X			X
<b>8.06</b> Needs Assessment		X	X		X
<b>8.07</b> Disaster Communications	X		NA		X
<b>8.08</b> Inventory of Resources	X			X	X
<b>8.09</b> DMAT Teams	X				X
<b>8.10</b> Mutual Aid Agreements	X		NA		X
<b>8.11</b> CCP Designation	X		NA		X
<b>8.12</b> Establish CCPs	X		NA		X
<b>8.13</b> Disaster Medical Training		X	X	X	X
<b>8.14</b> Hospital Plans		X	X	X	X
<b>8.15</b> Inter-hospital Communications		X	NA		X
<b>8.16</b> Prehospital Plans		X	X		X
<b>8.17</b> ALS Policies		X	NA		X
<b>8.18</b> Specialty Cntr Roles					X
<b>8.19</b> Waiving Exclusivity		X	NA		X

## System Needs and Plan Objectives

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- current status of the MVEMSA system as it relates to the individual standard;
- efforts to coordinate resources and services with other local EMS agencies (LEMSAs) as required by the California EMS Authority;
- need of the MVEMSA system as it relates to the individual standard;
- objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- assignment of each objective to the annual work plan, long range plan, or both.

The needs and objectives of the EMS plan are designed to address both the EMS Systems Standards and Guidelines and the MVEMSA's EMS System Model. Most of the objectives are written as general statements such as Objective 1.01 which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements." Many of these objectives may need to be refined when they are included in annual work plan, pediatric plan, transportation plan, or trauma plan.

## **System Organization and Management**

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### **1.01 LEMSA STRUCTURE**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

The agency is managed by a five-person Board of Directors, whose members are elected supervisors from each of the member counties. Agency staff is comprised of a Medical Director, who is Board Certified in Emergency Medicine, an Executive Director, a Deputy Director and an additional 8 FTE employees. Other non-agency resources include: base hospital medical directors, base hospital nurse liaisons, provider QI coordinators and provider training coordinators.

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

Not applicable for this standard.

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

Develop secure funding sources to adequately finance agency operations and personnel requirements.

#### **OBJECTIVE:**

Work with the state EMSA and other multi-county EMS agencies to explore mechanisms for augmenting current funding of multi-county LEMSAs.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 1.02 LEMSA MISSION

### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its QA/QI and evaluation processes to identify system changes.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

"The mission of the Mountain-Valley EMS Agency is to *appropriately provide quality prehospital care services to the public in a cost effective manner as an integrated part of the overall health care system.*" A comprehensive emergency medical services system has been established and continuously evaluated by the MVEMSA since 1981. The agency's QA/QI program was revised in 1994, to involve all system participants with the primary purpose of evaluating the EMS system and determining system needs.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Corporate citizenship and involvement in community-based programs.

### OBJECTIVE:

Use the agency's QA/QI process and public evaluations by the Regional Advisory Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes. Build a strong leadership team, which spends time with employees, customers, and other key stakeholders to facilitate high performance and explore future opportunities for improvement. Support employee involvement in professional and community organizations.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

### 1.03 PUBLIC INPUT

#### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Each member county has a functioning Emergency Medical Care Committee (or equivalent) which reviews local operations, policies and practices. A Regional Advisory Committee (RAC) comprised of three persons from each member county meets bi-monthly and reviews all MVEMSA plans, policies, and procedures before they are submitted to the Board of Directors (BOD) for consideration. All meetings of the BOD, RAC and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before RAC and the BOD.

#### COORDINATION WITH OTHER EMS AGENCIES:

None.

#### NEED(S):

Ensure that appropriate consumer and health care provider input is obtained regarding the development of plans, policies and procedures.

#### OBJECTIVE:

Conduct routine meetings with each provider group to ensure input into EMS system issues. Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

#### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 1.04 MEDICAL DIRECTOR

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

### CURRENT STATUS:

The agency Medical Director possesses Board Certification in Emergency Medicine and previous experience as an assistant base hospital medical director.

The regional Quality Liaison Committee comprised of base hospital and ambulance providers provides medical oversight of the agency's QA/QI processes. Ad hoc committees for trauma care and pediatrics have been formed and disbanded as needed.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure medical direction of the EMS system.

### OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.05 SYSTEM PLAN

### MINIMUM STANDARDS:

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

The plan shall:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

### OBJECTIVE

Consider implementation of changes proposed by the Stanislaus System Design project. Monitor and amend the EMS system plan as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.06 ANNUAL PLAN UPDATE

### MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

### OBJECTIVE:

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## 1.07 TRAUMA PLANNING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93, a trauma system has not been established in the MV EMS system.

### COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of the MV EMS system requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas.

### NEED(S):

Ensure the availability of trauma services for critically injured patients.

### OBJECTIVE:

Develop a trauma care system, which may include facility designation.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.08 ALS PLANNING**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in each county in the EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Alpine County's ALS ambulance service is delivered by providers stationed in Amador, Calaveras and El Dorado counties as well as the State of Nevada. Continuation-of-call agreements have been developed with some neighboring EMS systems. Separate agreements have been executed with Merced County EMS and San Joaquin County EMS concerning the utilization of base hospital medical control and disaster control by each other's providers. Additionally, formal arrangements have been made with Merced County EMS creating ambulance response zones which serve populations in both EMS jurisdictions.

**NEED(S):**

Ensure the optimal provision of ALS services throughout the EMS system.

**OBJECTIVE:**

Study the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model, including the development of exclusive operating areas for non-transporting ALS service providers. Make changes as necessary to ensure the optimal provision of ALS services.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.09 INVENTORY OF RESOURCES

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure the accurateness of the resource directories included in this plan.

### OBJECTIVE:

Periodically update the resource directories included in this plan.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 1.10 SPECIAL POPULATIONS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

An Emergency Medical Services for Children sub-system was developed in 1993. A Cultural Diversity workshop was developed by the EMS Agency for EMS system care providers.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue the process of identifying population groups served by the EMS system which may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

### OBJECTIVE:

Continue identifying population groups served by the EMS system which require specialized services. Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.11 SYSTEM PARTICIPANTS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The roles and responsibilities of first responders is based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities has been conducted with base hospitals, ALS transport services, and dispatch centers.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Identify the optimal roles and responsibilities of all system participants based on the EMS system model and public input. Ensure that system participants conform with assigned EMS system roles and responsibilities.

### OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.12 REVIEW AND MONITORING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport, and to identify system problems and seek solutions.

### COORDINATION WITH OTHER EMS AGENCIES:

The Agency has taken the lead on developing System Evaluation and Quality Improvement standards at the state, local, and provider levels.

### NEED(S):

Ensure the continued review and monitoring of EMS system operations. Work with EMSAAC and the State EMSA to develop standard statewide indicators for EMS system evaluation.

### OBJECTIVE:

Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Continue to work with statewide planning groups to develop standardized processes and indicators.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 1.13 COORDINATION

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other mechanisms. This plan identifies those components of the MVEMSA system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure coordinated system operations.

**OBJECTIVE:**

Evaluate EMS system operations and make changes as needed to ensure optimal system performance. Meet routinely with provider agencies to ensure system coordination.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.14 POLICY & PROCEDURES MANUAL

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A policy and procedure manual has been developed and distributed to system providers. Policies and procedures are also made available through the Agency Web site.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure the availability of a policy and procedure manual for system providers. Ensure an inclusive process for policy development.

### OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as necessary. Review the process of policy development to ensure input from system participants.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.15 COMPLIANCE WITH POLICIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure compliance with system policies.

### OBJECTIVE:

Evaluate Base Hospitals, ALS providers, AED providers, EMD Centers, and Training Providers using indicators and compliance mechanisms. Investigate utilization of performance incentives to improve compliance with policies and contracts.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.16 FUNDING MECHANISM

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The EMSA relies on local/county contributions, State general fund grants, PHHS project grants, service contracts with other LEMSAs and user fees as a fund base for agency operations. A decrease in funding for FY95-96 required the agency to leave 2.5 FTE employee position unfilled. State general fund augmentation was obtained in FY98-99, allowing agency to fill the Information Systems Analyst position in FY99-00.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Identify stable funding sources.

### OBJECTIVE:

Maintain existing funding sources and seek alternative or new funding sources. Continue to work with the Emergency Medical Services Administrators Association of California (EMSAAC), the Emergency Medical Services Medical Directors Association of California (EMDAC), State EMS Vision working groups, and the State EMSA to maintain federal, state and local funding of EMS systems. Continue to investigate ways for the Mountain-Valley EMS agency and system to function for cost effectively.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.17 MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Currently all seven hospitals in the EMS system have been designated as base hospitals.

### COORDINATION WITH OTHER EMS AGENCIES:

Arrangements have been made with Merced County and Tuolumne County EMS to allow Mariposa ambulance providers to access Merced County base hospitals for medical control and disaster control functions. Arrangements have been made to allow San Joaquin County EMS personnel to contact MVEMSA base hospitals for medical direction.

### NEED(S):

With the inclusion of provider QA/QI and an increase in standing orders, there may not be the need for the number base hospitals in their current roles. The establishment of a single medical control point has been identified as a potential alternative to the multiple base hospital system. The optimal medical control figuration needs to be further explored.

### OBJECTIVE:

Identify the optimal medical control configuration.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.18 QA/QI

### **MINIMUM STANDARDS:**

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.

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

In 1994, the agency adopted an EMS System Quality Assurance/Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program.

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

The Agency has taken the lead on developing System Evaluation and Quality Improvement standards at the state, local, and provider levels.

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

Ensure the continued review and monitoring of EMS system operations. Work with EMSAAC and the State EMSA to develop standard statewide indicators for EMS system evaluation.

### **OBJECTIVE:**

Continue to develop and implement indicators and compliance mechanisms for Base Hospitals, First Responders, Transport Providers, EMD Centers, and Training Providers. Modify the process of review and monitoring of the EMS system as needed. Continue to work with statewide planning groups to develop standardized processes and indicators.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.19 POLICIES, PROCEDURES, PROTOCOLS

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

ALS treatment protocols, including complete sections on standing orders have been revised. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice have been established but require evaluation and revision. Policies on triage and patient destination have not been developed.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Develop and revise polices to meet state minimum standards and the EMS system model.

### OBJECTIVE:

1) Review and revise polices, as needed, to meet minimum standards and the EMS System Model. 2) Develop policies for transport of patients to facilities appropriate for their injuries or illness. 3) Evaluate and modify the ALS/BLS scope of practice as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.20 DNR POLICY

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A comprehensive DNR policy was created and implemented in 1992, with the assistance of the Stanislaus County Medical Society, the Medic-Alert Foundation and the San Diego County EMSA. This DNR program, with minor revisions, was adopted by the State EMSA and the California Medical Association as a State Standard in 1993.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

### OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS system.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.21 DETERMINATION OF DEATH

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A determination of death policy was created and implemented with the concurrence of the county coroners in 1992 and revised in 1994. Several system participants have expressed a desire to expand the criteria used to determine death in the field.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the determination of death policy continues to meet system needs.

### OBJECTIVE:

Evaluate the possibility of expanding the criteria used for determining death in the field.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**1.22 REPORTING OF ABUSE**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

No EMS policies have been developed regarding the reporting of abuse or suspected SIDS deaths. Agency staff has served on a county Domestic Violence Task Force for the purpose of establishing a standardized multi-disciplinary approach for addressing domestic violence.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that a mechanism exists for the reporting of abuse or suspected SIDS deaths.

**OBJECTIVE:**

Create EMS policies regarding the reporting of abuse or suspected SIDS deaths. Work with other public, private agencies to increase awareness of abuse cases and reporting among prehospital personnel.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.23 INTERFACILITY TRANSFER

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

A policy delineating the scene and interfacility transfer scope of practice of paramedics has being revised. Established policies and procedures for use of Heparin and Nitroglycerin as an expanded scope for interfacility transfers.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue to evaluate the need for revising BLS and ALS interfacility scope of practice.

### OBJECTIVE:

Continue to evaluate the need for revising BLS and ALS interfacility scope of practice.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.24 ALS SYSTEMS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

All ALS services currently provided in the EMS system are done so with Agency approval and written agreements. Exclusive operating areas (EOAs) have been established in 2 counties.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that ALS services are provided only as an approved part of the EMS system. Determine the feasibility of establishing county-wide EOAs as described in the EMS system model.

### OBJECTIVE:

Maintain written agreements with all ALS providers and monitor compliance. Determine the feasibility of establishing county-wide EOAs, including emergency ambulance providers and non-transporting ALS service providers. When a county-wide EOA for either emergency ambulance or non-transporting ALS service providers is not feasible then multiple EOAs should be established.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 1.25 ON-LINE MEDICAL DIRECTION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

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

### CURRENT STATUS:

Currently all seven hospitals in the EMS system have been designated as base hospitals. A study to evaluate alternatives for medical control is being conducted.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

With the inclusion of provider QA/QI and an increase in standing orders, there may not be the need for the number base hospitals in their current roles. The establishment of a single medical control point has been identified as a potential alternative to the multiple base hospital system. The optimal medical control configuration needs to be further explored.

### OBJECTIVE:

Identify the optimal medical control configuration.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.26 TRAUMA SYSTEM PLAN

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93, a trauma system has not been established for the MVEMSA system. Trauma and specialty care planning was identified by the Regional Advisory Committee and other groups as a top priority for the agency and is included in the EMS system model adopted by the agency.

### COORDINATION WITH OTHER EMS AGENCIES:

None

### NEED(S):

Develop a trauma system and other specialty care system as appropriate.

### OBJECTIVE:

Develop a trauma system, which may include facility designation.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.27 PEDIATRIC SYSTEM PLAN

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A Pediatric Emergency Medical and Critical Care System was developed and implemented in 1993-1995 as part of two special project grants awarded to the MV EMSA by the California EMS Authority. The pediatric system addresses the major Emergency Medical Services for Children (EMSC) components identified by the California EMS Authority as required of an EMSC system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric services provided by the EMS system meets the needs of critically ill and injured children within the MV EMS system. Develop a Pediatric System Plan which describes the current EMSC system and identifies the optimal system design.

### OBJECTIVE:

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children. Develop a pediatric system plan.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 1.28 EOA Plan

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Existing exclusive operating areas were designed to solidify the provision of ALS transport and emergency response with those historic providers who met the eligibility requirements for "grandfathering" under Health and Safety Code. The optimal system design for ALS ambulance and the process for assigning roles to system participants is described in the Transportation Plan included with this document and is based on the EMS system model adopted by the agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that system design continues to meet community needs.

### OBJECTIVE:

Monitor system design and make changes as required.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## Staffing and Training

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### 2.01 ASSESSMENT OF NEEDS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Current training institutions appear to meet system needs considering the shortage of certified EMT-Is, accredited paramedics, and MICNs within the EMS system. First response agencies in Amador, Calaveras, and Mariposa counties are assessed yearly regarding certification and recertification training needs.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

#### NEED(S):

Ensure a sufficient amount of personnel are trained to meet EMS system demands.

#### OBJECTIVE:

Monitor and ensure system personnel and training needs, including continuing education. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

#### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.02 APPROVAL OF TRAINING

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Procedures are in place to approve First Responder, EMD, EMT-I, EMT-P, and MICN training programs. Monitoring of training programs is done by periodic auditing of courses and completion of course evaluation forms by students.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that EMS education programs comply with State regulations and local policies for continued program approval.

### OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and take steps to ensure compliance to standards and other course requirements.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.03 PERSONNEL

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Policies have been adopted regarding emergency medical dispatcher certification, first responder certification, EMT-I certification, paramedic accreditation and MICN authorization.

Procedures have been developed for the reporting of unusual occurrences which could impact EMS personnel certification.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

### OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.04 DISPATCH TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Level II emergency medical dispatching, with pre-arrival instructions, has been adopted as the minimum standard for all PSAPs and dispatch centers providing or responsible for medical dispatching.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure all medical dispatchers maintain Level II EMD training standards.

### OBJECTIVE:

Encourage the passage of dispatcher immunity legislation. Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening as outlined in the EMS system model. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.05 FIRST RESPONDER TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

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

### CURRENT STATUS:

While it is assumed that all of the first response agencies serving the MVEMSA system comply with State regulations requiring a minimum of first aid and CPR training, this cannot be ensured in the absence of written agreements.

EMT-I training is widely available within the EMS system and the staffing of first response units with at least one certified EMT-I is encouraged. 100% of the population of the MVEMSA system is served by an early defibrillation first response provider.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

### OBJECTIVE:

Identify the optimal roles and responsibilities of all system participants based on the EMS system model and public input. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.06 RESPONSE

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Identify the optimal roles and responsibilities of all system participants based on the EMS system model and public input. Ensure that system participants conform with assigned EMS system roles and responsibilities.

### OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants based upon the EMS system model.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.07 MEDICAL CONTROL

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Considering the small number of first response agencies who voluntarily participate in the QA/QI program, we are unable to determine the compliance to medical control policies for most of the non-transporting EMS first responders in the region.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that first responders operate under the medical direction of the EMS system.

### OBJECTIVE:

Continue to work with first response agencies to encourage participation in the agency QA/QI program.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.08 EMT-I TRAINING**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS:**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted.

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

Not applicable for this standard.

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

Ensure the availability of trained transport personnel to meet the needs of the EMS system. All EMTs must receive AED training before January 2002.

### **OBJECTIVE:**

Monitor and adjust ambulance staffing requirements to meet EMS system needs and the EMS system model. Ensure that all EMT-Is have successfully completed AED training before January 2002. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 2.09 CPR TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Hospital employees working in the emergency department are routinely required to be certified in CPR. However, no mechanism exists to ensure compliance with this standard for personnel not under the jurisdiction of the MVEMSA.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Encourage the training of allied health personnel in CPR.

### OBJECTIVE:

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.10 ADVANCED LIFE SUPPORT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Current base hospital agreements require base hospital physicians and MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine or be certified in prehospital EMS management through such courses as prehospital trauma life support (PHTLS) and pediatric advanced life support (PALS).

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

### OBJECTIVE:

Monitor, evaluate and update base hospital agreements as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 2.11 ACCREDITATION PROCESS

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Policies and procedures exist to accredit and orient ALS personnel.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

### OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.12 EARLY DEFIBRILLATION**

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Policies and procedures exist to accredit personnel as early defibrillation technicians.

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

Not applicable for this standard.

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

Continue to ensure policies and procedures for early defibrillation training and certification meet EMS system needs.

### **OBJECTIVE:**

Evaluate existing policies and procedures for early defibrillation training and certification to determine that system needs are being met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 2.13 BASE HOSPITAL PERSONNEL

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the MV EMSA Medical Director, or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that only adequately trained nurses and physicians provide medical direction to EMS personnel.

### OBJECTIVE:

Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Evaluate feasibility of a centralized medical control point.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**3.01 COMMUNICATIONS PLAN**

**MINIMUM STANDARDS:**

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired. Communications Directory was updated in 1998/99.

**COORDINATION WITH OTHER EMS AGENCIES:**

The Assignment of communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

**NEED(S):**

Several of the repeaters need to be replaced. Comprehensive statewide communications plan. Improved and alternative communications systems (e.g. satellite) should be explored. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal, and medical control.

**OBJECTIVE:**

Prioritize system repairs and upgrades. Evaluate necessary changes to comply with the EMS system model. Schedule routine planning meetings with communications centers.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### 3.02 RADIOS

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist through out the system.

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

Not applicable for this standard

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

Several of the repeaters need to be replaced. Comprehensive statewide communications plan should be implemented.. Improved and alternative communications systems (e.g. satellite) should be explored. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal, and medical control.

#### **OBJECTIVE:**

Prioritize system repairs and upgrades and make necessary changes.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### 3.03 INTERFACILITY TRANSFER

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired.

#### COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

#### NEED(S):

Ensure the availability of medical communications.

#### OBJECTIVE:

Prioritize system repairs and upgrades and make necessary changes.

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### 3.04 DISPATCH CENTER

**MINIMUM STANDARDS:**

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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard

**NEED(S):**

The establishment of a single medical dispatch center was identified by system participants as a major part of the EMS system model adopted by the EMSA. Further study needs to be conducted to determine the optimal configuration and responsibilities of a single medical dispatch center by county or region.

**OBJECTIVE:**

Consider implementation of the recommended changes to the required number of medical dispatch centers and their optimal configurations and responsibilities.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 3.05 HOSPITALS

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

Hospitals within Stanislaus County can communicate with each other through a dedicated BLAST phone system. The current system of dispatch, field and hospital medical communication was developed more than ten years ago and has recently been evaluated. Most components of the system have been upgraded and repaired.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Maintain the availability of medical communications, including back-up systems.

**OBJECTIVE:**

Prioritize system repairs and upgrades and make necessary changes.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### 3.06 MCI/DISASTERS

**MINIMUM STANDARDS:**

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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The county disaster control facilities (DCF) and the regional DCF use regular telephone, facsimile lines, and EMS radios when determining the capabilities of area hospitals during MCIs and disasters. The only alternate communications capability for hospital-to-hospital transmissions is the amateur radio system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of medical communications during disaster and multi-casualty incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

**OBJECTIVE:**

Prioritize system repairs and upgrades and make necessary changes consistent with system needs and the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 3.07 9-1-1 PLANNING/COORDINATION

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

All counties in the MVEMSA system have enhanced 9-1-1 telephone service.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Continued participation in ongoing planning and coordination of 9-1-1 telephone service.

**OBJECTIVE:**

Participate in ongoing planning and coordination of 9-1-1 telephone service and encourage the development of PSAPs as described in the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 3.08 9-1-1 PUBLIC EDUCATION

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Education concerning 9-1-1 access is provided to children through EMS youth projects and to the general public at health fairs and other promotional events.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Determine public education needs, based upon any changes made to the EMS system.

**OBJECTIVE:**

In coordination with other public safety agencies and primary health care organizations provide for public education concerning appropriate utilization and system access as outlined in the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 3.09 DISPATCH TRIAGE

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

Emergency medical dispatch priority reference systems, including systemized caller interrogation, and pre-arrival instructions are being utilized. Currently, an ALS ambulance is dispatched to all 9-1-1 medical requests. First response dispatch criteria revised in Stanislaus County to be more consistent with EMD.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Develop and implement standardized (first response/ambulance) dispatch triage criteria as described in the EMS system model.

**OBJECTIVE:**

Develop and implement standardized (first response/ambulance) dispatch triage criteria as described in the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### **3.10 INTEGRATED DISPATCH**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Integrated dispatch has not been developed in the MVEMSA system. Providers are required by agreement to ensure the availability of ambulances within their own zones at all times.

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

Not applicable for this standard.

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

Develop an integrated dispatch system as described in the EMS system model. Consider performance incentive language in contracts and policies.

#### **OBJECTIVE:**

Evaluate the feasibility of developing an integrated dispatch system as described in the EMS system model.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Response and Transportation**

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### **4.01 SERVICE AREA BOUNDARIES**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Emergency medical transportation service areas have been determined for all five counties in the EMS system.

An ordinance or similar mechanism has been established in Stanislaus, Mariposa, Calaveras, Tuolumne, Alpine and Amador Counties that provides for the establishment of ambulance response zones. However, the appropriateness of these zones has not been evaluated in several years.

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

An agreement has been reached with Merced County EMS creating ambulance response zones which encompass portions of both Merced and Stanislaus counties. An agreement has been reached with El Dorado County EMS and the State of Nevada to have providers from their jurisdictions respond to emergencies in parts of Alpine County.

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

Ensure that ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transportation service areas.

#### **OBJECTIVE:**

Based upon the Stanislaus EMS System Design project, revise local ambulance ordinance.

Develop agreements with cities and fire districts regarding ambulance response zones in their areas.  
Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 4.02 MONITORING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The minimum standard is met through written agreements, auditing, inspections and investigation of unusual occurrences.

The recommended guideline is met within all counties except Alpine. Alpine County depends upon ambulance response from providers based in the surrounding counties of El Dorado, Amador, Calaveras and Douglas, NV. Ambulance response zones are based upon the closest available mutual aid response.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that providers comply with statutes, regulations, policies and procedures. Ensure that ambulance providers have a mechanism to provide input on EMS system issues.

### OBJECTIVE:

Conduct random compliance evaluations of ALS providers. Work closely with cities and fire agencies to ensure that their EMS concerns are addressed in both day to day operations and during ambulance provider agreement negotiations. Monitor providers for compliance to standards. Modify county ambulance ordinances as needed. Create performance incentives. Schedule routine planning meeting with all providers.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.03 CLASSIFYING MEDICAL REQUESTS

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

An emergency medical dispatch priority reference system has been developed. Currently, EMD classification criteria is used by all ambulance dispatch centers with an ALS ambulance being sent to all 9-1-1 medical requests as a minimum response.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Implementation of an emergency medical dispatch system as described in the EMS system model.

**OBJECTIVE:**

Evaluate the feasibility of level III dispatch.

Investigate the development and implementation an emergency medical dispatch system as described in the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.04 PRESCHEDULED RESPONSES**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Ambulance provider agreements specify parameters for utilization of emergency medical transport vehicles for prescheduled calls. These parameters require that the last ALS ambulance not be utilized for prescheduled calls.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of a sufficient number of emergency medical transport vehicles to meet EMS system demands.

**OBJECTIVE:**

Monitor ambulance availability and take corrective action as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.05 RESPONSE TIME STANDARDS

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defib. First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

##### CURRENT STATUS:

Meets recommended standards in Amador, Calaveras, Mariposa, and Stanislaus counties.

##### COORDINATION WITH OTHER EMS AGENCIES:

Agreements have been made with Merced, El Dorado and Douglas counties for the utilization of ambulance service which cross county lines.

##### NEED(S):

Ensure the ability to measure response times from the primary PSAP to arrival on scene for ambulance and first response vehicles. Develop a mechanism to measure or collect response times for first response agencies and establish response time goals or standards for first response agencies.

##### OBJECTIVE:

Create a mechanism to measure response times from receipt of call at primary PSAP to arrival on scene.

##### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.06 STAFFING**

##### **MINIMUM STANDARDS:**

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.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:**

Ground ambulance minimum staffing requirements are as follows:

1. BLS Ambulance - Two EMT-1s currently certified in the State of California.
2. ALS Ambulance - One EMT-P accredited by the Agency and one EMT-1 currently certified in the state of California.
3. CCT Ambulance - One EMT-1 currently certified in the state of California, and one attendant who must be either a physician or a Registered Nurse (R.N.) with a minimum of two (2) years of critical care experience, and current certificate of completion from an Advanced Cardiac Life Support course. One attendant must be authorized to provide nasotracheal and orotracheal intubation Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

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

Not applicable for this standard.

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

Ensure compliance with standard.

##### **OBJECTIVE:**

Monitor providers for compliance to standards and take corrective action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.07 FIRST RESPONDER AGENCIES

**MINIMUM STANDARDS:**

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINES:**

None

**CURRENT STATUS:**

The roles and responsibilities of most system participants are based primarily on historical involvement and willingness to cooperate with the agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Formal integration of first responder agencies into the EMS system.

**OBJECTIVE:**

Identify the optimal roles and responsibilities of first response agencies as described in the EMS system model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.08 MEDICAL & RESCUE AIRCRAFT

##### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

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

##### RECOMMENDED GUIDELINES:

None

##### CURRENT STATUS:

A process has been established for categorizing medical and rescue aircraft as required in a-f above.

##### COORDINATION WITH OTHER EMS AGENCIES:

Services classified by other LEMSAs are used to supplement resources based in the MVEMSA system.

##### NEED(S):

Ensure that medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements.

##### OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

##### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.09 AIR DISPATCH CENTER

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

One dispatch center per county has been identified as an EMS aircraft resource center. The two air ambulance providers operating within the MVEMSA system each provide flight following dispatch services and currently provide for the coordination of EMS aircraft in the entire EMS system on a rotating basis. A toll-free number was established for county air resource centers to use when requesting EMS medical aircraft.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

**OBJECTIVE:**

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.10 AIRCRAFT AVAILABILITY**

##### **MINIMUM STANDARDS:**

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.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS:**

The MVEMSA has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS area. Written agreements between MVEMSA and all such aeromedical services are in place.

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

Reno's Care Flight program is under the direct control of the EMS agency in Reno, NV.

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

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system.

##### **OBJECTIVE:**

Monitor providers to ensure that system demands are being met and take corrective action as necessary. Develop an exclusive operating area or other mechanism to ensure optimal system design and providers compliance with agreements and policy.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.11 SPECIALTY VEHICLES

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

No resource directory of specialty vehicles has been developed by the EMS agency. However, individual counties with specialty vehicle needs have developed resource lists and procedures for requesting and dispatching these specialty vehicles.

**COORDINATION WITH OTHER EMS AGENCIES:**

Work with adjacent EMS agencies to ensure the availability of specialty vehicles.

**NEED(S):**

Development of a region-wide resource directory and response plan for specialty vehicles.

**OBJECTIVE:**

Develop a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 4.12 DISASTER RESPONSE

### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the Mountain-Valley EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The Mountain-Valley EMSA has been designated as the Operational Area Disaster Medical/Health Coordinator for the counties of Alpine (west slope), Amador, Calaveras, and Stanislaus. Standard procedures for mobilizing response and transport vehicles were developed among the counties of OES Region IV.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue to work with other OES Region IV counties in developing standard procedures for mobilizing response and transport vehicles for disasters.

### OBJECTIVE:

Continue to work with other OES Region IV counties in developing standard procedures for mobilizing response and transport vehicles for disasters.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.13 INTERCOUNTY RESPONSE

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

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

##### **CURRENT STATUS:**

Ambulance provider agreements require providers to arrange for day-to-day mutual-aid from neighboring providers stationed both inside and outside the MVEMSA system.

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

Continuation of call agreements have been executed with adjacent LEMSAs.

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

Statewide medical mutual-aid agreement.

##### **OBJECTIVE:**

Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary. Develop mutual-aid agreements with El Dorado and Sacramento counties for Amador County.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.14 INCIDENT COMMAND SYSTEM**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the MVEMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The OES Region IV MCI Plan is based on the Incident Command System. Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

**OBJECTIVE:**

Monitor the utilization of the MCI plan and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.15 MCI PLANS

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the MVEMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. The OES Region IV MCI Plan is based on the Incident Command System. Completion of ICS 100 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

**OBJECTIVE:**

Monitor the utilization of the MCI plan and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.16 ALS STAFFING

**MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

**RECOMMENDED GUIDELINES:**

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

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

**CURRENT STATUS:**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-Is may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that ambulance staffing meets minimum standards and system needs.

**OBJECTIVE:**

Evaluate the feasibility and need of staffing ambulances with a combination of paramedics, registered nurses and physician assistants (PAs or LPNs) as outlined in the EMS System Model.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.17 ALS EQUIPMENT**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of drugs and equipment on ambulances to meet patient and system needs.

**OBJECTIVE:**

Monitor drug and equipment requirements and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

#### 4.18 COMPLIANCE

**MINIMUM STANDARDS:**

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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure compliance with system policies.

**OBJECTIVE:**

Evaluate and improve compliance with system policies. Develop incentives for providers to comply with policies and standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.19 TRANSPORTATION PLAN

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

A Transportation Plan which meets standards is included in the plan appendix.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the Transportation Plan meets the needs of the EMS system.

**OBJECTIVE:**

Implement and monitor the requirements of the Transportation Plan and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 4.20 "GRANDFATHERING"

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The enclosed Transportation Plan documents those providers which meet the requirement for "grandfathering" under Section 1797.224, H&S into exclusive operating areas.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the Transportation Plan meets the needs of the EMS system.

**OBJECTIVE:**

Monitor the requirements of the Transportation Plan and make changes as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 4.21 COMPLIANCE

### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Written agreements, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure compliance with system policies.

### OBJECTIVE:

Evaluate and improve compliance with system policies. [See 4.18]

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 4.22 EVALUATION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A formal process evaluating the design of exclusive operating areas has not been established. However, the performance standards required of providers operating within EOAs is routinely monitored and corrective action is taken to address deficiencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that EOA design meets the needs of the EMS system and is consistent with the EMS system model.

### OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Facilities and Critical Care**

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### **5.01 ASSESSMENT of CAPABILITIES**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

Facility Assessment Profiles were last completed in 1989. The Emergency Facilities Self-Assessment Instrument, which is used to develop Facility Assessment Profiles, was revised in 1995. At the request of the hospitals, the agency's plans for using the assessment instrument were put on hold in July 1995. The agency has written base hospital agreements with all seven hospitals in the MVEMSA system.

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

Not applicable for this standard.

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

To conduct an assessment of area hospitals to determine EMS capabilities to assist the agency in developing triage and destination policies.

#### **OBJECTIVE:**

In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## 5.02 TRIAGE & TRANSFER PROTOCOLS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Prehospital triage protocols have not been implemented. Transfer protocols and model transfer agreements have been developed and implemented.

### COORDINATION WITH OTHER EMS AGENCIES:

Work with adjacent EMS systems to establish standard triage and transfer protocols as practical.

### NEED(S):

Prehospital triage protocols must be developed in order to ensure that patients receive an appropriate level of care, i.e.: transport to the closest hospital capable of meeting the patient's treatment needs; transport to the patient's preferred health care provider; treat and release at scene, etc. The development of patient destination policies has been identified by the Regional Advisory Committee and other groups as a top priority.

### OBJECTIVE:

Develop prehospital triage and transfer protocols based on medical need and preferred transport which ensure the delivery of patients to appropriate facilities. Explore the concept of treat and release at scene and alternative treatment and transport modalities as identified in the EMS system model.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 5.03 TRANSFER GUIDELINES

#### MINIMUM STANDARDS:

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.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Pediatric Trauma and Critical Care Transfer Guidelines have been developed and forwarded to each acute care hospital for adoption. Transfer guidelines have not been developed for trauma or any other patient group identified by the State of California as requiring special consideration.

#### COORDINATION WITH OTHER EMS AGENCIES:

The pediatric guidelines are consistent with guidelines adopted by other LEMSA that have implemented EMS-C subsystems. Any future transfer policies or agreements will be coordinated with affected LEMSAs.

#### NEED(S):

Develop transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency department physicians in determining an appropriate disposition for EMS patients.

#### OBJECTIVE:

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups.

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### 5.04 SPECIALTY CARE FACILITIES

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

A currently have agreements with all receiving hospital. Agreements have been developed with those facilities providing Pediatric Critical Care Center and Pediatric Trauma Center services to the EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:**

The recognition agreements with centers located outside of our region were performed with the approval of the local EMS agencies who had originally designated the centers.

**NEED(S):**

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients.

**OBJECTIVE:**

Update transfer policies, protocols, and guidelines

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.05 MASS CASUALTY MANAGEMENT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

A Disaster Control Facility has been designated in each county. All hospitals within the EMS system participate in mass casualty incidents in accordance with the OES Region IV MCI Plan. The MVEMSA provides hospitals with disaster training which includes coordinating hospital communications and patient flow.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure adherence to MCI plan requirements.

### OBJECTIVE:

Work with hospitals to provide the necessary training and coordination. Monitor capability of system hospitals to respond to mass casualty incidents and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.06 HOSPITAL EVACUATION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Hospitals have internal evacuation plans and the OES Region IV MCI plan addresses local and regional patient distribution.

### COORDINATION WITH OTHER EMS AGENCIES:

The member counties of OES Region IV have and continue to work together for the development and adoption of standardized multi-casualty incident plans and other medical disaster plans.

### NEED(S):

Develop, adopt, and implement a standardized hospital evacuation plan and community impact evaluation.

### OBJECTIVE:

Work with hospitals to standardize hospital evacuation plans.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.07 BASE HOSPITAL DESIGNATION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Currently, all seven hospitals in the EMS system have been designated as base hospitals. However, with the inclusion of provider QA/QI and an increase in standing orders, there may not be a need for the number of base hospitals in their current roles.

### COORDINATION WITH OTHER EMS AGENCIES:

Arrangements have been made with Merced County EMSA to allow Mariposa ambulance providers to access Merced County base hospitals for medical control and disaster control functions. Arrangements have been made to allow San Joaquin County EMS personnel to contact EMSA base hospitals for medical direction.

### NEED(S):

With the inclusion of provider QA/QI and an increase in standing orders, there may not be the need for the number base hospitals in their current roles. The establishment of a single medical control point has been identified as a potential alternative to the multiple base hospital system. The optimal medical control figuration needs to be further explored.

### OBJECTIVE:

Identify the optimal medical control configuration.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.08 TRAUMA SYSTEM DESIGN

### MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93, a trauma system has not been established in the MVEMSA system. Trauma and specialty care planning were identified by the Regional Advisory Committee and other groups as a top priority for the agency and is included in the EMS system model adopted by the agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure the availability of specialized trauma services to critically injured patients.

### OBJECTIVE:

Develop a trauma system which includes facility designation promoting the availability of specialized trauma services to critically injured patients.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.09 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93, a trauma system has not been established for the MVEMSA system. Trauma and specialty care planning was identified by the Regional Advisory Committee and other groups as a top priority for the agency and is included in the EMS system model adopted by the agency.

All previous trauma planning efforts have included numerous opportunities for public input and special interest lobbying.

### COORDINATION WITH OTHER EMS AGENCIES:

None.

### NEED(S):

Ensure an open process for trauma system development.

### OBJECTIVE:

Keep the process used for developing a trauma system open to hospital, prehospital and public input.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.10 PEDIATRIC SYSTEM DESIGN

### MINIMUM STANDARDS:

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

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

A Pediatric Emergency Medical and Critical Care System was developed and implemented in 1993-1995 as part of two special project grants awarded to the EMSA by the California EMS Authority. The pediatric system addresses the major Emergency Medical Services for Children (EMSC) components identified by the California EMS Authority as required of an EMSC system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric services provided by the EMS system meets the needs of critically ill and injured children within the EMS system. Develop a Pediatric System Plan which describes the current EMSC system and identifies the optimal system design.

### OBJECTIVE:

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children  
Develop a pediatric system plan.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)  
X Long-Range Plan (more than one year)

## 5.11 EMERGENCY DEPARTMENTS

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Emergency Department Pediatric Guidelines were adopted in 1994 and implemented through voluntary consultation visits with 10 of 11 acute care hospital in the region. Agreements were executed in 1995 with five pediatric critical care centers and pediatric trauma centers located outside the MVEMSA system recognizing their LEMSA designations as PCCCs and PTCs and incorporating them into the MVEMSA system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Evaluate the usefulness of the pediatric guidelines and each emergency department's voluntary adherence to the guidelines. Determine the need for identifying emergency departments approved for pediatrics (EDAPs).

### OBJECTIVE:

Monitor the usefulness of the pediatric guidelines and each emergency departments voluntary adherence to the guidelines and make changes as necessary. Identify EDAPs, as needed, to ensure adherence to pediatric E.D. guidelines.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)  
X Long-Range Plan (more than one year)

## 5.12 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

A regional Quality Liaison Committee evaluates both the pediatric and adult emergency medical and critical care delivery throughout the system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue public input and evaluation of the pediatric emergency medical and critical care system.

### OBJECTIVE:

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 5.13 SPECIALTY SYSTEM DESIGN

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None

#### CURRENT STATUS:

Trauma and specialty care planning was identified by the Regional Advisory Committee and other groups as a top priority and is included in the EMS system model adopted by the agency.

#### COORDINATION WITH OTHER EMS AGENCIES:

None

#### NEED(S):

Ensure the availability of trauma and other specialty care services to critically ill and injured patients.

#### OBJECTIVE:

Develop and implement trauma and other specialty care systems in accordance with the EMS system model and State guidelines, as appropriate.

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 5.14 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

Trauma and specialty care planning was identified by the Regional Advisory Committee and other groups as a top priority and is included in the EMS system model adopted by the agency. All previous specialty care planning efforts have included numerous opportunities for public input and special interest lobbying.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure an open process for specialty care system development.

### OBJECTIVE:

Keep the process used for developing a specialty care system open to public input.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Data Collection and System Evaluation**

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### **6.01 QA/QI PROGRAM**

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Aspects of the clinical review have been re-established. Region-wide monitoring has been re-established via new clinical indicators. Continuing to work with statewide organizations and EMSA to develop and implement statewide EMS system evaluation program and standards.

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

Not applicable for this standard.

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

Development of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QA/QI process meets system needs and State standards.

#### **OBJECTIVE:**

Develop a process to: provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 6.02 PREHOSPITAL RECORDS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Policy requires patient care records (PCRs) to be completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency. All ground ambulance providers use a standardized PCR for documenting patient care. Air ambulance providers are providing monthly electronic patient care information to the EMS agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure completeness and timely submission of patient care records.

### OBJECTIVE:

Continue to evaluate completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

### 6.03 PREHOSPITAL CARE AUDITS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS:

The agency and individual local Q.I. groups have been formed to conduct prehospital care audits regarding system operations. A regional Quality Liaison Committee providers and base hospital liaisons evaluates clinical care on an ongoing basis.

The agency has a database capable of linking prehospital, dispatch, emergency department, and discharge records. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	All ground and air ambulance service providers in jurisdiction. Compliance with standards varies.
Dispatch	Three dispatch centers that handle the EMS requests.
Emergency Department	Information on all ALS scene patients and some BLS scene patients from the hospitals designated as base hospitals.
In-Patient	Two largest Stanislaus County Hospital providing electronic outcome information.

#### COORDINATION WITH OTHER EMS AGENCIES:

None.

#### NEEDS:

Work with provider agencies to improve emergency department and hospital outcome data submission. Measure response times from receipt of call at the primary PSAPs.

#### OBJECTIVE:

Work with provider agencies to improve emergency department and hospital outcome data submission.

#### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 6.04 MEDICAL DISPATCH

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Approved level II EMD centers are required by policy to establish an in-house QI program which includes the auditing of pre-arrival instructions. Agency established an EMD QI Liaison position responsible for networking with EMD providers, under the direction of the QI Coordinator.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continue ensure that an appropriate level of medical response is sent to each emergency. Continue to ensure the appropriateness of prearrival/post dispatch directions.

### OBJECTIVE:

Continue to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions. Integrate dispatch centers into the regional QA/QI program. Evaluate effectiveness of in-house QA/QI programs.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 6.05 DATA MANAGEMENT SYSTEM

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

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

### CURRENT STATUS:

The MVEMSA created and implemented an integrated data management system which meets and exceeds state standards, and includes system response and clinical (both prehospital and hospital) data. QA/QI benchmarks and the utilization of data for system evaluation has been developed.

### COORDINATION WITH OTHER EMS AGENCIES:

This data management system has been made available to all other local EMS agencies and is in use in Imperial, Santa Clara, San Joaquin, Sacramento, and Tuolumne EMS systems and is being considered for use in several others. Agency staff continues to work with EMSAAC, EMDAC and State EMSA on developing benchmarks and quality indicators.

### NEEDS:

Improve access to existing hospital data regarding the outcomes of prehospital patients. Work with EMSA to work toward statewide data management system.

### OBJECTIVE:

Improve access to existing hospital data regarding the outcomes of prehospital patients. Work with EMSA to work toward statewide data management system.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 6.06 SYSTEM DESIGN EVALUATION

### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Aspects of the clinical review have been re-established. Region-wide monitoring has been re-established via new clinical indicators. Continuing to work with statewide organizations and EMSA to develop and implement statewide EMS system evaluation program and standards.

Additionally, each member county has a functioning Emergency Medical Care Committee which reviews local operations, policies and practices. A Regional Advisory Committee (RAC) comprised of three persons from each member county meets bi-monthly and reviews all MV EMSA plans, policies and procedures before they are submitted to the Board of Directors (BOD) for consideration. All meetings of the BOD, RAC and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified in advance of issues before RAC and the BOD.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Creation of indicators which can be used for evaluating the efficiencies and customer satisfaction of the EMS system, considering community needs, system demands and current constraints.

### OBJECTIVE:

Participate in statewide standardized system evaluation project. Evaluate EMS response alternatives as outlined in the EMS 2000 document.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 6.07 PROVIDER PARTICIPATION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

ALS providers are required by policy and agreement to participate in the agency system-wide evaluation program. BLS providers are not required to (but may voluntarily) participate in the agency system-wide evaluation program.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Development of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QA/QI process meets system needs and State standards.

### OBJECTIVE:

Develop a process to: provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 6.08 REPORTING

### MINIMUM STANDARDS:

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).

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The agency currently produces ad hoc reports for the entities listed above.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEEDS:

Produce periodic aggregate data reports that can be provided to the above entities.

### OBJECTIVE:

At least annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## 6.09 ALS AUDIT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Aspects of the clinical review have been re-established. Region-wide monitoring has been re-established via new clinical indicators. Continuing to work with statewide organizations and EMSA to develop and implement statewide EMS system evaluation program and standards.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Development of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QA/QI process meets system needs and State standards.

### OBJECTIVE:

Develop a process to: provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs and statewide standards.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 6.10 TRAUMA SYSTEM EVALUATION

### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The agency developed a draft trauma system evaluation and data collection program which was reviewed by the acute care providers in the EMS region. The program has not been implemented since the agency lacks a formal trauma system plan with designated trauma facilities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

The formal adoption of a trauma system plan with designated trauma facilities and the implementation of a trauma system evaluation and data collection program.

### OBJECTIVE:

Create a formal trauma system, then implement the evaluation process developed by the MVEMSA, which includes the use of trauma registries, tracer studies and a Trauma Audit Committee.

### TIME FRAME FOR MEETING THE OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 6.11 TRAUMA CENTER DATA

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

No mechanism exists for the collection of trauma center and trauma patient information due to the lack of a formal trauma system in the EMS region.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

The formal adoption of a trauma system plan with designated trauma facilities and the implementation of a trauma system evaluation and data collection program.

### OBJECTIVE:

Create a formal trauma system, then develop standards for trauma center data collection which are capable of meeting the needs required for system evaluation and QA.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **Public Information and Education**

### **7.01 PUBLIC INFORMATION MATERIALS**

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#### **MINIMUM STANDARDS:**

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

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

#### **RECOMMENDED GUIDELINES:**

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

#### **CURRENT STATUS:**

MVEMSA has developed and disseminated information on basic first aid, CPR, system design and access, disaster planning, and bicycle and skate board safety. The agency has created the following children's education programs: Student Activities for Emergencies (S.A.F.E.) and the EMS Youth Program, which are designed to teach emergency awareness, system access and basic first aid skills.

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

Not applicable for this standard.

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

Creation of education materials and programs regarding system access and utilization as described in the EMS system model.

#### **OBJECTIVE:**

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. In partnership with other agencies, address the educational needs of culturally diverse communities.

Review and make modifications, as needed, to the EMS Youth Program.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 7.02 INJURY CONTROL

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The agency has not designed programs specifically for injury prevention or injury control. However, the agency routinely participates in public safety (health) fairs at various locations throughout the EMS region promoting system understanding. No work has been conducted to promote the development of EMS education programs for high risk groups.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Development and promotion of injury control education programs and programs targeted at high risk groups.

### OBJECTIVE:

Coordinate the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 7.03 DISASTER PREPAREDNESS

#### **MINIMUM STANDARDS:**

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

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

#### **CURRENT STATUS:**

The MVEMSA developed Project S.A.F.E. (Student Activities for Emergencies) designed to teach middle school children emergency awareness, system access, basic first aid skills and disaster preparedness. No other work has been performed towards this objective.

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

Not applicable for this standard.

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

Promote citizen disaster preparedness activities.

#### **OBJECTIVE:**

In conjunction with county OES coordinators, Red Cross and other public safety agencies, develop and promote citizen disaster preparedness activities.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 7.04 FIRST AID & CPR TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The agency provides CPR manikins and other first aid training equipment to community CPR and first aid instructors. A list of available CPR and first aid classes is usually maintained and citizen inquires are directed to sponsoring agencies or instructors.

No citizen training goals have been established.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Establishment of citizen CPR and first aid training goals.

### OBJECTIVE:

Determine the need for establishing citizen CPR and first aid training goals.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Disaster Medical Response**

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### **8.01 DISASTER MEDICAL PLANNING**

#### **MINIMUM STANDARDS:**

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.

#### **RECOMMENDED GUIDELINES:**

None

#### **CURRENT STATUS:**

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. A response plan specific to toxic substance management has not been developed.

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

The OES Region IV MCI Plan was developed as a joint project with representation from all 11 counties in OES Region IV.

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

Ensure that the OES Region IV MCI Plan continues to meet the disaster medical response needs of the EMS system.

#### **OBJECTIVE:**

Monitor the efficiency and utilization of the MCI plan and make changes as needed. Determine the need for developing a medical response plan for hazardous material incidents.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## 8.02 RESPONSE PLANS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. A response plan specific to toxic emergencies has not been developed.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that the OES Region IV MCI Plan continues to meet the disaster medical response needs of the EMS system.

### OBJECTIVE:

Assist with the update of regional MCI Field Instructors through an annual conference/meeting. Monitor the efficiency and utilization of the MCI plan and make changes as needed. Determine the need for developing a medical response plan specific to hazardous material incidents.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

### 8.03 HAZMAT TRAINING

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

The agency has not formally established a role for EMS personnel regarding hazardous material incidents. The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Establish the roles and responsibilities for EMS personnel regarding hazardous materials incidents.

**OBJECTIVE:**

Determine the roles and responsibilities for EMS personnel regarding hazardous materials incidents.  
Determine hazardous material training needs of EMS personnel.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.04 INCIDENT COMMAND SYSTEM

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The OES Region IV MCI Plan adopted by the MVEMSA is based on the Incident Command System. Completion of ICS 120 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel. However, the agency only ensures the training of paramedic and MICN personnel. A process for training all EMS personnel in the requirements of the State's Standardized Emergency Management System (SEMS) is currently being drafted.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that all EMS personnel are trained in ICS, MCI and SEMS.

### OBJECTIVE:

Monitor compliance to training standards and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

X Long-Range Plan (more than one year)

## 8.05 DISTRIBUTION OF CASUALTIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

Distribution of patients is addressed in Module II of the OES Region IV MCI Plan used in each of our counties. County Disaster Control Facilities (DCFs) determine hospital capabilities and distribute patients accordingly. The Regional DCF is activated when two or more counties cannot accommodate the number of patients to be distributed.

### COORDINATION WITH OTHER EMS AGENCIES:

The OES Region IV MCI Plan was developed as a joint project with representation from all 11 counties in OES Region IV.

### NEED(S):

Ensure that the procedures for distributing disaster casualties functions effectively. Update the Facilities Assessment Profiles and OES Region IV map, which identifies facilities and facility specialties.

### OBJECTIVE:

Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Update the Facilities Assessment Profiles and OES Region IV map, which identifies facilities and facility specialties.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**8.06 NEEDS ASSESSMENT**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

General procedures to be used by Medical Operational Area Coordinators were adopted by the counties in OES Region IV. These procedures included a process for assessing and communicating needs to OES Region IV and State OES. Local disaster exercises are conducted yearly.

SOPs for the activation of the Medical OAC and the Emergency Operations Center (EOC) are in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure that the procedures for assessing medical needs in a disaster function effectively.

**OBJECTIVE:**

Monitor compliance to training standards and make changes as needed. Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.07 DISASTER COMMUNICATIONS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

The current system of dispatch, field, and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade and repair.

Most transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities. However, no frequency has been officially designated for disaster medical communications.

### COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

### NEED(S):

Ensure the availability of common medical communications during disasters.

### OBJECTIVE:

Continue to work with region and state agencies to standardize the medical communications plan.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

**8.08 INVENTORY OF RESOURCES**

**MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

Resource Directory updated each year with the Annual EMS Plan update.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Annually update the Disaster Medical Resource Directory.

**OBJECTIVE:**

Update the Disaster Medical Resource Directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.09 DMAT TEAMS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

No DMAT teams exist within OES Region IV.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Develop a relationship with DMAT Teams as they are formed.

### OBJECTIVE:

Develop a relationship with DMAT Teams as they are formed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.10 MUTUAL AID AGREEMENTS

### MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Providers are required by their agreements to execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region IV are currently working on a "regional" master medical mutual aid agreement to be executed between counties and/or LEMSAs.

### COORDINATION WITH OTHER EMS AGENCIES:

As stated above.

### NEED(S):

Adoption of a master medical mutual aid agreement for medical resources.

### OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than )

**8.11 CCP DESIGNATION**

**MINIMUM STANDARDS:**

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).

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Several sites for CCPs or Field Treatment Sites have been identified, by individual counties. However, no formal plans have been developed for their activation, staffing or outfitting.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Formally identify CCPs and establish plans regarding activation, staffing and outfitting.

**OBJECTIVE:**

In conjunction with county OES offices, identify CCPs and establish plans regarding activation, staffing and outfitting.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.12 ESTABLISHMENT OF CCPs

### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Several sites for CCPs have been identified throughout the EMS region. However, no formal plans have been developed for their activation, staffing or outfitting.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Identify CCPs and establish plans regarding activation, staffing and outfitting.

### OBJECTIVE:

In conjunction with county OES offices, identify CCPs and establish plans regarding activation, staffing and outfitting.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

X Long-Range Plan (more than one year)

### 8.13 DISASTER MEDICAL TRAINING

**MINIMUM STANDARDS:**

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:**

Completion of ICS 120 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel. A process for training all EMS personnel in the requirements of the State's Standardized Emergency Management System (SEMS) is currently being drafted. The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

**OBJECTIVE:**

Ensure an adequate number of Field, Hospital and Dispatch MCI courses are made available. Monitor and modify policies, provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.14 HOSPITAL PLANS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

EMSA staff are available to all hospitals for in-service and training in ICS and MCI plan standards. Hospitals are also incorporated into county-wide disaster exercises on an annual basis.

### COORDINATION WITH OTHER EMS AGENCIES:

Many of the county-wide disaster exercises involve activation of the Regional Disaster Control Facility and/or the Regional Disaster Medical/Health Coordinator.

### NEED(S):

All hospitals should adopt some form of ICS as the basis for their facility's disaster plan.

### OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one inter-agency disaster drill is conducted in each member county. Monitor compliance to the OES Region IV MCI Plan and take corrective action as necessary.

### TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**8.15 INTERHOSPITAL COMMUNICATIONS**

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Hospitals within Stanislaus County can communicate with each other through a dedicated BLAST phone system. Common radio frequencies between hospitals within the EMS system have not been established.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Ensure the availability of inter-hospital medical communications.

**OBJECTIVE:**

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## 8.16 PREHOSPITAL AGENCY PLANS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS:

The OES Region IV MCI Plan has been formally adopted, by the Board of Directors of the EMSA and the Boards of Supervisors of each of the member counties, as the plan to be used for medical disaster management. Completion of ICS 120 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel.

### COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

### NEED(S):

Ensure that providers and hospitals continue to effectively use the MCI plan when managing MCIs and medical disasters. Ensure that all EMS personnel receive the minimum level of disaster medical training.

### OBJECTIVE:

Monitor compliance to MCI plan standards and take corrective action as necessary. Develop a process to ensure that all EMS personnel receive required ICS, MCI and Hazmat training.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.17 ALS POLICIES

### MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

Procedures have been established with adjacent EMS systems through mutual aid agreements. For other counties, the OES Region IV MCI Plan directs ALS, LALS and BLS personnel to act under their own system's standing orders during an MCI or medical disaster.

### COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

### NEED(S):

Ensure that policies and procedures exist to allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### OBJECTIVE:

Monitor and modify the policies and procedures which allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.18 SPECIALTY CENTER ROLES

### MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### RECOMMENDED GUIDELINES:

None

### CURRENT STATUS:

A map depicting all of the acute care facilities within OES Region IV with their various specialties was produced and distributed to all of the Disaster Control Facilities within the region in 1993.

### COORDINATION WITH OTHER EMS AGENCIES:

All eleven counties within OES Region IV have cooperatively maintained a standardized field response plan and disaster patient distribution system.

### NEED(S):

Determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures. Update the facilities map distributed through the OES Region IV MCI grant project.

### OBJECTIVE:

When specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## 8.19 WAIVING EXCLUSIVITY

### MINIMUM STANDARDS:

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.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS:

All exclusive operating area agreements contain language allowing the MVEMSA to waive the exclusivity of an area in the event of a significant medical incident.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Ensure that a process exists for the waiving of exclusivity in EOAs in the event a significant medical incident.

### OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

**Table 2: System Organization and Management**

EMS System: Mountain-Valley EMS Agency Reporting Year: 2000-2001

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

1. Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Alpine, Amador, Calaveras, Mariposa, and Stanislaus

- |   |      |
|---|------|
| a. Basic Life Support (BLS)             | 0%   |
| b. Limited Advanced Life Support (LALS) | 0%   |
| c. Advanced Life Support (ALS)          | 100% |

2. Type of agency

- a - Public Health Department
- b - County Health Services Agency
- c - Other (non-health) County Department
- d - Joint Powers Agency
- e - Private Non-profit Entity
- f - Other: \_\_\_\_\_

d

3. The person responsible for day-to-day activities of EMS agency reports to:

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other: \_\_\_\_\_

c

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

- |   |     |
|---|-----|
| Implementation of exclusive operating areas (ambulance franchising) | X   |
| Designation of trauma centers/trauma care system planning           | X   |
| Designation/approval of pediatric facilities                        | X   |
| Designation of other critical care centers                          | n/a |
| Development of transfer agreements                                  | X   |

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

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

5. EMS agency budget for FY: 2000-2001

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$563,735
Contract Services (e.g. medical director)	\$353,949
Operations (e.g. copying, postage, facilities)	\$179,164
Travel	\$54,000
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Training/Education	40,092
<b>TOTAL EXPENSES</b>	<b><u>\$1,190,940</u></b>

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$214,745

Office of Traffic Safety (OTS)

State general fund \$358,853

County general fund

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

County contracts (e.g. multi-county agencies) \$226,522

Certification fees \$40,000

Training program approval fees

Training program tuition/Average daily attendance funds (ADA),  
Job Training Partnership ACT (JTPA) funds or other payments \$123,704

Base hospital application fees

Base hospital designation fees

Trauma center application fees

Trauma center designation fees

Pediatric facility approval fees

Pediatric facility designation fees

Other critical care center application or designation fees

Type: \_\_\_\_\_

Ambulance service/vehicle fees \$47,250

Contributions

EMS Fund (SB 12/612)

Other (specify): Fines \$20,000

Contracts with other LEMSAs for DBS services

Miscellaneous \$159,866

**TOTAL REVENUE \$1,190,940**

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

6. Fee structure for FY 2000-2001

<u>      </u>	We do not charge any fees	
<u>  X  </u>	Our fee structure is:	
	First responder certification	\$30.00
	EMS dispatcher certification	\$15.00
	EMT-I certification	\$30.00
	EMT-I recertification	\$30.00
<u>  </u>	EMT-defibrillation certification	no charge
	EMT-defibrillation recertification	no charge
	EMT-P accreditation (new or expired)	\$50.00
	Mobile Intensive Care Nurse(MICN) authorization	\$25.00
	MICN re-authorization	\$20.00
	MICN Radio Skills Exam	\$15.00
	EMT-P/MICN Field Experience Evaluation	\$1.00/hr
	EMT-I training program approval	no charge
	EMT-II training program approval	no charge
	EMT-P training program approval	no charge
	MICN training program approval	no charge
	Base hospital application	no charge
	Base hospital designation	no charge
	Trauma center application	n/a
	Trauma center designation	n/a
	Pediatric facility approval	n/a
	Pediatric facility designation	n/a

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

Other critical care center application or designation fees	none
Type: _____ n/a _____	
Ambulance service license	established separately by each member county
Ambulance vehicle permits	established separately by each member county
BLS Ambulance Special Event Coverage	\$25.00
ALS Ambulance Special Event Coverage	\$25.00
Air Ambulance Authorization Fees (unit based in the region)	\$3500.00
Each additional ship	\$250.00
Air Ambulance Authorization Fees (unit based outside the region)	\$200.00
Each additional ship	\$50.00
Advanced Life Support Treatment Protocols (large book)	\$10.00
Advanced Life Support Treatment Protocols (small book)	\$5.00
Basic Life Support Treatment Guidelines	\$5.00
EMT-I Workbook	\$6.50
Administrative Fee	\$25.00/hr
Copying	.50¢ for 1st page and .10¢ for each additional page
Other: _____	_____

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

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Executive Director	1 FTE	\$33.64	31%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Deputy Director	1 FTE	\$30.62	31%	
ALS Coord./ Field Coord./ Trng Coord.	Manpower and Training Coordinator	1 FTE	\$23.93	31%	
Program Coord./Field Liaison (Non-clinical)	Field Liaison, Transportation Coordinator, Communications Coordinator	2 FTE	\$23.93	31%	
Trauma Coord.					
Med. Director	Medical Director	.25 FTE	\$38.50	n/a	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Disaster Coordinator	.15 FTE	\$23.93	31%	Position unfilled this fiscal year

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

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/Analyst	Data Analyst/Programmer	.5 FTE	\$22.77	31%	
QA/QI Coordinator	Medical Quality Coordinator	.5 FTE	\$24.51	31%	
Public Info. & Ed. Coord.	Health Educator	.3 FTE	\$14.40	31%	
Ex. Secretary	Executive Secretary	1 FTE	\$16.03	31%	
Other Clerical	Receptionist, Secretary I	1 FTE	\$12.62	31%	
Data Entry Clerk	Data Entry Clerk	1 FTE	\$12.28	31%	
Other	Management Services Asst.	1 FTE	\$19.16	31%	

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

**TABLE 3: Personnel/Training**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	1172	0		158	16
Number newly certified this year	268	0		15	0
Number recertified this year	308	0		65	4
Total number of accredited personnel on July 1 of the reporting year			199		
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 46
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 112
  - b) Number of public safety (defib) certified (non-EMT-I) 33
3. Do you have a first responder training program? yes

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	EMT - I	EMT - II	EMT - III	EMT - IV	EMT - V
(a) on duty					
(b) on duty (part-time)					
(c) on duty					
(d) on duty					
(e) on duty					
(f) on duty					
(g) on duty					
(h) on duty					
(i) on duty					
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**TABLE 4: Communications**

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 2000-2001

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

- |    |  |         |
|----|--|---------|
| 1. | Number of primary Public Service Answering Points (PSAP)                               | 1       |
| 2. | Number of secondary PSAPs  | 0       |
| 3. | Number of dispatch centers directly dispatching ambulances                             | 0       |
| 4. | Number of designated dispatch centers for EMS Aircraft                                 | 0       |
| 5. | Do you have an operational area disaster communication system?                         | yes     |
| a. | Radio primary frequency  | 153.800 |
| b. | Other methods:   | RACES   |
| c. | Can all medical response units communicate on the same disaster communications system? | yes     |
| d. | Do you participate in OASIS?   | yes     |
| e. | Do you have a plan to utilize RACES as a back-up communication system?                 | yes     |
|    | 1) Within the operational area?  | yes     |
|    | 2) Between the operational area and the region and/or state?                           | yes     |

**TABLE 4: Communications**

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 2000-2001

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

1.	Number of primary Public Service Answering Points (PSAP)	1
2.	Number of secondary PSAPs	0
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of designated dispatch centers for EMS Aircraft	0
5.	Do you have an operational area disaster communication system?	yes
a.	Radio primary frequency	467.975
b.	Other methods:	RACES
c.	Can all medical response units communicate on the same disaster communications system?	yes
d.	Do you participate in OASIS?	yes
e.	Do you have a plan to utilize RACES as a back-up communication system?	yes
	1) Within the operational area?	yes
	2) Between the operational area and the region and/or state?	yes

**TABLE 4: Communications**

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 2000-2001

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

- |    |  |                     |
|----|--|---------------------|
| 1. | Number of primary Public Service Answering Points (PSAP)                               | 1                   |
| 2. | Number of secondary PSAPs  | 1                   |
| 3. | Number of dispatch centers directly dispatching ambulances                             | 1                   |
| 4. | Number of designated dispatch centers for EMS Aircraft                                 | 0                   |
| 5. | Do you have an operational area disaster communication system?                         | yes                 |
| a. | Radio primary frequency  | 467.950 and 155.280 |
| b. | Other methods:   | RACES               |
| c. | Can all medical response units communicate on the same disaster communications system? | yes                 |
| d. | Do you participate in OASIS?   | yes                 |
| e. | Do you have a plan to utilize RACES as a back-up communication system?                 | yes                 |
| 1) | Within the operational area?   | yes                 |
| 2) | Between the operational area and the region and/or state?                              | yes                 |

**TABLE 4: Communications**

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 2000-2001

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

- |    |  |         |
|----|--|---------|
| 1. | Number of primary Public Service Answering Points (PSAP)                               | 1       |
| 2. | Number of secondary PSAPs  | 1       |
| 3. | Number of dispatch centers directly dispatching ambulances                             | 1       |
| 4. | Number of designated dispatch centers for EMS Aircraft                                 | 1       |
| 5. | Do you have an operational area disaster communication system?                         | yes     |
| a. | Radio primary frequency  | 159.390 |
| b. | Other methods:   | None    |
| c. | Can all medical response units communicate on the same disaster communications system? | yes     |
| d. | Do you participate in OASIS?   | No      |
| e. | Do you have a plan to utilize RACES as a back-up communication system?                 | No      |
|    | 1) Within the operational area?  | No      |
|    | 2) Between the operational area and the region and/or state?                           | No      |

**TABLE 4: Communications**

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 2000-2001

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

1.	Number of primary Public Service Answering Points (PSAP)	5
2.	Number of secondary PSAPs	2
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of designated dispatch centers for EMS Aircraft	2
5.	Do you have an operational area disaster communication system?	No
a.	Radio primary frequency	467.975 and 154.145
b.	Other methods:	RACES
c.	Can all medical response units communicate on the same disaster communications system?	No
d.	Do you participate in OASIS?	yes
e.	Do you have a plan to utilize RACES as a back-up communication system?	yes
	1) Within the operational area?	yes
	2) Between the operational area and the region and/or state?	yes

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**TABLE 5: Response/Transportation**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**Transporting Agencies**

1.	Number of exclusive operating areas	6
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	77%
3.	Total number responses	unknown
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	26,622
	b) Number non-emergency responses (Code 1: normal)	unknown
4.	Total number of transports	unknown
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	20,618
	b) Number of non-emergency transports (Code 1: normal)	unknown

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	
	a) Automated	10
	b) Manual	0
6.	Number of EMT-Defibrillation providers	
	a) Automated	0
	b) Manual	0

**Air Ambulance Services**

7.	Total number of responses	1,178
	a) Number of emergency responses	971
	b) Number of non-emergency responses	207
8.	Total number of transports	602
	a) Number of emergency (scene) responses	395
	b) Number of non-emergency responses	207

**TABLE 5: Response/Transportation (cont'd.)**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**County:** Stanislaus<sup>1</sup>

**System Standard Response Times (90th percentile)**

Enter the response times in the appropriate boxes.

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1. BLS and CPR capable first responder.	n/a <sup>2</sup>	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	8	14	20	9
4. Transport Ambulance.	8	14	20	9

<sup>1</sup>Stanislaus is the only county in the region for whom response time standards have been implemented.

<sup>2</sup>No mechanism exists for the collection of response time data for first response agencies.

**TABLE 6: Facilities and Critical Care**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**Trauma**

Trauma patients:

- |  |                  |
|--|------------------|
| a) Number of patients meeting trauma triage criteria                                   | N/A <sup>1</sup> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | N/A              |
| c) Number of major trauma patients transferred to a trauma center                      | N/A              |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | N/A              |

**Emergency Departments**

- |   |   |
|---|---|
| Total number of emergency departments         | 7 |
| a) Number of referral emergency services      | 0 |
| b) Number of standby emergency services       | 1 |
| c) Number of basic emergency services         | 6 |
| d) Number of comprehensive emergency services | 0 |

**Receiving Hospitals**

- |  |   |
|--|---|
| 1. Number of receiving hospitals with written agreements | 0 |
| 2. Number of base hospitals with written agreements      | 7 |

<sup>1</sup>A trauma system has not been implemented in the Mountain-Valley EMS System.

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**TABLE 7: Disaster Medical**

**EMS System:** Mountain-Valley EMS Agency

**County:** Alpine

**Reporting Year:** 2000-2001

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Alpine County does not have a CCP
  - b. How are they staffed? n/a
  - c. Do you have a supply system for supporting them for 72 hours? n/a
2. CISD

Do you have a CISD provider with 24 hour capability? yes
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan? n/a
  - c. Are they available for statewide response? n/a
  - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained? n/a
  - c. Do you have the ability to do decontamination in an emergency room? n/a
  - d. Do you have the ability to do decontamination in the field? n/a

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

**Table 7: Disaster Medical - Alpine County (cont.)**

3. Have you tested your MCI Plan this year in a: 2021/2022 - 10/2021
- a. real event? yes
- b. exercise? yes

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

El Dorado; Douglas County, Nevada

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: Disaster Medical**

**EMS System:** Mountain-Valley EMS Agency

**County:** Amador

**Reporting Year:** 2000-2001

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Amador County does not have a CCP
  - b. How are they staffed? n/a
  - c. Do you have a supply system for supporting them for 72 hours? n/a
  
2. CISD

Do you have a CISD provider with 24 hour capability? yes
  
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan? n/a
  - c. Are they available for statewide response? n/a
  - d. Are they part of a formal out-of-state response system? n/a
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes
  - b. At what HazMat level are they trained? awareness
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? yes

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

**Table 7: Disaster Medical - Amador County (cont.)**

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
  - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Alpine
- 
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: Disaster Medical**

**EMS System:** Mountain-Valley EMS Agency

**County:** Calaveras

**Reporting Year:** 2000-2001

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Calaveras County does not have a CCP
  - b. How are they staffed? n/a
  - c. Do you have a supply system for supporting them for 72 hours? n/a
  
2. CISD

Do you have a CISD provider with 24 hour capability? yes
  
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan? n/a
  - c. Are they available for statewide response? n/a
  - d. Are they part of a formal out-of-state response system? n/a
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes
  - b. At what HazMat level are they trained? operational
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? yes

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

**Table 7: Disaster Medical - Calaveras County (cont.)**

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
  - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. none.
- 

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: Disaster Medical**

**EMS System:** Mountain-Valley EMS Agency

**County:** Mariposa

**Reporting Year:** 2000-2001

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Mariposa County does not have a CCP
  - b. How are they staffed? n/a
  - c. Do you have a supply system for supporting them for 72 hours? n/a
2. CISD  
Do you have a CISD provider with 24 hour capability? yes
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan? n/a
  - c. Are they available for statewide response? n/a
  - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes
  - b. At what HazMat level are they trained? Awareness
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? yes

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

**Table 7: Disaster Medical - Mariposa County (cont.)**

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
  - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Madera.
- 

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
7. Are you part of a multi-county EMS system for disaster response? yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: Disaster Medical**

**EMS System:** Mountain-Valley EMS Agency

**County:** Stanislaus

**Reporting Year:** 2000-2001

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Stanislaus County does not have a CCP
  - b. How are they staffed? n/a
  - c. Do you have a supply system for supporting them for 72 hours? n/a
2. CISD  
Do you have a CISD provider with 24 hour capability? yes
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan? n/a
  - c. Are they available for statewide response? n/a
  - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes
  - b. At what HazMat level are they trained? awareness
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? yes

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

**Table 7: Disaster Medical - Stanislaus County (cont.)**

3. Have you tested your MCI Plan this year in a: real event  
a. real event? yes  
b. exercise? yes

4. List all counties with which you have a written medical mutual aid agreement. None.

---

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes

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

7. Are you part of a multi-county EMS system for disaster response? yes

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**RESOURCE DIRECTORIES**

could be a valuable resource

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**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Alpine

<b>Name, Address &amp; telephone:</b> Bear Valley Fire Department P.O. Box 5430 Bear Valley, CA 95223 (209)				<b>Primary Contact:</b> .Rick Stephens	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _10_ PS      _      PS-defib _3_ BLS      _6_ EMT-D _      LALS      _      ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Kirkwood Fire Protection District P.O. Box 247 Kirkwood, CA 95646 (209) 258-4444				<b>Primary Contact:</b> Peter Tabacco (One BLS Transport through Alpine EMS)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _3_ PS      _      PS-defib _      BLS      _10_ EMT-D _      LALS      _      ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Alpine

<b>Name, Address &amp; telephone:</b> Markleeville Volunteer Fire Department P.O. Box 158 Markleeville, CA 96720 (916) 694-2357				<b>Primary Contact:</b> Wayne Thompson	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _13_ PS      _  _ PS-defib _  _ BLS      _1_ EMT-D _  _ LALS      _  _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Alpine County EMS 75 Pine Avenue Markleeville, CA 96120 (530) 694-2159				<b>Primary Contact:</b> Lynn Doyal	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _  _ PS      _  _ PS-defib _23_ BLS      _23_ EMT-D _  _ LALS      _  _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: Health	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Amador

<b>Name, Address &amp; telephone:</b> American Legion Ambulance P.O. Box 480 Sutter Creek, CA 95685			<b>Primary Contact:</b> Al Lennox (209) 267-0268		
		(209) 223-2963 - Main Office			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>14</u> BLS      ____ EMT-D ____ LALS <u>21</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

<b>Name, Address &amp; telephone:</b> Amador Fire Protection District 500 Argonaut Lane Jackson, CA 95642			<b>Primary Contact:</b> Jim McCart		
		(209) 223-6391			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: __2__ PS      __30__ PS-defib __19__ BLS      __23__ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Amador

<b>Name, Address &amp; telephone:</b> California Department of Forestry 11600 Highway 49 Sutter Creek, CA 95685 (209)267-5215				<b>Primary Contact:</b> Lee Winton	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _ PS      _ PS-defib <u>20</u> BLS      _ EMT-D _ LALS      _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> City of Ione Fire Department P.O. Box 398 Ione, CA 95640 (209) 274-4548				<b>Primary Contact:</b> Ken Mackey	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _ 3 PS      _ PS-defib <u>6</u> BLS      _ EMT-D _ LALS      _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Amador

<b>Name, Address &amp; telephone:</b> Jackson Fire Department 33 Broadway Jackson, CA 95642				<b>Primary Contact:</b> Jack Quinn Pager # 209-428-0064	
Phone: 209-223-2147		Fax: Same			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _6_ PS      _6_ PS-defib _10_ BLS    _10_ EMT-D ____ LALS    ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b>				<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS    ____ EMT-D ____ LALS    ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Amador

<b>Name, Address &amp; telephone:</b> Lockwood Fire Protection District P.O. Box 221 Volcano, CA 95689 (209) 296-5122				<b>Primary Contact:</b> Steven Cuneo (209) 295-8416	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>4</u> PS-defib ____ BLS <u>9</u> EMT-D ____ LALS     ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Pine Grove Conservation P.O. Box 405 Pine Grove, CA 95665 (209) 296-7591				<b>Primary Contact:</b> Tod Dorris	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>3</u> PS                  ____ PS-defib <u>8</u> BLS                ____ EMT-D ____ LALS            ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Amador

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS      ___ PS-defib ___ BLS     ___ EMT-D ___ LALS    ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Sutter Creek Fire Protection District P.O. Box 365 Sutter Creek, CA 95685 (209) 267-0345			<b>Primary Contact:</b> Butch Martin		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _10_ PS      _10_ PS-defib _ 9_ BLS     _ 9_ EMT-D ___ LALS    ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> American Medical Response 888 E. Lindsay, Stockton, CA 95202 (209) 948-5136				<b>Primary Contact:</b> Richard Keiser	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>5</u> BLS      ____ EMT-D ____ LALS <u>5</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

<b>Name, Address &amp; telephone:</b> San Andreas Ambulance P.O. Box 1115 San Andreas, CA 95249 (209) 754-5701				<b>Primary Contact:</b> Gail Spann-Pilkington (Cell # 209-327-4849) Dale Jones (Cell # 209-327-4848)	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>10</u> BLS      ____ EMT-D ____ LALS <u>10</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> Valley Springs Ambiance P.O. Box 399 Valley Springs, CA 95252 (209) 772-2924				<b>Primary Contact:</b> Bill McFall	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>10</u> BLS      ____ EMT-D ____ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

<b>Name, Address &amp; telephone:</b> Altaville-Melones Fire Protection District P.O. Box 431 Altaville, CA 95221 (209) 736-2331				<b>Primary Contact:</b> Mike Seagle	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> Blue Mountain Medical Volunteers - West Point Fire Protection District P.O. Box 721 West Point, CA 95255 (209) 293-7000				<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _ 1 _ PS      _ 0 _ PS-defib _ _ _ BLS      _ 4 _ EMT-D _ _ _ LALS      _ _ _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Calaveras County Fire Department 891 Mountain Ranch Road San Andreas, CA 95249 (209) 754-6639				<b>Primary Contact:</b> Jim Miner	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _ 30 _ PS      _ _ _ PS-defib _ 25 _ BLS      _ _ _ EMT-D _ _ _ LALS      _ _ _ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> City of Angels P.O. Box 457 Angels, CA 95222 (209) 736-4081			<b>Primary Contact:</b> Bette Newcomb		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>5</u> PS <u>    </u> PS-defib <u>12</u> BLS <u>    </u> EMT-D <u>    </u> LALS <u>    </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Copperopolis Fire Protection District P.O. Box 131 Copperopolis, CA 95228 (209) 785-2393			<b>Primary Contact:</b> Dennis Powers		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>20</u> PS <u>    </u> PS-defib <u>    </u> BLS <u>10</u> EMT-D <u>    </u> LALS <u>    </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no EMS as MD for AED	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> Ebbetts Pass Fire Protection District P.O. Box 66 Arnold, CA 95223-0066 (209) 795-1646 Fax (209) 795-3460				<b>Primary Contact:</b> Warren Wilkes	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ PS-defib <u>35</u> BLS ___ EMT-D ___ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Central Calaveras Fire & Rescue Protection District P.O. Box 2 Mountain Ranch, CA 95246 (209) 754-4330				<b>Primary Contact:</b> Don Stump, B/C	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ PS-defib <u>5</u> BLS ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> Jenny Lind Fire Protection District P.O. Box 579 Valley Springs, CA 95252				<b>Primary Contact:</b> Richard A. Schuller, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS <u>8</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a	

<b>Name, Address &amp; telephone:</b> Mokelumne Hill Fire Protection District P. O. Box 281 Mokelumne Hill, CA 95245				<b>Primary Contact:</b> Sharon L. Earl, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>8</u> PS <u>8</u> PS-defib AED <u>8</u> BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a	

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b>				<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS      ___ PS-defib ___ BLS     ___ EMT-D ___ LALS    ___ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

<b>Name, Address &amp; telephone:</b> Murphys Fire Protection District P.O. Box 1013 Murphys, CA 95247      (209) 728-3864				<b>Primary Contact:</b> Pat Murphy	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS      ___ 7 PS-defib ___ BLS     ___ 5 EMT-D ___ LALS    ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8: Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, Address &amp; telephone:</b> San Andreas Fire Protection District P.O. Box 88 San Andreas, Ca 95221 (209) 754-4693				<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _11_ PS      _11_ PS-defib _10_ BLS     _10_ EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Foothill Fire Protection District P.O. Box 193 Valley Springs, CA 95252 (209) 772-1268				<b>Primary Contact:</b> Steve Gleason	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _12_ PS      _____ PS-defib _____ BLS     _6_ EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Mariposa

<b>Name, Address &amp; telephone:</b> Mercy Medical Transport, Inc. P.O. Box 5004 Mariposa, CA 95338-5004				<b>Primary Contact:</b> Rick Roesch	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ 13 BLS      ____ EMT-D ____ LALS      ____ 10 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

<b>Name, Address &amp; telephone:</b> California Department of Forestry				<b>Primary Contact:</b> Candace Gregory - Unit Chief	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: *Variable by season ____ PS      ____ PS-defib ____ * BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Mariposa

<b>Name, Address &amp; telephone:</b> Mariposa County Fire Department P.O. Box 162 Mariposa, CA 95338 (209) 966-4330				<b>Primary Contact:</b> Blaine Shultz	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _58_ PS      _____ PS-defib _80_ BLS      _____ EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Mariposa County Sheriff's Office P.O. Box 276 Mariposa, CA 95338 (209) 966-3615				<b>Primary Contact:</b> Pelk Richards, Sheriff/Coroner	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _25_ PS      _____ PS-defib _3_ BLS      _____ EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Mariposa

<b>Name, Address &amp; telephone:</b> Mariposa Utility District P.O. Box 494 Mariposa, CA 95338				<b>Primary Contact:</b> James D. Dulcich		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___16___ PS      ___16___ PS-defib ___4___ BLS      ___ EMT-D ___ LALS      ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a	

<b>Name, Address &amp; telephone:</b>				<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no		Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS      ___ PS-defib ___ BLS      ___ EMT-D ___ LALS      ___ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:	

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> American Medical Response P.O. Box 4397 Modesto, Ca 95352 (209) 524-8001				<b>Primary Contact:</b> Cindy Woolston	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib 70 BLS      ____ EMT-D ____ LALS      63 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 27

<b>Name, Address &amp; telephone:</b> Hughson Paramedic Ambulance Company P.O. Box 1719 Hughson, CA 95326				<b>Primary Contact:</b> Thomas Crowder	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib 32 BLS      ____ EMT-D ____ LALS      9 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 7

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Oak Valley District Ambulance 350 South Oak Avenue Oakdale, CA 95361 (209) 847-3011				<b>Primary Contact:</b> Ray Leverett	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>13</u> BLS      ____ EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: hospital. district	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

<b>Name, Address &amp; telephone:</b> Patterson District Ambulance P.O. Box 187 Patterson, CA 95353 (209) 892-2618				<b>Primary Contact:</b> Craig Grischott	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>10</u> BLS      ____ EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other: hospital district	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Air Med Team 1441 Florida Avenue Modesto, CA 95350 (209) 576-3939			<b>Primary Contact:</b> Graham Pierce		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS      ____ EMT-D ____ LALS <u>15</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

<b>Name, Address &amp; telephone:</b> Medi-Flight of Northern California 1700 Coffee Road, Modesto, CA 95355 (209) 572-7050			<b>Primary Contact:</b> Frank Erdman		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS      ____ EMT-D ____ LALS <u>30</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Denair Fire District P.O. Box 262 Denair, CA 95316				<b>Primary Contact:</b> Dennis Linn, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___10___ PS      ___7___ PS-defib ___4___ BLS      ___3___ EMT-D ___ ___ LALS      ___ ___ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a	

<b>Name, Address &amp; telephone:</b>				<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no		Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ ___ PS      18 PS-defib ___ ___ BLS      ___2___ EMT-D ___ ___ LALS      ___1___ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a	

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Keyes Fire Protection District P.O. Box 827 Keyes, CA 95328 (209) 634-7690			<b>Primary Contact:</b> Eddie Jones		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air Classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> ___ PS      ___ PS-defib ___ BLS      ___ EMT-D ___ LALS      ___ ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	<b>If public:</b> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	<b>System available 24-hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> n/a

<b>Name, Address &amp; telephone:</b> Modesto City Fire Department 610 Eleventh Street, Modesto, CA 95354 (209) 572-9590			<b>Primary Contact:</b> Doug Hannink		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air Classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> ___ 0 PS      ___ 11 PS-defib ___ BLS      ___ 125 EMT-D ___ LALS      ___ ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	<b>If public:</b> <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	<b>System available 24-hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Mountain View Fire Protection District 9633 Crows Landing Road Crows Landing, CA 95313 (209) 634-4766				<b>Primary Contact:</b> Kevin Blount	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS <u>20</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Newman Fire Department 1162 North Street Newman, CA 95360 (209) 862-1716				<b>Primary Contact:</b> Mel Souza	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>19</u> PS-defib ____ BLS <u>7</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Oakdale City Fire Department 325 G Street Oakdale, CA 95361 (209) 847-5904			<b>Primary Contact:</b> Mike Wilkinson		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-defib _____ BLS <u>17</u> EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Oakdale Rural Fire Protection District 1398 East F Street Oakdale, CA 95361 (209) 847-6898			<b>Primary Contact:</b> William L. Houk		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-defib _____ BLS <u>20</u> EMT-D _____ LALS      _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Salida Fire Protection District P.O. Box 1335 Salida, CA 95369 (209) 545-0365				<b>Primary Contact:</b> John Brubaker	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS <u>23</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Stanislaus Consolidated Fire District 3705 Oakdale Road Modesto, CA 95357 (209) 552-3700				<b>Primary Contact:</b> Lyn Rambo	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>23</u> PS      ____ PS-defib ____ BLS <u>45</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Turlock City Fire Department 156 South Broadway, Suite 250 Turlock, CA 95380-5454 (209) 668-5580				<b>Primary Contact:</b> Mark Langley	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ PS-defib ___ 15 ___ BLS ___ 50 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Turlock Rural Fire Protection District 690 West Canal Drive Turlock, CA 95380 (209) 632-3953				<b>Primary Contact:</b> Rick Fortado	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 6 ___ PS ___ PS-defib ___ BLS ___ 21 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Valley Home Fire Protection District P.O. Box 215 Valley Home, CA 95384			<b>Primary Contact:</b> Jerry Benedix		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>4</u> BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> West Stanislaus Fire Protection District P.O. Box 565 Patterson, CA 95363 (209) 892-5621			<b>Primary Contact:</b> Dick Gaiser		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>105</u> PS <u>25</u> PS-defib <u>20</u> BLS <u>20</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

**TABLE 8 Providers**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Westport Fire Protection District 5160 South Carpenter Modesto, CA 95358 (209) 537-1391				<b>Primary Contact:</b> Chief Gary Thompson	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib <u>25</u> BLS <u>5</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

<b>Name, Address &amp; telephone:</b> Woodland Avenue Fire Protection District 3300 Woodland Avenue Modesto, CA 95351				<b>Primary Contact:</b> Mike Passalaqua	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-defib ____ BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec. district <input type="checkbox"/> federal	System available 24-hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

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**TABLE 9: Approved Training Programs**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Alpine

**Training Institution Name and Address**

**Contact Person and Telephone #**

Alpine County Health Dept. P.O. Box 545, Markleeville, CA 96120		Lynn Doyal (530) 694-2159
Student Eligibility: Open	Cost of Program: Basic: None Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 20 Refresher: n/a Continuing education: n/a Expiration Date: 3/2000 Number of Courses: Initial training: 1 Refresher: n/a Continuing education: n/a

**Training Institution Name and Address**

**Contact Person and Telephone #**

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education:

**TABLE Approved Training Programs**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**County:** Amador

**Training Institution Name and Address**

**Contact Person and Telephone #**

Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-2001 Number of Courses: Initial training: 1 Refresher: 2 Continuing education n/a

**Training Institution Name and Address**

**Contact Person and Telephone #**

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

**TABLE 9: Approved Training Programs**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Calaveras

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 50 Refresher: 75 Continuing education: n/a Expiration Date: 6-30-2001 Number of Courses: Initial training: 2 Refresher: 3 Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
San Andreas Fire Department P.O. Box 88, San Andreas, CA 95249		Connie Carson (209) 754-4693
Student Eligibility: Open	Cost of Program: Basic: none Refresher: none	Program Level: EMT-I Number of Students completing training per year: Initial Training: 25 Refresher: n/a Continuing education: n/a Expiration Date: 10/2001 Number of Courses: Initial training: 2 Refresher: n/a Continuing education n/a

**TABLE Approved Training Programs**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**County:** Stanislaus

**Training Institution Name and Address**

**Contact Person and Telephone #**

Ceres Emergency Services		Danny Davis (209) 538-5709
Student Eligibility: Fire Personnel	Cost of Program: Basic: None. Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 0 Refresher: 15 Continuing education: n/a Expiration Date: 6-30-2001 Number of Courses: Initial training: n/a Refresher: 1 Continuing education: n/a

**Training Institution Name and Address**

**Contact Person and Telephone #**

Ceres High School - ROP Program Stanislaus County Dept. of Education, 801 County Center Three, Modesto, Ca. 95355		Carol Perry (209) 538-0130
Student Eligibility: Open	Cost of Program: Basic: \$65 plus books Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 60 Refresher: 60 Continuing education: n/a Expiration Date: 6-30-2001 Number of Courses: Initial training: 2 Refresher: 2 Continuing education: n/a

**TABLE 9: Approved Training Programs**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Stanislaus

Training Institution Name and Address		Contact Person and Telephone #
Newman-Crows Landing School District 890 Main Street, Newman, CA 95360		Barry Hurd 209-862-3205
Student Eligibility: Open	Cost of Program: Basic \$175 Refresher: n/a	Program Level: EMT-I Number of Students completing training per year: Initial Training: 50 Refresher: n/a Continuing education: n/a Expiration Date: 8-31-2001 Number of Courses: Initial training: 2 Refresher: 0 Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard (209) 575-6362
Student Eligibility: Open	Cost of Program: Basic: \$60 plus books Refresher: \$100	Program Level: EMT-I Number of Students completing training per year: Initial Training: 110 Refresher: 40 Continuing education: n/a Expiration Date: 6-30-2001 Number of Courses: Initial training: 3 Refresher: 2 Continuing education: n/a

**TABLE Approved Training Programs**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**County:** Stanislaus

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue Suite D1, Modesto, 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$4500 Refresher: n/a	Program Level: EMT-P Number of Students completing training per year: Initial Training: 18 Refresher: n/a Continuing education: n/a Expiration Date: 12/2001 Number of Courses: Initial training: 1 Refresher: n/a Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
Abrams College 45 College Avenue, Modesto, CA 95350		Dan Lucky (209) 551-1516
Student Eligibility: Open	Cost of Program: Basic: \$575 Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 75 Refresher: n/a Continuing education: n/a Expiration Date: 7-1-00 Number of Courses: Initial training: 6 Refresher: n/a Continuing education n/a

**TABLE 9: Approved Training Programs**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Stanislaus

**Training Institution Name and Address**

**Contact Person and Telephone #**

Abrams College 45 College Avenue, Modesto, CA 95350		Dan Lucky (209) 551-1516
Student Eligibility: EMT-I	Cost of Program: Basic \$5500 Refresher: n/a	Program Level: EMT-P Number of Students completing training per year: Initial Training: 20 Refresher: n/a Continuing education: n/a Expiration Date: 9-30-99  Number of Courses: Initial training: 2 Refresher: n/a Continuing education n/a

**Training Institution Name and Address**

**Contact Person and Telephone #**

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date:  Number of Courses: Initial training: Refresher: Continuing education

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	<p>1. Name of Program</p> <p>2. Description of Program</p> <p>3. Agency/Department</p>	<p>4. Program Objectives</p> <p>5. Program Dates</p> <p>6. Program Location</p> <p>7. Program Status</p>
	<p>8. Program Contact Information</p> <p>9. Program Evaluation</p>	<p>10. Program Funding</p> <p>11. Program Staff</p>
	<p>12. Program Schedule</p> <p>13. Program Budget</p>	<p>14. Program Impact</p> <p>15. Program Review</p>

**Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 2000-2001**

**EMS System:** Mountain-Valley EMS Agency

**County:** Alpine

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 602002	Health Dept.	Alpine County Health Department P.O. Box 545 Markleeville, CA 96120	Lynn Doyal (530) 541-5232	BLS	10-31-03

**Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 2000-2001**

**EMS System:** Mountain-Valley EMS Agency

**County:** Amador

<b>PROVIDER NUMBER</b>	<b>TYPE</b>	<b>NAME OF PROVIDER ADDRESS</b>	<b>CONTACT PERSON</b>	<b>LEVEL OF TRAINING</b>	<b>PROGRAM APPROVAL EXPIRATION DATE</b>
CE 600011	Base Hospital	Sutter - Amador Hospital 810 Court Street Jackson, CA 95642	Rose Walker, R.N. (209) 223-7500	BLS, ALS	4-30-02
CE 601006	Private	Pioneer-Amador Training Center 14171 Toms Lane Pine Grove 95665	Arlene Whitaker (209) 296-7776	BLS	4-30-03
CE 600231	Fire Dept.	City of Jackson Fire Dept. 33 Broadway Jackson, CA 95642	Joe Pick (209) 223-1646	BLS	2-28-2005
CE 600101	Ambulance Provider	American Legion Ambulance P.O. Box 480 Sutter Creek, CA 95685	Peter Hertzog (209) 223-2963	ALS, BLS	4-30-2002
CE 600301	Fire	CDF 11600 Hwy 49 Sutter Creek 98683	Michael Kaslin (209) 223-2963	BLS	12/31/03

**Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 2000-2001**

**EMS System:** Mountain-Valley EMS Agency

**County:** Calaveras

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600021	Base Hospital	Mark Twain-St. Joseph's Hospital 768 Mountain Ranch Road San Andreas, CA 95249	Kathy LaBuff, R.N. (209) 754-3521	BLS, ALS	2-28-2002
CE 601007	Private	EMS Taught and Tested 9584 Oak Glenn Drive Valley Springs, CA 95252	Mildred Zyski, EMT-P (209) 786-2425	BLS, ALS	7-31-03
CE 600205	Public Non-Profit	Blue Mountain Medical Volunteers P.O. Box 1271 West Point, CA 95255	Lorraine Larson (209) 293-7302	BLS	1-31-04
CE 600261	Fire Dept.	San Andreas Fire Department P.O. Box 88 San Andreas, CA 95249	Robert Rhoades (209) 754-4693	BLS	8-31-2005
CE 600221	Fire Dept.	Ebbetts Pass Fire PO Box 480 Arnold, CA 95223	Steve Kovacs (209) 795-1046	ALS, BLS	9/30/03
CE 600501	Private	Andy Murphy PO Box 716 Copperopolis, CA 95228	Andy Murphy (209) 785-2328	BLS	6/30/04
CE 601014	Gov't.	Calaveras Co. OES 891 Mountain Ranch Rd San Andreas, CA 95249	Bill Wennhold (209) 754-6303	BLS	6/30/03

**Table 9.1: Approved EMS Continuing Education Providers**

**Reporting Year: 2000-2001**

**EMS System:** Mountain-Valley EMS Agency

**County:** Mariposa

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600071	Base Hospital	John C. Fremont Hospital 5189 Hospital Road Mariposa, CA 95338	Nanette Wardle, R.N. (209) 966-3631	BLS, ALS	2-28-2002
CE 602001	Health Dept.	Mariposa County Health Department P.O. Box 5 Mariposa, CA 95338	Glyn Scharf (209) 966-3689	BLS	12-31- 02
CE 600072	Hospital	Yosemite Medical Clinic P.O. Box 550 Yosemite National Park, CA 95389	Sandra Saunders, MD (209) 372-4637	ALS, BLS	10-31-04
CE 600702	Amb. Prov.	Mercy Medical Transport P.O. Box 5004 Mariposa, CA 95338	Bryan Brouhard (209) 966-5762	ALS, BLS	6-30-03
CE 602004	Private	Don Stein 4844 Hirschind Mariposa, CA 95338	Don Stein (209) 742-5648	BLS	11-30-04

**Table 9.1: Approved EMS Continuing Education Providers**

**Reporting Year: 2000-2001**

**EMS System:** Mountain-Valley EMS Agency

**County:** Stanislaus

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600052	Base Hospital	Doctors Medical Center 1441 Florida Avenue Modesto, CA 95350	Candace Tidwell, R.N. (209) 576-3618	BLS, ALS	3-31-2002
CE 600503	Ambulance Provider	American Medical Response Stanislaus County Division P.O. Box 4397 Modesto, CA 95352	Irene Kennedy (800) 913-9142	BLS, ALS	10-31-02
CE 600243	Fire Dept.	Modesto City Fire Department 610 11th Street Modesto, CA 95354	Bat. Chief Rich Sasser (209) 578-9591	BLS	12-31-02
CE 601009	Private	Community Education 101 College Avenue. Ste 4 Modesto, CA 95354	Patricia Flanigan (209) 527-7777	BLS	2-29-04
CE 600512	Ambulance Provider	Medi-Flight of Northern California Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Vicki Meyer, R.N. (209) 572-3292	BLS, ALS	1-31-03
CE 600054	Base Hospital	Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Lori Lewis, R.N. (209) 526-4500	BLS, ALS	2-28-2005
CE 600264	Fire Dept.	Stanislaus Consolidated Fire Dept. 929 Oakdale Road Modesto, CA 95355	Dep. Chief Dan Reeves (209) 525-4651	BLS	11-30-03
CE 601005	Private	National Ski Patrol System, Inc. 2825 Laramie Drive Modesto, CA 95355	Tom Brennan (209) 521-0209	BLS	1-31-03
CE 600057	Base Hospital	Oak Valley District Hospital 350 South Oak Street Oakdale, CA 95361	Ruth Brown, R.N. (209) 847-3011	BLS, ALS	2-28-2002
CE 600254	Fire Dept.	Oakdale City Fire Department 325 East "G" Street Oakdale, CA 95361	Dan Cummins, EMT-P (209) 847-5907	BLS	1-31-03

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600255	Fire Dept.	Oakdale Rural Fire Protection Dist. 1398 East "F" Street Oakdale, CA 95361	Don Armario, EMT-I (209) 847-6898	BLS	3-31-03
CE 600260	Fire Dept.	Salida Fire Protection District P.O. Box 1335 Salida, CA 95368	Leonard Larsen (209) 545-3840	BLS	2-28-03
CE 600053	Base Hospital	Emanuel Medical Center 825 Delbon Avenue Turlock, CA 95380	Debbie Reagor, R.N. (209) 667-5800	BLS, ALS	2-28-2002
CE 600271	Fire Dept.	Turlock Rural Fire District 690 West Canal Drive Turlock, CA 95380	Eric Holly (209) 667-0550	BLS	10-31-03
CE 600270	Fire Dept.	Turlock City Fire Department P.O. Box 1526 Turlock, CA 95381	Mara St. Pierre (209) 668-5580	BLS	1-28-03
CE600505	Amb. Prov.	Patterson District Ambulance P.O. Box 187 Patterson, CA 95363	Craig Grischott, EMT-P (209) 892-8781	ALS/BLS	2-28-2005
CE600206	Fire Dept.	Burbank-Paradise Fire Department 1313 Beverly Drive Modesto, CA 95351	Scott Carvalho (209) 523-1129	BLS	7-31-2005
CE600303	Amb. Prov.	Westside Ambulance 151 So. Highway 33 Newman, CA 95360	Barry Hurd (209) 862-2951	ALS, BLS	9-30-2005
CE601011	School	Ceres Unified School District P.O. Box 307 Ceres, CA 95307	Richard Murdock (209) 538-0150	BLS	7-31-2005
CE601012	Private	Stroup & Associates 1600 Montclair Street Modesto, CA 95350	Craig Stroup (209) 836-0146	ALS, BLS	8-31-2005
CE600273	Private	Medic Alert 2323 Colorado Ave Turlock, CA 95382	Greg Adams (209) 669-2429	ALS, BLS	1-31-05
CE00501	Fire	Ceres Fire Dept. 2727 Third St Ceres, CA 95307	Dan Davis	BLS	12-31-04

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE601001	Private	Rescue 3 PO Box 819 Elk Grove, CA 95759	Gail Lane (916) 685-3006	BLS	2-28-02
CE601013	Private	Westside Training 4161 S. Whitworth Gustine, CA 95322	Peggy O'Rear (209) 854-1345	BLS	4-30-03
CE602005	Private	Kain Packwood 2042 Royalwood Lane Turlock CA 95382	Kain Packwood (209) 656-0619	BLS	6-30-05

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**TABLE 10: Facilities**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Amador

<b>Name, Address &amp; telephone:</b> Sutter Amador Hospital 810 Court Street, Jackson, Ca. 95642 (209) 223-6600			<b>Primary Contact:</b> Scot Stenberg, Administrator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

**TABLE 10: Facilities**

**EMS System:** Mountain-Valley EMS Agency **Reporting Year:** 2000-2001

**County:** Calaveras

<b>Name, Address &amp; telephone:</b> Mark Twain - St. Joseph's Hospital 768 Mountain Ranch Road, San Andreas, Ca. 95249 (209) 754-3521			<b>Primary Contact:</b> Michael Lawson, Administrator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

**TABLE 10: Facilities**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Mariposa

<b>Name, Address &amp; telephone:</b> John C. Fremont Healthcare District 5189 Hospital Road, Mariposa, Ca. 95338 (209) 966-3631			<b>Primary Contact:</b> Elnora George, Administrator/CEO/CFO	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input checked="" type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

**TABLE 10: Facilities**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Stanislaus

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:

<b>Name, Address &amp; telephone:</b> Doctors Medical Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 578-1211			<b>Primary Contact:</b> Tim Joslin, Chief Executive Officer	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

**TABLE 10: Facilities**

**EMS System:** Mountain-Valley EMS Agency

**Reporting Year:** 2000-2001

**County:** Stanislaus

<b>Name, Address &amp; telephone:</b> Emanuel Medical Center 825 Delbon Avenue, Turlock, Ca. 95380 (209) 667-4200			<b>Primary Contact:</b> Bob Moen, Administrator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

<b>Name, Address &amp; telephone:</b> Memorial Medical Center 1800 Coffee Road, Modesto, Ca. 95355 (209) 526-4500			<b>Primary Contact:</b> David Benn, Chief Executive Officer	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

**TABLE 10: Facilities**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Stanislaus

<b>Name, Address &amp; telephone:</b> Oak Valley District Hospital 350 South Oak Street, Oakdale, Ca. 95361 (209) 847-3011			<b>Primary Contact:</b> Norman Andrews, Administrator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input checked="" type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

<b>Name, Address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:

**Table 11: Dispatch Agencies**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-2001

County: Amador

<b>Name, address &amp; telephone:</b> Amador County Sheriff's Office, Communications Center 700 Court Street, Jackson, Ca. 95642 (209) 223-6513			<b>Primary Contact:</b> Darienne Threlkeld		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 4 ground ambulances 1 ALS squad	

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

**Table 11 Dispatch Agencies**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Calaveras

<b>Name, address &amp; telephone:</b> Calaveras County Sheriff's Office, Communications Center Government Center, San Andreas, Ca. 95249 (209) 754-6500			<b>Primary Contact:</b> Debby Parsons	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

**Table 11: Dispatch Agencies**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Mariposa

<b>Name, address &amp; telephone:</b> California Department of Forestry, Emergency Communications Center 5366 Highway 49 North, Mariposa, Ca. 95338 (209) 966-3622			<b>Primary Contact:</b> Dave Burroughs - BC	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training _____ EMT-D _____ ALS _____ _____ BLS _____ LALS _____ Other _____	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 3 ground ambulances

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ _____ BLS _____ LALS _____ Other _____	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

**Table 11. Dispatch Agencies**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, address &amp; telephone:</b> Air Med Team Communications Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 576 3939			<b>Primary Contact:</b> Graham Pierce		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <input checked="" type="checkbox"/> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 1 air ambulance	

<b>Name, address &amp; telephone:</b> Regional Rural Dispatch - Medi-Flight Communications Center 1700 Coffee Road, Modesto, Ca. 95355 (209) 572-7050			<b>Primary Contact:</b> Frank Erdman		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>12</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 2 air ambulances 0 ground ambulances	

**Table 11: Dispatch Agencies**

EMS System: Mountain-Valley EMS Agency

Reporting Year: 2000-01

County: Stanislaus

<b>Name, address &amp; telephone:</b> Stanislaus County Emergency Medical Communications 801 10 <sup>th</sup> Street, Modesto, Ca. 95354 (209) 238-4801			<b>Primary Contact:</b> Kevin Grant	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>15</u>

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____



## DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

The process used to develop the EMS System Plan for the Mountain-Valley EMS Agency was taken directly from the California EMS Authority's EMS System Guidelines; Part III: EMS System Planning Guidelines (June 1994). These guidelines recommend the following three steps in developing an EMS plan: document the current status of the local EMS system (*where we are now*); develop a model for the future (*where we want to be*); and develop the specific objectives necessary to move the EMS system from where it is today toward the future model (*getting from where we are to where we want to be*).

The current status of the MVEMSA system was established using the tables included in the EMS System Planning Guidelines. Agency staff completed initial drafts of Tables 1 through 11 and disseminated these drafts to the Regional Advisory Committee (RAC), each county Emergency Medical Care Committee (EMCC), system participants and other interested parties. The EMCCs and the RAC publicly reviewed and commented on the draft documents at regularly scheduled meetings. Agency staff revised the tables based on the comments received and a final copy of each table was approved by the RAC on May 17, 1995.

The process of developing a model for the future of EMS in the MVEMSA system started with the formation of the EMS Design 2000 Planning Task Force. The membership of the task force was designed to ensure that: there was representation from all system providers, (hospitals, ambulance, first response, payers) and geographic areas; all selected members were well-respected professionals in their field; and each member had the unique ability to set aside their own personal and professional biases and analyze prehospital care and transport from a system perspective.

The mission of the task force was to:

- 1) identify the need the EMS system would meet in the future;
- 2) identify the future political, social and economic environment through the use of best guess assumptions;
- 3) design the optimal EMS system based on the need to be met and future environment; and
- 4) identify the constraints that would interfere or prohibit the adoption of the optimal EMS system.

The task force met regularly from February through May 1995. Once complete, the EMS Design 2000 Optimal System Model, along with the identified local system constraints were presented to all county EMCCs, the area Hospital Council, various local Fire Chief Associations, and the RAC. All comments and input received during and following these public presentations were presented to RAC for consideration. Based upon the optimal system model, the system constraints, and the recommendations received during the public review process, agency staff drafted the EMS Design 2000; The Local EMS System Model for the Mountain-Valley EMS Region, which was approved by the RAC on July 19, 1995.

The next step in the planning process was to develop the objectives necessary to move the current EMS system from where it is today to the EMS system model of tomorrow.

Agency staff developed a first draft of the EMS plan objectives based on the concepts contained in the EMS Design 2000: The Local EMS System Model for the Mountain-Valley EMS Agency and the California EMS Authority's EMS Systems Standards and Guidelines. Once complete the EMS plan objectives were submitted to the RAC for review to determine if the objectives: 1) addressed each of the minimum EMS standards and recommended guidelines and 2) moved the EMS system in the direction of the EMS system model. Based on this review process revisions were made to the EMS plan objectives.

The Transportation Plan for the MVEMSA system, included here as Appendix 2, was drafted and submitted for public review concurrent with the EMS plan objectives.

An executive summary and a description of the plan development process were written following RAC approval of the EMS plan objectives.

Finally, agency staff brought the separate sections, summary, assessment, objectives, tables, etc., together to create a draft Mountain-Valley Emergency Medical Services Agency Emergency Medical Services System Plan. Since each section was developed separately, the compiled plan was reviewed by agency staff and minor edits were made for grammar, format and consistency. The complete EMS plan, including all modifications and appendices was submitted to the Regional Advisory Committee for approval at a public hearing held on November 15, 1995.

*The EMS System Plan including all appendices was approved by the Board of Directors of the Mountain-Valley EMS Agency on December 13, 1995.*



## Section 1: Summary of Changes

### Major Changes to the EMS System during FY 2000-2001

## Progress in Meeting 2000-2001 Objectives

### System Organization and Management

1. Standard 1.01 LEMSA STRUCTURE: Agency hired an Information Systems Analyst to oversee the data management system, office network, and maintain the Agency's Web site. Agency also hired a new Medical Director and Medical QI Coordinator.
2. Standard 1.05 SYSTEM PLAN: Participated in Stanislaus County Study program designed to evaluate the effectiveness of system changes developed under the EMS 2000 system model.
3. Standard 1.06 ANNUAL PLAN UPDATE: Submitted an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.
4. Standard 1.08 ALS PLANNING: Studied the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model, including the development of exclusive operating areas for non-transporting ALS service providers. Evaluated changes necessary to ensure the optimal provision of ALS services.
5. Standard 1.09 INVENTORY OF RESOURCES: Submitted annual update of the resource directories with the EMS Plan Update.
6. Standard 1.10 SPECIAL POPULATIONS: Worked with Stanislaus County task force and other agencies, both county and private, to complete work plan developed last fiscal year for multi-cultural public education.
7. Standard 1.11 SYSTEM PARTICIPANTS: Participated in the Stanislaus County System Design project to *Identify the optimal roles and responsibilities of system participants.*
8. Standard 1.12 REVIEW AND MONITORING (see 6.01)
9. Standard 1.13 COORDINATION: Evaluated EMS system operations and made changes as needed to ensure optimal system performance.
10. Standard 1.14 POLICY & PROCEDURE MANUAL: Updated policies as needed. Policies distributed to all provider agencies, as well as posted on the Agency's Web site.
11. Standard 1.15 COMPLIANCE WITH POLICIES (see 6.01)
12. Standard 1.16 FUNDING MECHANISM: Maintained existing funding sources and began working with other multi-county agencies and the state EMSA to investigate ways of augmenting current funding to multi-county LEMSAs.
13. Standard 1.17 MEDICAL DIRECTION (see 6.01)

14. Standard 1.18 QA/QI (see 6.01)
15. Standard 1.19 POLICIES, PROCEDURES, PROTOCOLS: Reviewed and revised polices as needed. Updated and distributed the ALS scope of practice and revised portions of the BLS protocols.
16. Standard 1.23 INTERFACILITY TRANSFER: Interfacility Task Forced established by the state EMSA to address various IFT issues.
17. Standard 1.24 ALS SYSTEMS: Maintained written agreements with all ALS providers and monitored compliance. Evaluated EOAs in Stanislaus County.
18. Standard 1.25 ONLINE MEDICAL DIRECTION (see 5.07)
19. Standard 1.28 EOA PLAN: Evaluated design of EOAs in Stanislaus County.

#### **STAFFING & TRAINING**

20. Standard 2.01 ASSESSMENT OF NEEDS: Evaluated training needs of system participants.
21. Standard 2.02 APPROVAL OF TRAINING: Continued surveys and random compliance evaluations of local programs.
22. Standard 2.04 DISPATCH TRAINING: Continued to encourage the passage of dispatcher immunity legislation. Continued to investigate more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening as outlined in the EMS system model.
23. Standard 2.05 FIRST RESPONDER TRAINING: Continued to offer First Responder and EMT training as needed.
24. Standard 2.06 RESPONSE: Continued to work with the Stanislaus County task force to identify the optimal roles and responsibilities of EMS system participants.
25. Standard 2.08 EMT-I TRAINING: Developed AED training strategy for all EMTs.
26. Standard 2.12 EARLY DEFIBRILLATION: Evaluated and revised existing policies and procedures for early defibrillation training and certification.
27. Standard 2.13 BASE HOSPITAL PERSONNEL: Continued to review the roles of the Base Hospital MICNs and MDs.

#### **COMMUNICATIONS**

28. Standard 3.01 COMMUNICATIONS PLAN: Updated the communications plan, system repairs and upgrades priorities to comply with the EMS system model.

29. Standard 3.04 DISPATCH CENTER: Performed a study to determine the required number of medical dispatch centers and their optimal configurations and responsibilities.
30. Standard 3.07 9-1-1 PLANNING/COORDINATION: Participated in ongoing planning and coordination of 9-1-1 telephone service and encouraged the development of PSAPs as described in the EMS system model.
31. Standard 3.09 DISPATCH TRIAGE: Developed and implemented standardized (first response/ambulance) dispatch triage criteria as described in the EMS system model.
32. Standard 3.10 INTEGRATED DISPATCH: Evaluated the feasibility of an integrated dispatch as described in the EMS System Model.

## **RESPONSE & TRANSPORT**

33. Standard 4.01 SERVICE AREA BOUNDARIES: Evaluated local ambulance ordinances in relationship to the current EMS plan. Evaluated response times to and from neighboring areas to ensure optimal service area boundaries.
34. Standard 4.02 MONITORING: Continued to perform surveys and random compliance evaluations of ALS providers. Worked closely with cities and fire agencies to ensure that their EMS concerns are addressed in both day to day operations and during ambulance provider agreement negotiations.
35. Standard 4.03 CLASSIFYING MEDICAL REQUESTS: Evaluated the feasibility of developing a dispatch system as described in the EMS System Model.
36. Standard 4.05 RESPONSE TIME STANDARDS: Continued to evaluate mechanisms to measure response times from receipt of call at primary PSAP to arrival on scene.
37. Standard 4.07 FIRST RESPONDER AGENCIES: Continued to define the optimal roles and responsibilities of first response agencies as described in the EMS system model.
38. Standard 4.10 AIRCRAFT AVAILABILITY: Monitored providers to ensure that system demands are being met and take corrective action as necessary.
39. Standard 4.16 ALS STAFFING: Continued to evaluate the feasibility and need of staffing ambulances with a combination of paramedics, registered nurses and physician assistants (PAs or LPNs) as outlined in the EMS System Model.
40. Standard 4.17 ALS EQUIPMENT: Monitored drug and equipment requirements and made changes as needed.
41. Standard 4.19 TRANSPORTATION PLAN: Evaluated Agency position regarding inclusion of all ambulance calls within EOAs and update Transportation Plan.

42. Standard 4.22 EVALUATION: Continue to develop a formal mechanism, consistent with the EMS system model, for evaluating EOA design. Continued to monitor performance standards and corrective actions.

#### **FACILITIES & CRITICAL CARE**

43. Standard 5.01 ASSESSMENT OF CAPABILITIES: In conjunction with area hospitals and the medical community, continued to evaluate the feasibility of developing a facility assessment instrument.
44. Standard 5.02 TRIAGE & TRANSFER PROTOCOLS: Continued to evaluate prehospital triage and transfer protocols based on medical need and preferred transport.
45. Standard 5.03 TRANSFER GUIDELINES: Continued to evaluate transfer policies, protocols and guidelines for trauma and other specialty patient groups.
46. Standard 5.05 MASS CASUALTY MANAGEMENT: Continued evaluation of MCI plan compliance.
47. Standard 5.07 BASE HOSPITAL DESIGNATION: Concluded a feasibility study for establishment of a single medical control point.

#### **DATA & SYSTEM EVALUATION**

48. Standard 6.01 QA/QI PROGRAM Participated in the development of statewide standards and indicators for system evaluation. Continued to monitor and amend the QA/QI program to meet system needs.
49. Standard 6.02 PREHOSPITAL RECORDS: Investigated ways of improving completeness and timely submission of patient care records. Monitored providers to ensure adherence to policy.
50. Standard 6.03 PREHOSPITAL CARE AUDITS: Worked with provider agencies to improve data submission.
51. Standard 6.06 SYSTEM DESIGN EVALUATION: (see 6.01)

- 52. Standard 6.07 PROVIDER PARTICIPATION: Continued to encourage system provider participation in local QI groups and the regional Quality Liaison Committee.
- 53. Standard 6.08 REPORTING: Reported the results of the system evaluation, design, and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).
- 54. Standard 6.09 ALS AUDIT: Conducted medical auditing and; provided feedback to prehospital personnel on patient outcomes. Continued to monitor and amend the QA/QI program.

**P.I. & E.**

- 55. Standard 7.01 PUBLIC INFORMATION MATERIALS: In coordination with primary care providers and other public safety agencies, developed and presented education materials and programs regarding system access and appropriate utilization of the 911 system.

**DISASTER MEDICAL RESPONSE**

- 56. Standard 8.01 DISASTER MEDICAL PLANNING: Continued to work with member county OES coordinators and local medical/health providers to incorporate the EOC Medical/Health Branch Manual into local plans.
- 57. Standard 8.02 RESPONSE PLANS: Assisted with the update of the Region IV MCI Plan.
- 58. Standard 8.03 HAZMAT TRAINING: Continued to work with local providers and agency representatives to determine the roles and responsibilities of EMS personnel regarding hazardous materials incidents.
- 59. Standard 8.04 INCIDENT COMMAND SYSTEM: Modified existing processes to ensure that all EMS personnel, including EMTs, first responders and dispatchers are trained in MCI and SEMS. Monitored compliance to training standards.
- 60. Standard 8.05 DISTRIBUTION OF CASUALTIES: Developed and implemented an EMS System Saturation policy to augment the current MCI plan and policies.
- 61. Standard 8.06 NEEDS ASSESSMENT: Continued to evaluate the effectiveness of immediate medical needs assessment and make necessary changes.
- 62. Standard 8.13 DISASTER MEDICAL TRAINING: Ensured an adequate number of Field, Hospital and Dispatch MCI courses were made available.
- 63. Standard 8.14 HOSPITAL PLANS: Continued work with Hospital Council and local hospitals to implement HEICS. At least one inter-agency disaster drill was conducted in each member county.

## Plan Objectives for 2001-2002

1. Standard 1.01 LEMSA STRUCTURE: Work with the state EMSA and other multi-county EMS agencies to explore mechanisms for augmenting current funding of multi-county LEMSAs.
2. Standard 1.02 LEMSA MISSION: Use the agency's QA/QI process and public evaluations by the Regional Advisory Committee, county Emergency Medical Care Committees and other review bodies to identify needed system changes. Build a strong leadership team, which spends time with employees, customers, and other key stakeholders to facilitate high performance and explore future opportunities for improvement. Support employee involvement in professional and community organizations.
3. Standard 1.03 PUBLIC INPUT: Conduct routine meetings with each provider group to ensure input into EMS system issues.
4. Standard 1.05 SYSTEM PLAN: Consider implementation of changes proposed by the Stanislaus System Design project.
5. Standard 1.06 ANNUAL PLAN UPDATE: Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.
6. Standard 1.07 TRAUMA PLANNING: Develop a trauma care system, which may include facility designation.
7. Standard 1.08 ALS PLANNING: Study the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model, including the development of exclusive operating areas for non-transporting ALS service providers in Stanislaus County. Make changes as necessary to ensure the optimal provision of ALS services.
8. Standard 1.09 INVENTORY OF RESOURCES: Annually update the resource directories included in the EMS Plan.
9. Standard 1.10 SPECIAL POPULATIONS: Continue identifying population groups served by the EMS system which require specialized services. Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.
10. Standard 1.11 SYSTEM PARTICIPANTS: Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, facility designations and exclusive operating areas to ensure compliance.
11. Standard 1.12 REVIEW AND MONITORING (see 6.01)
12. Standard 1.13 COORDINATION: Evaluate EMS system operations and make changes as needed to ensure optimal system performance. Meet routinely with provider agencies to ensure system coordination.

13. Standard 1.14 POLICY & PROCEDURE MANUAL: Review the process of policy development to ensure input from system participants.
14. Standard 1.15 COMPLIANCE WITH POLICIES (see 6.01)
15. Standard 1.16 FUNDING MECHANISM: Maintain existing funding sources and seek alternative or new funding sources. Continue to evaluate agency cost efficiency.
16. Standard 1.17 MEDICAL DIRECTION: Identify the optimal medical control configuration.
17. Standard 1.18 QA/QI (see 6.01)
18. Standard 1.19 POLICIES, PROCEDURES, PROTOCOLS: Review and revise polices, as needed, to meet minimum standards and the EMS System Model.
19. Standard 1.24 ALS SYSTEMS: Maintain written agreements with all ALS providers and monitor compliance. Determine the feasibility of establishing county-wide EOAs, including emergency ambulance providers and non-transporting ALS service providers.
20. Standard 1.25 ONLINE MEDICAL DIRECTION (see 1.17)
21. Standard 1.28 EOA PLAN: Monitor design of EOAs and make changes as required.

#### **STAFFING & TRAINING**

22. Standard 2.01 ASSESSMENT OF NEEDS: Monitor and ensure system personnel and training needs, including continuing education. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.
23. Standard 2.02 APPROVAL OF TRAINING: Continue surveys and random compliance evaluations of local programs.
24. Standard 2.04 DISPATCH TRAINING: Encourage the passage of dispatcher immunity legislation. Investigate and develop, as appropriate, more cost effective means of providing EMS dispatch services to include emergency and non-emergency call screening as outlined in the EMS system model. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.
25. Standard 2.05 FIRST RESPONDER TRAINING: Continue to offer First Responder and EMT training as needed.
26. Standard 2.06 RESPONSE: Continue to work with the Stanislaus County task force to identify the optimal roles and responsibilities of EMS system participants.

27. Standard 2.08 EMT-I TRAINING: Monitor and adjust ambulance staffing requirements to meet EMS system needs and the EMS system model. Ensure that all EMT-Is have successfully completed AED training before January 2002. Conduct regular meetings with provider training coordinators to establish system-wide training goals, coordinate training information, and provide training, in cooperation with the Quality Liaison Committee.
28. Standard 2.12 EARLY DEFIBRILLATION: Evaluate and revise existing policies and procedures for early defibrillation training and certification to determine that system needs are being met.

## **COMMUNICATIONS**

29. Standard 3.01 COMMUNICATIONS PLAN: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes to comply with the EMS system model. Schedule routine planning meetings with communications centers.
30. Standard 3.04 DISPATCH CENTER: Consider implementation of recommended changes to the required number of medical dispatch centers and their optimal configurations and responsibilities.
31. Standard 3.07 9-1-1 PLANNING/COORDINATION: Participate in ongoing planning and coordination of 9-1-1 telephone service and encourage the development of PSAPs as described in the EMS system model.
32. Standard 3.09 DISPATCH TRIAGE: Develop and implement standardized (first response/ambulance) dispatch triage criteria as described in the EMS system model.
33. Standard 3.10 INTEGRATED DISPATCH: Evaluate the feasibility of developing an integrated dispatch as described in the EMS System Model.

## **RESPONSE & TRANSPORT**

34. Standard 4.01 SERVICE AREA BOUNDARIES: Establish/review/revise local ambulance ordinances as needed. Evaluate response times to and from neighboring areas to ensure optimal service area boundaries.
35. Standard 4.02 MONITORING: Continue surveys and random compliance evaluations of ALS providers. Work closely with cities and fire agencies to ensure that their EMS concerns are addressed in both day to day operations and during ambulance provider agreement negotiations.
36. Standard 4.03 CLASSIFYING MEDICAL REQUESTS: Evaluate the feasibility of developing a dispatch system as described in the EMS System Model.
37. Standard 4.05 RESPONSE TIME STANDARDS: Create a mechanism to measure response times from receipt of call at primary PSAP to arrival on scene.

38. Standard 4.07 FIRST RESPONDER AGENCIES: Identify the optimal roles and responsibilities of first response agencies as described in the EMS system model.
39. Standard 4.10 AIRCRAFT AVAILABILITY: Monitor providers to ensure that system demands are being met and take corrective action as necessary.
40. Standard 4.13 INTERCOUNTY RESPONSE: Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.
41. Standard 4.17 ALS EQUIPMENT: Monitor drug and equipment requirements and make changes as needed.
42. Standard 4.18 COMPLIANCE: Evaluate and improve compliance with system policies. Develop incentives for providers to comply with policies and standards.
43. Standard 4.19 TRANSPORTATION PLAN: Implement and monitor the requirements of the Transportation Plan and make changes as needed.
44. Standard 4.22 EVALUATION: Continue to monitor performance standards and take corrective action as needed.

#### **FACILITIES & CRITICAL CARE**

45. Standard 5.01 ASSESSMENT OF CAPABILITIES: In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument.
46. Standard 5.02 TRIAGE & TRANSFER PROTOCOLS: Develop prehospital triage and transfer protocols based on medical need and preferred transport.
47. Standard 5.05 MASS CASUALTY MANAGEMENT: Ensure adherence to MCI plan requirements.
48. Standard 5.07 BASE HOSPITAL DESIGNATION: (see 1.17)
49. Standard 5.08 TRAUMA SYSTEM DESIGN: (see 1.07)
50. Standard 5.09 PUBLIC INPUT: Keep the process used for developing a trauma system open to hospital, prehospital and public input.

#### **DATA & SYSTEM EVALUATION**

51. Standard 6.01 QA/QI PROGRAM Continue to participate in the development of statewide standards and indicators for system evaluation. Continue to monitor and amend the QA/QI program

to meet system needs.

52. Standard 6.03 PREHOSPITAL CARE AUDITS: Work with provider agencies to improve data submission.
53. Standard 6.04 MEDICAL DISPATCH: Continue to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions. Integrate dispatch centers into the regional QA/QI program. Evaluate effectiveness of in-house QA/QI programs.
54. Standard 6.05 DATA MANAGEMENT SYSTEM: Work with EMSA to work toward statewide data management system.
55. Standard 6.06 SYSTEM DESIGN EVALUATION: (see 6.01)
56. Standard 6.07 PROVIDER PARTICIPATION: Continue to encourage system provider participation in local QI groups and the regional Quality Liaison Committee.
57. Standard 6.08 REPORTING: At least annually, report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s). Provide more data, statistics, and feedback from QI efforts.
58. Standard 6.09 ALS AUDIT: Conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program, as needed, to meet system needs.

#### **P.I. & E.**

59. Standard 7.01 PUBLIC INFORMATION MATERIALS: In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and appropriate utilization of the 911 system.
60. Standard 7.02 INJURY CONTROL: Coordinate the development and promotion of injury control education programs and programs targeted toward the general public and high risk groups with providers, hospitals and other organizations.

#### **DISASTER MEDICAL RESPONSE**

61. Standard 8.01 DISASTER MEDICAL PLANNING: Continue to work with member county OES coordinators and local medical/health providers to incorporate the EOC Medical/Health Branch Manual into local plans.
62. Standard 8.08 INVENTORY OF RESOURCES: Annually update the Disaster Medical Resources Directory.

63. **Standard 8.13 DISASTER MEDICAL TRAINING: Ensure an adequate number of Field, Hospital and Dispatch MCI courses are made available.**

64. **Standard 8.14 HOSPITAL PLANS: Continue to work with Hospital Council and local hospitals to implement HEICS. Ensure that at least one inter-agency disaster drill is conducted in each member county.**

**EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY**

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone Five

**Name of Current Provider(s):**

Del Puerto Health Care District has provided EMT-P level emergency ground ambulance services from 1978 to the present.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and staffed at the EMT-1 level. In 1978, their medical scope of practice changed to EMT-P. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the EMT-P level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the EMT-P level which has continued to the present.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone One

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is American Medical Response, Inc. 911 Emergency Medical Services, Inc provided emergency ambulance services without interruption from 1958 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

**Area or subarea (Zone) Geographic Description:** See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, that agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone Three

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is American Medical Response Inc. 911 Emergency Medical Services, Inc., provided emergency ambulance services without interruption from 1972 through 1994. American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger in 1994 which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone C

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is Hughson Paramedic Ambulance Services Company, Inc. This provider has provided emergency ambulance services without interruption since 1990.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus county at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone Four

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Oak Valley Hospital District. was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone Eight

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is American Medical Response (AMR). Turlock Ambulance Service, Inc (TAS). provided services without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995, through the present.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone Six

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is Oak Valley District Hospital. Waterford Community Ambulance began providing emergency ambulance services in 1962, and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance..

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Waterford Community Ambulance. was "Grandfathered" into Zone Six as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Waterford Community Ambulance has provided Advanced Life Support ambulance services from 1979 to the present. Pursuant to an agreement between Waterford Community Ambulance and Oak Valley District Hospital, ALS ambulance services have been provided pursuant to an ambulance provider agreement between Oak Valley District Hospital and the EMS agency since May, 1996.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone A

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is WestSide District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Memorial Hospital Association provided emergency ground ambulance services in Zone A between 1982 and 1985. WestSide District Ambulance became the provider of emergency ground ambulance services in 1985. Zone A will only become an exclusive operating area following a competitive bid process.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Stanislaus County

**Area or subarea (Zone) Name or Title:**

Zone B

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is Del Puerto Hospital District. This provider has provided emergency ambulance services without interruption since 1985.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity:**

All emergency ground ambulance and Advanced Life Support ground ambulance requests.

**Method to achieve Exclusivity:**

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. Zone B will only become an exclusive operating area following a competitive bid process.

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Amador County

**Area or subarea (Zone) Name or Title:**

Amador County

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

**Area or subarea (Zone) Geographic Description:**

Entire County - See map attached.

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

The ambulance provider agreement between the LEMSA and American Legion Ambulance Service specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County.

**Type of Exclusivity:**

All emergency ground ambulance services and Advanced Life Support ground ambulance services. "Emergency ground ambulance services" shall mean all services originating in Amador County that require the use of an ambulance, including but not limited to interfacility transfers or scene calls whether Advanced Life Support, Basic Life Support, or Critical Care Transports as defined in the Amador County Ambulance Ordinance. The term "emergency ground ambulance services" is used to differentiate between air and ground ambulance services, and its meaning is equivalent to "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85.

**Method to achieve Exclusivity:**

American Legion Ambulance was "Grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1980s. In November, 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according recent court decisions. These court cases, "Schaefer v. San Bernadino County" and "Redwood Empire v Sonoma County" define "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85, to include all ambulance services.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY**

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Alpine County

**Area or subarea (Zone) Name or Title:**

Alpine County

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.

**Area or subarea (Zone) Geographic Description:**

See map attached.

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

There is no ALS or emergency ambulance service exclusivity in Alpine County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Calaveras County

**Area or subarea (Zone) Name or Title:**

Zone One

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services and Advanced Life Support Services in this zone is Valley Springs Ambulance. This provider has provided emergency ambulance services in this area since January, 1985.

**Area or subarea (Zone) Geographic Description:**

See map of Calaveras County Ambulance Grids.

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

There is no ALS or emergency ambulance service exclusivity in Calaveras County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Calaveras County

**Area or subarea (Zone) Name or Title:**

Zone Two

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services and Advanced Life Support Services in this zone is San Andreas Ambulance. This provider has provided emergency ambulance services in Calaveras County since 1966, but specifically in this area since January, 1985.

**Area or subarea (Zone) Geographic Description:**

See map of Calaveras County Ambulance Grids.

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

There is no ALS or emergency ambulance service exclusivity in Calaveras County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Calaveras County

**Area or subarea (Zone) Name or Title:**

Zones Three & Four

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services and Advanced Life Support Services in this zone is American Medical Response (AMR). AMR purchased Cal-Sierra Ambulance, (taking over their ambulance response zone in 1995), which was configured in its current form in 1990.

**Area or subarea (Zone) Geographic Description:**

See map of Calaveras County Ambulance Grids.

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

There is no ALS or emergency ambulance service exclusivity in Calaveras County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Calaveras County

**Area or subarea (Zone) Name or Title:**

Zone Five

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services and Advanced Life Support Services in this zone is American Legion Ambulance Post 108 (ALA). ALA has responded from Amador County as the first call ambulance to this zone since 1996.

**Area or subarea (Zone) Geographic Description:**

See map of Calaveras County Ambulance Grids

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

There is no ALS or emergency ambulance service exclusivity in Calaveras County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

EXCLUSIVE OPERATING AREAS  
EMS PLAN ZONE SUMMARY

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency - Mariposa County

**Area or subarea (Zone) Name or Title:**

All of Mariposa County

**Name of Current Provider(s):**

The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.

**Area or subarea (Zone) Geographic Description:**

Entire County

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

There is no ALS or emergency ambulance service exclusivity in Mariposa County.

**Type of Exclusivity:**

None

**Method to achieve Exclusivity:**

Not applicable

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



October 29, 2002

Steve Andriese, EMS Administrator  
 Mountain-Valley EMS Agency  
 1101 Standiford Avenue, #D1  
 Modesto, CA 95350

Dear Mr. ~~Andriese~~ *Steve*:

We have completed our reviews of *Mountain-Valley's 1999/2000 and 2000/2001 Emergency Medical Services Plan Updates*, and have found them to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines* with the exception of the Exclusive Operating Areas as described in the letter of October 4, 2002.

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 ensure that specialized population groups know how to access & utilize the EMS system.
1.19 Policies, Procedures, Protocols	Need policies and procedures on triage and patient destination.
1.22 Reporting of Abuse	Need a mechanism for reporting child abuse and suspected SIDS deaths.
2.05 First Responder Training	Need a mechanism for identifying whether each non-transporting EMS first response unit has at least one person trained to administer first aid/CPR.
4.05 Response Time Standards	Need to measure response times from the PSAP to arrival on scene for ambulance and first response vehicles. Alpine County needs further development of response times.
5.02 Triage and Transfer Protocols	Need to develop prehospital triage and transfer protocols which ensure the delivery of patients to appropriate facilities.

- 4.19 Transportation Plan According to additional information provided by the local EMS agency and input from our legal counsel, the current zone six provider, Oak Valley District Hospital, does not qualify for grandfathering under Health and Safety Code 1797.224. According to the information, Waterford Community Ambulance began providing emergency ambulance services in 1962 and ceased operations as an entity in May 1996. Oak Valley District Hospital began providing services following that time. There was an agreement with Waterford Community Ambulance for the purchase of their equipment. Upon review of the agreement, it appears that it was strictly an asset purchase from the prior company for equipment. Although the agreement referred to exclusive operating area rights, an agreement between two parties cannot supercede state law. If the provisions of the Health and Safety Code are not adhered to, the local EMS agency may not enjoy the protection provided under Health and Safety Code Section 1797.6. We would be happy to review any additional information you may have. It is recommended that you modify your ambulance zone form (copy attached).
- 8.01 Disaster Medical Planning Need to develop a catastrophic medical disaster response plan including those involving toxic substances.
- 8.02 Response Plans Need to develop a catastrophic medical disaster response plan including those involving toxic substances.
- 8.03 HazMat Training Need to establish roles and responsibilities for EMS personnel regarding hazardous materials incidents.
- 8.09 DMAT Teams Need to establish and maintain relationships with DMAT teams.

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