

Major Changes in the Merced County EMS System

ADDITIONAL AREAS OF RESPONSIBILITY

During FY 04-05, the EMS Agency assumed administrative responsibility for the Bio-Terrorism Program for the Health Department. With this addition, all disaster preparedness operations fall under the oversight of the EMS Agency including general medical/health emergency operations planning; the Health Resources and Services Administration (HRSA) grant; Bio-Terrorism and Homeland Security grant coordination.

While these additional areas of responsibility have increased the workload, it has allowed us to ensure proper coordination between these preparedness activities and avoid both conflicting protocols and the redundancy that can occur when such activities are not well coordinated.

AIR AMBULANCE OPERATIONAL CHANGES

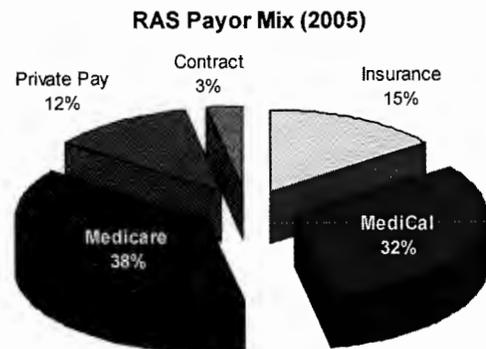
Two of the air ambulance operators serving Merced County changed ownership in the latter part of 2004. In December, 2004, Medi-Flight of Northern California was purchased by Air Methods Corporation. In February, 2005, Medi-Flight moved a helicopter to Merced County, and based that unit at the City of Merced Airport, which has enhanced response times to most of Merced County, including the State Highway 99 corridor, where the majority of their responses/ transports occur.

Air Med Team (AMT), formerly of Doctor's Medical Center, was purchased by Petroleum Helicopters, Inc. in latter 2004, and continues to be stationed in Modesto. AMT serves the County as a back-up / mutual aid provider.

Also worth note, Merced County will issue an RFP for air ambulance service to serve an exclusive operating area (EOA). Medi-Flight is the current EOA provider for the County. The County has chosen to discontinue "grandfathered" exclusive providers, as we did a couple of years ago with the ground ambulance services. Medi-Flight has served the County well and has been an active partner in this EMS system. This move simply reflects the desire of the County to ensure that competition for exclusive privileges occurs periodically. We anticipate the release of the RFP in February, 2006.

OTHER CHANGES OF NOTE

With the continued implementation of the Medicare Fee Schedule, the local ambulance provider finds themselves having to make adjustments to their fee schedule and reducing costs to remain financially stable. The Fee Schedule has had a substantial impact on this area, as the payer mix is one of the worst in the state (see chart this page). Their ability



Major Changes in the Merced County EMS System

to cost-shift those losses is limited to less than 13% of their billable events.

SUMMARY

The Merced County EMS System continues to provide a good quality of service to the citizens and visitors to this county, despite the adverse health care conditions that exist. With the recent opening of the University of California, Merced, we are hopeful that an environment will develop that attracts business to this region and improve the overall economic picture in Merced County. Long-term improvement of the percentage of insured population is critical to improving the quality of health care services delivered to the citizens of Merced County.

EMSA TABLE 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA	X	
1.03 Public Input		X	NA		
1.04 Medical Director		X	X		

Planning Activities

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

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Compliance w/Policies		X	NA		

System Finances

1.16 Funding Mechanism		X			X
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Medical Direction

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

Enhanced Level: Advanced Life Support

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

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26	Trauma System Plan		X	NA	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

1.28	EOA Plan		X	X		
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA		
2.02 Approval of Training		X	NA		
2.03 Personnel		X	NA		

Dispatchers

2.04 Dispatch Training		X	X		
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First Responder (non-transporting)

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

Transporting Personnel

2.08 EMT-1 Training		X	X		
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Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	NM		X

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	NA		

Public Access

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

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

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

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	NA		

Enhanced Level: Ambulance Regulation

4.18 Compliance		X	NA		
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**Enhanced Level:
Exclusive Operating
Permits**

4.19	Transportation Plan		X	NA		
4.20	Grand fathering		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		X
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X	NA		X
5.04 Specialty Care Facilities*		X	NA		
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*	X		NA	X	

Enhanced Level: Advanced Life Support

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

5.08 Trauma System Design		X	NA		
5.09 Public Input		X	NA		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design	X		NA		X
5.11 Emergency Departments	X				X
5.12 Public Inputs		X	NA		

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		NA	NA		X
5.14 Public Input		NA	NA		X

F. DATA COLLECTION/SYSTEM EVALUATION

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

Enhanced Level: Advanced Life Support

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

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	NA		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	NA		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	NM		X
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	NA		
8.08	Inventory of Resources		X	NM		
8.09	DMAT Teams		NA	NA		
8.10	Mutual Aid Agreements*	X		NA		X
8.11	FTS Designation*		X	NA		
8.12	Establishment of FTSs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	NA		

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies		X	NA		

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X	NA		
8.19 EOA/Disasters		X	NA		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Merced County

Reporting Year: 04-05

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:

a. Basic Life Support (BLS) %	<u>0</u>
b. Limited Advanced Life Support (LALS) %	<u>0</u>
c. Advanced Life Support (ALS) %	<u>100</u>
2. Type of agency	
a - Public Health Department	<u>X</u>
b - County Health Services Agency	<u> </u>
c - Other (non-health) County Department	<u> </u>
d - Joint Powers Agency	<u> </u>
e - Private Non-profit Entity	<u> </u>
f - Other: _____	<u> </u>
3. The person responsible for day-to-day activities of EMS agency reports to	
a - Public Health Officer	<u> </u>
b - Health Services Agency Director/Administrator	<u> </u>
c - Board of Directors	<u> </u>
d - Other: <u>Public Health Director</u>	<u>X</u>
4. Indicate the non-required functions which are performed by the agency	
Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u> </u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

Continuing education		<u>X</u>
Personnel training		<u>X</u>
Non-medical disaster planning		<u></u>
Administration of critical incident stress debriefing (CISD) team		<u>X</u>
Administration of disaster medical assistance team (DMAT)		<u></u>
Administration of EMS Fund [Senate Bill (SB) 12/612]		<u></u>
Other: Administration of HRSA Grant Program		<u>X</u>
Other: Administration of Bioterrorism Program		<u>X</u>
Other:		<u></u>
5. EMS agency budget for FY 02-03		
A. EXPENSES		
Salaries and benefits (all but contract personnel)		\$ <u>297,176</u>
Contract Services (e.g. medical director)		\$ <u>19,500</u>
Operations (e.g. copying, postage, facilities)		\$ <u>28,359</u>
Travel		\$ <u>9,580</u>
Fixed assets		\$ <u>0</u>
Indirect expenses (overhead)		\$ <u>0</u>
Ambulance subsidy		\$ <u>0</u>
EMS Fund payments to physicians/hospital		\$ <u>0</u>
Dispatch center operations (non-staff)		\$ <u>0</u>
Training program operations		\$ <u>0</u>
Other:	<u>Insurance</u>	\$ <u>1,888</u>
Other:	<u></u>	\$ <u>0</u>
Other:	<u></u>	\$ <u>0</u>
TOTAL EXPENSES		\$ <u>356,503</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u>0</u>
Preventative Health and Health Services (PHHS) Block Grant	\$ <u>0</u>
Office of Traffic Safety (OTS)	\$ <u>0</u>
State general fund	\$ <u>0</u>
County general fund	\$ <u>161,476</u>
Other local tax funds (e.g., EMS district)	\$ <u>0</u>
County contracts (e.g. multi-county agencies)	\$ <u>0</u>
Certification fees	\$ <u>5,900</u>
Training program approval fees	\$ <u>0</u>
Training program tuition/Average daily attendance funds (ADA)	\$ <u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments	\$ <u>0</u>
Base hospital application fees	\$ <u>0</u>
Base hospital designation fees	\$ <u>0</u>
Trauma center application fees	\$ <u>0</u>
Trauma center designation fees	\$ <u>25,000</u>
Pediatric facility approval fees	\$ <u>0</u>
Pediatric facility designation fees	\$ <u>0</u>

Table 2 - System Organization & Management (cont.)

Other critical care center application fees		\$ <u>0</u>
Type: _____		
Other critical care center designation fees		\$ <u>0</u>
Type: _____		
Ambulance service/vehicle fees		\$ <u>60,000</u>
Contributions		\$ <u>0</u>
EMS Fund (SB 12/612)		\$ <u>89,647</u>
Other grants:		\$ <u>0</u>
Other Fees:	<u>Fines/Forfeits</u>	\$ <u>5,000</u>
Other (specify):	<u>Communications fees</u>	\$ <u>9,480</u>
Other (specify):	_____	\$ <u>0</u>
Other (specify):	_____	\$ <u>0</u>
TOTAL REVENUE \$		\$ <u>356,503</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 04-05

We do not charge any fees

Our fee structure is:

 X

First responder certification	\$ <u> </u> 0
EMS dispatcher certification	\$ <u> </u> 30
EMT-I certification	\$ <u> </u> 30
EMT-I recertification	\$ <u> </u> 30
EMT-defibrillation certification	\$ <u> </u> 0
EMT-defibrillation recertification	\$ <u> </u> 0
EMT-II certification	\$ <u> </u> 0
EMT-II recertification	\$ <u> </u> 0
EMT-P accreditation	\$ <u> </u> 75
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$ <u> </u> 40
MICN/ARN recertification	\$ <u> </u> 40
EMT-I training program approval	\$ <u> </u> 250
EMT-II training program approval	\$ <u> </u> 0
EMT-P training program approval	\$ <u> </u> 0
MICN/ARN training program approval	\$ <u> </u> 0
Base hospital application	\$ <u> </u> 0
Base hospital designation	\$ <u> </u> 0
Trauma center application	\$ <u> </u> 12,500
Trauma center designation	\$ <u> </u> 12,500
Pediatric facility approval	\$ <u> </u> 0
Pediatric facility designation	\$ <u> </u> 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	\$ <u>0</u>
Type: _____	
Other critical care center designation fees	\$ <u>0</u>
Type: _____	
Ambulance service license	\$ <u>Variable*</u>
Ambulance vehicle permits	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 03-04.

* based on County Cost System calculation, (e.g. number of staff hours dedicated to provider oversight and coordination)

Table 2 - System Organization & Management (cont.)
 EMS System: Merced County

Reporting Year: 04-05

EMS System:		FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)	COMMENTS
Reporting Year:	EMS Administrator	1	34.94	52.0%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	1	18.31	52.0%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Specialty Services Operations Nurse	0.7	29.87	52.0%	
Med. Director		0.15	70		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Specialist	1	18.31	52.0%	

Table 2 - System Organization & Management (cont.)

Revision #1 [2/16/95]

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ¹	BENEFITS (% OF SALARY)	COMMENTS
EMS System:					
Reporting Year:	Support Services Analyst	1	30.64	47.9%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other					

¹ Dollar amount includes salary and benefits package

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.

Merced County EMS Agency Organizational Structure

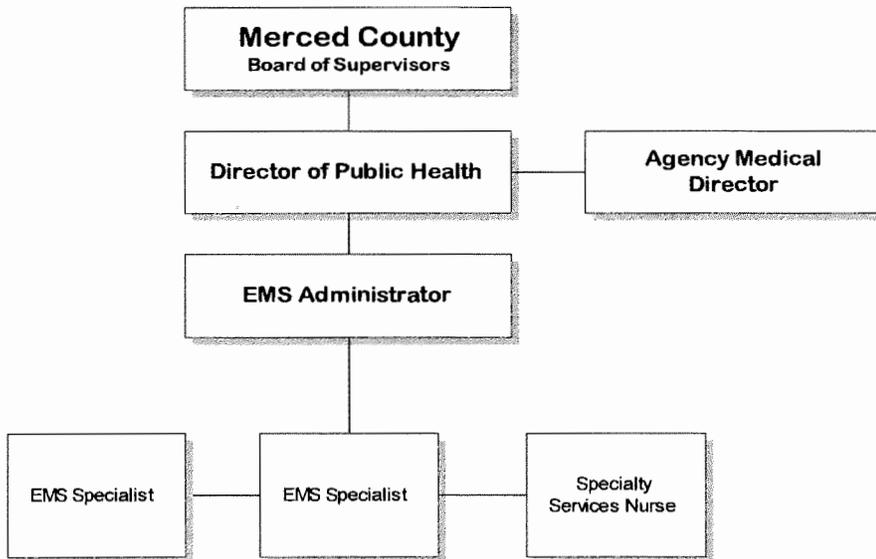


TABLE 3: SYSTEM RESOURCES AND OPERATIONS

EMS System: **Merced**

Reporting Year: **04-05**

NOTE: Table 3 is to be reported by agency.

	EMT-I	EMT-II	EMT-P	MICN	FMS Dispatcher
Total number of certified personnel on June 30th of the reporting year	216	N/A	N/A	N/A	N/A
Number newly certified this year	41	N/A	N/A	N/A	N/A
Number recertified this year	65	N/A	N/A	N/A	N/A
Total number of accredited personnel on June 30th of the reporting year	N/A	N/A	43	30	15
Number of certification reviews resulting in formal investigations (results below):	2		1		
a) pending (State Review)					
b) probations					
c) suspensions			1		
d) revocations	1				
e) denials					
f) denials of renewal					
g) no action taken	1				

1. Number of EMS dispatchers trained to EMSA standards: **15**

2. Early defibrillation:

a) Number of EMT-I (defib) certified: **N/A**

b) Number of public safety (defib) certified (non-emt-I): **N/A**

3. Do you have a first responder training program? Yes No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Merced County

County: Merced

Reporting Year: 04-05

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1 (in county)
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency: Trunked 800 mhz system
 - b. Other methods: MedNet 9 for dispatch, MedNet 8 for hospitals
 - c. Can all medical response units communicate on the same disaster communications system? * Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No

* All medical response units can communicate on the MedNet frequencies. Ambulance Supervisors are able to communicate on the 800 mhz Disaster Communications system.

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

EMS System: Merced County

Reporting Year: 04-05

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>2*</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100%</u>
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>12,153</u>
	b) Number non-emergency responses (Code 1: normal)	<u>3,852</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>8,643</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>3,018</u>

Early Defibrillation Providers

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

Air Ambulance Services

7.	Total number of responses	
	a) Number of emergency responses	<u>1,365</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	
	a) Number of emergency (scene) transports	<u>172</u>
	b) Number of non-emergency transports	<u>0</u>

* 1 ground EOA and 1 air EOA

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

EMS System: Merced County

Reporting Year: 04-05

Note: Table 6 is to be reported by agency.

TRAUMA

Trauma Patients

a) Number of patients meeting trauma triage criteria	<u>301</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>225</u>
c) Number of major trauma patients transferred to a trauma center	<u>76</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>??</u>

EMERGENCY DEPARTMENTS

Total number of emergency departments

a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>2</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>2</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: Merced County

County: Merced

Reporting Year: 04-05

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

SYSTEM RESOURCES

- 1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? At Hospital Campuses
 - b. How are they staffed? Initially by Hosp. – backup from private and public
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No
- 3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
- 4. Hazardous Materials
 - a. Do you have any HazMat trained response teams? Yes No
 - b. At what HazMat level are they trained? Technician
 - c. Do you have the ability to do decontamination in an emergency department? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

Operations

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6
- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No

b. exercise?

Yes No

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 No

6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?

Yes No

7. Are you part of a multi-county EMS system for disaster response?

Yes No

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Health Dept. - Not Applicable**

Yes No

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 04-05

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

Name: <u>Riggs Ambulance Service</u> Address: <u>100 Riggs Ave., Merced, Ca. 95340</u> Telephone: <u>(209) 725-7031</u>						Primary Contact: <u>Mike Harris, VP Operations</u>					
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 _____ 27 BLS _____ EMT-D _____ LALS _____ 38 ALS	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: _____ 18	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>West Side Community Ambulance</u>		Primary Contact: <u>Chuck Coelho</u>	
Address: <u>151 South Highway 33, Newman, Ca. 95360</u>			
Telephone: <u>(209) 862-2951</u>			
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 _____ 10 BLS _____ EMT-D _____ LALS _____ 14 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 type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Healthcare Dist.
			System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Number of ambulances: <u>2</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Medi-Flight (c/o Memorial Medical Center)</u> Address: <u>P.O. Box 942, Modesto, Ca. 95353</u> Telephone: <u>(209) 572-7050</u>						Primary Contact: <u>Frank Erdman</u>					
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>32</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 explain: _____		If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of ambulances: <u>2</u>	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Air Med Team</u>		Address: <u>1441 Florida Ave., Modesto, Ca. 95350</u>		Telephone: <u>(209) 576-3986</u>		Primary Contact: <u>Graham Pierce, Program Manager</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" 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 _____ 32 ALS _____		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>2</u>		

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>SkyLife/ROAM</u>		Address: <u>P.O. Box 4, Clovis, Ca. 93613</u>		Telephone: <u>(559) 346-1025</u>		Primary Contact: <u>Lisa Epps, Program Manager</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" 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 _____ 11 ALS		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 1		

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>CALSTR</u>		Address: <u>590 Cohansey Ave., Gilroy, Ca. 95020</u>		Telephone: <u>(408) 848-2075</u>		Primary Contact: <u>Steve Foster, Program Manager</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" 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 _____ 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 explain: _____	If Public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>1</u>		

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Los Banos City Fire Department</u>		Primary Contact: <u>Tim Marrison, Asst. Chief</u>			
Address: <u>333 7th Street, Los Banos, Ca 93635</u>					
Telephone: <u>(209) 827-7025</u>					
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 (paid only): _____ 1 PS _____ 9 PS-defib _____ 8 BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Merced City Fire Department</u>		Primary Contact: <u>Bryan Donnelly, Battalion Chief</u>			
Address: <u>99 East 16th Street, Merced, Ca. 95340</u>					
Telephone: <u>(209) 385-6891</u>					
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 (paid only): 16 PS 46 PS-defib 27 BLS EMT-D LALS 3 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Merced County Fire</u>		Primary Contact: <u>Pat Kerrigan, Chief</u>			
Address: <u>735 Martin Luther King Jr. Way, Merced, Ca. 95340</u>					
Telephone: <u>(209) 385-7450</u>					
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 (paid only): 19 PS 51 PS-defib 31 BLS EMT-D LALS 1 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: _____ 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 05-Apr

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

Name: <u>Atwater City Fire Department</u>		Primary Contact: <u>Ed Banks, Asst. Chief</u>			
Address: <u>699 Broadway, Atwater, Ca. 95301</u>					
Telephone: <u>(209) 357-6745</u>					
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 (paid only): 12 PS 16 PS-defib 4 BLS EMT-D LALS 0 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of ambulances: <u>0</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Merced County County: Merced Reporting Year: 04-05

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

Training Institution Name Merced College Contact Person Telephone no. JoAnn Wyatt 384-6130
 Address 3600 M Street, Merced CA 95348

Student Eligibility:* Open to the Public EMT-1	Cost of Program Basic <u>\$90.00</u> Refresher <u>\$90.00</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>40</u> Refresher: <u>14</u> Cont. Education: <u>6</u> Expiration Date: <u>06/30/2007</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
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* CE offered concomitantly with primary class

Training Institution Name Merced County EMS Agenc¹ Contact Person Telephone no. Greg Peterson 725-7010
 Address 100 Riggs Avenue

Student Eligibility:* Open to the Public	Cost of Program Basic <u>\$400</u> Refresher <u>\$10 per class</u>	**Program Level <u>EMT-1</u> Number of students completing training per year: Initial: <u>30</u> Refresher: <u>10</u> Cont. Education: <u>5</u> Expiration Date: <u>06/30/2007</u> Number of courses: _____ Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
---------------------------------------------	--------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

1 Course taught by Riggs Ambulance Service under contract with the County of Merced EMS Agency

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 04-05

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

Name: <u>Mercy Medical Center Merced, Community Campus</u>		Primary Contact: <u>Phillip Brown, RN, MICN</u>		
Address: <u>301 East 13th Street Merced, Ca 95340</u>				
Telephone: <u>(209) 385-7201</u>				
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:****

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 04-05

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

Name: <u>Memorial Hospital of Los Banos</u>		Primary Contact: <u>Phyllis Stark, RN</u>		
Address: <u>520 West I Street., Los Banos, Ca. 93635</u>				
Telephone: <u>(209) 826-0591</u>				
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 servic <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Merced County: Merced Reporting Year: 04-05

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

Name: <u>Merced County EMS Communication Center</u>		Primary Contact: <u>Kevin Daniel</u>	
Address: <u>100 Riggs Ave. Merced, Ca. 95340</u>			
Telephone: <u>(209) 725-7011</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 13 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>See below</u>	If Public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> other;

Private Company under contract with County - County rents physical space at center to allow Positron to be located there.

Merced County 2006 EMS Plan Update Response to EMSA Comments

Standard 5.04 – Specialty Care Facilities:

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

CURRENT STATUS:

Such evaluation occurs for trauma patients, both adult and pediatric through the Trauma Audit Committee activity of the agency, in collaboration with MVEMSA. The two receiving hospitals are under contract with the agency, are designated and are included in the CQI process. Issues of care or policy are brought forward to that committee for discussion and resolution. There are no specialty care facilities within Merced County. The Agency will recognize specialty designations made by surrounding EMS systems, as appropriate and necessary. All system participants will participate in the annual EMS Plan review, and shall be queried regarding the need for specialty care facility designation or recognition.

NEED(S):

Periodically review the need for specialty center recognition with the receiving facilities within the County.

OBJECTIVE:

To establish a process for the periodic review regarding the need for specialty care center designations.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Standard 5.06 – Hospital Evacuation:

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

CURRENT STATUS:

Draft evacuation plans have been developed by both hospitals, however they lack adequate specificity regarding transportation and alternate care sites. The EMS Agency will complete its draft evacuation plan prior to June, 2007, outlining the transportation portion of hospital evacuations. Hospital evacuation will become an addendum to the Medical-Health Emergency Operations Plan, once completed.

COORDINATION WITH OTHER EMS AGENCIES:

Has not occurred to date. With a vacant hospital available as an alternate treatment site for the next few years, we anticipate a limited impact on surrounding hospitals. We will coordinate with surrounding systems once the draft evacuation plan is released for stakeholder review.

NEED(S):

See above.

OBJECTIVE:

Complete the hospital evacuation plan in coordination with the hospitals and other stakeholders by June, 2007.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Enhanced Level Standard 1.27, 5.10, and 5.11 – Pediatric Emergency Medical and Critical Care System:

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

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

CURRENT STATUS:

In August, 2003, Merced County entered into an agreement with Children’s Hospital of Central California (CHCC) to receive critical trauma for patients 0 – 14 years of age. CHCC is a designated Level II Pediatric Trauma Center, and participates in the Trauma Audit Committee process.

Both local hospitals have interfacility transfer agreements with CHCC for pediatric patients with specialty care needs, and appropriate referrals occur.

NEED(S):

A comprehensive pediatric emergency medical and critical care system plan was completed at the end of 2001. Most recommendations of that plan have been implemented. Full implementation of a comprehensive pediatric system will require a substantial change in the availability of pediatric services locally, and remains a long-term objective.

OBJECTIVE:

Full implementation of a comprehensive pediatric emergency medical and critical care system plan for Merced County, consistent with the standards promulgated by the Emergency Medical Services for Children project.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

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

CURRENT STATUS:

Prehospital treatment guidelines have been implemented specifically for the treatment of pediatric patients. The Agency has implemented pediatric triage protocols and an agreement with CHCC for receiving critical pediatric trauma patients directly from the field. See Section 1.27.

NEED(S):

Continue working toward full implementation of the EMSC plan.

OBJECTIVE:

Address each of the pediatric recommendations above through completion of the EMSC plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

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

Recommended Guideline

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

CURRENT STATUS:

The EMS Agency has developed criteria and standards for pediatric capability in emergency departments. We have finalized the EMSC Plan for the County which established a voluntary process for recognizing or designating EDAPs or emergency departments with enhanced services. With only two basic EDs in the County, trying to force designation is of limited value. We purchased Broselow Carts for both facilities with funds from the First Five program, and they maintain the supplies in those carts.

NEED(S):

See 5.10 above.

OBJECTIVE:

See 5.10 above.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Standard 8.09 – DMAT Teams:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area. The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

DMATs are now Federal assets – no longer a viable objective. No local DMATs. With very limited assets locally, CalMATs are not a realistic objective for Merced County, however we will follow the progress of their development within the state, and explore opportunities to associate and perhaps contribute in the future.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Standard 8.10 – Mutual Aid Agreements:

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

CURRENT STATUS:

Inter-county medical mutual aid planning is occurring, however, no agreements have been forwarded by the RDMHC. Until the issue of reimbursement gets resolved, there will continue to be resistance to signing medical mutual aid agreements. We have requested a copy of the mutual aid agreement signed by the counties in Region VI as a template for moving this objective forward.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Continue to develop and negotiate mutual aid contracts with surrounding counties. Develop policies and procedures to address provider mutual aid response from outside the County. Continue to monitor and develop, if necessary, standardized procedures to be followed during a multi-casualty incident which require more resources than are immediately available locally.

OBJECTIVE:

Establish agreements and procedure to acquire adequate response resources in the event of significant medical incidents and extraordinary system demand.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Standard 8.16 – Prehospital Agency Plans:

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

Hospitals have developed guidelines for the management of medical incidents. Both local hospitals train all of their management staff in HICS. We will provide funding through the HRSA grant for updated HICS training this year for both hospitals.

All prehospital providers have been trained to ICS 100 level, at a minimum, and bi-annual full scale exercises are conducted by the Office of Emergency Services, in which all providers participate. All providers participate in the annual statewide disaster exercise. We will coordinate with local providers to ensure that all responders are trained to the IS 700 standard, with their management trained to the IS 800 level during this fiscal year.

NEED(S):

Continue to conduct multi-agency disaster drills.

OBJECTIVE:

Conduct periodic multi-agency disaster drills.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

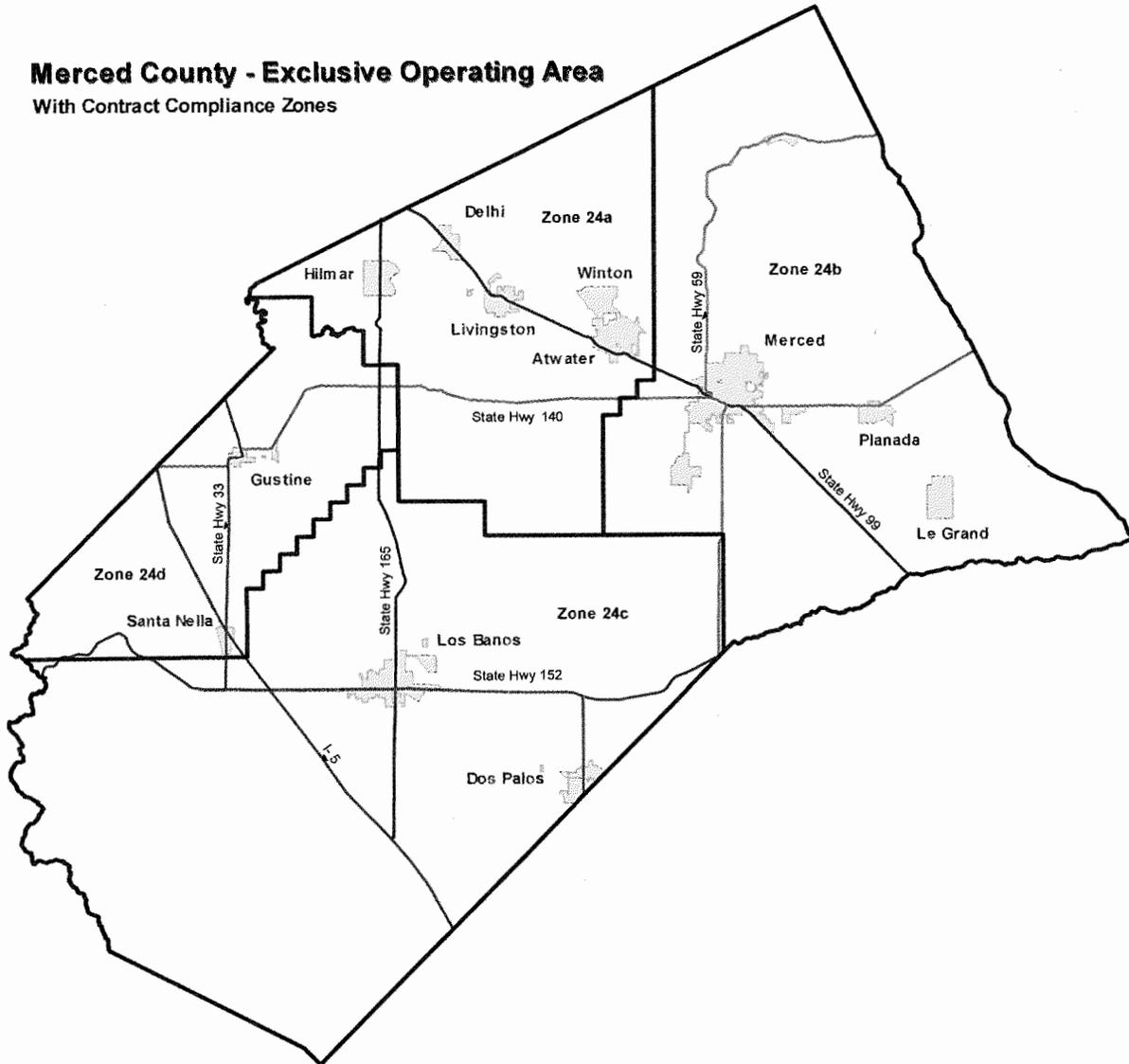
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Merced County</p>
<p>Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Riggs Ambulance Service. Began operations under new County-wide EOA on September 1, 2003. Riggs has served the majority of Merced County since 1948. West Side Ambulance serves their Healthcare District under a sub-contract with Riggs, described on the following page.</p>
<p>Area or subarea (Zone) Geographic Description: The Merced County EOA incorporates all cities and townships of Merced County as well as all unincorporated areas . Sub-zones within the EOA are not separately contracted, but established for the purpose of response time compliance only.*</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – established by Board action at regularly scheduled meeting.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All calls requiring emergency ground ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Competitive Bid process. Request for Proposals document submitted to EMSA with 10/9/02 update. Initial five (5) year contract with two (2), two year extensions possible. An evaluation committee was established by the County’s consultant. This committee was made up of three EMS system experts, two from out of state, that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action.</p>

* The West Side Healthcare District continues to serve their district zone under sub-contract with Riggs Ambulance Service. That arrangement is further described on the following page.

The map below displays the compliance zones within the Merced County EOA. The entire county is a single EOA, with these zones created only for the purpose of grouping individual response time grids together for monthly response time compliance evaluation. The area shaded in light blue is the West Side District Ambulance Service area. Riggs Ambulance Service sub-contracts with West Side to provide service to this area of Merced County, however, Riggs retains responsibility for the sub-contractor's performance. This was a requirement in the RFP and all bidders were required to commit to this sub-contract arrangement.

Merced County - Exclusive Operating Area
With Contract Compliance Zones



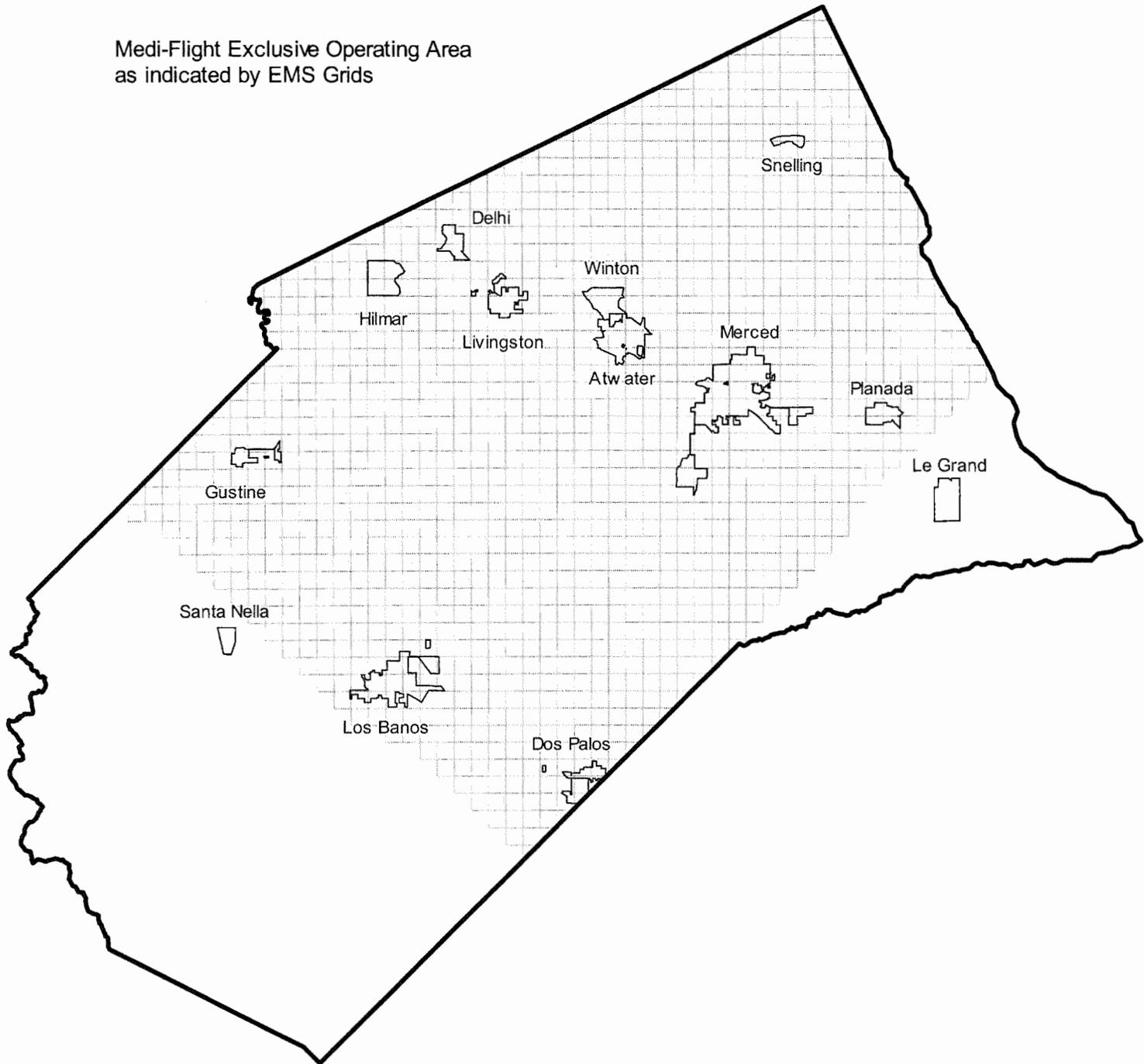
Date: 3/31/06

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Local EMS Agency or County Name: Merced County EMS Agency
Area or Subarea (Zone) Name or Title: Medi-Flight Exclusive Operating Area
Name of Current Provider(s): Medi-Flight – serving the EOA uninterrupted since 1979.
Area or Subarea (Zone) Geographic Description: Please see attached map
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive contract – provided for in County ordinance, enacted through contractual agreement.
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Emergency Air Ambulance – 911 only, non-exclusive for interfacility transfers.
Method to achieve exclusivity, if applicable (HS 1797.224): Grand-father option utilized, as Medi-Flight has exclusively served the EOA in an uninterrupted manner since 1979. It is the intent of the County to put the entirety of Merced County out to bid for exclusive air ambulance operations, with the bid document becoming available by May 1, 2006.

Medi-Flight Exclusive Operating Area
as indicated by EMS Grids



EMERGENCY MEDICAL SERVICES AUTHORITY

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



May 1, 2006

Chuck Baucom
Merced County EMS Agency
260 East 15th Street
Merced, CA 95340

Dear Mr. Baucom:

We have completed our review of *Merced County's 2004/05 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. However, there are some standards that have not been met and updates are needed to show progress. Please provide an updated Assessment Form (enclosed) on the following standards:

Standard 5.04, *Specialty Care Facilities* - The last update (2002/03) stated the standard was not met and there was a long-range plan to "establish a formal process for the designation and evaluation of both receiving and specialty care centers." The current update lists the standard as met. Please provide an Assessment Form briefly explaining how the standard was met.

Standard 5.06, *Hospital Evacuation* - Your 02/03 update stated a draft hospital evacuation plan had been developed and was going through an internal review. Your objective was to finalize the hospital evacuation plan.

Enhanced Level Standard 1.27, 5.10 and 5.11, *Pediatric Emergency Medical and Critical Care System* - While this is an enhanced level standard, the last update (2002/03) listed objectives relating to the implementation of the EMSC Plan.

Standard 8.09, *DMAT Teams* - The objective in the 1999 EMS plan and the 02/03 update was to establish EMS agency involvement with and support of DMAT teams. The current update lists this standard as "not applicable".

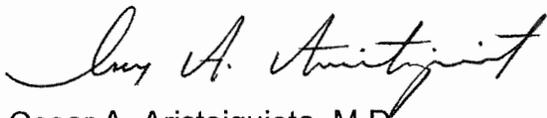
Standard 8.10, *Mutual Aid Agreements* - The long-range objective stated, in the 1999 EMS plan and the 2002/03 update, was "to establish agreements to acquire adequate response resources in the event of significant medical incidents"

Standard 8.16, *Prehospital Agency Plans* - Hospital Emergency Incident Command System (HEICS) has been endorsed as the management strategy for local hospitals. A previous objective stated that Merced planned to continue to pursue HEICS as the hospital EMS command structure in the county and conduct periodic multi-agency disaster drills. The current update lists the standard as met. Please provide an Assessment Form briefly explaining how the standard was met.

Chuck Baucom
May 1, 2006
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Please provide the requested updated Assessment Forms within 30 days. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Cesar A. Aristeiguieta, M.D.
Director

CAA:ss

Enclosure