
EMS PLAN FOR SAN LUIS OBISPO COUNTY

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San Luis Obispo County Public Health Department
2191 Johnson Avenue
San Luis Obispo, CA 93401
805-781-5500

Gregory W. Thomas, M.D., MPH
Public Health Director, Health Officer

San Luis Obispo County
Emergency Medical Services Agency, Inc.
712 Fiero Lane, No. 29
San Luis Obispo, CA 93401
805-546-8728

~~Thomas G. Lynch~~ *Bob Newman*
Executive Director

Thomas Ronay, M.D., FACEP
Medical Director

Lori Peña
Assistant Director



**SAN LUIS OBISPO EMS AGENCY,
EMS PLAN**

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List of Acronyms

ADA -	Average Daily Attendance
ALS -	Advanced Life Support
ARN -	Authorized Registered Nurse (also see MICN)
BLS -	Basic Life Support
CISD -	Critical Incident Stress Debriefing
CCP -	Casualty Collection Point
CPR -	Cardio-Pulmonary Resuscitation
DMAT -	Disaster Medical Assistance Team
DMS -	Disaster Medical Services
EMD -	Emergency Medical Dispatcher
EMS -	Emergency Medical Services
EMSA -	Emergency Medical Services Authority
EMT-I -	Emergency Medical Technician-I
EMT-ID -	EMT-I Defibrillation
EMT-II -	Emergency Medical Technician-II
EMT-P -	Emergency Medical Technician-Paramedic
EOA -	Exclusive Operating Area
FY -	Fiscal Year
H&SC -	Health and Safety Code
HazMat -	Hazardous Materials
ICS -	Incident Command System
ICU -	Intensive Care Unit
JTPA -	Job Training Partnership Act
LALS -	Limited Advanced Life Support
LEMSA -	Local Emergency Medical Services Agency
MCI -	Multi-Casualty Incident
MICN -	Mobile Intensive Care Nurse (also see ARN)
OASIS -	Operational Area Satellite Information System
OES -	Office of Emergency Services

List of Acronyms (cont.)

OTS -	Office of Traffic Safety
PHHS -	Preventive Health and Health Services [Block Grant]
PLN -	Prehospital Liaison Nurse
PSAP -	Public Service Answering Point
QA -	Quality Assurance
QI -	Quality Improvement
RACES -	Radio Amateur Civil Emergency Service
RDMHC-	Regional Disaster Medical/Health Coordinator
SB -	Senate Bill
SEMS -	Standardized Emergency Management System
TNC -	Trauma Nurse Coordinator

Section1: Executive Summary

The EMS Plan for San Luis Obispo County was prepared by the San Luis Obispo County EMS Agency, Inc. to provide a basis for the planning and implementation of the EMS System and to set overall goals for an optimal EMS System. The Plan serves as the county's ten-year update and was developed in compliance with the EMS Authority's EMS System Guidelines.

The San Luis Obispo County EMS Agency is a non-profit, public-benefit corporation serving our community as the centralized and autonomous administrator of the various EMS resources throughout the county. The mission of the EMS Agency is to continuously improve the quality of the emergency medical care system for the people of San Luis Obispo County. The function of the EMS Agency is to assist the local EMS community by providing system guidance and direction through public-comment-driven policy development and a comprehensive quality improvement program. The EMS Agency supports each organization within the EMS community and brings them together to operate as a coordinated EMS System.

The San Luis Obispo County EMS Agency serves a resident population of 260,000 over 3,300 square miles of diverse terrain. Additionally, the county attracts many tourists and travelers passing through on our busy highways. All areas of the county receive ALS services. County-wide resources include 16 first-responder provider organizations with collective totals of 154 ALS and 544 BLS personnel. The resources of the SLO EMS Agency include 1.0 FTE Executive Director, 1.0 FTE Assistant Director, .10 FTE Medical Director, .20 EMS Instructor, and 1.0 FTE Administrative Assistant.

The EMS Plan identifies key areas of service that either do not meet current standards, meet minimum standards, or meet recommended guidelines. The majority of the EMS Plan meets minimum standards; however, three areas fail to meet the current standards due to limited resources to adequately respond to the System needs. Insufficient resources, such as personnel and revenue, are sited throughout the Plan as obstacles to achieving the overall goals for an optimal EMS System.

The EMS Plan consists of six sections which identify resources needed for system development and the establishment of annual and long-range work plans for achieving objectives. Section 2. Assessment of System includes a Summary Table for each standard identified in the EMS System Standards and Guidelines. Each standard is identified whether or not it meets minimum standards or recommended guidelines and if it is included in the Annual Implementation of the Plan or part of the Long-Range Plan. Section 3. System Resources & Operations includes tables, or forms, that describe the resources available within the EMS System, while Section 4. Resource Directories identifies specific resources within the county's EMS System. Section 5. Description of Plan

Development Process specifies each standard, the current status of the standard, if there is coordination with other EMS agencies, the resources needed to maintain or meet the standard, and the timeframe for meeting the objective, such as annual implementation plan or long-range plan. Section 6. Annex contains the subsystem plan, The San Luis Obispo County Trauma Care System Plan, which is approved by the EMS Authority, but not yet implemented.

The EMS Plan is reviewed, updated, and approved by the Board of Directors annually in order to respond to the changing EMS needs and System environment. An up-to-date EMS Plan will assist the EMS Agency in identifying the resources needed in order to maintain and develop the San Luis Obispo County EMS System and to establish annual and long-range work plans for achieving the objectives.

Section 2: Assessment of System

TABLE 1: SUMMARY OF SYSTEM STATUS

A. System Organization and Management

Agency Administration:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X		X	
1.03 Public Input		X		X	
1.04 Medical Director			X		X
Planning Activities:					
1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning*		X		X	
1.08 ALS Planning*		X		X	
1.09 Inventory of Resources		X		X	
1.10 Special Populations			X		X
1.11 System Participants		X		X	
1.12 Review & Monitoring		X		X	
1.13 Coordination		X			X
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/Policies		X		X	

A. System Organization and Management (cont.)

Regulatory Activities:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
1.12 Review & Monitoring		X		X	
1.13 Coordination		X			X
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/Policies		X		X	
System Finance:					
1.16 Funding Mechanism		X		X	
Medical Direction:					
1.17 Medical Direction*		X		X	
1.18 QA / QI			X	X	
1.19 Policies, Procedures, Protocols			X	X	
1.20 DNR Policy		X		X	
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	
Enhanced Level-Advanced Life Support:					
1.24 ALS Systems			X	X	
1.25 On-Line Medical Direction		X			X

A. System Organization and Management (cont.)

Enhanced Level-Trauma Care System:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
1.26 Trauma System Plan		X		X	
Enhanced Level-Pediatric Emergency & Critical Care System:					
1.27 Pediatric System Plan		X			X
Enhanced Level-Exclusive Operating Areas:					
1.28 EOA Plan		X		X	

B. Staffing / Training

Local EMS Agency:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X		X	
2.02 Approval of Training		X			X
2.03 Personnel		X		X	
Dispatchers:					
2.04 Dispatch Training			X	X	
First Responders (non-transporting):					
2.05 First Responder Training		X		X	
2.06 Response		X			X
2.07 Medical Control		X		X	
Transporting Personnel:					
2.08 EMT-I Training			X		X
Hospital:					
2.09 CPR Training		X			X
2.10 Advanced Life Support			X		X
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			X
2.13 Base Hospital Personnel		X			X

C. Communications

Communications Equipment:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*			X	X	
3.02 Radios			X		X
3.03 Interfacility Transfer*		X		X	
3.04 Dispatch Center		X			X
3.05 Hospitals			X		X
3.06 MCI/Disasters		X			X
Public Access:					
3.07 9-1-1 Planning / Coordination			X		X
3.08 9-1-1 Public Education		X			X
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 guideline	Annual Implementation	Long-range Plan
4.01 Service Area Boundaries*			X	X	
4.02 Monitoring			X	X	
4.03 Classifying Medical Requests			X	X	
4.04 Prescheduled Responses		X			X
4.05 Response Time Standards*		X		X	
4.06 Staffing		X		X	
4.07 First Responder Agencies		X			X
4.08 Medical & Rescue Aircraft*			X	X	
4.09 Air Dispatch Center		X		X	
4.10 Aircraft Availability*			X	X	
4.11 Specialty Vehicles*	X				X
4.12 Disaster Response		X		X	
4.13 Intercounty Response*		X			X
4.14 Incident Command System		X		X	
4.15 MCI Plans		X		X	
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing			X	X	
4.17 ALS Equipment		X		X	

D. Response / Transportation (cont.)

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
4.18 Compliance		X		X	
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X		X	
4.20 Grandfathering		X		X	
4.21 Compliance		X		X	
4.22 Evaluation		X		X	

E. Facilities / Critical Care

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

F. Data Collection / System Evaluation

Universal Level:	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Annual Implementation	Long-range Plan
6.01 QA/QI Program		X			X
6.02 Prehospital Records		X		X	
6.03 Prehospital Care Audits		X		X	
6.04 Medical Dispatch			X	X	
6.05 Data Management System*			X	X	
6.06 System Design Evaluation			X	X	
6.07 Provider Participation		X		X	
6.08 Reporting		X		X	
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X		X	
6.10 Trauma System Evaluation		X		X	
6.11 Trauma Center Data		X		X	

G. Public Information and Education

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

H. Disaster Medical Response (cont.)

Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X		X	
Enhanced Level: Exclusive Operating Areas/Amb. Regulation:					
8.19 Waiving Exclusivity			X	X	

Section 5. Description of Plan Development Process

APPENDIX 1: SYSTEM ASSESSMENT FORM

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

STANDARD: 1.01 LEMSA Structure

CURRENT STATUS: The San Luis Obispo County Health Department (County) is the local EMS Agency. The Health Department retains the ultimate responsibility for EMS system management, including establishing exclusive operating areas and contracting with ambulance providers. The San Luis Obispo County EMS Agency, Inc. (EMS Agency) is a non-profit, 501 (c) 3, public benefit corporation, that is under contract with the County to provide most of the services of an EMS Agency. The EMS Agency, Inc. has an organizational structure includes reporting to the County Health Officer as the contract monitor and person ultimately responsible for the EMS system activities

COORDINATION WITH OTHER EMS AGENCIES: Routinely coordinate with neighboring LEMSAs and the regional medical health coordinator

NEED(S): Maintenance of LEMSA structure

OBJECTIVES: Monitor EMS Agency structure and change as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.02 LEMSA Mission

CURRENT STATUS: The EMS Agency has well defined Vision and Mission statements

Agency Administration (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Maintain goals of vision statement

OBJECTIVES: Modify the mission and vision statements as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.03 Public Input

CURRENT STATUS: The EMS Agency is a very open organization with a well defined approach to public input that involves appointed members to serve on various functioning committees and the Board of Directors. Appointments to the Board of Directors and its committees are made by various professional associations, city and county governments, including consumer representation. All committees (except QI) and Board of Directors meetings are open to the public in compliance with the Brown Act. The EMSA serves as a conduit for public input; the health department also can receive input and funnels it to the EMSA.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued review of the process under the quality improvement policy and guidelines

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.04 Medical Director

CURRENT STATUS: The EMS Agency is fortunate to have a Medical Director who has considerable experience in emergency medicine, including having served as a paramedic.

Agency Administration (cont.)

COORDINATION WITH OTHER EMS AGENCIES: The Medical Director is an active member of the Emergency Medical Directors Association of California (EMDAC).

NEED(S): To continue to have such a proactive Medical Director

OBJECTIVES: To retain the services of the current Medical Director

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Planning Activities

STANDARD: 1.05 System Plan

CURRENT STATUS: This completed document serves as the EMS system plan

COORDINATION WITH OTHER EMS AGENCIES: The EMS Agency works closely with many the agencies both neighboring and distant

NEED(S): Resources to maintain the plan

OBJECTIVES: Utilize the plan to improve the system

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.06 Annual Plan Update

CURRENT STATUS: The annual plan is complete

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to achieve the objectives of the plan

OBJECTIVES: Establish a schedule for reviewing the annual plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.07 Trauma Planning

Planning Activities (cont.)

CURRENT STATUS: The EMS system recently received EMS Authority approval of the newly developed trauma system plan. Implementation is ongoing

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review and modify specific patient destination policies to assure that patients are delivered to appropriate facilities for their condition

OBJECTIVES: Implement the trauma system plan including designation of trauma centers

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.08 ALS Planning

CURRENT STATUS: All sections of the county receive ALS ambulance response; three of the seven incorporated cities also provide ALS fire department first response. The remaining cities and the majority of the county also receive first responder fire department early cardiac defibrillation services. Several of the unincorporated areas of the County also have ALS fire department first responders.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continue to have the resources to provide ALS ambulance response countywide.

OBJECTIVES: Evaluate the need to recommend changing resource allocations to system participants.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.09 Inventory of Resources

Planning Activities (cont.)

CURRENT STATUS: Inventory is maintained and routinely modified as changes occur.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Routine resource updates from service providers.

OBJECTIVES: Assure that updates are routinely transmitted to the EMS Agency.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.10 Special Populations

CURRENT STATUS: Continue to work with the special population community

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional resources for reaching specialized population groups

OBJECTIVES: Identify special population groups and explore the acquisition of the necessary resources to perform the task

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 1.11 System Participants

CURRENT STATUS: While the role of each non-transport system participant is evident, formal agreements and the standards to use as measurements of their performance is lacking. Ambulance providers have very well defined and measurable contractual parameters.

Planning Activities (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Non-transport provider agreements

OBJECTIVES: Develop agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Regulatory Activities

STANDARD: 1.12 Review and Monitoring

CURRENT STATUS: The review and monitoring process is in need of full implementation. The EMS Agency committees are continuing to implement both the local QI policies and State QI regulations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full implementation of the QI policy and plan at all levels

OBJECTIVES: Complete the QI plan implementation

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.13 Coordination.

CURRENT STATUS: The EMS Agency is recognized as the system coordinator and endorsed by all appropriate and affected organizations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to maintain and enhance the role of the EMS Agency

OBJECTIVES: Continue to actively participate in system coordination

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 1.14 Policy and Procedure Manual

Regulatory Activities (cont.)

CURRENT STATUS: The current manual review is ongoing

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue the policy manual review

OBJECTIVES: Develop a fully revised policy manual

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.15 Compliance with Policies

CURRENT STATUS: The established EMS Agency committees monitor and review policies and protocols.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of the QI plan implementation

OBJECTIVES: Continue to meet the community needs while improving the process

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

System Finances

STANDARD: 1.16 Funding Mechanism

CURRENT STATUS: The EMS Agency is a 501(c)3 non-profit, public benefit corporation, that relies on a variety of funding sources. The EMS Agency also receives its share of the EMS Fund through a contract with the County.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued stable funding to provide the necessary services

OBJECTIVES: Maintain current funding levels and explore additional funding sources

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Medical Direction

STANDARD: 1.17 Medical Direction

CURRENT STATUS: The system has determined that a sufficient number of Base Hospitals exist

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Maintenance of the current medical control system

OBJECTIVES: Continue to monitor the existing system and make changes as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.18 QI/QA

CURRENT STATUS: The QI plan is a provider-based approach that identifies levels of involvement of participants including, thresholds for involving the EMS Agency in problem resolution or investigations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full implementation of the QI plan

OBJECTIVES: Implement the QI plan and revise as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.19 Policies, Procedures, Protocols

Medical Direction (cont.)

CURRENT STATUS: All EMS policies and protocols are reviewed on an ongoing basis

COORDINATION WITH OTHER EMS AGENCIES: As needed depending on the policy

NEED(S): Resources to continue the process

OBJECTIVES: Continue the policy review process

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.20 DNR Policy

CURRENT STATUS: There is an EMS Agency DNR policy that utilizes the statewide DNR form as the primary tool while allowing forms such as a durable power of attorney of healthcare.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review and public education

OBJECTIVES: Continue with public education

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.21 Determination of Death

CURRENT STATUS: A current determination of death policy exists

COORDINATION WITH OTHER EMS AGENCIES: N/A

Medical Direction (cont.)

NEED(S): Periodic review

OBJECTIVES: Review as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.22 Reporting of Abuse.

CURRENT STATUS: Compliance with State regulations

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): A method for monitoring compliance with regulations

OBJECTIVES: Address issues as they arise

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.23 Inter facility Transfer.

CURRENT STATUS: A process exists for the dispatch of inter-facility transfers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor the process

OBJECTIVES: Address issues as they arise.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 1.24 ALS Systems

CURRENT STATUS: All ALS providers are approved to operate in the system.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Provider agreements with all ALS providers

OBJECTIVES: Develop provider agreements with non-transport providers

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 1.25 On-Line Medical Control

CURRENT STATUS: Three hospitals serve as designated base hospitals

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Input from system providers regarding the need for a change in the number of base hospitals

OBJECTIVES: Monitor the number and role of base hospitals

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Enhanced Level: Pediatric Emergency Medical And Critical Care System

STANDARD: 1.27 Pediatric System Plan

CURRENT STATUS: All hospitals are designated pediatric care providers under the EDAP guidelines.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor pediatric care system

OBJECTIVES: Monitor need for changes in destination policy

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Enhanced Level: Exclusive Operating Areas

STANDARD: 1.28 EOA Plan

CURRENT STATUS: Provider agreements exist for all EOAs

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Monitoring of compliance with provider agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

B. STAFFING/TRAINING

Local EMS Agency

STANDARD: 2.01 Assessment of Needs.

CURRENT STATUS: The assessment is an ongoing process

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue the review

OBJECTIVES: Determine needs

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 2.02 Approval of Training

CURRENT STATUS: Review of current programs is ongoing

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources for continued monitoring

OBJECTIVES: Continue monitoring programs

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Local EMS Agency (cont.)

STANDARD: 2.03 Personnel

CURRENT STATUS: The QI policy addresses the notification process for unusual occurrences

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review of policies

OBJECTIVES: Change policies as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Dispatchers

STANDARD: 2.04 Dispatcher Training

CURRENT STATUS: Six of the PSAPs in the county have trained their personnel to the EMD level

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Ongoing training resources

OBJECTIVES: Maintain EMD training levels

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

First Responders Non-Transporting

STANDARD: 2.05 First Responder Training

CURRENT STATUS: All fire services self-monitor for compliance with Title 22 regulations, the majority of personnel are trained to the First Responder level at a minimum, and several departments have EMT-I/EMT-D as their minimum standard.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continue to upgrade first responders to EMT-I

OBJECTIVES: Monitor first responder utilization

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 2.06 Response

CURRENT STATUS: All fire departments routinely respond to medical emergencies

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Performance standards and a monitoring process

OBJECTIVES: Continue to utilize fire services as first responders

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 2.07 Medical Control

First Responders Non-Transporting (cont.)

CURRENT STATUS: First responder and EMT protocols exist

COORDINATION WITH OTHER EMS AGENCIES N/A

NEED(S): Resources to monitor and change protocols, as needed

OBJECTIVES: Monitor protocols for possible changes

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Transporting Personnel

STANDARD: 2.08 EMT-I Training

CURRENT STATUS: All ambulances are staffed with at least one paramedic and one EMT-I, often staffed with two paramedics

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need

OBJECTIVES: Monitor training programs

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Hospital

STANDARD: 2.09 CPR Training

CURRENT STATUS: All hospitals require CPR, many require ancillary support personnel to be EMT-I trained, all ED medical and nursing staff personnel are ACLS trained. Virtually all local ED physicians are American College of Emergency Medicine Board certified or eligible.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Continue to monitor hospitals, as needed

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

System Assessment

STANDARD: 2.10 Advanced Life Support

CURRENT STATUS: See 2.09

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor staffing

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Enhanced Level: Advanced Life Support

STANDARD: 2.11 Accreditation Process

CURRENT STATUS: Current policy requires all new paramedics in the system to undergo a pre-accreditation review that includes orientation and testing.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources for continued monitoring

OBJECTIVES: Monitor need for changes

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 2.12 Early Defibrillation

CURRENT STATUS: Early defibrillation policy and treatment protocol exists

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor early defibrillation providers

OBJECTIVES: Change policy and protocol as needed

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Enhanced Level: Advanced Life Support (cont.)

STANDARD: 2.13 Base hospital personnel.

CURRENT STATUS: MICNs and Base physicians receive an orientation on system policies at their facilities.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Review training needs if problems surface

OBJECTIVES: Monitor orientation programs

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

C. COMMUNICATIONS

Communications Equipment

STANDARD: 3.01 Communications Plan

CURRENT STATUS: A county-wide EMS communications review recently occurred. The EMS Agency is an active participant in this process.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued support from ancillary agencies

OBJECTIVES: Continue to monitor the plan for possible revisions

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 3.02 Radios

CURRENT STATUS: All units appropriately equipped for inter-operability between fire and ambulance providers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue to monitor the plan for possible changes

OBJECTIVES: Continue to monitor the communications plan implementation

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Communications Equipment (cont.)

STANDARD: 3.03 Interfacility Transfer

CURRENT STATUS: All units are radio and cell phone communications capable

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor, maintain, and improve the system

OBJECTIVES: Monitor status

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 3.04 Dispatch Center

CURRENT STATUS: Geography prohibits 100% radio coverage.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue to monitor the plan for possible changes

OBJECTIVES: Continue to monitor the communications system

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 3.05 Hospitals

CURRENT STATUS: All hospitals have radio communication capabilities

Communications Equipment (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue to monitor the status

OBJECTIVES: Monitor plan utilization and revise, as needed

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 3.06 MCI/Disasters

CURRENT STATUS: See 3.01

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See 3.01

OBJECTIVES: See 3.01

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Public Access

STANDARD: 3.07 911 Planning/Coordination

CURRENT STATUS: All PSAPS have enhanced 911

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Emergency Medical Dispatch at all PSAPs

OBJECTIVES: Continue to encourage all PSAPs to adopt EMD

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 3.08 911 Public Education

CURRENT STATUS: Public education classes on the EMS system are provided upon request

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to provide more public education

OBJECTIVES: Monitor the need for education

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Public Access (cont.)

STANDARD: 3.09 Dispatch Triage

CURRENT STATUS: EMD is in place at the County designated ambulance dispatch center

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued cooperation of PSAPs in implementing countywide EMD

OBJECTIVES: Implement EMD program countywide

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 3.10 Integrated Dispatch

CURRENT STATUS: All ambulances are dispatch by a single PSAP

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): All areas of the county are covered

OBJECTIVES: Monitor need to re-deploy units

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

D. RESPONSE/TRANSPORTATION

Universal Level

STANDARD: 4.01 Service Area Boundaries

CURRENT STATUS: County ordinance establishes EOAs

COORDINATION WITH OTHER EMS AGENCIES: Border area responses are reviewed with neighboring EMS Agencies, as needed

NEED(S): Resources to monitor cross border responses

OBJECTIVES: Monitor provider and neighboring county compliance with agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.02 Monitoring

CURRENT STATUS: Provider agreements exist

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Monitor provider agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Universal Level (cont.)

STANDARD: 4.03 Classifying Medical Responses

CURRENT STATUS: Calls are classified by three categories depending upon the requests

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to continue the EMD program at existing levels to ensure appropriate responses

OBJECTIVES: Maintain EMD utilizing state guidelines and encourage 100% PSAP participation in the EMD program

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.04 Prescheduled Responses

CURRENT STATUS: Prescheduled transfers often result in extra crews being placed on duty to facilitate long-distance transfers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor the impacts of transfers on system

OBJECTIVES: Monitor inter-facility impacts on the EMS system

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 4.05 Response Time Standards

CURRENT STATUS: Maintain locally developed current standard

Universal Level (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Monitor provider compliance with agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.06 Staffing

CURRENT STATUS: All services comply with established standards

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance with agreements

OBJECTIVES: Monitor compliance with staffing and equipment policies

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.07 First Responder Agencies

CURRENT STATUS: All fire departments and industrial teams are active system participants

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Continued cooperation.

Universal Level (cont.)

OBJECTIVES: Continue to establish appropriate agreements

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 4.08 Medical and Rescue Aircraft

CURRENT STATUS: Current standards are established in policy

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor use

OBJECTIVES: Monitor compliance with policies

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.09 Air Dispatch Center

CURRENT STATUS: The Sheriff's Department dispatch center coordinates EMS aircraft

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor the aircraft dispatch centers

OBJECTIVES: Monitor EMS aircraft utilization

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Universal Level (cont.)

STANDARD: 4.10 Aircraft Availability

CURRENT STATUS: The California Highway Patrol ALS helicopter is based in San Luis Obispo County. A private air ambulance is located in neighboring Santa Barbara County

COORDINATION WITH OTHER EMS AGENCIES: Maintain liaison with neighboring counties to monitor EMS aircraft utilization

NEED(S): Maintain a list of available resources

OBJECTIVES: Monitor resource list as part of Operations Committee review of air ambulances

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.11 Specialty Vehicles

CURRENT STATUS: No specific list of specialty resources exists

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to determine availability of specialty vehicles

OBJECTIVES: Complete survey of specialty vehicles

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 4.12 Disaster Responses

Universal Level (cont.)

CURRENT STATUS: The EMS Agency and County OES work closely, both during planning phases and actual disaster operations

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC plan.

NEED(S): Ongoing review of plan

OBJECTIVES: Continue review of resources

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.13 Intercounty Response

CURRENT STATUS: Mutual aid agreements exist with 11 California counties in OES regions I and VI

COORDINATION WITH OTHER EMS AGENCIES: Continue to work with neighboring EMS Agencies and the RDMHC system.

NEED(S): Review agreements, as needed

OBJECTIVES: Work with REGION I RDMHC Counties to monitor the use of agreements

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 4.14 Incident Command System

CURRENT STATUS: A Scene Management policy delineates the use of ICS as the countywide incident management tool

Universal Level (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Monitor policy effectiveness when used

OBJECTIVES: Resources to revise policy, as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.15 MCI Plans

CURRENT STATUS: A countywide MCI plan integrates with SEMS and the statewide plan

COORDINATION WITH OTHER EMS AGENCIES: As prescribed by the RDMHC plan

NEED(S): Revised state and regional plan

OBJECTIVES: Implement revisions, as needed

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 4.16 ALS Staffing

CURRENT STATUS: All ambulances are staffed with at least one paramedic and one EMT

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor need to change standard

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.17 ALS Equipment

CURRENT STATUS: An equipment and supply policy exists

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance with the equipment and supply policy

OBJECTIVES: Monitor the equipment and supply policy

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Ambulance Regulation

STANDARD: 4.18 Compliance

CURRENT STATUS: Ambulance provider agreements exist

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Continue to monitor compliance with provider agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Exclusive Operating Permits

STANDARD: 4.19 Transportation Plan

CURRENT STATUS: The provider agreements address this need

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Monitor provider compliance with plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.20 “Grandfathering”

CURRENT STATUS: All existing providers meet the requirement

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor provider agreements

OBJECTIVES: Monitor provider compliance with agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.21 Compliance

CURRENT STATUS: Monitoring of provider agreements indicates compliance

Enhanced Level: Exclusive Operating Permits (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance

OBJECTIVES: Monitor provider agreements

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 4.22 Evaluation

CURRENT STATUS: Evaluation of the system is ongoing

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to maintain ongoing evaluation

OBJECTIVES: Continue to evaluate the system

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

E. FACILITIES/CRITICAL CARE

STANDARD: 5.01 Assessment of Capabilities

CURRENT STATUS: The system relies on the Joint Commission on the Accreditation of Hospitals Organization (JCAHO) review process

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Criteria for evaluation process or acceptance of JCAHO reviews

OBJECTIVES: Monitor compliance with JCAHO standards

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.02 Triage and Transfer Protocols

CURRENT STATUS: Patient destination policies exist. Hospitals have transfer agreements in place

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor the need to assist hospitals

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

E. FACILITIES/CRITICAL CARE (cont.)

STANDARD: 5.03 Transfer Guidelines

CURRENT STATUS: Hospitals have transfer agreements, as needed

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor need to assist hospitals with agreements

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 5.04 Specialty Care Facilities

CURRENT STATUS: The patient destination policy exists and is being modified to include trauma center destination once local trauma centers are designated.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance with the destination policy

OBJECTIVES: Complete the specialty care designation process

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

E. FACILITIES/CRITICAL CARE (cont.)

STANDARD: 5.05 Mass Casualty Management

CURRENT STATUS: A current MCI plan is in place

COORDINATION WITH OTHER EMS AGENCIES: Coordination with the RDMHC process

NEED(S): Resources to conduct an ongoing review of MCI plan

OBJECTIVES: Conduct a review of the MCI plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.06 Hospital Evacuation

CURRENT STATUS: Regional plan supports this process

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process

NEED(S): Local and regional resources to evacuate hospital facilities.

OBJECTIVES: Maintain participation in regional plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 5.07 Base Hospital Designation

CURRENT STATUS: The only three hospitals that want to be base stations are currently designated

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor need for additional base hospitals

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

E. FACILITIES/CRITICAL CARE (cont.)

Enhanced Level: Trauma Care System

STANDARD: 5.08 Trauma System Design

CURRENT STATUS: There are no currently designated trauma centers; however the EMS Authority recently approved the trauma system plan

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to implement the trauma system plan

OBJECTIVES: Implement the trauma system plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.09 Public Input

CURRENT STATUS: All EMS Agency committees have consumer and provider representation and are Brown Act compliant.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs.

OBJECTIVES: Monitor need to add new members to committees.

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Pediatric Emergency Medical And Critical Care System

STANDARD: 5.10 Pediatric System Design

CURRENT STATUS: All EDs are designated to receive pediatric patients

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Review pediatric destinations

TIMEFRAME FOR OBJECTIVES: Long- Range Plan

STANDARD: 5.11 Emergency Departments

CURRENT STATUS: All EDs are EDAP designated

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor need for further evaluation

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 5.12 Public Input

CURRENT STATUS: All committees have representation from all segments of the system including consumers

Enhanced Level: Pediatric Emergency Medical And Critical Care System (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor public input process and modify as needed

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

Enhanced Level: Other Specialty Care Systems

STANDARD: 5.13 Specialty System Design

CURRENT STATUS: Specialty care destination sub-policies are part of the patient destination policy

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to implement the trauma system plan

OBJECTIVES: Complete trauma center designation process

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 5.14 Public Input

CURRENT STATUS: The various committees have consumer and provider representation

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific needs

OBJECTIVES: Monitor need to add additional representatives to appropriate committees

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

F. DATA COLLECTION/SYSTEM EVALUATION

STANDARD: 6.01 QA/QI Program

CURRENT STATUS: The QA/QI plan is ongoing in its implementation and includes all levels of system participants

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): System participation and support

OBJECTIVES: Complete QA/QI plan implementation in light of the new state regulations

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 6.02 Prehospital Records

CURRENT STATUS: All ambulance providers maintain prehospital records and provide the EMS Agency with electronically generated reports

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Update process of computer input

OBJECTIVES: Research and implement a revised PCR input process

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.03 Prehospital Care Audits

F. DATA COLLECTION/SYSTEM EVALUATION (cont.)

CURRENT STATUS: All base hospitals and ambulance providers conduct care audits

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full linkage of records.

OBJECTIVES: Complete computerized data entry and records linkage program

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.04 Medical Dispatch

CURRENT STATUS: Medical dispatch monitoring is part of the QI and EMD policies

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Integrate several non-EMD dispatch centers to achieve 100% EMD call screening

OBJECTIVES: 100% EMD call screening

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.05 Data Management System

CURRENT STATUS: Electronic patient care reports are generated

F. DATA COLLECTION/SYSTEM EVALUATION (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An improved electronic PCR system

OBJECTIVES: Convert from a desktop PC based system to a PDA or tablet based platform for use in the field

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.06 System Design Evaluation

CURRENT STATUS: The data collection system is partially in place and is used as part of the QI process

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Further implementation of the data collection methodology into the QI process

OBJECTIVES: Implement data fully into the QI process system wide

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.07 Provider Participation

CURRENT STATUS: Most system providers, both transporting and non-transporting, participate in the QI and evaluation process

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full participation by providers

F. DATA COLLECTION/SYSTEM EVALUATION (cont.)

OBJECTIVES: Integrate all providers into the plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.08 Reporting

CURRENT STATUS: An annual report is submitted to the County Health Officer who serves as the contract monitor

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to develop reports annually

OBJECTIVES: Create ongoing annual report

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 6.09 ALS Audit

CURRENT STATUS: The QI plan includes patient care and base hospital performance audit criteria

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Full QI policy implementation and data collection methodologies

OBJECTIVES: Implement QI and data collection plans

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.10 Trauma System Evaluation

CURRENT STATUS: The local EMS system does not have any designated trauma centers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to complete trauma center designations and implementation

OBJECTIVES: Continue to implement the trauma system plan

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 6.11 Trauma Center Designation

Enhanced Level: Advanced Life Support (cont.)

CURRENT STATUS: The system does not have any designated trauma centers; however the trauma system plan addresses this need

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to implement the trauma system plan

OBJECTIVES: Designate trauma centers

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

G. PUBLIC INFORMATION AND EDUCATION

STANDARD: 7.01 Public Information Materials

CURRENT STATUS: The EMS Agency participates in public education on a request basis. There is insufficient staff to actively seek public education forums.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional resources to participate in public education in a proactive manner

OBJECTIVES: Determine how best to use the limited resources of the EMS Agency

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 7.02 Injury Control

CURRENT STATUS: The EMS Agency cooperates with existing Health Department injury control programs

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to become more proactive

OBJECTIVES: Evaluate role in injury prevention programs

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

G. PUBLIC INFORMATION AND EDUCATION (cont.)

STANDARD: 7.03 Disaster Preparedness

CURRENT STATUS: The EMS Agency cooperates with existing OES preparedness programs

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to become more proactive

OBJECTIVES: Evaluate role in public disaster preparedness

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

STANDARD: 7.04 First Aid and CPR Training

CURRENT STATUS: The EMS Agency assists in the promotion of CPR and first aid training and is an active EMT training center

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to perform additional public outreach classes

OBJECTIVES: Explore options to increase active role in public training

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

H. DISASTER MEDICAL RESPONSE

STANDARD: 8.01 Disaster Medical Planning

CURRENT STATUS: The EMS Agency is an active participant in disaster response planning with the Diablo Canyon Nuclear Power Plant emergency response plan as the template for the system. A local MCI plan that is integrated with the statewide plan also exists.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional review of response capabilities

OBJECTIVES: Monitor MCI plan utilization

TIMEFRAME FOR OBJECTIVES: Annual Implementation Plan

STANDARD: 8.02 Response Plans

CURRENT STATUS: A current plan exists

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance with the plan

OBJECTIVES: Review and modify the existing plan, as needed

TIMEFRAME FOR OBJECTIVES: Long-Range Plan

H. DISASTER MEDICAL RESPONSE (cont.)

STANDARD: 8.03 HazMat Training

CURRENT STATUS: All ambulance service personnel are trained to the HazMat First Responder Operations level

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Ongoing training

OBJECTIVES: Monitor compliance with training requirements

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.04 Incident Command System

CURRENT STATUS: The system currently utilizes ICS as part of the scene management policy

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to monitor compliance with the scene management policy

OBJECTIVES: Monitor compliance with ICS as part of the scene management policy

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.05 Distribution of Casualties

CURRENT STATUS: The MCI plan addresses patient distribution

H. DISASTER MEDICAL RESPONSE (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Completion of the specialty care destination policy

OBJECTIVES: Monitor the MCI plan for possible changes

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.06 Needs Assessment

CURRENT STATUS: The EMS Agency has a specific assessment checklist for hospitals and ambulance providers and is an active participant in the RDMHC process. The process is tested regularly in conjunction with the Diablo Canyon Nuclear Power Plant drill and in multiple real events.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process

NEED(S): Better communication links, e.g., satellite phones

OBJECTIVES: Continue to explore emerging technologies

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

STANDARD: 8.07 Disaster Communications

CURRENT STATUS: The UHF Medical Channels 2,3 & 4 serve as the local EMS disaster communications channels. Amateur radio operators and cellular phones serve as a backup.

H. DISASTER MEDICAL RESPONSE (cont.)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional radio channels

OBJECTIVES: Develop redundant systems

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

STANDARD: 8.08 Inventory of Resources

CURRENT STATUS: The EMS Agency maintains an EMS resource list

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Periodic review of list

OBJECTIVES: Review list.

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.09 DMAT Teams

CURRENT STATUS: There are no DMAT teams for over 100 miles. The EMS Agency relies on the RDMHC plan to summon teams.

COORDINATION WITH OTHER EMS AGENCIES: Participation in the RDMHC process.

H. DISASTER MEDICAL RESPONSE (cont.)

NEED(S): RDMHC system to function in an emergency

OBJECTIVES: Continue to support the RDMHC process

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.10 Mutual Aid Agreements

CURRENT STATUS: This EMS system has mutual aid agreements as part of the RDMHC plan. In addition, a mutual aid agreement exists with Santa Barbara County and an auto-aid agreement exists with Monterey County.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources to maintain mutual aid agreements

OBJECTIVES: Monitor mutual aid agreements

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.11 CCP Designation

CURRENT STATUS: There are no designated CCPs other than local hospitals

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of the need to establish CCPs

H. DISASTER MEDICAL RESPONSE (cont.)

OBJECTIVES: Determine need for CCP designation

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

STANDARD: 8.12 Establishment of CCPs

CURRENT STATUS: There is no current plan to establish CCPs

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Evaluation of the need to establish CCPs

OBJECTIVES: Determine need for CCPs

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

STANDARD: 8.13 Disaster Medical Training

CURRENT STATUS: EMS personnel are trained on the response plan to nuclear accidents due to the proximity of the power plant, as well as the MCI plan.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Additional training on an annual basis

OBJECTIVES: Evaluate resource availability for additional training

H. DISASTER MEDICAL RESPONSE (cont.)

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

STANDARD: 8.14 Hospital Plans

CURRENT STATUS: Hospital plans are not necessarily integrated into a master plan

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): An integrated plan

OBJECTIVES: Develop an integrated plan

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

STANDARD: 8.15 Interhospital Communications

CURRENT STATUS: The hospitals can communicate by EMS radio and REDDINET

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources for the ongoing training of hospital personnel

OBJECTIVES: Continue to train hospital personnel

TIMEFRAME FOR OBJECTIVE: Long-Range Plan

H. DISASTER MEDICAL RESPONSE (cont.)

STANDARD: 8.16 Prehospital Agency Plans

CURRENT STATUS: EMS Agency plans are integrated with other plans, as needed

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): resources to continue to coordinate plans

OBJECTIVES: Monitor coordination with other plans

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Advanced Life Support

STANDARD: 8.17 ALS Policies

CURRENT STATUS: ALS personnel are permitted to practice at their local scope of practice level

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need

OBJECTIVES: No specific objective

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Specialty Care Systems

STANDARD: 8.18 Specialty Center Roles

CURRENT STATUS: The destination policy addresses patient destination for specific conditions

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Resources for the ongoing implementation of specialty care destination policies, as needed

OBJECTIVES: Evaluate need for addition destination policies

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

STANDARD: 8.19 Waiving Exclusivity

CURRENT STATUS: Provider agreements require the provision of disaster assistance within other areas of the county and the state, as needed.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): No specific need

OBJECTIVES: Assure that provider agreements continue to require mutual aid participation, as assigned

TIMEFRAME FOR OBJECTIVE: Annual Implementation Plan

Resolution Adopting the EMS Plan from the San Luis Obispo County EMS Agency, Inc. Board of Directors

Section 6. Annex

APPENDIX 2. TRAUMA CARE SYSTEM PLAN

Section 3. System Resources and Operations

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

EMS System: San Luis Obispo **Reporting Year:** 2003/2004

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: San Luis Obispo
 - a. Basic Life Support (BLS) _____ %
 - b. Limited Advanced Life Support (LALS) _____ %
 - c. Advanced Life Support (ALS) _____ 100%
2. Type of agency _____ f.
 - 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: County Health Department, contracting with non-profit corporation for certain services
3. The person responsible for day-to-day activities of EMS agency reports to _____ a.
 - a. Public Health Officer
 - b. Health Services Agency Director/Administrator
 - c. Board of Directors
 - d. Other: _____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EMS agency budget for FY 2003/04

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

A. EXPENSES

Salaries and benefits	<u>\$215,649</u>
(all but contract personnel)	
Contract Services	<u>\$ 12,000</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>\$ 24,998</u>
Travel	<u>\$ 2,706</u>
Fixed assets	<u>\$450,000</u>
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: Grant and Office expenses	<u>\$ 53,662</u>
Other: Textbooks, equipment and training supplies	<u>\$ 16,841</u>
Other:	
<u>TOTAL EXPENSES</u>	<u>\$775,856</u>

B. SOURCES OF REVENUE

- Special project grant(s) [from EMSA]
- Preventive Health and Health Services (PHHS) Block Grant

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Office of Traffic Safety (OTS)	
State general fund	
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	<u>\$ 93,374</u>
Certification fees	<u>\$ 5,279</u>
Training program approval fees	<u>\$ 1,000</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Base hospital designation fees	<u>\$ 60,000</u>
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees: Type: _____	
Other critical care center designation fees: Type: _____	
Ambulance service/vehicle fees	
Contributions	
EMS Fund (SB 12/612)	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Other grants: _____	
Other fees: Provider training contract	<u>\$ 30,000</u>
Other: EMT basic and refresher training	<u>\$ 43,105</u>
Other: Paramedic continuing education fees	
Other: Nuclear power plant preparedness	<u>\$ 11,523</u>
Other: Textbook and miscellaneous sales	<u>\$ 4,728</u>
Other: Interest income	<u>\$ 390</u>
<u>TOTAL REVENUE</u>	<u>\$249,129</u>

6. Fee structure for FY 2003/04

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	
EMS dispatcher certification	
EMT-I certification _____	<u>\$100</u>
EMT-I recertification _____	<u>\$100</u>
EMT-defibrillation certification _____	<u>N/A</u>
EMT-defibrillation recertification _____	<u>N/A</u>
EMT-II certification _____	<u>N/A</u>
EMT-II recertification _____	<u>N/A</u>
EMT-P accreditation _____	<u>\$200 initial</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) Certification_____	N/A
MICN/ARN recertification	
EMT-I training program approval_____	\$1,000
EMT-II training program approval_____	N/A
EMT-P training program approval_____	\$2,500
MICN/ARN training program approval_____	N/A
Base hospital application_____	N/A
Base hospital designation_____	\$20,000/year
Trauma center application_____	TBD
Trauma center designation_____	TBD
Pediatric facility approval_____	N/A
Pediatric facility designation_____	N/A
Other critical care center application: Type: _____	
Other critical care center designation: Type: _____	
Ambulance service license_____	N/A
Ambulance vehicle permits_____	N/A
Other: EMT Basic course_____	\$350
Other: EMT refresher course_____	\$175
Other: Paramedic continuing education fee per year	N/A

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2003/04

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.

Category	Actual Title	FTE Positions Only	Top Salary by Hourly Equivalent	Benefits (% of Salary)	Comments
County Health Officer	County Health Officer	1			
EMS Admin./Coord./Dir.	Executive Director	1	\$39.78	30%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	1	\$29.22	30%	
ALS Coord./Field Coord./Trng Coord.	EMS Instructor	0.20	\$20/hour		
Program Coord./Field Liaison (Non-clinical)	N/A				
Trauma Coord.	N/A				
Med. Director	Medical Director	0.10	\$1,500/month		
Other MD/Med. Consult./Trng. Med. Dir.	N/A				
Disaster Med.Planner	N/A				
Dispatch Supervisor	N/A				
Data Evaluator/Analyst	N/A				
QA/QI Coordinator	N/A				
Public Info.& Ed. Coord.	N/A				
Ex. Secretary	N/A				
Other Clerical	Administrative Assistant	1	\$13.50	30%	
Data Entry Clerk	N/A				
Other	N/A				

San Luis Obispo County EMS Agency, Inc. Organizational Chart:

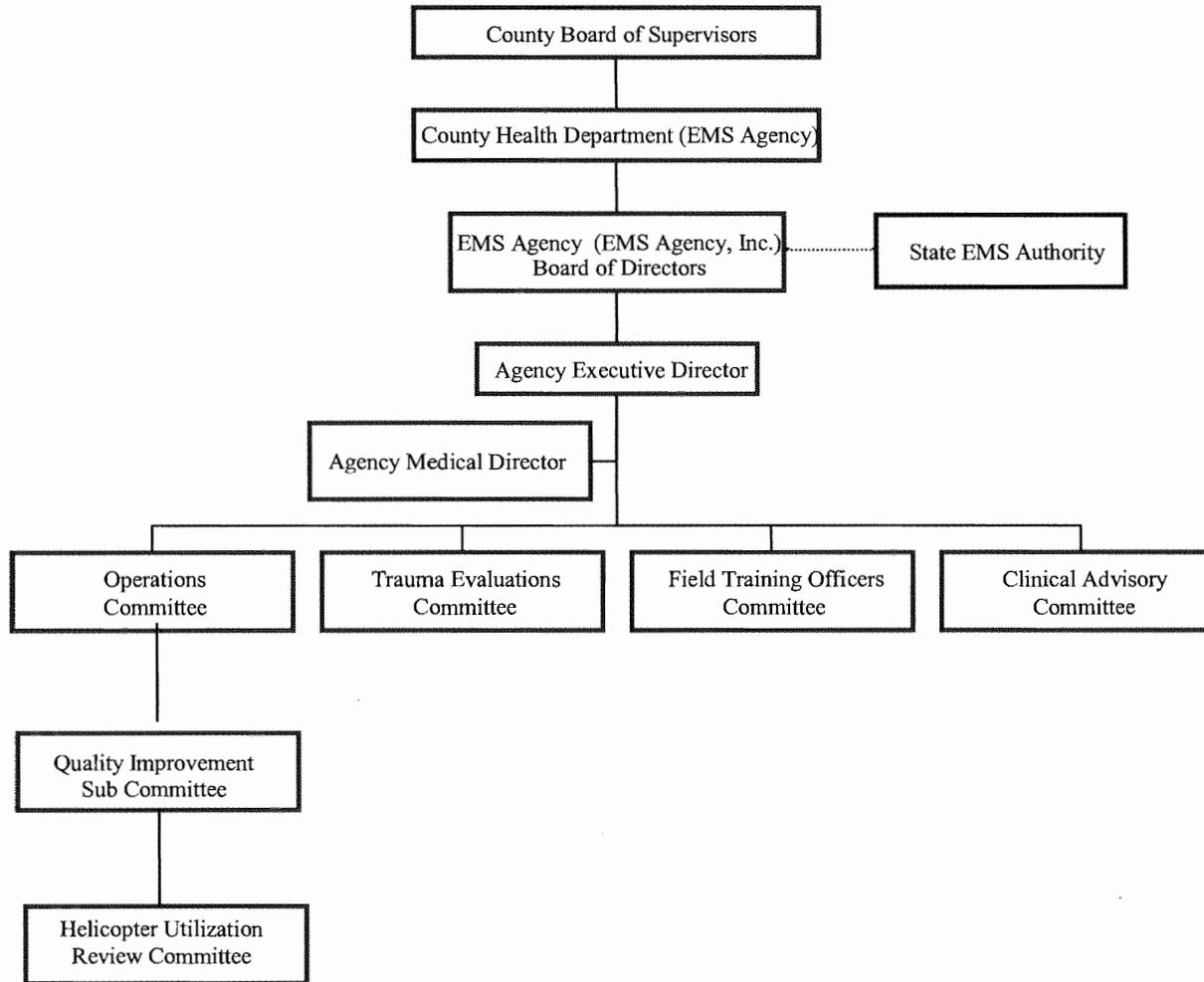


TABLE 3: SYSTEM RESOURCES AND OPERATIONS –Personnel/Training

EMS System: San Luis Obispo

Reporting Year: 2004

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified					
Number of newly certified this year	169			10	
Number of recertified this year	248			14	
Total number of accredited personnel on July 1					
Number of certificate reviews resulting in:					
a) formal investigations	29				
b) probation	20				
c) suspensions	2				
d) revocations	5				
e) denials	2				
f) denials of renewal	0				
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards _____
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified _____
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program? yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS – Communications

EMS System: San Luis Obispo County: San Luis Obispo Reporting Year: 2004
Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 9
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 no
 - a. Radio primary frequency 468.000
 - b. Other methods REDDINET
 - 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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation

EMS System: San Luis Obispo

Reporting Year: 2004

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1. Number of exclusive operating areas	2
	100%
2. Percentage of population covered by Exclusive Operating Areas (EOA)	20,278
3. Total number responses	unk
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren).	unk
b) Number non-emergency responses (Code 1: normal)	14,512 (total)
4. Total number of transports	
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	
b) Number non-emergency transports (Code 1: normal)	7
Early Defibrillation Programs:	0
5. Number of public safety defibrillation programs	15
a) Automated	
b) Manual	140
6. Number of EMT-Defibrillation programs	
a) Automated	not tracked
b) Manual	55
Air Ambulance Services:	not tracked

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation (cont.)

- 7. Total number of responses _____ 140
 - a) Number of emergency responses
 - b) Number of non-emergency responses Not tracked
- 8. Total number of transports
 - a) Number of emergency (scene) responses _____ 55
 - b) Number of non-emergency responses Not tracked

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life responder.				
4. Transport ambulance	10	20	60	

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

EMS System: San Luis Obispo **Reporting Year:** 2004

Note: Table 6 is to be reported by agency.

Trauma:

1. Trauma patients:

- a) Number of patients meeting trauma triage criteria Not tracked at this time
- b) Number of major trauma victims transported directly to a trauma center by ambulance 0
- c) Number of major trauma patients transferred to a trauma center Not tracked at this time
- d) Number of patients meeting triage criteria who weren't treated at a trauma center Not tracked at this time

Emergency Departments:

- 2. Total number of emergency departments 4
 - a) Number of referral emergency services 0
 - b) Number of standby emergency services 1-California Men's Colony
 - c) Number of basic emergency services 4
 - d) Number of comprehensive emergency services 0

Receiving Hospitals:

- 1. Number of receiving hospitals with written agreements 4
- 2. Number of base hospitals with written agreements 3

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Luis Obispo **County:** San Luis Obispo **Reporting Year:** 2004

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? yes [] no [X]
2. CISD

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (cont.)

OPERATIONS

Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes [X] no []

What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7

Have you tested your MCI Plan this year in a:

a. real event? yes [X]no []

b. exercise? yes [X]no []

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

Santa Barbara, Ventura, Los Angeles, Orange, Inyo, Mono, San Bernardino, San Diego, Riverside, Imperial

Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?
yes [] no [X]

Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response?
yes [] no [X]

Are you part of a multi-county EMS system for disaster response? yes [] no [X]

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 [X] no []

Section 4. Resource Directories

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Luis Obispo

County: San Luis Obispo

Reporting Year: 2004

Name, address & telephone: Cambria Community Healthcare District 2535 Main Street, Cambria, CA 93428 (805) 927-8304		Primary Contact: Don Melendy			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS 12 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Healthcare District	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 staffed, 2 backup

Name, address & telephone: San Luis Ambulance Service P.O. Box 954 San Luis Obispo, CA 93406 (805) 543-2626		Primary Contact: Chris Javine			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS 60 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____ Number of ambulances: 9-12 depending on time of day with 7-9 backups depending on time of day

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone:		CALSTAR 3999 Mitchell Road Santa Maria, CA 93455 (800) 252-5050		Primary Contact: Lisa Abeloe	
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>6</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: 1 helicopter

Name, address & telephone:		California Highway Patrol 4990 Wing Way Paso Robles, CA 93446 (805) 239-3553		Primary Contact: Gerry Perez	
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 type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>5</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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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	

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: Arroyo Grande Fire Department P.O. Box 550 Arroyo Grande, CA 93421 (805) 473-5490						Primary Contact: Chief Terry Fibich					
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 _____ 24 BLS _____ 24 EMT-D _____ LALS _____ ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of ambulances: <u>N/A</u>	

Name, address & telephone: Atascadero Fire Department 6005 Lewis Avenue Atascadero, CA 93422 (805) 461-5070						Primary Contact: Chief Kurt Stone					
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 _____ 20 BLS _____ EMT-D _____ LALS _____ 10 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>N/A</u>	

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: Atascadero State Hospital Fire Department Primary Contact: Chief Shane Graham P.O. Box 7001 Atascadero, CA 93423 (805) 461-2501					
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 _____ 12 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 type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

Name, address & telephone: CDF/SLO County Fire Department Primary Contact: Chief Dan Turner 635 N. Santa Rosa St. San Luis Obispo, CA 93405 (805) 543-4244					
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 _____ 225 BLS _____ 225 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 type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: California Men’s Colony P.O. Box 8103 San Luis Obispo, CA 93409 (805) 547-7849		Primary Contact: Chief Joe Soto			
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 _____ 6 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 type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

Name, address & telephone: Cambria Fire Department 2850 Burton Drive Cambria, CA 93428 (805) 927-6240		Primary Contact: Chief Bob Putney			
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 _____ 20 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 type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: Camp Roberts Fire Department Camp Roberts, CA 93451-5000 (805) 238-8220		Primary Contact: Chief Sonny Breland			
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>12</u> BLS <u>12</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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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>N/A</u>

Name, address & telephone: Cayucos Fire Protection District 201 Cayucos Drive Cayucos, CA 93430 (805) 995-3372		Primary Contact: Chief Bill Radke			
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>11</u> BLS <u>11</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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: Grover Beach Fire Department P.O. Box 365, Grover Beach, CA 93483 (805) 473-4590		Primary Contact: Chief Terry Fibich			
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 28 BLS 28 EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

Name, address & telephone: Morro Bay Fire Department 715 Harbor Street Morro Bay, CA 93442 (805) 772-6242		Primary Contact: Chief Mike Pond			
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 _____ EMT-D _____ LALS 7 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: Oceano Community Services District Fire Dept. 1655 Front Street Oceano, CA 93445		Primary Contact: Chief Mike Steinhauser (805) 481-6730			
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 _____ 8 BLS _____ 8 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 type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

Name, address & telephone: Paso Robles Department of Emergency Services (Fire Department) 1000 Spring Street Paso Robles, CA 93446		Primary Contact: Chief Ken Johnson (805) 237-3973			
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 _____ 20 BLS _____ EMT-D _____ LALS _____ 9 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers (cont.)

Name, address & telephone: Pismo Beach Fire Department 760 Mattie Road Pismo Beach, CA 93449 (805) 773-7031		Primary Contact: Chief Dan Turner			
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 _____ 32 BLS _____ 32 EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>N/A</u>

Name, address & telephone: San Luis Obispo City Fire Department 2160 Santa Barbara Street San Luis Obispo, CA 93401-5240 (805) 781-7380		Primary Contact: Chief Wolfgang Knabe			
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 _____ 20 BLS _____ EMT-D _____ LALS _____ 15 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY -- Providers (cont.)

Name, address & telephone: San Miguel Fire District P.O. Box 18 San Miguel, CA 93451 (805) 467-3300			Primary Contact: Chief Roland Snow		
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>10</u> BLS <u>6</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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

Name, address & telephone: Santa Margarita Fire Department P.O. Box 67 Santa Margarita, CA 93453 (805) 438-3185			Primary Contact: Asst. Chief Robert Murach		
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>10</u> BLS <u>6</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 explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

TABLE 8: RESOURCES DIRECTORY – Providers (cont.)

Name, address & telephone: South Bay Fire Department 2315 Bayview Heights Dr. Los Osos CA 93402 (805) 528-1053		Primary Contact: Chief Matt Jenkins			
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 ____ 10 BLS ____ EMT-D ____ LALS ____ 6 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 type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

Name, address & telephone: Templeton Fire District P.O. Box 780 Templeton, CA 93465 (805) 434-4911		Primary Contact: Chief Greg O'Sullivan			
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 ____ 11 BLS ____ 11 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 type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" 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>N/A</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Luis Obispo County **County:** San Luis Obispo **Reporting Year:** 2004
Name Address & Telephone: Cuesta Community **Primary Contact:** Mary Parker, Ed. D., R.N.

<p>Student Eligibility: Open to the Public</p>	<p>Cost of Program: Basic: <u>Curren</u> Refresher: <u>Current State</u> <u>mandated fees</u></p>	<p>Program Level: Emergency Medical Technician - I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:</p>
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TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (cont.)

Name, address & telephone: SLO County EMS Agency 712 Fiero Lane, #29 San Luis Obispo, CA 93401 (805) 546-8728		Primary Contact: Thomas G. Lynch
Student Eligibility: Open to the public	Cost of Program Basic <u>\$350</u> Refresher <u>\$175</u>	Program Level: Emergency Medical Technician - I Number of students completing training per year: Initial training: <u>117</u> Refresher: <u>139</u> Cont. Education: Expiration Date: Number of courses: Initial training: <u>3</u> Refresher: 8 Cont. Education: <u>10</u>

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 2004

Name, address & telephone: Arroyo Grande Community Hospital 345 S. Halcyon Road, Arroyo Grande, CA 93420 (805) 489-4261		Primary Contact: Diane Galazzo, R.N.		
Written Contract <input type="checkbox"/> yes <input checked="" 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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:

Name, address & telephone: California Men's Colony P.O. Box 8101 San Luis Obispo, CA 93409 (805) 547-7900		Primary Contact: Grace Escamilla-Carter, RN		
Written Contract <input type="checkbox"/> yes <input checked="" 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 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 10: RESOURCES DIRECTORY – Facilities (cont.)

Name, address & telephone: French Hospital Medical Center 1911 Johnson Ave. San Luis Obispo, CA 93401 (805) 543-5353		Primary Contact: Shara Smith, R.N.		
Written Contract <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:

Name, address & telephone: Sierra Vista Regional Medical Center 1010 Murray Street San Luis Obispo, CA 93406 (805) 546-7600		Primary Contact: Tauny Sexton, R.N.		
Written Contract <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> yes <input 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 (cont.)

Name, address & telephone: Twin Cities Community Hospital 1100 Las Tablas Road Templeton, CA 93465 (805) 434-3500		Primary Contact: Beth Haberkern, R.N.			
Written Contract <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> yes <input 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:	

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agencies

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 1994

Name, address & telephone: San Luis Obispo County Sheriff's Department P.O. Box 32 San Luis Obispo, CA 93406 (805) 781-4550		Primary Contact: Rhonda Durian		
Written Contract: <input type="checkbox"/> yes <input checked="" 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 type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 20 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 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	Number of ambulances: <u>N/A</u>

**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.

Local EMS Agency or County Name: San Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: South zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance, Inc.
Area or subarea (Zone) Geographic Description: <u>See Attached</u>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive operating area, approved by SLO County Board of Supervisors.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance - ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Awarded in 2000, after an open RFP, by Board of Supervisors.

11 455 IS VN 3:10
NO YOU...
11/11/00

**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.

Local EMS Agency or County Name: San Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: North Coast zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cambria Community Healthcare District
Area or subarea (Zone) Geographic Description: <u>See Attached</u>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive operating area, approved by SLO County Board of Supervisors.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance - ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered in since early 1950's.

Date: 4-24-07

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: San Luis Obispo County EMSA, Inc.</p>
<p>Area or subarea (Zone) Name or Title: North</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: North & Central zones</p>
<p>Statement of Exclusivity, Exclusive or non-exclusive (HS 1797.6) Include intent of local EMS agency and board action. Exclusive operating area, approved by SLO County Board of Supervisors.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc). Emergency Ambulance - ALS</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name and ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>completely-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered in since early 1960's.</p>

Date: 4-24-07

**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.

Local EMS Agency or County Name: San Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: Central Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance, Inc. (since early 1960's)
Area or subarea (Zone) Geographic Description: North & Central zones
Statement of Exclusivity, Exclusive or non-exclusive (HS 1797.6) Include intent of local EMS agency and board action. Exclusive operating area, approved by SLO County Board of Supervisors.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc). Emergency Ambulance - ALS
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name and ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>completely-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered in since early 1960's.

Ambulance Emergency Response Areas of San Luis Obispo County

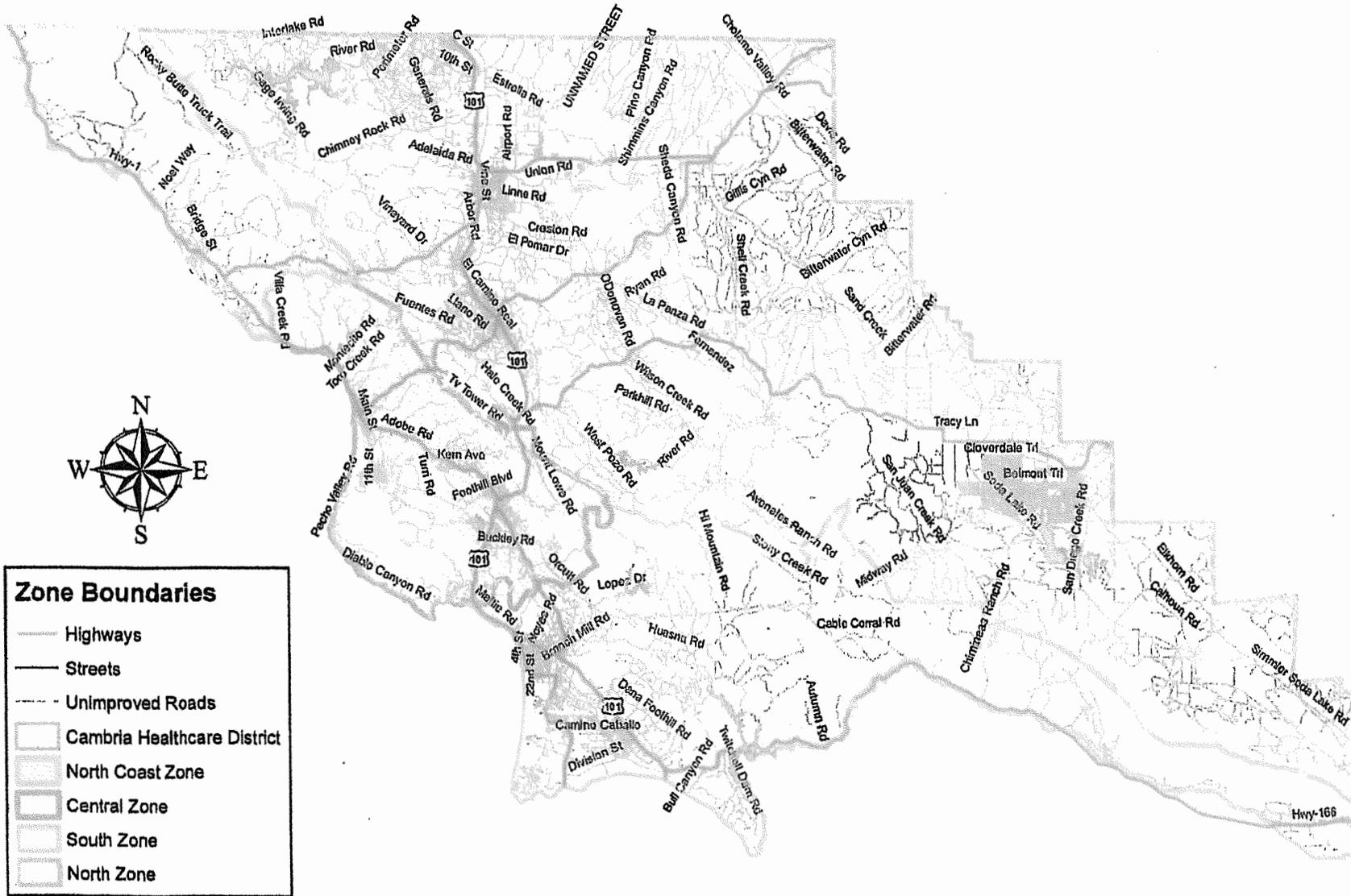


EXHIBIT A

EMERGENCY RESPONSE AREAS OF SAN LUIS OBISPO COUNTY

ZONE DESCRIPTIONS:

The following zone descriptions coincide with the attached maps that delineate the zone boundaries.

NORTH COAST ZONE-(Cambria, San Simeon, Hearst Castle, Harmony, Ragged Point, Rocky Butte Areas)

Generally described as the Northwest Coastal portion of San Luis Obispo County that includes all of the Cambria Health Care District plus additional areas that are best serviced from the coastside area and has the following general boundaries:

West: Pacific Ocean from Monterey County line south to Villa Creek

North: Monterey County line from the Pacific Ocean to Rocky Butte Truck Trail

East: Coastal Ridge from Monterey County line near Rocky Butte Truck Trail, then southeasterly along the main coastal ridge through Rocky Butte repeater site to the intersection of Highway 46 West and Old Creek/Santa Rosa Creek Roads (all Santa Rosa Creek Road addresses are included in the North Coast Zone).

South: From Highway 46 West and Old Creek/Santa Rosa Creek roads intersection, southwesterly to the Pacific Ocean staying just north of Villa Creek Road (all Old Creek Road and Villa Creek Road addresses are included in the Central Zone).

NORTH ZONE- (Paso Robles, San Miguel, Templeton, Atascadero, Shandon, Creston, Santa Margarita, Lake Nacimiento, and Carrisa Plains areas)

Generally described as the "North County" portion of San Luis Obispo County. Including the northeastern and eastern portions of the county and communities of Oak Shores, Heritage Ranch, Lake Nacimiento, Adelaide, San Miguel, Paso Robles, Templeton, Atascadero, Garden Farms, Santa Margarita, Pozo, Creston, Parkhill, Whitley Gardens, Shandon, Carrisa Plains National Monument, and California Valley. The North Zone has the following general boundaries:

NORTH ZONE (Continued)

West: Main coastal ridge boundary (eastern boundary of the North Coast Zone) from the Monterey County line southeasterly through Rocky Butte repeater site, to Highway 46 West and Santa Rosa Creek/Old Creek Road intersection, to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (excludes all of West Cuesta Ridge Road and Tassajera Creek Road).

North: Monterey County Line east of Rocky Butte Road to Kern County line.

East: Kern County Line north of Highway 166 to Kings County line.

South: An extension of the western boundary southeasterly from Highway 101 just north of Cuesta Summit, then to Hi Mountain Peak, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166.

CENTRAL ZONE – (Cayucos, Morro Bay, Cuesta College, Los Osos, San Luis Obispo, Cal Poly, Avila Beach, northern portion of Edna Valley areas)

Generally described as the “Central” or “Mid-County” portion of San Luis Obispo County. Including the areas and communities of Cayucos, Morro Bay, Los Osos, Montana de Oro State Park, Cuesta College, Cal Poly State University, San Luis Obispo, Avila Beach, Port San Luis Obispo, Diablo Canyon, and the portion of the Edna Valley area north of Price Canyon and Tiffany Ranch Road). The Central Zone has the following general boundaries:

West: Pacific Ocean from Villa Creek south to Pirate’s Cove (just north of Shell Beach).

North: Shared boundary with the North Coast Zone from the Pacific Ocean just north of Villa Creek Road then northeasterly to the intersection of Highway 46 West and Santa Rosa/Old Creek Roads.

East: Shared boundary with the North Zone from intersection of Highway 46 West and Santa Rosa/Old Creek Roads, then southeast to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (includes all of West Cuesta Ridge Road and Tassajera Creek Road).

South: Shared boundary with the South Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

SOUTH ZONE – (Shell Beach, Pismo Beach, Grover Beach, Arroyo Grande, Oceano, Nipomo, Lopez Lake, and Cuyama areas)

Generally described as the “South County” of San Luis Obispo County. Including the areas and communities of Shell Beach, Pismo Beach, Grover Beach, Oceano, Arroyo Grande, Nipomo, Corbett Canyon, southern portion of Edna Valley, Huasna, Lopez Lake and canyon, Oceano Dunes OHV area, and that portion of Cuyama in San Luis Obispo County. The South Zone has the following general boundaries:

West: Pacific Ocean from Shell Beach south to the Santa Barbara County line

North: Shared boundary with the Central Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

East: Shared boundary with the North Zone from Hi Mountain Peak area, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166 (including all of Highway 166 and that portion of the Cuyama area in San Luis Obispo County).

South: The Santa Barbara County line from the Pacific Ocean to Kern County line.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



June 22, 2007

Bob Neumann, EMS Administrator
San Luis Obispo County EMS Agency
712 Fiero Lane, #29
San Luis Obispo, CA 93401

Dear Mr. Neumann:

We have completed our review of *San Luis Obispo County's Emergency Medical Services Plan*, dated October 2006, and have found it to be noncompliant with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*. San Luis Obispo County's original EMS Plan was submitted in 1995 and an EMS Plan Update has never been submitted. Upon receiving an incomplete plan on 10/25/06, further information was requested from your agency and wasn't received until 4/24/07. As per Section 1797.254 of the Health and Safety Code, annual updates are due each year after the original plan is approved. The submitted EMS Plan Update lacked the necessary information for EMSA to analyze San Luis Obispo County's activities related to the Standards and Guidelines.

The following specifics may assist you with meeting the requirements of an EMS Plan Update:

- Provide a thorough explanation under "Current Status" on the Assessment Form for each standard. For example:
 - Standard 1.10 - Special Population - your update states, "Continue to work with the special population community." This statement does not explain which groups of the population you are referring to and what specialized services you will be addressing.
 - Standard 2.01 - Assessment of Needs - your update states, "The assessment is an ongoing process." Explain how the personnel and training needs are assessed.
 - Standard 3.01 - Communications Plan - your update states, "A county-wide EMS communications review recently occurred. The EMS agency is an active participant in the process." Please specify the medical communication capabilities of emergency medical transport vehicles, non-transporting ALS responders, and acute care facilities and how your agency coordinates the use of frequencies with other users.
 - Standard 5.06 - Hospital Evacuation - your update states, "Regional plan

Bob Neumann
San Luis Obispo EMS Agency
June 22, 2007

supports this process.” This does not explain how your county met this standard; what are the plans for Field Treatment Sites or can your agency assess bed availability throughout San Luis Obispo County in the event of a hospital evacuation?

- In the “Summary of Changes” a narrative description of any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, needs to be provided.
- The data in Tables 2-11 are for the reporting year 2003/04. Please provide the most current data available that coincides with the plan.
- Throughout your update the timeframe for an objective is the “Annual Implementation Plan.” Please explain and state whether the timeframe for the objective is a short-range or long-range plan.

Please provide the “Summary of Changes” and the Assessment Forms with further explanations of how your agency met the standards to Sandy Salaber by September 1, 2007. To help you understand the information that is required, enclosed is an example of the type of information that is needed to fulfill the requirement for a particular standard. We appreciate the difficulty of a small agency with limited staff to undertake the process of completing an EMS Plan Update. If you need any assistance please call Sandy at (916) 322-4336, extension 423.

Sincerely,



Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

Enclosure