
Emergency Medical Services Plan 2009 Annual Plan Update



San Joaquin County Emergency Medical Services Agency
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Table of Contents

EXECUTIVE SUMMARY	1
SUMMARY OF CHANGES	1
UPDATE TO ASSESSMENT OF SYSTEM	2
Changes Made on Standards	2
SYSTEM RESOURCES AND OPERATIONS	8
Table 2 System Organization and Management	8
San Joaquin County Organizational Charts	14
Table 3 SYSTEM RESOURCES & OPERATIONS - Personnel/Training	15
Table 4: SYSTEM RESOURCES & OPERATIONS - Communications	17
Table 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation	19
Table 6: SYSTEM RESOURCES & OPERATIONS – Facilities/Critical Care	20
Table 7: SYSTEM RESOURCES & OPERATIONS - Disaster Medical	22
Table 8: RESOURCES DIRECTORY - Approved Training Programs	24
Table 9: RESOURCES DIRECTORY - Dispatch Agencies	27
AMBULANCE ZONE SUMMARY FORMS	29

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

As demonstrated in the San Joaquin County 2008 EMS Plan Update, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the recently developed EMSA requirements for EMS Plan updates. Standard and guideline areas that have changed or have been identified as requiring modification in either the short or long term are described herein. Areas targeted for major improvement in this plan update include:

Medical Dispatch: The County continues to move forward in litigation proceedings related to the provision of emergency medical dispatch by an unapproved dispatch provider operating outside of the EMS Agency's medical control.

Trauma System Planning: The Trauma Plan that was previously approved by the EMS Authority shall be revised and submitted for approval. Upon approval, the Trauma Plan will be implemented.

Specialty Care Center Approval: Policies pertaining to the designation and EMS integration of STEMI Centers will be developed. It is anticipated that at least one STEMI Center will be designated in 2010.

SUMMARY OF CHANGES

Rick Jones was hired as an EMS Analyst for the San Joaquin County EMS Agency.

UPDATE TO ASSESSMENT OF SYSTEM

Changes Made on Standards

This section provides a summary of changes to how the San Joaquin County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Trauma Plan previously submitted for approval was not implemented due to various barriers.	Completely rewrite and implement a new Trauma Plan.
1.14	Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A review of all ALS policies and procedures resulted in the development of 8 new policies, major revisions to 16 policies, and need to delete 9 policies. It was noted that these changes requiring the development of an updated pocket-sized ALS Field Treatment Guide.	Complete updates of policies and procedures manual and create a pocket-sized ALS Field Treatment Guide.

1.18	Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The EMS Agency began the development of an EMS Agency QI Plan, using the template provided by the EMSA. A template designed for local providers was also developed to facilitate completion of QI Plans at the provider level.	Submit the San Joaquin County EMS Agency QI Plan to the EMSA.
1.19	Each local EMS agency shall develop written policies, procedures, and/or protocols	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In litigation with the City of Stockton to enforce compliance with local EMS agency policies and procedures.	Enforce compliance with local EMS agency policies and procedures.
1.26	The local EMS agency shall develop a trauma care system plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No progress in 2009	Rewrite the Trauma Plan
2.02	The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clarification on EMS statutes received.	
2.13	All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3.01	The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		While the current plan addresses minimum standards, the communications plan will be modified to include the availability and use of satellites and cellular telephones.
4.13	The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No problems exist with the current practice of inter-county response or continuation of calls. Inter-county ambulance response is addressed in ambulance provider agreements and memorandum of understandings with neighboring counties. Ambulance mutual aid is addressed in ambulance provider agreements and through the Multi-casualty Incident Plan adopted by the 11 member counties of OES Region IV. All ambulance mutual aid is based on fee for service transports unless otherwise specified at the time of the request/response.	

4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are no plans to re-evaluate the benefits of the three grandfathered zones (D, E, and F)	
5.01	The local EMS agency shall periodically assess the EMS related capabilities of acute care facilities in its service area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The EMS Agency has written base and receiving hospital agreements with the seven general acute care hospitals. The EMS related capabilities of these facilities are well established.	
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A pilot program with St. Joseph's Medical Center to assess the efficacy of 12 lead EKG STEMI alerts from the field has been initiated.	EMS will continue the process of updating the county's trauma plan, and begin the process to allow hospitals to apply for designation as a cardiac center of excellence known in California as a STEMI center.
5.08	Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No progress in 2009	Update Trauma Plan to be consistent with current system capability
5.13	Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A pilot program with St. Joseph's Medical Center to assess the efficacy of 12 lead EKG STEMI alerts from the field has been initiated	EMS will continue the process of updating the county's trauma plan, and begin the process to allow hospitals to apply for designation as a cardiac

	<p>a) The number and role of system participants,</p> <p>b) The design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,</p> <p>c) Identification of patients who should be triaged or transferred to a designated center,</p> <p>d) The role of non-designated hospitals including those which are outside of the primary triage area, and</p> <p>e) a plan for monitoring and evaluation of the system.</p>					center of excellence known in California as a STEMI center.
6.1	The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No progress in 2009	Update Trauma Plan to be consistent with current system capability

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SYSTEM RESOURCES AND OPERATIONS

Table 2 System Organization and Management

EMS System: San Joaquin County EMS Agency Reporting Year: 2009

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 Joaquin

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

2. Type of agency B

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

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation or oversight of EMS dispatch center	Yes
Non-medical disaster planning	Assists
Administration of critical incident stress debriefing (CISD) team	No
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes

5. EMS agency budget for FY: 2010-11

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$686,570
Contract Services	\$106,000
EMS Fund payments to physicians/hospital	NR
HPP Grant	\$261,761
EMSystem (OES Region IV)	\$117,617
Other	\$89,252

TOTAL EXPENSES \$1,261,200

B. SOURCES OF REVENUE

Certification fees	\$89,000
Training program approval fees	\$54,000
Ambulance service/vehicle fees	\$272,400
EMS Fund (SB 12/612)	254,658
Other (specify):	
A. HPP Grant	\$358,525
B. County payments for EMSystem	\$117,617
C. RDMHS Grant	\$110,000
D. Forms-Supplies	\$5,000

TOTAL REVENUE \$1,261,200

6. Fee structure for FY 2009

First responder certification	\$30
EMS dispatcher certification	\$30
EMT-I certification	\$50
EMT-I re-certification	\$50
EMT-II certification	n/a
EMT-II re-certification	n/a
EMT-P accreditation	\$250.00
Mobile Intensive Care Nurse (MICN) authorization	\$100
MICN re-authorization	\$100
EMT-I training program approval	\$20,000
EMT-II training program approval	n/a
EMT-P training program approval	\$30,000
MICN training program approval	no fee established
Base hospital application	no fee established
Base hospital designation	no fee established
Trauma center application	no fee established
Trauma center designation	no fee established
Pediatric facility approval	no fee established
Pediatric facility designation	no fee established
Other critical care center application or designation fees	none
Ambulance service permit/license	\$2,000 to \$103,950
Air Ambulance Authorization Fees (unit based in the county)	\$10,000
Air Ambulance Authorization Fees (unit based outside the county)	\$10,000
Documents and copying	actual cost
Other: _____	_____

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CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1FTE	\$54.84	45%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$33.01	45%	
Trauma Coord.	EMS QI/ Trauma Coordinator	1FTE	\$48.56	45%	Vacant/Unfunded
Med. Director	Medical Director	.2FTE	\$125.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE	\$33.01	45%	

Table 2- System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	EMS Analyst	1FTE	\$35.86	45%	
QA/QI Coordinator	See Trauma Coordinator				
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$20.56	45%	
Data Entry Clerk					
Other	Litigation Consultant	.5 FTE	\$50.00	0%	

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.

San Joaquin County Organizational Charts

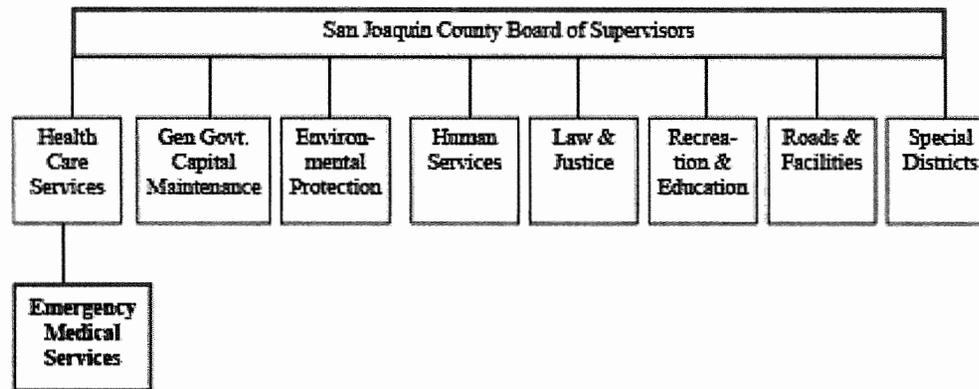
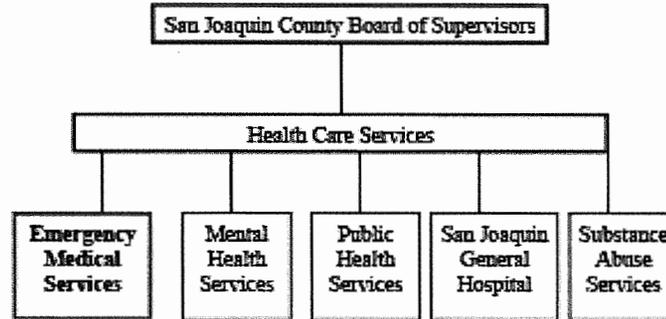


Table 3 SYSTEM RESOURCES & OPERATIONS - Personnel/Training

EMS System: San Joaquin County EMS Agency

Reporting Year: 2009

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	867	0		55	68
Number newly certified this year	107	0		0	0
Number recertified this year	352	0		33	16
Total number of accredited personnel through December 31 of the reporting year			367		
Number of certification reviews resulting in:					
a) formal investigations	27				
b) probation	7				
c) suspensions	0		1		
d) revocations	0				
e) denials	1				
f) denials of renewal	0				
g) no action taken	19				

- | | | |
|----|--|-------------------------------|
| 1. | Number of EMS dispatchers trained to EMSA standards: | Not currently tracked by EMSA |
| 2. | Early Defibrillation: | |
| | a) Number of EMT-I (defib) certified | All EMT-1 |
| | b) Number of public safety (defib) certified (non-EMT-I) | All First Responders |
| 3. | Do you have a first responder training program? | Yes |

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Table 4: SYSTEM RESOURCES & OPERATIONS - Communications

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2009

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

- | | | |
|----|---|---------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 8 |
| 2. | Number of secondary PSAPs | 2 |
| 3. | Number of dispatch centers directly dispatching ambulances | 1 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 1 |
| 5. | Do you have an operational area disaster communication system? | Yes |
| | a. Radio primary frequency | CALCORD |
| | b. Other methods: | |
| | c. Can all medical response units communicate on the same disaster communications system? | Yes |
| | d. Do you participate in OASIS? | No |
| | e. Do you have a plan to utilize RACES as a back-up communication system? | Yes |
| | 1) Within the operational area? | Yes |
| | 2) Between the operational area and the region and/or state? | Yes |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | |
| | <u>Lifecom (AMR) 4701 Stoddard Rd, Modesto, CA 95356-9332</u> | |
| 7. | Who is your primary dispatch agency for a disaster? | |
| | <u>Lifecom (AMR) 4701 Stoddard Rd, Modesto, CA 95356-9332</u> | |

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Table 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation

EMS System: San Joaquin County EMS Agency

Reporting Year: 2009

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers _____

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.		URBAN	SUBURBAN	RURAL	WILDERNESS
1	BLS and CPR first responder	n/a	n/a	n/a	n/a
2.	AED first responder	n/a	n/a	n/a	n/a
3.	ALS responder	n/a	n/a	n/a	n/a
4.	ALS Ambulance	7:29 min	9:29 min	17:29 min	29:29 min

Table 6: SYSTEM RESOURCES & OPERATIONS – Facilities/Critical Care

Trauma¹

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

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

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Table 7: SYSTEM RESOURCES & OPERATIONS - Disaster Medical

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2009

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stockton Metropolitan Airport
 - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Rescue Corp./CALMED, CALMAT, DMAT.
 - c. Do you have a supply system for supporting them for 72 hours? Yes

2. Critical Incident Stress Debriefing (CISD)

Do you have a CISD provider with 24 hour capability? Yes

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Hazmat Specialist & Hazmat Technician
 - c. Do you have the ability to do decontamination in an emergency room? Yes
 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8

3. Have you tested your MCI Plan this year in a:
- a. real event? Yes
 - b. exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo.
-
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes
7. Are you part of a multi-county EMS system for disaster response? Yes
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

Table 8: RESOURCES DIRECTORY - Approved Training Programs

EMS System: San Joaquin County EMS Agency

Reporting Year: 2009

County: San Joaquin

Training Institution Name and Address		Contact Person and Telephone #
San Joaquin Delta Community College 5151 Pacific Avenue, Stockton, CA 95207		Dave Patton, Program Director (209) 461-5550
Student Eligibility: Open	Cost of Program: EMT: \$182.00 plus books	Program Level: Emergency Medical Technician-I Number of Students completing training per year: Initial Training: FR n/a EMT 300 Refresher: n/a 0 Continuing education: n/a n/a Expiration Date: n/a 12/31/09 Number of Courses: Initial training: n/a 7 Refresher: n/a 0 Continuing education n/a n/a

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Table 9: RESOURCES DIRECTORY - Dispatch Agencies

EMS System: San Joaquin County EMS Agency

Reporting Year: 2009

County: San Joaquin

American Medical Response, LIFECOM Dispatch Center (Secondary PSAP) 4701 Stoddard Road, Modesto, CA 95356			Primary Contact: Jared Bagwell, Communications Director (209) 236-8302	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		: Day-to-day : Disaster	Number of personnel providing services: 47 EMD EMT-D ALS BLS LALS Other (public safety)	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	

AMBULANCE ZONE SUMMARY FORMS

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 Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone A
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (16 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Lodi area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All emergency ambulance services (e.g. 911, seven digit, etc)
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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a

recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.

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:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone B</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p style="text-align: center;">American Medical Response (16 Years). Exclusive effective May 1, 2006</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Stockton area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>completive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.</p>

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 Joaquin County EMS Agency
Area or sub area (Zone) Name or Title: Zone C
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. American Medical Response (16 Years). Exclusive effective May 1, 2006
Area or sub area (Zone) Geographic Description: Greater Tracy area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): All emergency ambulance services (e.g. 911, seven digit, etc)
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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. A request for proposals was issued on July 12, 2005. The selection process included an eight member proposal review committee and an independent review by the EMS agency. The Health Care Services Agency made a recommendation to the Board of Supervisors on November 15, 2005. The Board approved the recommendation to negotiate a contract with American Medical Response. The contract, for emergency ambulance service effective May 1, 2006, was for an initial five year period with a possible five year extension.

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:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone D</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p style="text-align: center;">Manteca District Ambulance Services (58 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Manteca and Lathrop areas</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.</p>

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:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone E</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p style="text-align: center;">Ripon Fire Protection District (35 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Ripon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service</p>

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:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or sub area (Zone) Name or Title:</p> <p style="text-align: center;">Zone F</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.</p> <p style="text-align: center;">Escalon Community Ambulance (48 years)</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Escalon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</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 or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



June 22, 2010

Dan Burch
EMS Administrator
San Joaquin County EMS Agency
P.O. Box 220
French Camp, CA 95231

Dear Mr. Burch:

We have completed our review of *San Joaquin County's 2009 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

Standards 1.07, 1.26, 5.08 & Table 6 - Trauma Planning - San Joaquin County does not have an approved Trauma Plan. We agree with your stated objective to completely rewrite and implement a new Trauma Plan. Please continue working towards the submittal of San Joaquin County's Trauma Plan. Once you have an approved Trauma Plan please re-submit Table 6 with your current trauma data.

Your annual update will be due on June 22, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss