

EL DORADO COUNTY  
EMS PLAN UPDATE



December 2010

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.03	Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document	☑	☐	☐	While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and others. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC) which meets monthly. A taskforce was created in 2005 to review and update the County's Trauma Plan. Hospitals, EMS Providers, OES, EMS Agency and Public Health are continually engaged in emergency preparedness activities including: improving hospital surge capacity, EOC operations, pandemic flu planning, mass prophylaxis, and number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts.	Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.
2.07	Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.	☑	☐	☐	El Dorado County has policies, procedures, and protocols in place for non-transporting EMS first responders.	Ensure that all non-transporting EMS first responders operate under local medical direction policies.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.		<input type="checkbox"/>		<p>When disaster strikes, local medical and health resources may be inadequate to meet the demand. The Medical/Health Mutual Aid System is designed to address this issue by facilitating the distribution of regional, state, and/or federal resources to the areas(s) in need. In California the Medical/Health Mutual Aid System is facilitated by grouping counties, referred to as Operational Areas together to form six Mutual Aid Regions. Within a region, if disaster strikes, resources are distributed from the unaffected Operational Areas to the affected one. El Dorado County is part of Region IV. Other counties in Region IV include Alpine, Amador, Calaveras, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne and Yolo. A Medical Health Operational Area Coordinator (MHOAC) has been designed by the County Health Services Director. This individual is responsible in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources with the Operational Area (county).</p>	Develop agreements as required to assure comprehensive mutual aid response coverage and financial responsibilities.



## **APPENDIX 1: System Assessment Form**

### **Agency Administration**

#### **Standard:**

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

#### **Current Status:**

While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and others. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC) which meets monthly. A taskforce representing all stakeholders was created in 2005 to review and update the County's Trauma Plan. Hospitals, EMS providers, OES, EMS Agency and Public Health are continually engaged in emergency preparedness activities including: improving hospital surge capacity, EOC operations, pandemic flu planning, mass prophylaxis, and a number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts.

#### **Coordination with other EMS Agencies:**

Not applicable to this standard.

#### **Need(s):**

Meets Standard. The EMS Agency evaluated the need to re-establish an Emergency Medical Care Committee (EMCC) and has determined that the current Medical Advisory Committee largely fulfills the need to obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedure..

#### **Objective 1.03:**

Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

## **APPENDIX 1: System Assessment Form**

### **Medical Direction**

#### **Standard:**

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

#### **Current Status:**

To assist our EMS providers in complying with the State reporting requirements, we have placed reporting procedures and a copy of the CPS and APS report forms and instructions on the EMS Agency website (<http://www.edcgov.us/ems>). A formal policy has been developed and implemented. A formal mechanism for reporting suspected SIDS deaths has also been implemented.

#### **Coordination with other EMS Agencies:**

Not applicable to this standard

#### **Need(s):**

Meets Standard.

#### **Objective 1.22:**

Maintain policy on child and elder abuse.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

## **APPENDIX 1: System Assessment Form**

### **First Responders (non-transporting)**

#### **Standard:**

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

#### **Current Status:**

The EMS Agency has policies, procedures and protocols in place for non-transporting EMS first responders. These policies, procedures and protocols are approved by the EMS agency medical director.

#### **Coordination with other EMS Agencies:**

Not applicable to this Standard

#### **Need(s):**

Meets Standard.

#### **Objective 2.07:**

Ensure that all non-transporting EMS first responders operate under local medical direction policies.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

**APPENDIX 1: System Assessment Form**

**Response and Transportation**

**Standard:**

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

**Recommended Guideline:**

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

**Current Status:**

The EMS Agency does not currently have intercounty mutual aid agreements, but is a part of the Region IV Mutual Aid System with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties.

**Coordination with other EMS Agencies:**

Coordination with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties is accomplished through the Region IV Mutual Aid System.

**Need(s):**

Meets Standard and Recommended Guideline. The Agency should determine if the need to develop mutual aid agreements with contiguous counties is necessary.

**Objective 4.13:**

Continue to utilize the Region IV Mutual Aid System for mutual aid coverage.

**Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

## **APPENDIX 1: System Assessment Form**

### **Data Collection and System Evaluation**

#### **Standard:**

6.08 The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

#### **Current Status:**

The EMS Agency provides access to our annual EMS Plan update via our website (<http://www.edcgov.us/ems.plan.htm>). All providers and any other interested parties are notified when the update is posted for viewing. Currently the Agency does not report annually to the Board of Supervisors, however we do report on specific EMS issues as requested or required.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 6.08:**

Utilize the annual update of the EMS Plan as the annual report to the Board of Supervisors and other appropriate parties.

#### **Time Frame for Objective:**

Short Range Plan (one year or less)

Long Range Plan (more than one year)

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: EL DORADO COUNTY EMS AGENCY  
 Reporting Year: 07/01/2009 – 06/30/2010

**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: EL DORADO

- |                                         |      |
|-----------------------------------------|------|
| A. Basic Life Support (BLS)             | N/A  |
| B. Limited Advanced Life Support (LALS) | N/A  |
| C. Advanced Life Support (ALS)          | 100% |

2. Type of agency
- a - **Public Health Department**
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-Profit Entity
  - f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to
- a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: Public Health Department Director**

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

Implementation of exclusive operating areas (ambulance franchising)	<u>  X  </u>
Designation of trauma centers/trauma care system planning	<u>  X  </u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>  X  </u>
Enforcement of ambulance service contracts	<u>  X  </u>
Operation of ambulance service	_____

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

Continuing education	<u>  X  </u>
Personnel training	<u>  X  </u>
Operation of oversight of EMS dispatch center	<u>          </u>
Non-medical disaster planning	<u>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>          </u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for 07/01/2009 – 06/30/2010

EXPENSES

Salaries and benefits (All but contract personnel)	\$311,497
Contract Services (e.g. medical director)	0
Operations (e.g. copying, postage, facilities)	\$180,724
Travel	\$2,234
Fixed assets	\$0
Indirect expenses (overhead)	\$26,326
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	\$384,221
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	
Other: _____	<u>          </u>
Other: _____	<u>          </u>

**TOTAL EXPENSES** **\$905,002**

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

SOURCES OF REVENUE

Special project grant(s) from EMSA	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$514,283
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	\$6,498
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	_____
EMS Fund (SB 12/612)	\$384,221.
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$905,002</b>

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

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

Fee structure for FY 07/01/2009 – 06/30/2010

       We do not charge any fees

  X   Our fee structure is:

First responder certification	10.00
EMS dispatcher certification	N/A
EMT-I certification	10.00
EMT-I recertification	10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	10.00
MICN/ARN recertification	10.00
EMT-I training program approval	0
EMT-II training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
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: \_\_\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_ \_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/01/2009 – 06/30/2010.

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting year: 07/01/2009 – 06/30/2010

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$40.38	21.4%	
Asst. Admin. /Admin. Asst. /Admin. Mgr.	N/A				
ALS Coord. /Field Coord. / Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$65.49	1.5%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

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

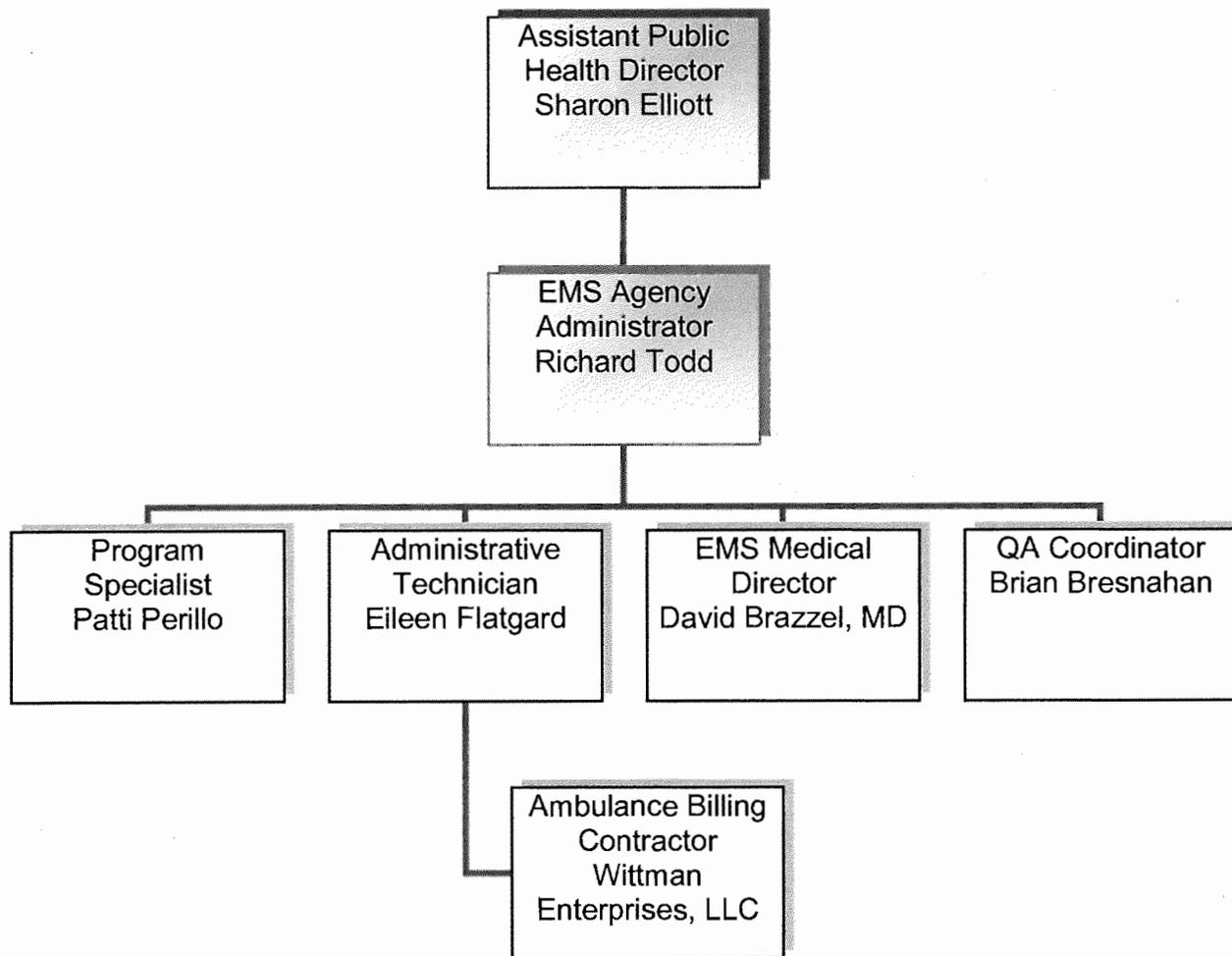
**Table 2 --System Organization & Management (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$23.12	21.4%	
QA/QI Coordinator	QA Coordinator	0.5	\$28.30	1.4%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	Administrative Technician	0.5	\$25.71	49.1%	

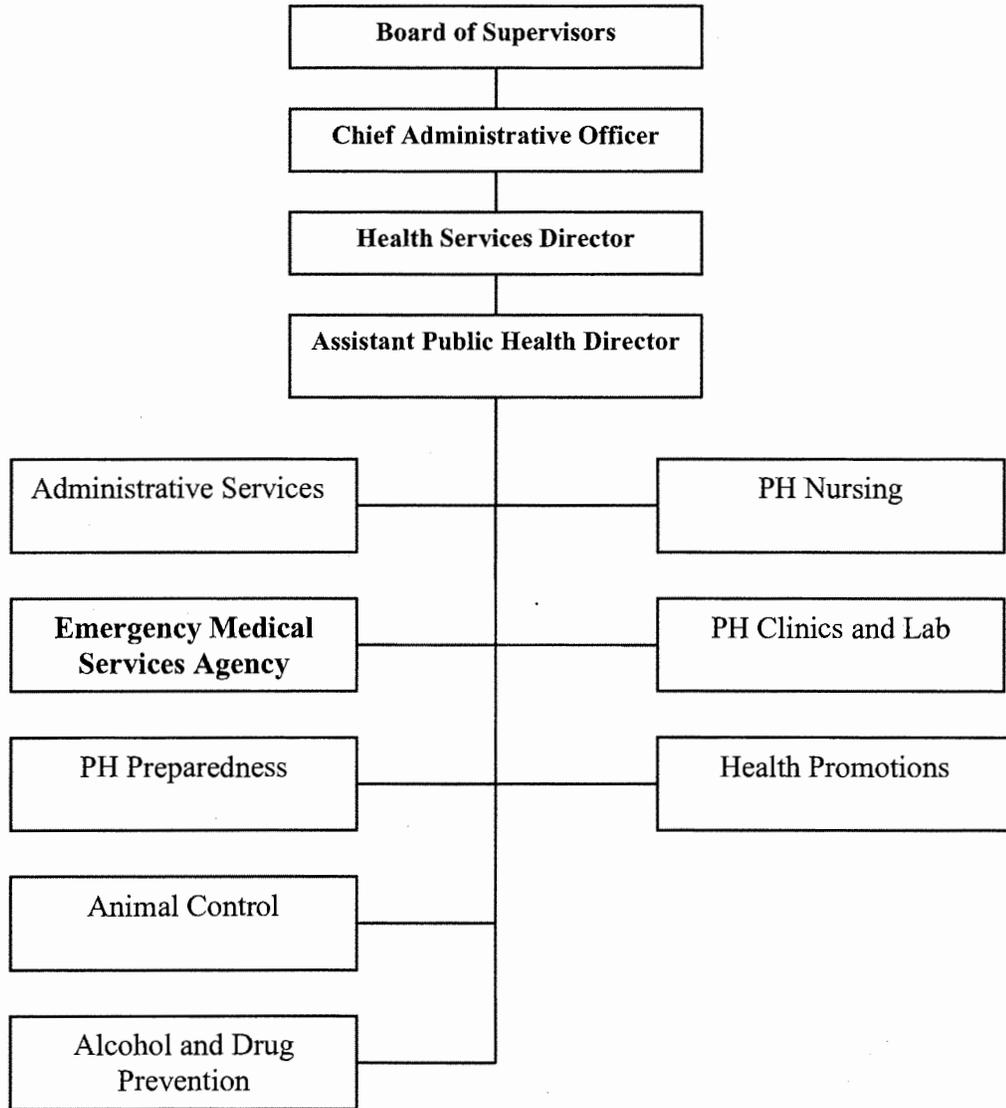
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

# El Dorado County EMS Agency

December 2010



# El Dorado County Organization Chart



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 07/01/2009 – 06/30/2010

**NOTE:** Table 3 is to be reported by agency.

	EMT-Is	EMT-IIs	EMT-Ps	MICNs	EMS Dispatchers
Total Certified/Accredited	506	N/A	94	59	21
Number newly certified this year	126	N/A	N/A	3	
Number recertified this year	380	N/A	N/A	56	
Total number of accredited personnel on July 1 of the reporting year			94		
Number of certification reviews resulting in:					
a) formal investigations	3	N/A	0	0	0
b) probation	2	N/A	0	0	0
c) suspensions		N/A	0	0	0
d) revocations	1	N/A	0	0	0
e) denials		N/A	0	0	0
f) denials of renewal		N/A	0	0	0
g) no action taken		N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 21
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 506
  - 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: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2009 – 06/30/2010

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

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency CLEMARS 1 (154.920)
  - b. Other methods CLEMARS 2 (154.935), CALCORD (156.075)
  - 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
6. Who is your primary dispatch agency for day-to-day emergencies?
  - **CAL FIRE** (Camino)
  - **South Lake Tahoe Police Department**
  - **Cal Fire** (Grass Valley) (Tahoe West Shore only)
7. Who is your primary dispatch agency for a disaster? **Same as above**

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 07/01/2009 – 06/30/2010

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 16

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

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

EMS System: EL DORADO COUNTY EMS AGENCY

Reporting Year: 07/01/2009 – 06/30/2010

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- |                                                                                        |                                                   |
|----------------------------------------------------------------------------------------|---------------------------------------------------|
| a) Number of patients meeting trauma triage criteria                                   | 999 Approx.                                       |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | 314 Approx.                                       |
| c) Number of major trauma patients transferred to a trauma center                      | 534 Approx.                                       |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | 151 (Air Ambulance)<br>No Data (Ground Ambulance) |

**Emergency Departments**

- |                                               |     |
|-----------------------------------------------|-----|
| Total number of emergency departments         | 2   |
| a) Number of referral emergency services      | N/A |
| b) Number of standby emergency services       | N/A |
| c) Number of basic emergency services         | 2   |
| d) Number of comprehensive emergency services | N/A |

**Receiving Hospitals**

- |                                                          |     |
|----------------------------------------------------------|-----|
| 1. Number of receiving hospitals with written agreements | N/A |
| 2. Number of base hospitals with written agreements      | 2   |

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: EL DORADO COUNTY EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2009 – 06/30/2010

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Several sites countywide
  - b. How are they staffed? Volunteers
  - 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 \_\_\_ no X
  
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 \_\_\_
  - c. Are they available for statewide response?      yes \_\_\_ no \_\_\_
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_ no \_\_\_
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no \_\_\_
  - b. At what HazMat level are they trained? **First Responder Operations**
  - 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 \_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no \_\_\_
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      3



**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** EL DORADO COUNTY EMS AGENCY      **County:** EL DORADO      **Reporting Year:** 07/01/2009 – 06/30/2010

**NOTE:** Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	El Dorado County Training Officers	<b>Contact Person</b>	Brian Veerkamp, Chief
<b>Address</b>	1050 Wilson Blvd. El Dorado Hills, CA 95762	<b>Telephone Number</b>	(916) 933-6623
<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>  Basic <u>\$150</u>  Refresher <u>\$ 50</u>	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: <u>125</u> Refresher: <u>150</u> Cont. Education <u>150</u> Expiration Date:      August 2012 Number of courses: <u>14</u> Initial training: <u>6</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>	

<b>Training Institution Name</b>	El Dorado County Training Officers	<b>Contact Person</b>	Brian Veerkamp, Chief
<b>Address</b>	1050 Wilson Blvd. El Dorado Hills, CA 95762	<b>Telephone Number</b>	(916) 933-6623
<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>  Basic <u>\$ 0</u>  Refresher <u>\$ 0</u>	<b>**Program Level: First Responder</b> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>20</u> Cont. Education <u>N/A</u> Expiration Date:      August 2012 Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>	

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

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

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** EL DORADO COUNTY EMS AGENCY      **County:** EL DORADO      **Reporting Year:** 07/01/2009 – 06/30/2010

**NOTE:** Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	Lake Tahoe Community College	<b>Contact Person.</b>	Virginia Boyer
<b>Address</b>	1 College Drive South Lake Tahoe, CA 96150	<b>Telephone Number</b>	(530) 541-4660

<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b>	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: <u>150</u> Refresher: <u>60</u> Cont. Education: <u>N/A</u> Expiration Date: <u>August 2012</u> Number of courses: <u>8</u> Initial training: <u>5</u> Refresher: <u>3</u> Cont. Education: <u>N/A</u>
	Basic <u>\$147.50</u>  Refresher <u>\$58.25</u>	

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

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

<b>Training Institution Name</b>	Marshall Medical Center	<b>Contact Person.</b>	Michele Williams, RN Base Hospital Coordinator
<b>Address</b>	Marshall Way Placerville, CA 95667	<b>Telephone Number</b>	(530) 5626-2770 Ext. 2246

<b>Student Eligibility: *</b> Restricted to qualified RN's	<b>Cost of Program</b>	<b>**Program Level: MICN</b> Number of students completing training per year: Initial training: <u>8</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u> Expiration Date: <u>October 2014</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u>
	Basic <u>Varies</u>  Refresher <u>N/A</u>	

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

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

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 07/01/2009 – 06/30/2010

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

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>							
CAL FIRE (California Department of Forestry) 2840 Mt. Danaher Rd. Camino, CA 95709 (530) 647-2345		Justin Sanders, Battalion Chief							
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>14</u> EMD Training</td> <td><u>      </u> EMT-D</td> <td><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>14</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>14</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>Cal Fire</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>							
South Lake Tahoe Police Department 1420 Johnson Blvd. South Lake Tahoe, CA 96150 (530) 542-6110		Kory Falkner, Dispatch Supervisor							
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>7</u> EMD Training</td> <td><u>      </u> EMT-D</td> <td><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>7</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>7</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" 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						

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System:** EL DORADO COUNTY EMS AGENCY

**County:** EL DORADO

**Reporting Year:** 07/01/2009 – 06/30/2010

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

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>							
Grass Valley Dispatch (Cal Fire) 13120 Loma Rica Drive Grass Valley, CA 95945 (530) 447-0641		Chris DeSena, Battalion Chief							
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>18</u> EMD Training</td> <td><u>      </u> EMT-D</td> <td><u>      </u> ALS</td> </tr> <tr> <td><u>      </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>18</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS	<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>18</u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS							
<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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						

**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><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 3 - South Shore Area</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>County of El Dorado under Public Utility Model since 1992. Transport services are contracted to the Cal Tahoe emergency Services Operations Authority (Joint Powers Authority comprised of South Lake Tahoe Fire Department and Lake Valley Fire Protection District), from September 1, 2001 to the present.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Exclusive Operating Area. In December 1999, the El Dorado County Board of Supervisors voted to establish an EOA and conduct a competitive bidding process for the CSA No. 3 – South Shore Area; June 26, 2001, an exclusive ambulance provider was selected for the CSA No. 3 – South Shore Area.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>ALS Emergency Ambulance</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>At conclusion of the ALS Emergency Ambulance RFP competitive bidding process, on June 26, 2001 a contracted exclusive provider was selected, and the EOA was established in CSA No. 3; the provider contract effective date was September 1, 2001.</p>

**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><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 3 - Tahoe West Shore Area (Meeks Bay Area)</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA No.3 – Tahoe West Shore Area since prior to 1990.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>CSA No. 3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay Area) excluding South Lake Tahoe Area.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive – County reserves right to allow other ambulance to cross zones of responsibility if deemed necessary for most efficient response.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Non-exclusive – County reserves right to allow other ambulance to cross zones of responsibility if deemed necessary for most efficient response.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider, including a 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Not Applicable</p>

**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><b>Local EMS Agency or County Name:</b></p> <p>El Dorado County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area No. 7 - West Slope Area</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>El Dorado County Regional Prehospital Emergency Services Operations Authority (JPA) since 1996.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>CSA #7 – West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Not Applicable</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Not Applicable</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



January 14, 2011

Richard W. Todd, EMS Administrator  
El Dorado County EMS Agency  
415 Placerville Dr., Suite J  
Placerville, CA 95667

Dear Mr. Todd:

We have completed our review of *El Dorado County's 2010 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:

**Trauma System Status Report**

The EMS Authority approved El Dorado County's last Trauma System Status Report in May 2009 and requested your next report be submitted with the 2010 submission of your EMS plan update. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS plan update." The last Trauma System Status Report from Nor Cal is dated 2008. While in the past the Trauma System Status Reports have been requested separate from the EMS plan updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Since the submittal of El Dorado County's Trauma System Status Report is overdue please expedite the submission of your Trauma System Status Report.

Your annual update will be due on January 14, 2012. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov).

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley".

Daniel R. Smiley  
Interim Director

DRS:ss