

**EMS PLAN UPDATE ASSESSMENT
SUMMARY REPORT**

By

**Riverside County EMS Agency
July 6, 2011**

Executive Summary

Major Accomplishments / Changes to the EMS System since 2010

- Base Hospital Audits
- Renewal of Base Hospital Agreements with Enhancements
- Opening and approval of Loma Linda University Medical Center—Murrieta as a Paramedic Receiving Center
- Request for Proposal and Agreement Established for a Countywide Data Collection System with Sansio
- Addition of Palomar Medical Center as a Riverside County STEMI Receiving Center
- Establishment of Helicopter Emergency Medical Services (HEMS) Continuous Quality Improvement (CQI) Group
- Establishment of Performance Standards & Performance Validation for Low Frequency High Risk Skills
- Major Updates to the Protocol, Policy and Procedure Manual
- Receiving Center Policy Addressing Ambulance ED Wait Times
- Revision of MCI Policy with enhanced training program
- Continuous Trauma Care Policy
- Addition of CPAP
- HEMS Dispatch Policy
- EMS Agency Communications Center

Changes in Future Challenges

- Renewal of Exclusive Operating Area Agreements
- Countywide Electronic Data Collections System to be used by All EMS Providers in Riverside County by 2013
- 12 Lead EKG Transmission Mandated for ALS Transport Providers by January 1, 2012
- Completion of EMS Policy and Procedure Manual Revisions by 2012
- Complete Update of Trauma Plan by 2012
- Response time standards for all EMS responders
- Agreements with HEMS providers

Standards and Recommended Guidelines

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
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| 1.01 LEMSA Structure Standard: Each LEMSA shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise. | Y | Y | Delineated in EMS Policy Manual. | Credentialing specialist hired. | Short | Objective met. |
| 1.02 LEMSA Mission Standard: Each LEMSA shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes. | Y | Y | EMS Policy Manual specifies QA/QI criteria. | CQI Coordinator is making progress in reviewing & approving CQI plans. | Long | Objective met. |
| 1.06 Annual Plan Update Standard: Each LEMSA shall develop an annual update to its EMS system plan and shall submit it to the EMS Authority. The update shall: a) Identify progress made in plan implementation. b) Changes to the planned system design. | N | Y | Updates have been sent to the State. Updates done in 2000, 2005 and 2010. | Submit annual updates. | Long | Objective being met. |
| 1.07 Trauma Planning: Standard: The LEMSA shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. | Y | Y | County Trauma Plan. TAC meets quarterly to review cases & system demands. Trauma centers are held to ACS standards | Refine Trauma Plan & support RTCC goals. | Long | Trauma Plan update is planned for this year. |

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| <p>1.09 Inventory of Resources Standard: Each LEMSA shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory</p> | Y | N | Updates are performed though our annual ambulance permit process and through the P &P manual. | Biannual survey. Objective not met. | Long | REMSA needs to develop a process to ensure timely updates of facility special care capabilities and a plan for rapid deployment during large MCIs. |
| <p>1.10 Special Populations Standard: Each LEMSA shall identify population groups served by the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers). Recommended Guidelines: Each LEMSA should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).</p> | Y | N | EMSC project, Curtailing Abuse Related to the Elderly (CARE), Child Death Review, Domestic Violence and Elderly Abuse Death Review, outreach program to the deaf community, drowning surveillance program. | Develop additional training programs focused on geriatric handicapped and non-English speaking populations. Objective not met. | Long | REMSA needs to formulate a plan to address this objective. |
| <p>1.11 System Participants Standard: Each LEMSA shall identify optimal roles and responsibilities of system participants. Recommended Guideline: Each LEMSA should ensure that system participants conform with assigned EMS system roles and responsibilities through mechanisms such as written agreements, facility designations, and exclusive operating areas.</p> | Y | N | EMS Policy Manual; Provider agreements. Base Hospital audits and agreements have been renewed. | Agreements with all EMS providers. Objective not met. | Long | Need to finish agreements with all EMS participants: ALS transporting, ALS first responders, receiving hospitals, and air providers. |
| <p>1.12 Review & Monitoring Standard: Each LEMSA shall provide for review and monitoring of EMS system operations.</p> | Y | N | Site visits; audits; trauma registry; CQI reviews; Helicopter EMS (HEMS) CQI, performance-based contract reviews. | Objective not met. | Long | Need data system; include first responders and PSAPs for feedback and reviews. |

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| 1.13 Coordination Standard: Each LEMSA shall coordinate EMS system operations. | Y | N | EMS planning activities Protocols, policies and procedures; Review of compliance. | Objective not met. | Long | REMSA is working on plan for better situational awareness and coordination of EMS system operations for large MCIs. |
| 1.17 Medical Direction Standard: Each LEMSA shall plan for medical direction within the EMS system. The plan shall identify the optimal number and roles of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers. | Y | Y | P & P Manual and Base Hospital agreements. New Base hospital policy. EMS Medical Director - member of PMAC. | REMSA has designated a hospital liaison Position. | Short | Objective met. |
| 1.18 QA/QI Standard: Each LEMSA shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the LEMSA and which are coordinated with other system participants. Recommended Guidelines: Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided. | Y | Y | REMSA has established CQI TAG. Ambulance permit process requires CQI programs for ambulance providers. HEMS CQI. | CQI TAG has developed a standard CQI template. They are currently working on Performance Standards. | Short | Objective met. |
| 1.23 Interfacility Transfer Standard: The LEMSA Director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers. | Y | Y | EMS Policy Manual. Continuation of trauma care policy | The IFT group has been formed to update IFT policies. A continuation of trauma care policy has been developed and implemented | Short | Objective met. |

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| <p>1.24 ALS Systems Standard: Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the LEMSA.</p> <p>Recommended Guideline: Each LEMSA, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.</p> | N | N | <p>Ambulance Ordinance 756, ALS System Standards and the ambulance permit process.</p> <p>Exclusive Operating Areas established in 1994 EMS Plan and authorized by Ambulance Ordinance.</p> | <p>REMSA has attempted to establish a non-exclusive agreement with Cathedral City Fire Department. Objective not met.</p> | Short | <p>REMSA may have to seek resolution through County Counsel.</p> |
| <p>1.25 On-Line Medical Direction Standard: Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.</p> <p>Recommended Guideline: Each EMS system should develop a medical control plan which determines:</p> <p>a) the base hospital configuration for the system; b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply; c) the process for determining the need for in-house medical direction for provider agencies.</p> | Y | Y | <p>Base Hospitals throughout County are designated and agreements are in place.</p> <p>Protocols established when base hospital contact is to be made.</p> | <p>A process has been developed to audit and designate base hospitals.</p> | Long | <p>Objective met.</p> |
| <p>1.26 Trauma System Plan Standard: The LEMSA shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:</p> <p>a) the optimal system design for trauma care in the EMS area; b) the process which allows all eligible facilities to apply.</p> | Y | Y | <p>The Trauma System Plan was last updated in 2007 and is currently being updated.</p> | <p>REMSA participates in RTCC.</p> | Long | <p>Objective met.</p> |

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| <p>1.27 Pediatric System Plan Standard: The LEMSA shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources which determines: a) the optimal system design for pediatric emergency medical and critical care in the EMS system, and; b) the process for assigning roles to system participants, including a process which allows eligible facilities to apply.</p> | Y | Y | <p>EMSC review in 2010 indicates that prehospital providers meet the standards for basic pediatric emergency medical care. RCRMC PICU CCS approval with Pediatric Trauma Center designation.</p> | <p>An EMSC survey was completed at the end of 2010. Participation in annual EMSC activities.</p> | Long | Objective met. |
| <p>2.01 Assessment of Needs Standard: The LEMSA shall routinely assess personnel and training needs. Recommended Guideline: 1) Develop on-going training programs based on trend identification through the CQI process. Recommended Guideline: 2) Re-evaluate staffing requirements.</p> | Y | Y | <p>Initial training and continuing education programs are approved, monitored and reviewed regularly. Additional training needs are identified by the CQI process.</p> | <p>CQI TAG has developed performance standards for high risk / low frequency skills.</p> | Short | Objective met. |
| <p>2.02 Approval of Training Standard: The EMS authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations. Recommended Guideline: Approve CE providers, according to state guidelines, and monitor to ensure compliance.</p> | Y | Y | <p>EMS Policy Manual. EMS C.E. provider and training program application processes. Site visits. To monitor compliance.</p> | <p>Training programs have submitted updated curricula and list of courses for approval.</p> | None given | <p>Objective met. Change Terminology from National EMS Education Guidelines to National Education Standards of 2009. Only training institutions meeting NES curriculum standards will be permitted to hold training programs Fall 2011.</p> |

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| <p>2.03 Personnel Standard: The LEMSA shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the LEMSA of unusual occurrences which could impact EMS personnel certification.</p> | Y | Y | EMS Policy Manual. | Credentialing policies have been update. | None given | Objective met. Typo – reverification. Objective is the same as the needs statement. Objective should read: To have the cert policies in compliance with State regulations and the REMSA QIP. |
| <p>2.04 Dispatch Training Standard: a) Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation; b) medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority’s Emergency Medical Dispatch Guidelines.</p> <p>Recommended Guideline: Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority’s Emergency Medical Dispatch Guidelines.</p> | N | N | N/A | Objective not met. Ensure all EMS 9-1-1 calls are handled by a PSAP in accordance with EMSA EMD guidelines. | Long | REMSA needs to formulate a plan to address this objective. |

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| <p>2.05 First Responder Training Standard: At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.</p> <p>Recommended Guidelines: 1) At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.</p> | Y | N/A | All non-transporting EMS personnel are required to maintain first aid and CPR certification. | None given | Long | Long range plan. No objective stated |
| <p>2.06 Response Standard: Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with the LEMSA policies.</p> <p>Recommended Guideline: At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice.</p> | Y | N | All Public Safety Agencies are encouraged to respond. | Agreements with public safety & industrial first aid teams. Objective not met. | Long | REMSA needs to formulate an action plan to meet the objective. Add: 4. Update AED policies to make public safety AED and public AED more reasonable to obtain and maintain. |
| <p>2.08 EMT-1 Training Standard: All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-1 level.</p> <p>Recommended Guideline: If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.</p> | Y | Y | All ambulances have personnel certified at the EMT level. | REMSA will be requiring all BLS transport providers to be AED provider. | Long | REMSA is in the process of modifying its ambulance permit application to meet this objective. |

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| 2.10 Advanced Life Support Standard: All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support. | Y | N | All RNs regularly assigned to the ED are required to have ALS training in order to be a Paramedic Receiving Hospital. | Receiving center policies and agreements are in the process. | Long | REMSA is working on a receiving center policy. |
| 2.11 Accreditation Process Standard: The LEMSA shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the LEMSA's quality assurance/quality improvement process. | Y | Y | EMS Policy Manual. | Objective met. EMS policies have been updated based on the Countywide Quality Improvement Plan (QIP). | Short | Objective met. Typo—reverification Needs and Objective are the same. Objective should state: To have policies in compliance with the Countywide QIP. |
| 2.12 Early Defibrillation Standard: The LEMSA shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation. | Y | N | | REMSA first and EMT AED polices will more closely reflect Title 22. | Short | Update REMSA AED policies to ensure public safety AED is more reasonable to obtain and maintain. |
| 2.13 Base Hospital Personnel Standard: All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about LEMSA policies and procedures and have training in radio communications techniques. | Y | Y | The Base Hospital contracts include this requirement. | Update MICN authorization policies based on the Countywide Quality Improvement Plan. | None given | Objective met. MICN authorization policies have been updated. Needs and Objective are the same. Objective should state: To have policies in compliance with the Countywide QIP. |

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| <p>3.01 Communication Plan Standard: The LEMSA 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.</p> <p>Recommended Guideline: The LEMSA's communications plan should consider the availability and use of satellites and cellular telephones.</p> | N | N | REMSA's Radio Communications Standard outlines. Radio communications requirements. Currently EMS providers rely heavily on cellular phones. | REMSA is currently working under a Countywide. Communications Plan to improve the EMS radio communications infrastructure. | Long | EMS plan states REMSA does not meet the standard which conflicts with current status explanation. |
| <p>3.02 Radios Standard: Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.</p> <p>Recommended Guideline: Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provide for vehicle-to-vehicle communication.</p> | Y | N | Radio Communications Standard. | A Countywide Communications plan has been developed in coordination with the Countywide Communications group. | Long | Does not meet the objective yet. |
| <p>3.03 Interfacility Transfer Standard: Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephones.</p> | Y | N | Ambulance permit process and the EMS Policy Manual require ambulances to be able to meet this standard. | Single source of contact for IFT. Objective not met. | Long | REMSA needs to come up with an action plan to meet the objective. |

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| 3.04 Dispatch Center Standard: All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post. | N | N | This standard cannot be met due to the geography of Riverside County and the existing communications infrastructure. | Countywide Communications Plan has been developed. Objective not met. | Long | Does not meet the objective yet. |
| 3.05 Hospitals Standard: All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio. Recommended Guideline: All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation). | Y | Y | This standard cannot be met due to the geography of Riverside County and the existing radio communications infrastructure. | Countywide Communications Plan has been developed. Regular drills are done on the ReddiNet. | Long | Objective met. |
| 3.06 MCI/Disasters Standard: The LEMSA shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters. | Y | Y | EMS Policy Manual. RACES. | A communications group has been established and the ambulance permit process is being modified. | Long | BLS ambulance services will be required to have radio communications equipment. REMSA is encouraging hospitals to improve the HEAR system. |
| 3.08 9-1-1 Public Education Standard: The LEMSA shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access. | N | N | Other County offices provide public education programs. | To ascertain the effectiveness and feasibility of 9-1-1 education programs. Objective not met. | Long | REMSA needs to formulate an assessment/Action Plan. |

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| <p>3.09 Dispatch Triage Standard: The LEMSAs shall establish guidelines for proper dispatch triage which identifies appropriate medical response.</p> <p>Recommended Guideline: The LEMSAs should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.</p> | Y | N | REMSA has established EMD guidelines. | Objective not met. | Long | REMSA needs to formulate a plan to address Countywide implantation of EMD to include disaster response dispatch triage protocols. |
| <p>3.10 Integrated Dispatch Standard: The local EMS system shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communication frequencies.</p> <p>Recommended Guideline: The LEMSAs should develop a mechanism to ensure appropriate system wide ambulance coverage during periods of peak demand.</p> | Y | N | REMSA's Radio Communications Standard. Ambulance provider agreements. | REMSA has developed a plan to address EMS radio communications needs. Objective not met | Long | Does not meet this objective yet. |

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| <p>4.05 Response Time Standard Standard: Each local agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.</p> <p>Recommended Guideline: Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:</p> <p>a) the response time for a basic life support and CPR capable first responder does not exceed: Metro/urban--5 minutes Suburban/rural--15 minutes Wilderness—as quick as possible</p> <p>b) the response time for an early defibrillation-capable responder does not exceed: Metro/urban--5 minutes Suburban/rural—as quick as possible Wilderness—as quick as possible</p> <p>c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed : Metro/urban--8 minutes Suburban/rural--20 minutes Wilderness—as quick as possible</p> <p>d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes Suburban/rural--20 minutes Wilderness—as quick as possible</p> | N | N | While it has been discussed in various venues, a Countywide response time criterion has not been established for first responder services or HEMS. | Objective not met. | Long | REMSA needs to develop a plan to meet the objective. |

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| 4.07 First Responder Agencies Standard: The LEMSA shall integrate qualified EMS first responder agencies (Including public safety agencies and industrial first aid teams) into the system. | Y | N | First responders are integrated into the EMS system. Industrial first aid teams are integrated through disaster preparedness programs. | Encourage public safety and industrial first aid teams to adopt EMS policies. Objective not met. | Long | REMSA needs to develop a plan to address the objective. Add to objective item 4: Update REMSA first responder AED policy to more closely follow the current state regulations. |
| 4.08 Medical Rescue Aircraft Standard: The LEMSA shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: a) authorization of aircraft to be utilized in prehospital patient care; b) requesting of EMS aircraft; c) dispatching of EMS aircraft; d) determination of EMS aircraft patient destination; e) orientation of pilots and medical flight crews to the local EMS system; and, f) addressing and resolving formal complaints regarding EMS aircraft. | Y | Y | Ambulance Ordinance. Ambulance Permit Process. EMS Policy Manual. | REMSA has established the HEMS CQI group and is in the process of updating policies to meet EMSA air medical guidelines. | Short | Objective met. |
| 4.10 Aircraft Availability Standard: The LEMSA shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall, maintain written agreements with aeromedical services operating within the EMS area. | N | N | Ambulance Permit process. Ambulance Ordinance. | Formulate agreements with all air providers. Objective not met. | Long | REMSA needs to formulate a plan to meet the objective |
| 4.12 Disaster Response Standard: The LEMSA, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster. | Y | N | Ambulance Ordinance and agreements. | MCI Policy has been updated. The all hazards disaster medical response plan is still being updated. | Short | The all hazards medical response plan still needs to be updated to meet the objective. |

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| <p>4.13 Inter-county Response Standard: The LEMSA shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.</p> <p>Recommended Guideline: The LEMSA should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.</p> | Y | N | Region VI mutual aid agreement is in place. | Coordinate with surrounding LEMSAs and Arizona. | Long | REMSA needs to formulate a plan to meet the objective |
| <p>4.14 Incident Command System Standard: The LEMSA shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.</p> | Y | Y | EMS Policy Manual. MCI policy & training program. | A system-wide MCI plan has been developed and is being implemented | Short | Objective met. |
| <p>4.15 MCI Plans Standard: Multi-casualty response plans and procedures shall utilize state standards and guidelines.</p> | Y | Y | EMS Policy Manual. MCI policy & training program. | A system-wide MCI plan has been developed and is being implemented. | Short | Objective met. |
| <p>4.16 ALS Staffing Standard: All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-1 level.</p> <p>Recommended Guideline: The LEMSA should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.</p> <p>On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillator</p> | Y | N | Ambulance Permit Process Ambulance. Ambulance Ordinance. EOA Contracts. | Needs statement: <i>“Establish a mechanism mandating all EMT-1 working on ALS ambulances to be AED certified”.</i> No objective stated. | Long | REMSA needs to determine the necessity to meet the recommended guideline. |

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| 4.18 Compliance Standard: The LEMSA shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care. | Y | Y | Ambulance Permit Process. Ambulance Ordinance. EOA Contracts. | A standardized process has been developed to measure compliance. | Long | Objective met. |
| 4.19 Transportation Plan Standard: Any LEMSA which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: a) minimum standard for transportation services; b) optimal transportation system efficiency and effectiveness; and, c) use of a competitive process to ensure system optimization. | | | | | | Transportation Plan needs to be updated. According to the letter received from the State EMS Authority (EMSA) our Transportation Plan cannot be approved. REMSA is working on addressing the issues discussed in this letter. |
| 5.01 Assessment of Capabilities Standard: The LEMSA shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. Recommended Guideline: The LEMSA should have written agreements with acute care facilities. | Y | N | Base hospital audits Agreements with Base Hospitals | Objective not met. | Long | REMSA is working on a Receiving Center Policy and agreements. |
| 5.02 Triage & Transfer Protocols Standard: The LEMSA shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements. | Y | Y | EMS Trauma Plan EMSC Standards EMS Policy Manual | Policies have been developed for the transfer of trauma and STEMI patients | Long | Objective met. |

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| <p>5.10 Pediatric System Design Standard: Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments; b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix; c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers; d) identification of providers who are qualified to transport such patients to a designated facility; e) identification of tertiary care centers for pediatric critical care and pediatric trauma; f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area; g) a plan for monitoring and evaluation of the system.</p> | Y | N | EMSC Standards, surveys and site visits. | Objective not met. Long range plan. | Long | <p>REMSA needs to formulate a plan to meet the objective.</p> <p>Comment: Riverside County Regional Medical Center, RCRMC, now has a CCS approved PICU. The new Trauma Triage Criteria encourages pediatric patients to be directly transported to one of the pediatric trauma centers (RCRMC or LLUMC). As soon as the new policy is implemented a monitoring tool will be implemented for evaluation</p> |
| <p>5.11 Emergency Departments Standard: Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including: a) staffing; b) training; c) equipment; d) identification of patients for whom consultation with a pediatric critical care center is appropriate; e) quality assurance/quality improvement; and, f) data reporting to the LEMSA.</p> <p>Recommended Guideline: Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.</p> | Y | N/A | EMSC standards, surveys and site visits. | REMSA needs to perform periodic reviews of pediatric care of receiving facilities. No Objective stated. | Long | Identified as a long range plan and needs statement given but no objective statement. |

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
|--|------------|------------|---|---|------------|--|
| <p>6.01 QA/QI Program Standard: The LEMSA shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standard and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.</p> <p>Recommended Guideline: The LEMSA should have the resources to evaluate the response to, and the care provided to, specific patients.</p> | Y | Y | <p>EMS Policy Manual.</p> <p>CQI plans & Individual Incident review process.</p> <p>Trauma Audit Process.</p> <p>EOA contracts.</p> | CQI TAG meets regularly to update CQI plans and address system improvements. | Long | Objective met. |
| <p>6.02 Prehospital Records Standard: Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the LEMSA.</p> | Y | Y | EMS Policy Manual. | A new data collection system has been implemented. A documentation policy has been established. | Short | Objective met. |
| <p>6.03 Prehospital Care Audits Standard: Audits of prehospital care, including both system response and clinical aspects, shall be conducted.</p> <p>Recommended Guideline: The LEMSA should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.</p> | Y | N | Audits are performed by EMS provider agencies, hospitals and REMSA. | REMSA is making some progress on achieving this objective. | Long | REMSA still needs to address the ability to link EMS data to in-patient and discharge records system wide. |

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
|--|------------|------------|--|---|------------|---|
| <p>6.04 Medical Dispatch Standard: The LEMSA shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.</p> | Y | N | Through approval of EMD programs. | Establish a timeline for Countywide adoption of EMD by all EMS PSAPs and EDCs. Objective not met. | Long | REMSA needs to formulate a plan to meet this objective |
| <p>6.05 Data Management System Standard: The LEMSA shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state Standard.</p> <p>Recommended Guideline: The LEMSA should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.</p> | Y | N | REMSA has established CEMSIIS as for Riverside County. | REMSA is making progress on achieving this objective. | Long | Same objective as standard 6.03 |
| <p>6.06 System Design Evaluation Standard: The LEMSA shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and Standard, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state Standard and guidelines.</p> | Y | N | Review of response times, patient outcomes and operational standards. CQI process and advisory committee meetings. | Hire a consultant to perform a complete EMS system design and operations evaluation. Objective not met. | Long | REMSA needs to formulate a plan to meet this objective. |

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
|--|------------|------------|--|---|-------------|---|
| <p>6.09 ALS Audit Standard: The process used to audit treatment provided by advanced life support providers shall evaluate both base hospitals and prehospital activities.</p> <p>Recommended Guideline: The LEMSA's integrated data management system should include prehospital, base hospital, and receiving hospital data.</p> | Y | N | <p>QA/QI process.</p> <p>EMS Policy Manual.</p> | Objective not met. | Long | Same objective as standard 6.03 |
| <p>6.11 Trauma Center Data Standard: The LEMSA shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.</p> <p>Recommended Guideline: The LEMSA should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.</p> | Y | N | <p>Trauma Plan</p> <p>Trauma Audit Committee</p> | <p>Receiving center agreements requiring submission of trauma data.</p> <p>Objective not met.</p> | Long | REMSA is in the process of working on this objective. |
| <p>8.01 Disaster Medical Planning Standard: In coordination with the local office of emergency services (OES), the LEMSA shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.</p> | Y | N | Done through activities with PHEPR. | Countywide MCI plan of system-wide MCIs. Objective not met. | None given. | Need to develop a plan to address the objective. |

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
|--|------------|------------|--|---|-------------|--|
| <p>8.02 Response Plans Standard: Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.</p> <p>Recommended Guideline: The California Office of Emergency Services' multi-hazard functional plans should serve as the model for the development of medical response plans for catastrophic disasters.</p> | Y | N | County Disaster Plan. | Countywide MCI plan of system-wide MCIs. Does not meet the objective. | None given. | Need to develop a plan to address the objective. |
| <p>8.04 Incident Command System Standard: Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.</p> <p>Recommended Guideline: The LEMSA should ensure that ICS training is provided for all medical providers.</p> | Y | N | EMS Policy Manual. | Countywide MCI plan of system-wide MCIs. Does not meet the objective. | None given | See standards 8.01 & 8.02. |
| <p>8.05 Distribution of Casualties Standard: The LEMSA, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.</p> <p>Recommended Guideline: The LEMSA, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.</p> | Y | N | ReddiNet is used for the distribution of casualties. | Countywide MCI plan of system-wide MCIs. Does not meet the objective. | Long | See standards 8.01, 8.02 & 8.04. |

| Standards and Recommended Guidelines | Meets std. | Meets Obj. | Description of achieving Standards & Guidelines | Description of achieving Obj. | Plan Range | Needs /Action Plan / Comments |
|--|------------|------------|---|--|------------|--|
| 8.10 Mutual Aid Agreements Standard: The LEMSA shall ensure existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand. | Y | N | OES Region VI mutual aid agreement in force for all member counties | Ensure the existence of medical mutual aid agreements with other counties in the OES region and elsewhere if needed. | None given | Need to develop a plan to address the objective. |

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Riverside County
 Reporting Year: 2010 /2011

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: Riverside County

- | | |
|---|------|
| A. Basic Life Support (BLS) | 0% |
| B. Limited Advanced Life Support (LALS) | 0% |
| C. Advanced Life Support (ALS) | 100% |

2. Type of agency

| | |
|--|---|
| a - Public Health Department | a |
| 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: Deputy Director of Public Health |

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 | No |
| Enforcement of local ambulance ordinance | Yes |
| Enforcement of ambulance service contracts | Yes |
| Operation of ambulance service | No |

Table 2 - System Organization & Management (cont.)

| | |
|---|-----|
| Continuing Education | Yes |
| Personnel training | No |
| Operation of oversight of EMS dispatch center | No |
| Non-medical disaster planning | No |
| Administration of critical incident stress debriefing team (CISD) | No |
| Administration of disaster medical assistance team (DMAT) | No |
| Administration of EMS Fund [Senate Bill (SB) 12/612] | Yes |
| Other: _____ | |
| Other: _____ | |
| Other: _____ | |

Table 2 - System Organization & Management (cont.)

5. **EXPENSES**

| | |
|--|---------------------|
| Salaries and benefits (All but contract personnel) | \$1,205,537 |
| Contract Services (e.g. medical director) | 347,400 |
| Operations (e.g. copying, postage, facilities) | 367,800 |
| Travel | 32,856 |
| Fixed assets | 0 |
| Indirect expenses (overhead) | 330,000 |
| Ambulance subsidy | 622,000 |
| EMS Fund payments to physicians/hospital | 0 |
| Dispatch center operations (non-staff) | 125,000 |
| Training program operations | 0 |
| Other: _____ | _____ |
| Other: _____ | _____ |
| Other: _____ | _____ |
| TOTAL EXPENSES | \$ 3,030,593 |

Table 2 - System Organization & Management (cont.)

6. 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 | 38,593 |
| Other local tax funds (e.g., EMS district) | 93,000 |
| County contracts (e.g. multi-county agencies) | 0 |
| Certification fees | 41,000 |
| 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 | 130,000 |
| Contributions | 0 |
| EMS Fund (SB 12/612) | 999,000 |
| Other grants: Contract monitoring fees and database oversight fees | 1,829,000 |
| Other fees: _____ | _____ |
| Other (specify): _____ | _____ |
| TOTAL REVENUE | \$ 3,030,593 |

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

Table 2 - System Organization & Management (cont.)

7. FEE STRUCTURE

_____ We do not charge any fees

_____ Our fee structure is:

| | |
|--|----------|
| First responder certification | \$0 |
| EMS dispatcher certification | \$0 |
| EMT-I certification | \$25 |
| EMT-I recertification | \$15 |
| EMT-defibrillation certification | \$0 |
| EMT-defibrillation recertification | \$0 |
| EMT-II certification | N/A |
| EMT-II recertification | N/A |
| EMT-P accreditation | \$75 |
| EMT- Reverification | \$50 |
| Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification | \$75 |
| MICN/ARN recertification | \$50 |
| EMT-I training program approval | \$0 |
| EMT-II training program approval | N/A |
| EMT-P training program approval | \$0 |
| MICN/ARN training program approval | \$0 |
| Base hospital application | \$0 |
| Base hospital designation | \$0 |
| Trauma center application | \$0 |
| Trauma center designation | \$0 |
| Pediatric facility approval | \$0 |
| Pediatric facility designation | \$0 |
| Other critical care center application Type: _____ | |
| Other critical care center designation Type: _____ | |
| ALS Ambulance Service License | \$6,000 |
| BLS Ambulance Service License | \$3,000 |
| Ambulance Vehicle Permits | \$250.00 |
| Policy Manual | \$50.00 |
| Policy Manual Updates | \$5.00 |

Table 2 - System Organization & Management (cont.)

EMS System: Riverside County EMS

Reporting year: 2010

| CATEGORY | ACTUAL TITLE | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|---|-----------------------|--------------------------|---------------------------------|-----------------------|----------|
| EMS Admin./Coord./Director | Director | 1 | \$55.05 | 45% | |
| Asst. Admin./Admin. Asst./Admin. Mgr. | Assistant Director | 1 | \$41.11 | 45% | |
| ALS Coord./Field Coord./ Training Coordinator | EMS Specialist | 1 | \$32.89 | 45% | |
| Program Coordinator/ Field Liaison (Non-clinical) | Senior EMS Specialist | 1 | \$34.65 | 45% | |
| Trauma Coordinator | RN V | 1 | \$39.65 | 45% | |
| Medical Director | Medical Director | 0.25 | \$100.00 | N/A | |
| Other MD/Medical Consult/ Training Medical Director | N/A | | | | |
| Disaster Medical Planner | EMS Specialist | 1 | 32.89 | 45% | |

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.)

| CATEGORY | ACTUAL TITLE | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|--------------------------------------|----------------------|--------------------------|---------------------------------|-----------------------|----------|
| Dispatch Supervisor | N/A | | | | |
| Medical Planner | N/A | | | | |
| Data Evaluator/Analyst | EMS Specialist | 1 | \$32.89 | 45% | |
| QA/QI Coordinator | EMS Specialist | 1 | \$32.89 | 45% | |
| Public Info. & Education Coordinator | EMS Specialist | 1 | \$32.89 | 45% | |
| Executive Secretary | Secretary I | 1 | \$21.35 | 45% | |
| Other Clerical | Office Assistant III | 1 | \$18.08 | 45% | |
| Data Entry Clerk | Office Assistant II | 1 | \$18.08 | 45% | |
| Other | Office Assistant II | 1 | \$18.08 | 45% | |

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

- EMT Recertification fee is \$25.00

EMS AGENCY

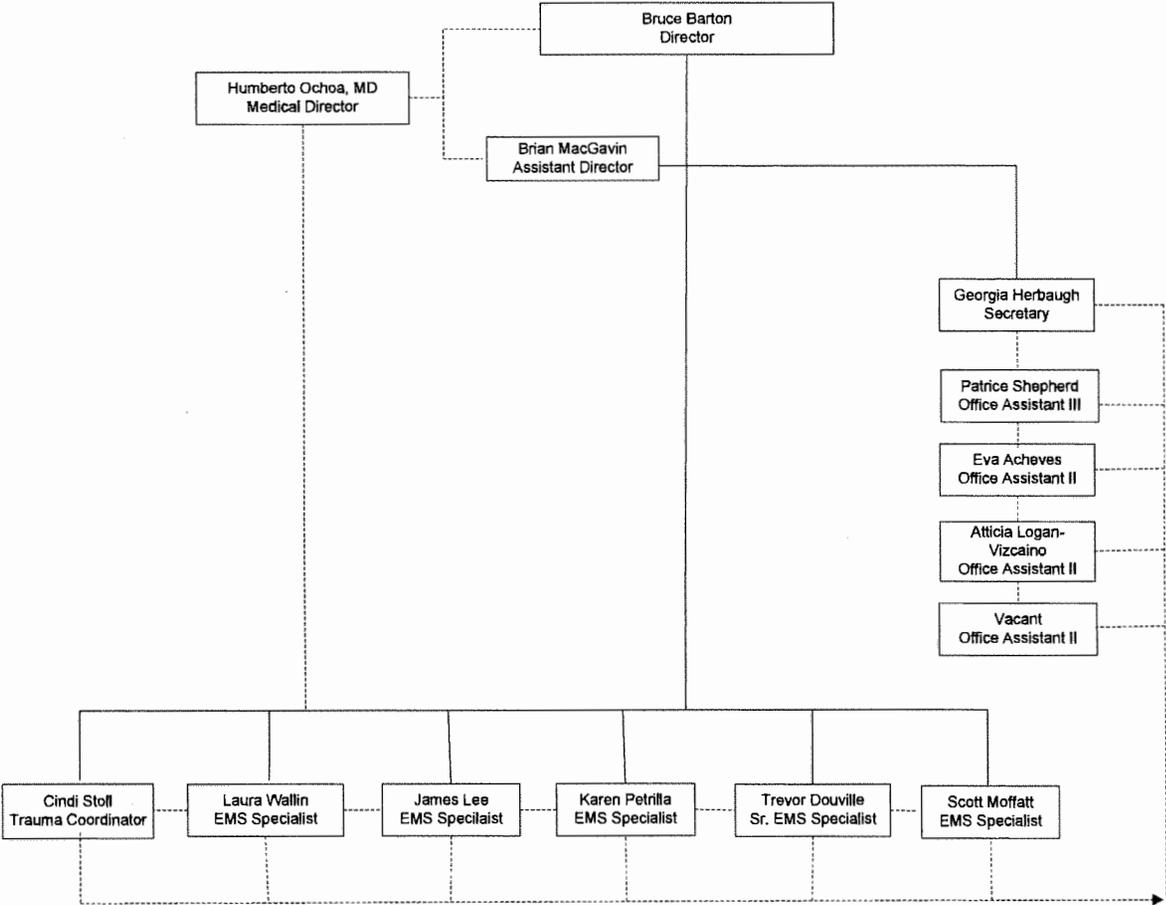


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Riverside County EMS
 Reporting Year: ~~2009~~ 2010 Calendar year
NOTE: Table 3 is to be reported by agency.

| | EMT - Is | EMT - IIs | EMT - Ps | MICN | EMS Dispatchers |
|--|------------------------------|-----------|---------------------------|---------------------------|-----------------|
| Total Certified | 1398 <u>1486</u> | | 465 <u>486</u> | 107 <u>109</u> | <u>Unknown</u> |
| Number newly certified this year | 478 <u>427</u> | | 93 <u>105</u> | 29 <u>18</u> | <u>Unknown</u> |
| Number recertified this year | 920 <u>1058</u> | | 372 <u>381</u> | 78 <u>91</u> | <u>Unknown</u> |
| Total number of accredited personnel on July 1 of the reporting year | 2,445 <u>2750</u> | | 857 <u>882</u> | 211 <u>197</u> | <u>Unknown</u> |
| Number of certification reviews resulting in: | | | | | |
| a) formal investigations/background reviews | 31 <u>117</u> | | | 0 | 0 |
| b) probation | 11 <u>17</u> | | | | |
| c) suspensions | 6 <u>1</u> | | | | |
| d) revocations | 3 <u>6</u> | | | | |
| e) denials | 2 <u>unknown</u> | | | | |
| f) denials of renewal | 4 <u>2</u> | | | | |
| g) no action taken | 10 <u>unknown</u> | | | | |

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation:
 - a) Number of EMT=I (defib.) certified 1150 998
 - b) Number of public safety (defib.) certified (non-EMT-I) 45 23
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Riverside County EMS

County: Riverside

Reporting Year: 2010

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

1. Number of primary Public Service Answering Points (PSAP) 16
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances 4
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 156.075 CALCORD
 - b. Other methods ReddiNet, LiveProcess, CHAH, RACES, 800 MHz, Cell phones and Sat phones
 - 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?
Riverside County Fire Department
7. Who is your primary dispatch agency for a disaster? Riverside County Fire Department

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Riverside County EMS

Reporting Year: 2010

Note: Table 5 is to be reported by agency.

Early Defibrillation Programs

Number of EMT-Defibrillation programs: 9

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

| Enter the response times in the appropriate boxes | METRO/URBAN | SUBURBAN/ RURAL | WILDERNESS | SYSTEMWIDE |
|---|-------------|--------------------|-------------|-------------|
| BLS and CPR capable first responder | | | | No Standard |
| Early defibrillation responder | | | | No Standard |
| Advanced life support responder | 10 Minutes | | | |
| Transport Ambulance | 10 Minutes* | 14/20/30 | Best Effort | N/A |

*Adjusted by 2 minutes per written agreements with the cities of Corona, Norco and Riverside

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

EMS System: Riverside County EMS

Reporting Year: 2010

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma Patients:

- a) Number of patients meeting trauma triage criteria
- b) Number of major trauma victims transported directly to a trauma center by ambulance
- c) Number of major trauma patients transferred to a trauma center

Emergency Departments

- a) Total number of emergency departments 15
- b) Number of referral emergency services 0
- c) Number of standby emergency services 0
- d) Number of basic emergency services 15
- e) Number of comprehensive emergency services 0

Receiving Hospitals

- a) Number of receiving hospitals with written agreements 0
- b) Number of base hospitals with written agreements 7

3. Have you tested your MCI Plan this year in a:
- a. real event? yes no
 - b. exercise? yes no
4. List all counties with which you have a written medical mutual aid agreement.
San Diego, San Bernardino, Orange, Region I and Region VI have agreements
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no
7. Are you part of a multi-county EMS system for disaster response? yes no
8. Are you a separate department or agency? yes no
9. If not, to whom do you report? Department of Public Health
10. 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 no

Table 8: Resources Directory—Providers

Page 160—Change Bill Winterhalter to Dave Magino
Page 163—Change Matt Shobert to William Whealan
Page 164—Change Mike Mulhall to Norm Walker
Page 167—Change Blake Goetz to Scott Ventura
Page 170—Change Bruce Stumreiter to Phil Rawlings

TABLE 9: RESOURCES DIRECTORY - Approved Training Programs

EMS System: Riverside County EMS

County: Riverside

Reporting Year: 2008/2009 **2010**

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

Carol Gianninni cell 760 408 – 2952 or Chris Madigan, Director of PSA for COD

| | | | |
|---|---|--|-----------------------------|
| Training Institution Name | <u>College of the Desert</u> | Contact Person telephone no. | <u>Sandi Emerson</u> |
| Address | <u>44-500 Monterey Ave., Palm Desert, CA 92260-2499</u> | | <u>(760) 773-2578</u> |
| Student Eligibility: * General Public | Cost of Program Basic \$194.00 (tuition only) \$234.50 Refresher \$55.00 (tuition only) \$40 | **Program Level: EMT-I Number of students completing training per year: Initial training / Refresher: 90 63 / ~10 Cont. Education <u>unknown</u> Expiration Date: <u>May 2010</u> pending Number of courses: Initial training: 3 2 Refresher: 2 1 Cont. Education: 0 | |
| Training Institution Name | <u>Mt. San Jacinto College</u> | Contact Person | <u>Art Durbin</u> |
| Address | <u>28237 La Piedra Road Menifee, CA 92584</u> | Telephone no. | <u>(951) 672-6752 x2613</u> |
| Student Eligibility: * General Public | Cost of Program Basic \$100.00 (tuition only) \$180 Refresher \$60.00 (tuition only) \$90 | **Program Level: EMT-I Number of students completing training per year: Initial training / Refresher: 320 281 / ? Cont. Education: unknown unknown Expiration Date: <u>June 2010</u> pending Number of courses: <u>unknown</u> Initial training: 10 13 Refresher: 2 2 Cont. Education: unknown unk | |

- 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 - Approved Training Programs

EMS System: Riverside County EMS County: Riverside Reporting Year: 2008/2009 **2010**

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

| | | | |
|---|--|---|-------------------------|
| Training Institution Name | <u>Palo Verde College</u> | Contact Person | <u>Sharron Berguson</u> |
| Address | <u>1 College Drive Blythe, CA 92225</u> | Telephone no. | <u>(760) 921-5444</u> |
| Student Eligibility: * General Public | Cost of Program Basic \$72.00 (tuition only) \$104 Refresher \$20.00 + book \$26 Tuition only | **Program Level: EMT-I Number of students completing training per year: Initial training / Refresher: 33 28 Cont. Education: <u>0</u> Expiration Date: <u>May 2010</u> pending Number of courses: _____ Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u> | |
| Training Institution Name | <u>Riverside County Fire Department Ben Clark Training Center</u> | Contact Person | <u>Ann Yoshinaga</u> |
| Address | <u>16902 Bundy Ave Riverside, CA 92518</u> | Telephone no. | <u>(951) 486-4682</u> |
| Student Eligibility: * Preference to: 1.Co. Fire 2.Fire 3.Non-Fire | Cost of Program Basic <u>Not offered</u> Refresher <u>\$60.00 (non-Co. Fire)</u> Upgrade <u>N/A</u> Tuition only | **Program Level: EMT-I Number of students completing training per year: Initial training / Refresher: 90 0 / 0 Cont. Education: <u>450</u> Expiration Date: <u>May 2010</u> expired Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>4</u> 0 Cont. Education: <u>22</u> Upgrade Classes: <u>0</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 - Approved Training Programs

Riverside County EMS

County: Riverside

Reporting Year: 2008/2009 **2010**

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

| | | | |
|----------------------------------|--|-----------------------|-----------------------|
| Training Institution Name | <u>Riverside Community College</u> Ben Clark Training Center 1688 Bundy Ave Building 3407 Riverside, CA 92518 | Contact Person | Chris Nollette |
| | | Telephone no. | (951) 222-8000 x 4609 |

| | | |
|---|--|--|
| Student Eligibility: * Preference to: General Public | Cost of Program Basic <u>\$196</u> Refresher <u>0</u> offered Tuition only | **Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training /Refresher: 461 / 0 Cont. Education: <u>80</u> Expiration Date: pending Number of courses: Initial training: 11 Refresher: <u>0</u> Cont. Education: <u>9</u> |
|---|--|--|

| | | | |
|----------------------------------|---|-----------------------|------------------------------|
| Training Institution Name | <u>Riverside Community College</u> | Contact Person | <u>Chris Nollette</u> |
| Address | <u>Ben Clark Training Center</u> <u>1688 Bundy Ave Building 3407</u> <u>Riverside, CA 92518</u> | telephone no. | <u>(951) 222-8000 x 4609</u> |

| | | |
|-------------------------------|---|--|
| Student Eligibility: * | Cost of Program Basic <u>\$1000.00</u> Unknown Tuition only Refresher _____ | **Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>66</u> No Data yet received for 2010 Refresher: <u>0</u> Cont. Education: <u>?</u> Expiration Date: <u>Feb. 2010</u> pending Number of courses: Initial training: <u>2</u> 1 Refresher: <u>0</u> 0 Cont. Education: <u>2</u> unk |
|-------------------------------|---|--|

| | | | | | |
|---|---|--|--|----------------|----------------|
| Name: | Beaumont Police Department | | Primary Contact: | Jill Dominguez | |
| Address: | 660 Orange Street | | | | |
| | Beaumont, CA 92223 | | | | |
| Telephone Number: | (951) 769-8500 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 14 Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|-----------------|----------------|
| Name: | Cathedral City | | Primary Contact: | Sandra Hatfield | |
| Address: | 68-700 Avenida Lalo Guerrero | | | | |
| | Cathedral City, CA 92234 | | | | |
| Telephone Number: | (760) 770-0371 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 17 Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | |
|---|---|--|--|---------------------|
| Name: | Corona City | | Primary Contact: | Hope Young |
| Address: | 849 W. Sixth Street Corona | | | |
| | Corona, CA 92882 | | | |
| Telephone Number: | (951) 736-2394 | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | <u>29</u> EMD Training | <u> </u> EMT-D |
| | | | <u> </u> BLS | <u> </u> LALS |
| | | | | <u> </u> ALS |
| | | | | <u> </u> Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | |
| | | <input checked="" type="checkbox"/> Law | | |
| | | <input type="checkbox"/> Other | | |
| | | Explain: _____ | | |

| | | | | |
|---|---|--|--|---------------------|
| Name: | Hemet City | | Primary Contact: | Jennifer Homer |
| Address: | 450 E. Latham Ave | | | |
| | Hemet, CA 92543 | | | |
| Telephone Number: | (951) 765-2400 | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | <u> </u> EMD Training | <u> </u> EMT-D |
| | | | <u> </u> BLS | <u> </u> LALS |
| | | | | <u>14</u> ALS |
| | | | | <u> </u> Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | |
| | | <input checked="" type="checkbox"/> Law | | |
| | | <input type="checkbox"/> Other | | |
| | | Explain: _____ | | |

| | | | | | |
|---|---|--|--|-------------------|----------------|
| Name: | Indio City | | Primary Contact: | Richard Blackwell | |
| Address: | 4680 Jackson Street | | | | |
| | Indio, CA | | | | |
| Telephone Number: | (760) 347-8522 Ext 5 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 12 Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|----------------|----------------|
| Name: | Murrieta City | | Primary Contact: | Chris Martinez | |
| Address: | 24701 Jefferson Street | | | | |
| | Murrieta, CA 92562 | | | | |
| Telephone Number: | (951) 696-3615 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 21 Other |
| Ownership: | | If Public: | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|--------------|----------------|
| Name: | Palm Springs City | | Primary Contact: | Betty Blythe | |
| Address: | PO Box 1830 | | | | |
| | Palm Springs, CA 92263 | | | | |
| Telephone Number: | (760) 327-1441 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 17 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|----------------|---------------|
| Name: | Riverside County Sheriff, Blythe | | Primary Contact: | Christine Wade | |
| Address: | 260 Spring Street | | | | |
| | Blythe, CA 92225 | | | | |
| Telephone Number: | (760) 921-7900 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 5 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|---------------|----------------|
| Name: | Riverside County Sheriff, Palm Desert | | Primary Contact: | Heather Woods | |
| Address: | 73520 Fred Waring Dr. | | | | |
| | Palm Desert, CA 92260 | | | | |
| Telephone Number: | (760) 836-1600 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 27 Other |
| Ownership: | | If Public: | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|---------------|----------------|
| Name: | Riverside County Sheriff, Riverside | | Primary Contact: | Heather Woods | |
| Address: | 4095 Lemon Street | | | | |
| | Riverside, CA 92501 | | | | |
| Telephone Number: | (951) 776-1099 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 77 Other |
| Ownership: | | If Public: | If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | |
|---|--|--|---|----------------|
| Name: | Riverside County Fire Department Emergency Communications Center (ECC) | | Primary Contact: | Todd Williams |
| Address: | 210 W. San Jacinto Ave Perris, CA 9370 | | | |
| Telephone Number: | (951) 940-6900 | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | _____ EMD Training | _____ EMT-D |
| | | | _____ BLS | _____ LALS |
| | | | | _____ 59 Other |
| Ownership: | | If Public: | If Public: | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other | <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| | | Explain: _____ | | |

| | | | | |
|---|--|---|---|----------------|
| Name: | Riverside City | | Primary Contact: | Tylor Stanford |
| Address: | 4102 Orange Street Riverside, CA 92510 | | | |
| Telephone Number: | (951) 787-7911 | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster | Number of Personnel Providing Services: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | _____ EMD Training | _____ EMT-D |
| | | | _____ BLS | _____ LALS |
| | | | | _____ 50 Other |
| Ownership: | | If Public: | If Public: | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other | <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | |
| | | Explain: _____ | | |

| | | | | | |
|---|---|--|---|-------------|---------------|
| Name: | UCR PD | | Primary Contact: | Patty Smith | |
| Address: | 3500 Canyon Crest Dr | | | | |
| | Riverside, CA 92521 | | | | |
| Telephone Number: | (951) 827-5212 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 6 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|-------------|----------------|
| Name: | CHP Indio Dispatch Center | | Primary Contact: | Pat Layton | |
| Address: | 79-650 Varner Rd | | | | |
| | Indio, CA 92203-9704 | | | | |
| Telephone Number: | (760) 772-8900 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 25 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|---------------|----------------|
| Name: | CHP Border Communications Center | | Primary Contact: | Steven Taylor | |
| Address: | 7183 Opportunity Rd. | | | | |
| | San Diego, CA 92111 | | | | |
| Telephone Number: | (858) 637-3800 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 50 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

| | | | | | |
|---|---|--|--|------------------|----------------|
| Name: | CHP Inland Communications Center | | Primary Contact: | Patricia Shearer | |
| Address: | 847 E. Brier Drive | | | | |
| | San Bernardino, CA 92404-2820 | | | | |
| Telephone Number: | (909) 388-8000 | | | | |
| Written Contract: | Medical Director: | <input checked="" type="checkbox"/> Day-to-Day | Number of Personnel Providing Services: | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Disaster | _____ EMD Training | _____ EMT-D | _____ ALS |
| | | | _____ BLS | _____ LALS | _____ 41 Other |
| Ownership: | | If Public: | | | |
| <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | | <input type="checkbox"/> Fire | If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | | |
| | | <input checked="" type="checkbox"/> Law | | | |
| | | <input type="checkbox"/> Other | | | |
| | | Explain: _____ | | | |

Name: River Medical/AMR Primary Contact: Jim Wolf
Address: 415 El Camino Way
Lake Havasu City, AZ 86403
Telephone Number: (928) 855-7777

Written Contract: Yes No
Medical Director: Yes No
 Day-to-Day
 Disaster
Number of Personnel Providing Services:
7 EMD Training EMT-D ALS
 BLS LALS Other
Ownership: Public Private
If Public: Fire Law Other
If Public: City County State Fire District Federal
Explain: _____

TABLE 10: RESOURCES DIRECTORY – Facilities

Hemet Valley Medical Center--Change Karen Gross to Kathy Racela
 Inland Valley Medical Center—Change Michael Murphy to Lia Genn
 JFK Memorial Hospital—Change Sharonda Brown to Melisa Briscoe
 Kaiser Permanente-Riverside—Change Victoria Costa to Carrie Cobos

Add the following:

EMS System: RIVERSIDE COUNTY EMS

County: RIVERSIDE

Reporting Year: 2010

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

| | | | | |
|--|--|--|--|---|
| Name, address & telephone: | | Primary Contact: John McGowan RN, Director of ED / Critical Care | | |
| Loma Linda University Medical Center—Murrieta, 28062 Baxter Road Murrieta, CA 92563 | | (951) 704-1945 | | |
| 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:**** _____ |

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS

AMBULANCE ZONE SUMMARY FORMS SUMMARY OF CHANGES

Riverside County has 12 ambulance zones. There has been no change in the geographic configuration of these zones nor has there been any change with respect to the providers for the respective zones since our last EMS Plan update. The language in the Pass Zone Summary Form has been changed to reflect a description of why this area should be considered exclusive pursuant to Health and Safety Code 1797.225 by EMSA. Additionally, the ambulance zone summary form for the Mountain Plateau Zone reflects our understanding that this zone needs to undergo a new competitive bid process. Furthermore, we have modified the language in ambulance zone summary forms for the Cathedral City Zone and Indio City Zone to indicate that these are non-exclusive zones.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or sub-area, 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: Riverside County EMS Agency.</p> |
| <p>Area or sub-area (Zone) Name or Title: Central Zone.</p> |
| <p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response (AMR) / Since 1997. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.</p> |
| <p>Area or sub-area (Zone) Geographic Description: Cities of Moreno Valley and Perris and surrounding unincorporated areas.</p> |
| <p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. AMR is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS And all calls requiring emergency ambulance service.</p> |
| <p>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. Goodhew Ambulance Service provided emergency ambulance services to the Central Zone since the 1970s. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Central Zone being one of them. On April 1, 2004, a new contract with AMR was established to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012.</p> |

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub-area, 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: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Desert Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response (AMR) / Since 1997. Springs Ambulance Service from 1966 to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service. |
| Area or sub-area (Zone) Geographic Description: Cities of Palm Springs, Desert Hot Springs, La Quinta, Coachella, and surrounding unincorporated areas east to Desert Center. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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. Springs Ambulance Service provided emergency ambulance services to the Desert Zone from 1966 to 1996. In 1996, AMR purchased Springs Ambulance Service then merged with Laidlaw/MedTrans in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Desert Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub-area, 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: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Northwest Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response (AMR) / Since 1996. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service. |
| Area or sub-area (Zone) Geographic Description: Cities of Riverside, Corona, Norco and the surrounding unincorporated areas. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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. Goodhew Ambulance Service provided ALS ambulance services to the Northwest Zone from the 1970s to 1995. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Northwest Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance service to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub-area, 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: Riverside County EMS Agency.</p> |
| <p>Area or sub-area (Zone) Name or Title: Pass Zone.</p> |
| <p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.</small> American Medical Response (AMR) / Since 1997. Lifecare Medical Transport from prior to 1981 to 1996. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.</p> |
| <p>Area or sub-area (Zone) Geographic Description: Cities of Banning, Beaumont, Calimesa and surrounding unincorporated areas.</p> |
| <p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Grandfathered exclusivity.</p> |
| <p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> ALS and all calls requiring emergency ambulance service.</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>Grandfathered. Lifecare Medial Transport (LMT) provided ALS ambulance services to the Pass Zone from prior to 1981 to 1996. In 1995, CareLine Ambulance won the Pass Zone from a Request for Proposal (RFP). However, a U.S. District Court preliminary injunction was granted to LMT based on their contention that the RFP and the 1994 EMS Plan violated their rights to be Grandfather pursuant to HS 1997.224 and the RPF process was halted at that time. In 1996, AMR purchased LMT with no interruption in service. Following the sale AMR agreed to drop the lawsuit if the Pass Zone would be Grandfathered under HS 1997.224, therefore the RFP was process never completed.</p> <p>In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Pass Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance service to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012.</p> |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Mountain Plateau Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response (AMR) / Since 1997. Hemet Valley Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service. |
| Area or sub-area (Zone) Geographic Description: Mountain Plateau area except Idyllwild Fire Protection District. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive pursuant to HS 1797.224. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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. Hemet Valley Ambulance Service provided ALS ambulance services to the Mountain Plateau Zone from the 1970s to 1995. Careline Ambulance won a complete bid (RFP) in 1995. Careline was purchased by Laidlaw/MedTrans in 1995 which merged with AMR in 1997. In September 1998, Riverside County EMS Agency (REMSA) established its first agreement with AMR to provide emergency ambulance service the Mountain Plateau Zone. Currently AMR is serving this area pursuant to an agreement with Riverside County. It has been over 10 years since the last RFP and REMSA understands another RFP is required. Additionally, REMS understands that EMSA has a workgroup working on RFP term description. |

AMBULANCE ZONE SUMMARY FORM

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

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|--|
| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Southwest Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response (AMR) / Since 1997. Predecessor companies from the 1970s. See below under Method to Achieve Exclusivity for chronology of uninterrupted service. |
| Area or sub-area (Zone) Geographic Description: Cities of Canyon Lake, Lake Elsinore, Murrieta, Temecula and the surrounding unincorporated areas. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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 1984, Goodhew Ambulance Service bought John's Ambulance serving Lake Elsinore and parts of Murrieta. In 1985, Goodhew bought Sun City Ambulance Service serving unincorporated areas in the Southwest Zone. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Pass Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: San Jacinto Valley / Hemet Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. American Medical Response/ Since 1997. Hemet Valley Ambulance Service from the 1970s to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service. |
| Area or sub-area (Zone) Geographic Description: Cities of San Jacinto, Hemet and the surrounding unincorporated areas. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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. Hemet Valley Ambulance Service provided ALS ambulance services to the San Jacinto Valley Zone from the 1970s to 1997. In 1997, Laidlaw/MedTrans purchased Hemet Valley Ambulance Service and then merged with AMR with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Mountain Plateau Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Palo Verde Valley Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. Blythe Ambulance Service / From 1979 to present. |
| Area or sub-area (Zone) Geographic Description: Cities of Blythe and the surrounding unincorporated areas in the Palo Verde Valley region from state and county boundaries west to Desert Center. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. Blythe Ambulance Service is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside 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.). ALS and all calls requiring emergency ambulance service. |
| 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. Blythe Ambulance Service has been providing emergency ambulance services from 1979 to the present. On July 1, 2002, Blythe Ambulance Service entered into its first contract with Riverside County to provide emergency ambulance services for the Palo Verde Valley Zone. On January 1, 2011 AMR finalized its purchase of Blythe Ambulance Service with no interruption in services. The agreement for emergency ambulance services was extended until June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Idyllwild Fire Protection District (IFPD). |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. Idyllwild Fire Protection District / ALS ambulance services from 1980 to present. |
| Area or sub-area (Zone) Geographic Description: Idyllwild Fire Protection District. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. IFPD is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors in 1994, 1999 and 2005. |
| 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 calls requiring emergency ambulance service. |
| 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. IFPD has been providing uninterrupted ALS ambulance services since 1980. IFPD entered into its first contract with Riverside County for ALS ambulance services for Idyllwild Fire Protection District on July 1, 1997. On July 1, 2004, a new contract was formed between Riverside County and IFPD. On September 29, 2009 this agreement was modified and approved for a three year term ending June 30, 2012. |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Cathedral City Zone. |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.</small> Cathedral City Fire Department / from June 1988 to present. Springs Ambulance Service provided emergency ambulance services to Cathedral City from 1966 to 1988. |
| Area or sub-area (Zone) Geographic Description: Cathedral City. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive. However, Cathedral City Fire Department is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors in 1994, 1999 and 2005. However, Cathedral City Fire started providing ALS Ambulances services after January 1, 1981 which constitutes a change in the scope and manner of services. |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> |
| Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Non-exclusive. |

AMBULANCE ZONE SUMMARY FORM

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

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| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Indio City Zone. |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub-area. Riverside County Fire/ CAL FIRE emergency ambulance services from 1997 to present. |
| Area or sub-area (Zone) Geographic Description: Indio City. |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive. However, Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors. |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): All calls requiring emergency ambulance service. |
| 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. Non-exclusive |

AMBULANCE ZONE SUMMARY FORM

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

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|--|
| Local EMS Agency or County Name: Riverside County EMS Agency. |
| Area or sub-area (Zone) Name or Title: Coves Cities Zone |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.</small> Riverside County Fire Department/ CAL FIRE. Uninterrupted since before 1981. |
| Area or sub-area (Zone) Geographic Description: Indian Wells, Palm Desert and Rancho Mirage |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive without competitive bid process. Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors. |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): All calls requiring emergency ambulance services. |
| Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Grandfathered. Uninterrupted service with no changes in scope and manner since prior to 1981. The voters approved the fire tax measure on April 8 1980. The ambulance operation commenced prior to June 1, 1980, qualifying as Grandfather under HS 1797.201, HS 1797.226 and HS 1797.244. Springs Ambulance Service provided emergency ambulance service to these areas prior to 1981. The cities of Rancho Mirage, Indian Wells and Palm Desert combined to form the Cove Communities Services Commission in order to provide municipal emergency ambulance to these three cities. Prior to 1981, the Cove Communities Services Commission contracted with Riverside County Fire Department/ CAL FIRE in order to provide municipal emergency ambulance services in these three cities. In 1984, Springs Ambulance Service filed a lawsuit claiming the Cove Communities Services Commission violated federal antitrust laws. Springs Ambulance Service lost the lawsuit. |

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



July 20, 2012

Bruce Barton,
EMS Administrator
P.O. Box 7600
Riverside, CA 92513-7600

Dear Mr. Barton:

We have completed our review of *Riverside 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 the EMS plan update:

Standard 1.24 - Advanced Life Support - In Riverside County's 2009 EMS plan update your objective was to obtain a written agreement with Cathedral City Fire Department. In your next update please show progress in obtaining a written agreement with Cathedral City Fire Department.

Standard 2.04 - Dispatch Training - In Riverside County's 2009 EMS plan update your objective was to work towards ensuring that all medical 9-1-1 calls are handled by a PSAP operating in accordance with EMSA's EMD Guidelines. Please show progress in meeting this objective in your next EMS plan update.

Standard 3.04 - Dispatch Center - Riverside County has developed a countywide communications plan, but this standard has not been met due to the geography and the existing communications infrastructure. Please continue working towards countywide coverage with a single dispatch center and show your progress in your next EMS plan update.

Standard 4.05 - Response Times - In your 2009 EMS plan update it was stated that Riverside County has adopted response time standards for ALS ambulance response, but countywide response time standards have not been established for first responder services. Please continue working to establish countywide response time criteria for all EMS providers and show progress in your next EMS plan update.

Standard 4.10 - Aircraft Availability - In your 2009 EMS plan update your objective was to formulate agreements with all air providers. This is a long range goal please show some progress in your next EMS plan update.

Table 6 - Under Trauma, please submit data on: number of patients meeting trauma triage criteria; number of major trauma victims transported directly to a trauma center by ambulance; and number of major trauma patients transferred to a trauma center.

Transportation Plan:

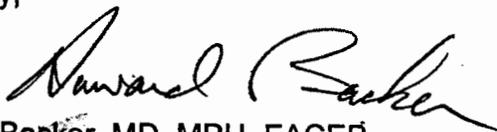
Mountain Plateau Zone: The last RFP for this zone was held in 1995. In your letter dated March 6, 2012, the Riverside County acknowledged the EMS Authority's opinion that the "periodic intervals" for a competitive process means at least every ten (10) years and are currently reviewing its opinions for this zone. Until a new competitive process has been completed, the EMS Authority will recognize the Mountain Plateau Zone as being non-exclusive.

Pass Zone: Prior documentation indicated that a competitive process was conducted for this zone in 1995. The AZS form stated that Lifecare obtained a federal court injunction against awarding the contract and the Pass Zone is exclusive without a competitive process. On May 23, 2012, the EMS Authority sent an email to you informing you before the EMS Authority could determine if the Pass Zone qualifies for exclusivity without a competitive process under section 1797.224, copies of the federal court injunction and the sales agreement between AMR and Lifecare would be required. As of this date, no response has been received by your agency. Until the requested documentation is received, the EMS Authority will recognize the Pass Zone as being non-exclusive.

Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of Riverside County's ambulance zones.

Your annual update will be due on July 20, 2013. Please submit Riverside County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachment

Attachment

EMSA Determination Level of Exclusivity

Riverside County July 20, 2012

| Zone | Exclusivity | | | Type | | | Level | | | | | | | | |
|--------------------------|---------------|-----------|-------------------------------|---------------------|-----|------|---------------------------------|--------------------------|----------------------------|---------------|----------------------------|---------------------------|--|-------------------|-------------------------|
| | Non-Exclusive | Exclusive | Method to Achieve Exclusivity | Emergency Ambulance | ALS | LALS | All Emergency Ambulance Service | 9-1-1 Emergency Response | 7-Digit Emergency Response | ALS Ambulance | All CCT Ambulance Services | BLS Non-Emergency and IFT | Standby Service with Transport Authorization | All Air Ambulance | Emergency Air Ambulance |
| Cathedral City | X | | | | | | | | | | | | | | |
| Central Zone | | X | Non-Competitive | X | | | | X | | | | | | | |
| Cove Communities | | X | Non-Competitive | X | | | | X | | | | | | | |
| Desert Zone | | X | Non-Competitive | X | | | | X | | | | | | | |
| Idyllwind FPD | | X | Non-Competitive | X | | | | X | | | | | | | |
| Indio City Zone | X | | | | | | | | | | | | | | |
| Mountain Plateau | X | | | | | | | | | | | | | | |
| Northwest | | X | Non-Competitive | X | | | | X | | | | | | | |
| Palo Verde Valley Zone | | X | Non-Competitive | X | | | | X | | | | | | | |
| Pass Area | X | | | | | | | | | | | | | | |
| San Jacinto/Hemet Valley | | X | Non-Competitive | X | | | | X | | | | | | | |
| Southwest | | X | Non-Competitive | X | | | | X | | | | | | | |