



IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT

Prepared by: The Emergency Medical Services Agency

2012 EMS System Plan Update

IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT

Emergency Medical Services Agency

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SECTION 1: SUMMARY

The Imperial County Public Health Department's (ICPHD) Emergency Medical Services Agency (ICEMSA) has prepared the 2012 update to the EMS Plan for Imperial County previously approved by the County Board of Supervisors in 2006. This plan, with the bi-annual updates, is the result of cooperation and collaboration of EMS partners in our County. The purpose of the plan is to identify key components of the EMS system which include EMS and Trauma systems. Some of the key sections of the EMS plan include emergency ambulance Exclusive Operating Areas (EOAs), EMS Advisory committee structure, roles of first responders, law enforcement agencies, hospitals, trauma centers, and all other EMS stakeholders. While changes in the local EMS system have been slow to occur a steady momentum has been initiated and is now moving forward into a new and brighter future for EMS in Imperial County.

Major Changes

1. In 2010 ICEMSA hired a new EMS Manager for the Agency filling a vacancy that had been left open after the departure of the previous administrator.
 2. In 2011 ICEMSA completed a contract extension with Schaefer-Gold Cross for the Zone 1 EOA which included new ambulance service performance standards and stipulates minimum employee training standards. Additionally, in 2011 the Bureau of Land Management (BLM) was added as an ALS first response provider in the wilderness/desert areas of Imperial County that are served by BLM. Similarly in 2012, the Imperial County Fire Department expanded its first response capability to ALS service level in the Niland, Ocotillo, and Seeley areas.
 3. Since 2009 the Imperial County EMS Agency has received funding from the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Program, Hospital Preparedness Program, State General Fund Pandemic Influenza, and Department of Homeland Security Grant funding. The ICEMSA works closely with local partners and ICPHD subject matter experts to improve the County's preparedness and response to accidental and manmade public health threats and emergencies.
 4. In 2011, the ICEMSA worked with local transport providers and one ALS first response partner to implement a new and improved electronic patient care record (ePCR) program and regional data aggregation tool. The City of Calexico Fire
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Department, Naval Air Facility El Centro Fire Department, Gold Cross Ambulance Service, West Shores Ambulance Service, and the City of El Centro Fire Department participated in local system wide training and deployment of the ePCR program. It is the goal for the ICEMSA to be ready to provide CEMSIS data to the EMSA by the first quarter of 2013.

5. During the past two years the ICEMSA has participated in several domestic preparedness and emergency planning efforts throughout the operational area. In 2010 and 2011, the ICEMSA was the lead agency and participated in the Statewide Medical and Health Training Exercise testing surge capacity protocols, All-hazards Emergency & Communications plans, information dissemination and sharing, and emergency operations management.
 6. In 2012, the ICEMSA finished a comprehensive review and update of the field policy, procedures, and protocols manual. This included the evaluation of current practices and treatment modalities as well as the addition of new policies, procedures and protocols. Some of the new additions included the use of Zofran, Adenosine, and CPAP to name a few.
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Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-9.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*			X		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy			X		
1.21 Determination of Death			X		
1.22 Reporting of Abuse			X		
1.23 Interfacility Transfer			X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System	X				X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01	Communication Plan*	X	X		
3.02	Radios	X	X		
3.03	Interfacility Transfer*		X		
3.04	Dispatch Center		X		
3.05	Hospitals	X	X		
3.06	MCI/Disasters	X			
Public Access:					
3.07	9-1-1 Planning/Coordination	X	X		
3.08	9-1-1 Public Education		X		
Resource Management:					
3.09	Dispatch Triage	X	X		
3.10	Integrated Dispatch	X			

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests			X		
4.04 Prescheduled Responses			X		
4.05 Response Time Standards*		X	X		
4.06 Staffing			X		
4.07 First Responder Agencies			X		
4.08 Medical & Rescue Aircraft*			X		
4.09 Air Dispatch Center			X		
4.10 Aircraft Availability*			X		
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response			X		
4.13 Intercounty Response*		X			
4.14 Incident Command System			X		
4.15 MCI Plans			X		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment			X		

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams	X				X
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*	X			X	
8.12	Establishment of CCPs	X			X	
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.27	Pediatric System Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The Imperial County EMS Agency has diligently worked with local hospitals to address the needs of the pediatric population within Imperial County. Imperial County EMS has worked together in the past to provide for collaboration between Social Services and Emergency Service Agencies for the development of agreements for public safety agencies to participate in the safe surrender baby law and program. An agreement has been developed and is currently in place to transfer pediatric trauma patients to Rady Children's Hospital in San Diego. Pediatric patients have and continue to be transferred out of county via air ambulance service. Special training requirements for EMTs and Paramedics in the field have been incorporated into the agreement for emergency ambulance for the largest provider in the county. The current agreement requires that EMTs and Paramedics obtain one of the following: Pediatric Advanced Life Support Training, Neonatal Advanced Life Support, or Pediatric Emergencies for Pre-hospital Professionals.</p>	<p>During the next year the Imperial County EMS Agency will work on the development and formation of a pediatric care needs assessment task force for Imperial County. This task force will include partner agencies from emergency medicine, pediatric emergency medicine (if available), local EMS training programs, base hospital coordination, receiving facility representatives, ground ambulance transport providers, air ambulance transport providers, and EMS Agency representatives. This task force shall be charged with the development of a process to enhance pediatric preparedness to include injury prevention, field care, ED care, and pediatric patient transfer guidelines.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.09	DMAT Teams	☑	☑	☐	<p>The Imperial County EMS Agency has attempted to formally develop Disaster Medical Assistance Teams in Imperial County but has been impeded by a variety of problems. The most important of which is the financial difficulties associated with the development of such a team in an area like Imperial County. The local MHOAC has developed and continues to foster activities involved in the exercising of medical resource requesting and tracking as part of the request process through the Region VI RDMHS partnership.</p>	<p>The Imperial County EMS Agency plans to continue to plan for and exercise the plans associated with the requesting of resources that may be needed in Imperial County. The MHOAC will update the Medical Health Branch Plan and exercise the use of the plan during upcoming disaster drills. For example during the 2012 SWMHTE and 2013 Golden Guardian. Also, the EMS Agency plans to bring training to the county in regart to the EOM for resource requesting.</p>
8.11	CCP Designation	☐	☑	☐	<p>While the major cities and fire departments in the area of Imperial County have designated CCPs in their areas of influence the Imperial County EMS Agency along with the local Office of Emergency Services will attempt to coordinate the validation of CCPs in their areas.</p>	<p>The Imperial County EMS Agency plans to coordinate with OES to validate the use of CCPs in the county.</p>

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Imperial County EMS Agency

Reporting Year: FY 2011

County: Imperial

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%.)

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

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

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

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

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

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2011-12

EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$ 296,222.00</u>
Contract Services (e.g. medical director)	<u>\$ 22,380.00</u>
Operations (e.g. copying, postage, facilities)	<u>\$ 43,517.00</u>
Travel	<u>\$ 43,874.00</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>\$ 52,831.00</u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>OTS-EM0341</u>	<u>\$104,212.00</u>
Other: <u>HSG-09</u>	<u>\$ 82,140.00</u>
Other: _____	_____
TOTAL EXPENSES	<u>\$ 645,176.00</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>\$ 9,234.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: <u>PHEP 2011-12</u>	<u>\$ 192,934.00</u>
Other grants: <u>HPP 2011-12</u>	<u>\$ 189,970.00</u>
Other (specify): <u>PAN FLU</u>	<u>\$ 66,686.00</u>
Other: <u>OTS-EM0341</u>	<u>\$104,212.00</u>
Other: <u>HSG-09</u>	<u>\$ 82,140.00</u>
TOTAL REVENUE	<u>\$645,176.00</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2011-12

We do not charge any fees

Our fee structure is:

First responder certification	<u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>\$ 85</u>
EMT-I recertification	<u>\$ 47</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>\$ 85</u>
AEMT recertification	<u>\$ 47</u>
EMT-P accreditation	<u>\$ 20</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$ 20</u>
MICN/ARN recertification	<u>\$ 20</u>
EMT-I training program approval	<u>N/A</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>N/A</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application	
Type: <u>N/A</u>	

Other critical care center designation

Type: N/A

Ambulance service license

\$ N/A

Ambulance vehicle permits

 N/A

Other:

 N/A

Other:

 N/A

Other:

 N/A

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2011-12.

Table 2 - System Organization & Management (cont.)

EMS System: IMPERIAL COUNTY Reporting year: 2011-12

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1	\$ 38.00	42.543%	N/A
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A	N/A	N/A	N/A	N/A
ALS Coord./Field Coord./ Training Coordinator	N/A	N/A	N/A	N/A	N/A
Program Coordinator/ Field Liaison (Non-clinical)	HPP Coordinator PHEP Coordinator Pan-Flu Coordinator	3	\$ 24.88	42.543%	N/A
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	.15	\$ 71.00	N/A	N/A

Other MD/Medical Consult/ Training Medical Director	N/A	N/A	N/A	N/A	N/A
Disaster Medical Planner	N/A	N/A	N/A	N/A	N/A

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A	N/A	N/A	N/A	N/A
Medical Planner	N/A	N/A	N/A	N/A	N/A
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	N/A
QA/QI Coordinator	N/A	N/A	N/A	N/A	N/A
Public Info. & Education Coordinator	N/A	N/A	N/A	N/A	N/A
Executive Secretary	Office Technician	N/A	N/A	N/A	N/A
Other Clerical	N/A	N/A	N/A	N/A	N/A
Data Entry Clerk	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: IMPERIAL COUNTY
 Reporting Year: 2011

NOTE: Table 3 is to be reported by agency.

	EMT - Is	A EMT	EMT - Ps	MICN
Total Certified	254	39	N/A	18
Number newly certified this year	50	0	N/A	0
Number recertified this year	92	16	N/A	2
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	70	N/A
Number of certification reviews resulting in:				
a) formal investigations	10	0	N/A	0
b) probation	1	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	N/A	0
e) denials	2	0	N/A	0
f) denials of renewal	0	0	N/A	
g) no action taken	9	0	0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 19
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Imperial County

County: Imperial

Reporting Year: 2011

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

1. Number of primary Public Service Answering Points (PSAP) 5
 2. Number of secondary PSAPs 2
 3. Number of dispatch centers directly dispatching ambulances 1
 4. Number of designated dispatch centers for EMS Aircraft 1
 5. Do you have an operational area disaster communication system? Yes X No ___
 - a. Radio primary frequency 800MHZ
 - b. Other methods VHF/SAT PHONES/REDDINET/HAM
 - c. Can all medical response units communicate on the same disaster communications system? Yes X No ___
 - d. Do you participate in OASIS? Yes X No ___
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes X No ___
 - 1) Within the operational area? Yes X No ___
 - 2) Between the operational area and the region and/or state? Yes X No ___
 6. Who is your primary dispatch agency for day-to-day emergencies? Imperial County Sheriff's Office
 7. Who is your primary dispatch agency for a disaster? El Centro Police/Fire Dispatch
-

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Imperial County

Reporting Year: 2011

Note: Table 5 is to be reported by agency.

EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT-Defibrillation providers 13

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	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	10 minutes	30 minutes	60 minutes	N/A

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

EMS System: Imperial County
Reporting Year: 2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>602</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>146</u>
c) Number of major trauma patients transferred to a trauma center	<u>98</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>0</u>

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Imperial County

County: Imperial

Reporting Year: 2011

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Local School Gymnasiums and Cafeterias
 - b. How are they staffed? Imperial County Medical Reserve Corps Members
 - c. Do you have a supply system for supporting them for 72 hours? Yes X no

2. CISD
Do you have a CISD provider with 24 hour capability? Yes X no

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes X no
 - b. At what HazMat level are they trained? FRO, Spec & Tech
 - c. Do you have the ability to do decontamination in an emergency room? Yes X no
 - d. Do you have the ability to do decontamination in the field? Yes X no

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 14

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Imperial

Provider: Calexico Fire Department

Telephone
Number:

760-768-2150

Address: 430 E. 5th Street

Calexico, CA 92231

**Number of
Ambulances:**

3

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Water</td> </tr> </table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air		<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground									
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air									
	<input type="checkbox"/> Water									
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>						

Transporting Agencies

3806 Total number of responses
3806 Number of emergency responses
 _____ Number of non-emergency responses

3098 Total number of transports
 _____ Number of emergency transports
0 Number of non-emergency transports

County: Imperial

Provider: Gold Cross Ambulance

Telephone
Number:

760-353-3380

Address: 905 Imperial Avenue

El Centro, CA 92243

Number of
Ambulances:

8

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

12732 Total number of responses
9672 Number of emergency responses
3060 Number of non-emergency responses

12744 Total number of transports
9672 Number of emergency transports
3072 Number of non-emergency transports

County: Imperial

Provider: West Shores Ambulance

Telephone
Number:

760-395-6800

Address: 83 Desert Shores Drive

Desert Shores CA 92274

Number of
Ambulances:

3

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

853 Total number of responses
760 Number of emergency responses
93 Number of non-emergency responses

510 Total number of transports
417 Number of emergency transports
93 Number of non-emergency transports

County: Imperial

Provider: NAF El Centro Fire Department

Telephone
Number:

(760) 339-2251

Address: 1605 3RD STREET (CODE N30)

El Centro, CA 92243

Number of
Ambulances:

3

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <table> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Water</td> </tr> </table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air		<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground									
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air									
	<input type="checkbox"/> Water									
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>						

Transporting Agencies

47 Total number of responses
46 Number of emergency responses
1 Number of non-emergency responses

47 Total number of transports
46 Number of emergency transports
1 Number of non-emergency transports

County: IMPERIAL

Provider: Mercy Air Service

Telephone
Number:

909 829-7030

Address: 1670 Miro Way

Rialto, CA 92376

Number of
Ambulances:

5

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Air Ambulance Services

86 Total number of responses
14 Number of emergency responses
72 Number of non-emergency responses

55 Total number of transports
7 Number of emergency transports
48 Number of non-emergency transports

County: IMPERIAL

Provider: REACH Air Ambulance
 Address: 1111 Airport Road
 Imperial, CA 92251

Telephone Number: 760-550-4369
 Number of Ambulances: 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Air Ambulance Services

1150 Total number of responses
231 Number of emergency responses
583 Number of non-emergency responses

814 Total number of transports
231 Number of emergency transports
583 Number of non-emergency transports

County: IMPERIAL

Provider: TriState CareFlight

Telephone 928-704-7025

Address: 2000 Hwy 95, Suite 210
Bullhead City AZ, 86442

Number: _____

Number of Ambulances: 22

<p>Written Contract: <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Air Ambulance Services

123 Total number of responses
123 Number of emergency responses
0 Number of non-emergency responses

85 Total number of transports
85 Number of emergency transports
0 Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: IMPERIAL

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

Facility: Pioneers Memorial Healthcare District Telephone Number: 760-351-3888
 Address: 207 W. Legion Rd
Brawley Ca, 92231

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Pediatric Critical Care Center^[1] EDAP^[2] PICU^[3]</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Trauma Center:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV</p>	

^[1] Meets EMSA Pediatric Critical Care Center (PCCC) Standards
^[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
^[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: IMPERIAL

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

Facility: El Centro Regional Medical Center Telephone Number: 760-482-5134
Address: 1415 Ross Ave
El Centro, CA 92243

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center^[1] EDAP^[2] PICU^[3] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
--	--	--

^[1] Meets EMSA Pediatric Critical Care Center (PCCC) Standards

^[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

^[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Imperial County EMS Agency County: Imperial CA

Reporting Year: 11-12

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

Training Institution Name: **Imperial Valley College**
 380 East Aten Road
 Imperial CA 92251

Contact Person telephone no. (760) 355-6275

Student Eligibility: * Open to general public	Cost of Program Basic <u>\$ 533.00</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-B</u> Number of students completing training per year: Initial training: <u>100</u> Refresher: <u>20</u> Cont. Education <u>00</u> Expiration Date: <u>09/30/2013</u> Number of courses: <u>6</u> Initial training: <u>5</u> Refresher: <u>1</u> Cont. Education: <u>0</u>
---	--	--

Training Institution Name: **Imperial Valley College**
 380 East Aten Road
 Imperial CA 92251

Contact Person telephone no. (760) 355-6275

Student Eligibility: * Open to general public	Cost of Program Basic <u>\$3,500.00</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>N/A</u> Cont. Education <u>N/A</u> Expiration Date: <u>09/30/2012</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>
---	---	---

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Imperial County EMS Agency County: Imperial CA

Reporting Year: 11-12

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

Training Institution Name: **BLM – El Centro Field Office**
 1661 S. 4th Street
 El Centro CA 92243

Contact Person telephone no. (760) 791-5619

Student Eligibility: * Restricted to current federal agency employees	Cost of Program Basic <u>\$0</u> Refresher <u>\$0</u>	**Program Level: <u>EMR</u> Number of students completing training per year: Initial training: <u>8</u> Refresher: <u>10</u> Cont. Education <u>43</u> Expiration Date: <u>N/A</u> Number of courses: <u>7</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>5</u>
---	--	---

Training Institution Name: **BLM – El Centro Field Office**
 1661 S. 4th Street
 El Centro CA 92243

Contact Person telephone no. (760) 791-5619

Student Eligibility: * Restricted to current federal agency employees	Cost of Program Basic <u>\$0</u> Refresher <u>\$0</u>	**Program Level: <u>EMT-B</u> Number of students completing training per year: Initial training: <u>7</u> Refresher: <u>27</u> Cont. Education <u>51</u> Expiration Date: <u>11/1/2014</u> Number of courses: <u>7</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>5</u>
---	--	---

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Imperial County EMS Agency County: Imperial CA

Reporting Year: 11-12

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

Training Institution Name	El Centro Sector Border Patrol BORSTAR 211 West Aten Road Imperial CA 92251	Contact Person telephone no.	(760)335-5835 M. Curnoles
----------------------------------	--	-------------------------------------	--------------------------------------

Student Eligibility: * Restricted to federal, state and local government agencies	Cost of Program Basic <u>\$0</u> Refresher <u>\$0</u>	**Program Level: <u>EMT-B</u> Number of students completing training per year: Initial training: <u>8</u> Refresher: <u>0</u> Cont. Education <u>157</u> Expiration Date: <u>1/1/2014</u> Number of courses: <u>20</u> Initial training: <u>1</u> Refresher: <u>0</u> Cont. Education: <u>19</u>
--	--	--

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Imperial County EMS Agency **County:** Imperial CA

Reporting Year: 11-12

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

Name, address & telephone:		Primary Contact:							
Calexico Police Dispatch, 420 E. 5 th St., Calexico, CA., 92231		Carmen Leon (760) 768-2140							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>0</u> EMD Training</td> <td><u> </u> EMT-D</td> <td><u> </u> ALS</td> </tr> <tr> <td><u>9</u> BLS</td> <td><u> </u> LALS</td> <td><u> </u> Other</td> </tr> </table>	<u>0</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS	<u>9</u> BLS	<u> </u> LALS	<u> </u> Other
<u>0</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS							
<u>9</u> BLS	<u> </u> LALS	<u> </u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

Name, address & telephone:		Primary Contact:							
Gold Cross Ambulance, P.O. Box 1834, El Centro, CA., 92243		John Goodall/Jackie Ackison (760) 353-3380							
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>0</u> EMD Training</td> <td><u>0</u> EMT-D</td> <td><u>0</u> ALS</td> </tr> <tr> <td><u>0</u> BLS</td> <td><u>0</u> LALS</td> <td><u>13</u> Other</td> </tr> </table>	<u>0</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS	<u>0</u> BLS	<u>0</u> LALS	<u>13</u> Other
<u>0</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS							
<u>0</u> BLS	<u>0</u> LALS	<u>13</u> Other							
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

TABLE 8: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Imperial County EMS Agency County: Imperial CA

Reporting Year: 11-12

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

Name, address & telephone:		Primary Contact:							
California Highway Patrol, 2331 Highway 86, Imperial, CA 92251		Dispatch Supervisor 760-482-2505							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>0</u> EMD Training</td> <td><u>0</u> EMT-D</td> <td><u>0</u> ALS</td> </tr> <tr> <td><u>0</u> BLS</td> <td><u>0</u> LALS</td> <td><u>11</u> Other</td> </tr> </table>	<u>0</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS	<u>0</u> BLS	<u>0</u> LALS	<u>11</u> Other
<u>0</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS							
<u>0</u> BLS	<u>0</u> LALS	<u>11</u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

Name, address & telephone:		Primary Contact:							
Brawley Police Dispatch, 351 Main St., Brawley, CA., 92227		Regina Kim (760) 344-2111 ext. 7760							
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table border="0"> <tr> <td><u>6</u> EMD Training</td> <td><u>0</u> EMT-D</td> <td><u>0</u> ALS</td> </tr> <tr> <td><u>0</u> BLS</td> <td><u>0</u> LALS</td> <td><u>0</u> Other</td> </tr> </table>	<u>6</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS	<u>0</u> BLS	<u>0</u> LALS	<u>0</u> Other
<u>6</u> EMD Training	<u>0</u> EMT-D	<u>0</u> ALS							
<u>0</u> BLS	<u>0</u> LALS	<u>0</u> Other							
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Imperial County EMS Agency **County:** Imperial CA

Reporting Year: 11-12

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

Name, address & telephone: Imperial County Sheriff's Office, 328 Applestill Rd., El Centro, CA., 92243		Primary Contact: Anna King (760) 339-6311													
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>8</u></td> <td>EMD Training</td> <td style="text-align: center;"><u>0</u></td> <td>EMT-D</td> <td style="text-align: center;"><u>0</u></td> <td>ALS</td> </tr> <tr> <td style="text-align: center;"><u>0</u></td> <td>BLS</td> <td style="text-align: center;"><u>0</u></td> <td>LALS</td> <td style="text-align: center;"><u>3</u></td> <td>Other</td> </tr> </table>	<u>8</u>	EMD Training	<u>0</u>	EMT-D	<u>0</u>	ALS	<u>0</u>	BLS	<u>0</u>	LALS	<u>3</u>	Other
<u>8</u>	EMD Training	<u>0</u>	EMT-D	<u>0</u>	ALS										
<u>0</u>	BLS	<u>0</u>	LALS	<u>3</u>	Other										
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal												

Name, address & telephone: El Centro Police and Fire Dispatch, 150 N. 11 th Street, El Centro, CA 92243		Primary Contact: Maria Birdsall (760) 336-8980													
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>10</u></td> <td>EMD Training</td> <td style="text-align: center;"><u>0</u></td> <td>EMT-D</td> <td style="text-align: center;"><u>0</u></td> <td>ALS</td> </tr> <tr> <td style="text-align: center;"><u>0</u></td> <td>BLS</td> <td style="text-align: center;"><u>0</u></td> <td>LALS</td> <td style="text-align: center;"><u>0</u></td> <td>Other</td> </tr> </table>	<u>10</u>	EMD Training	<u>0</u>	EMT-D	<u>0</u>	ALS	<u>0</u>	BLS	<u>0</u>	LALS	<u>0</u>	Other
<u>10</u>	EMD Training	<u>0</u>	EMT-D	<u>0</u>	ALS										
<u>0</u>	BLS	<u>0</u>	LALS	<u>0</u>	Other										
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EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name: Imperial County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 1 Ambulance District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Gold Cross Ambulance</p>
<p>Area or subarea (Zone) Geographic Description: Zone One Ambulance District From the San Diego County line east along the Baja Mexico border to the point where a line drawn north meets Highway 98 at No. Mirage, then east from No. Mirage along an imaginary line drawn through Heber Ave. and continues east to where the line meets with Interstate 8, then follow I-8 to Gordon's Well. North from Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the border of the Chocolate Mountain Live Bombing Range, and following the eastern border of the Live Bombing Range to the Riverside County line. West along the Riverside County line to the Salton Sea, then south along the eastern and southern shoreline of the Salton Sea, to a point where a line drawn from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line. South from Highway 78 along the San Diego County line to the border of Baja Mexico.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area</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.). Emergency Ambulance – 911 Emergency Response.</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: Schaefer's Gold Cross Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone I Ambulance District since 1974.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

<p>Local EMS Agency or County Name: Imperial County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Zone 2 Ambulance District</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Calexico Fire Department (36 years)</p>
<p>Area or subarea (Zone) Geographic Description: Zone 2 Ambulance District</p> <p>Starting point – on the Baja Mexico border at the point where a line drawn north meets Highway 98 at No. Mirage, then east from No. Mirage along an imaginary line drawn through Heber Ave., Heber and continues east to where the line meets with Interstate 8, then follows I-8 to Gordon's Well. South from Gordon's Well to the border of Baja, Mexico, then west along the Baja Mexico border to the starting point. Service Area includes all areas south of the imaginary line drawn through Heber Ave (not including Heber Ave.) and inclusive of all other boundaries.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area</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.). Emergency Ambulance – 911 Emergency Response.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Zone 2 Ambulance District in Imperial County is an EOA awarded to Calexico Fire Department who has continued to provide service in the same manner and scope since 1972. If the City of Calexico decides to give up the ambulance service, the County EMS Agency is required to conduct a competitive bid process before awarding an EOA contract to another provider. The contract can be for any length of time (many counties award for a 4 or 5-year period), but no more than 10-year period.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name:

Imperial County EMS Agency

Area or subarea (Zone) Name or Title:

Zone 3 Ambulance District

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

West Shores Ambulance Service

Area or subarea (Zone) Geographic Description: Zone 3 Ambulance District

Starting at the point where Imperial County, San Diego County and Riverside County meet, then east along the Riverside County line, then south along the western shoreline of the Salton Sea, to a point where a line drawn east from Highway 78 meets the Salton Sea, then west along Highway 78 to the San Diego County line and then north to the starting point. Service area includes all areas north of Highway 78 (including Highway 78) and all areas west of the Salton Sea to the county line.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive Operations Area

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance – 911 Emergency Response.

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: West Shore Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone 3 Ambulance District since 1979.

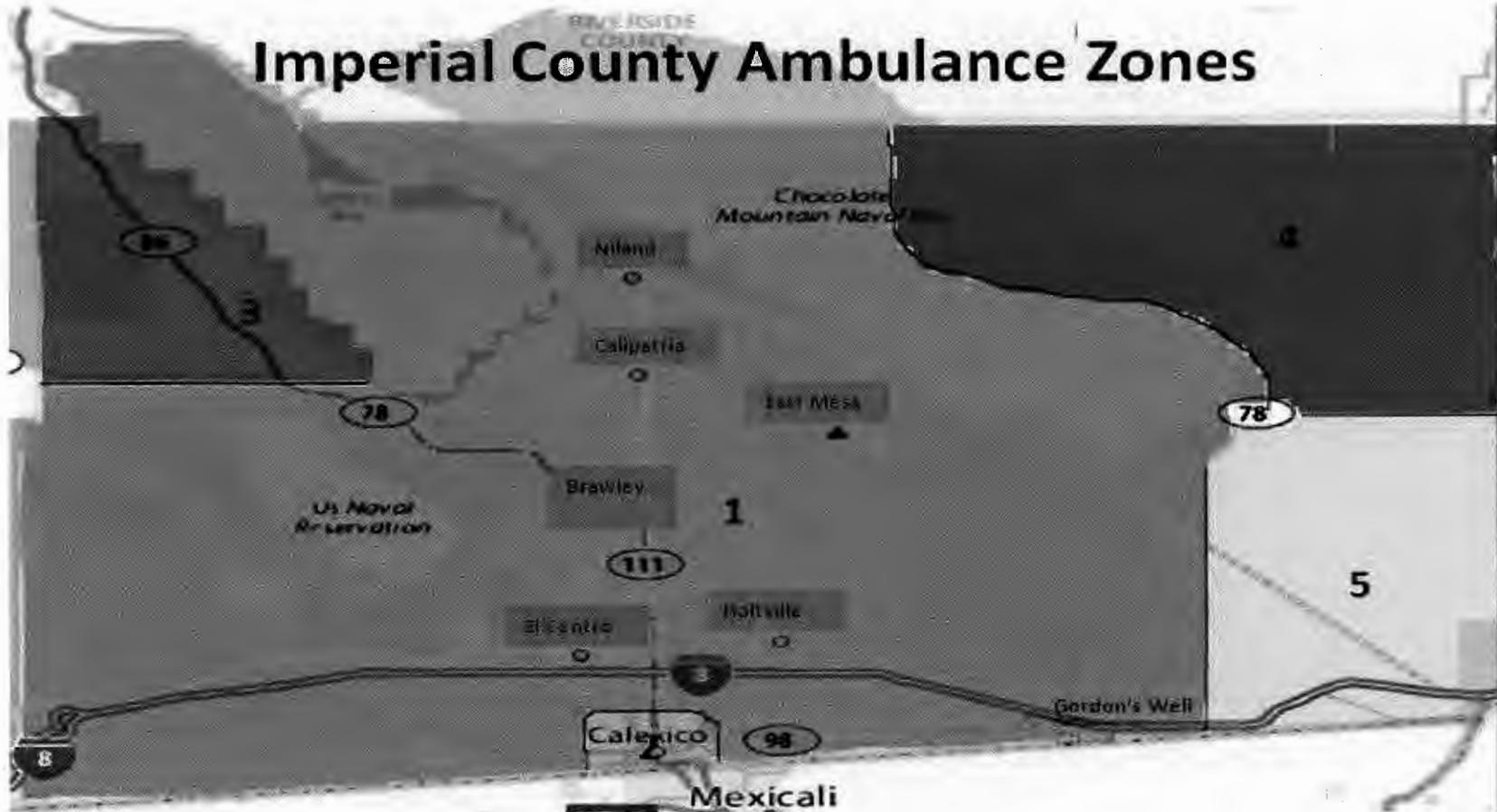
**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name: Imperial County EMS Agency
Area or subarea (Zone) Name or Title: Zone 4 Ambulance District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Blythe Ambulance Service
Area or subarea (Zone) Geographic Description: Zone 4 Ambulance District Starting at the point where Imperial County and Riverside County meet at the Arizona border, then south along the California/Arizona border line to a point where a line drawn west meets at the border of the chocolate Mountain Live Bombing Range, then north following the eastern border of the Live Bombing Range to the Riverside County line, then east to the starting point. (See map)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance – 911 Emergency Response.
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 provided uninterrupted service to Zone 4 Ambulance District since 1979. They upgraded from LALS/BLS to full ALS in 1994.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

Local EMS Agency or County Name: Imperial County EMS Agency
Area or subarea (Zone) Name or Title: Zone 5 Ambulance District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Rural Metro Fire and Rescue Services, Inc.
Area or subarea (Zone) Geographic Description: Zone 5 Ambulance District Starting at the point on the US/Mexico Border where a line drawn north passes through Gordon's Well to the intersection of Highway 78, then northeast along Highway 78 to the southern boundary of the Chocolate Mountain Live Bombing Range and then east to the California/Arizona border; then south along the California/Arizona border to the US/Mexico border, then west along the border to the starting point.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive Operations Area
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance – 911 Emergency Response.
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, <u>zone</u> 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: Rural/Metro Ambulance Service has provided uninterrupted service with no changes to scope and manner of service to Zone 5 Ambulance District since 1975.

Imperial County Ambulance Zones



Imperial County Emergency Medical Service Providers:

Exclusive Operating Area #1	Gold Cross Ambulance
Exclusive Operating Area #2	Calexico Fire Department
Exclusive Operating Area #3	West Coast Ambulance
Exclusive Operating Area #4	North Coast EMS
Exclusive Operating Area #5	Rural Metro Ambulance



EMERGENCY MEDICAL SERVICES AUTHORITY

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



December 28, 2012

Cedric Cesena
EMS Administrator
Imperial County EMS Agency
- 935 Broadway
El Centro, CA 92243

Dear Mr. Cesena:

We have completed our review of *Imperial County's 2011 Emergency Medical Services Plan Update* and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

Standards 1.27 & 5.10 - Pediatric Emergency Medical & Critical Care System –

Your current objective is to work with a task force for the development of a process to enhance pediatric preparedness for Imperial County. In your next EMS plan update please explain the progression that Imperial County has taken for a pediatric emergency medical and critical care system. While this is an enhanced level standard, I recommend you review the "Development and Implementation of EMSC, a Step by Step Approach", found on our web site at <http://192.168.100.211:8000/systems/EMSC/files/EMS-C.pdf>. This document provides information to Local EMS Agencies interested in developing an EMS for Children program.

Standards 8.11 & 8.12 – CCP Designation & Establishment – Your current objective is to coordinate with OES to validate the use of CCPs in the county. In your next EMS plan update please explain the progress that you have taken for the designation and establishment of CCPs in Imperial County.

Trauma System Status Report - The EMS Authority approved Imperial County's last Trauma System Status Report in 2007 and requested your next report be submitted with the 2009 EMS plan update. Local EMS agencies are required to include a Trauma System Status Report as a separate part of the annual EMS Plan update according to the California Code of Regulations, Title 22 Section 100253: "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." Since the submittal of Imperial County's Trauma System Status Report is significantly overdue please **expedite** the submission of your report. Please send your report to Bonnie Sinz (bonnie.sinz@emsa.ca.gov) for review.

Cedric Cesena
December 28, 2012
Page 2

Transportation Plan:

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

Your annual update will be due on December 28, 2013. Please submit Imperial County's 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 contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Amley" followed by a horizontal flourish.

Howard Backer, MD, MPH, FACEP
Director

Attachment

