

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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June 22, 2015

Mr. Brian Henricksen, EMS Administrator  
Napa County Health & Human Services  
2344 Old Sonoma Rd., Bldg. G  
Napa, CA 94559

Dear Mr. Henricksen:

This letter is in response to the 2014-15 Napa County EMS Plan Update originally submitted to the EMS Authority on February 4, 2015 and updated on June 11, 2015.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Napa County's 2014-15 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Historically, we have received EMS Plan documentation from Napa County for its 1994 and 2011 plan submissions, and most current, its 2014-15 plan update submission. Napa County received its last Five-Year Plan approval for its 1994 plan submission, and its last annual plan update approval for its 2011 plan submission. It is understood that Napa County was a member of the Coastal Valley's EMS Agency between 1995 and 2010.

The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

### III. Analysis of EMS System Components:

The following comments are related to Napa County's 2014-15 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A.                  System Organization and Management

#### 1. System Assessment Forms

- **Standard 1.16 (Funding Mechanism):**

*'Each local EMS Agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.'*

Please indicate that funding mechanisms identified in 'Current Status' are sufficient to ensure continued operations and that EMS Fund is maximized in next submission.

B.                  Staffing/Training

C.                  Communications

D.                  Response/Transportation

#### 1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Napa County's ambulance zones.

Response/Transportation (continued)

2. System Assessment Forms

- **Standard 4.09 (Air Ambulance Dispatch Center), Standard 4.13 (Inter-County Response):**

*Short/Long-term plan* - In next submission please indicate progress on short-term plans identified in needs and objectives sections.

E.   Facilities/Critical Care

1. System Assessment Forms

- **Standard 5.11 (Emergency Departments):**

*'Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments...'*

Response in 'Current Status' does not clearly indicate that minimum standards exist as outlined in Standard 5.11. In next submission please clearly indicate that minimum standards exist and address areas specified.

- **Standard 5.04 (Specialty Care Facilities), Standard 5.13 (Specialty Care Design System):**

*Short/Long-term plan* - In next submission please indicate progress on short-term plans identified in needs and objectives sections.

F.   Data Collection/System Evaluation

- **Standard 6.03 (Pre-hospital Care Audits):**

*Short/Long-term plan* - In next submission please indicate progress on long-term plan identified in needs and objectives sections.

G.   Public Information and Education

H.   Disaster Medical Response

1. System Assessment Forms

- **Standard 8.05 (Distribution of Casualties):**

*Short/Long-term plan* - In next submission please indicate progress on short-term plans identified in needs and objectives sections.

- **Standard 8.12 (Establishment of CCP):**

*The local EMS Agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.*

Current status indicated as not currently met and need indicated for establishment of communication plan with Casualty Collection Points. Please provide progress update on objective in next submission.

- **Standards 8.13 (Disaster Medical Training):**

*The local EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.*

Please ensure reviewed training includes proper casualty management as outlined in Minimum Standard in next submission.

#### **IV. Conclusion:**

Based on the information identified, Napa County may implement areas of the 2014-2015 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

*“After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority.”*

#### **V. Next Steps:**

Napa County's annual EMS Plan Update will be due on or before June 22, 2016. Please note, during the submission of an annual Plan Update, individual System Assessment Forms are only required to be submitted when changes are made to the system that are different from the last approved five-year EMS Plan. Progress/Objective forms should be utilized to provide the status of the standards that were identified as short/long-range in the previous plan. In addition, each County must submit an annual status update of QI and Trauma Plans to the EMS Authority.

If you have any questions regarding the plan review, please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Attachment







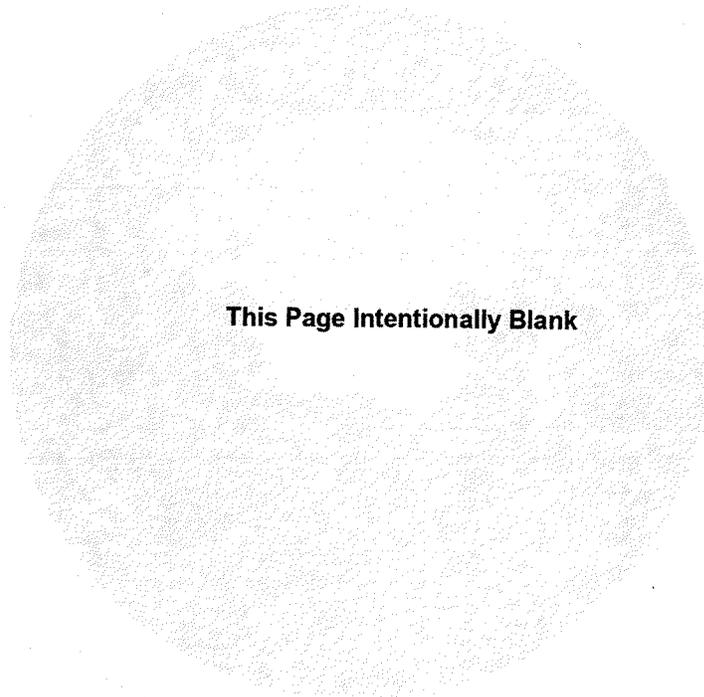
# **Napa County Emergency Medical Services Agency**



## **EMERGENCY MEDICAL SERVICES SYSTEM PLAN**

**2015 Update**

Napa County EMS Agency  
Emergency Medical Services System Plan  
2015



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EMERGENCY MEDICAL SERVICES  
SYSTEM PLAN

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## EXECUTIVE SUMMARY

The Napa County Emergency Medical Services Agency (NCEMSA) serves Napa County. This plan represents the third update of the Napa County Emergency Medical Services (EMS) plan as an independent LEMSA.

The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management.
- Staffing and training.
- Communications.
- Response and transportation.
- Facilities and critical care.
- Data collection and evaluation.
- Public information and education (PIE).
- Disaster medical response.

It is an exciting time for the Napa EMS system and its partners. The Agency has built a strong and progressive response and patient care system. The full implementation is now complete of the county-wide, quality centric, high performance ambulance franchise, which is operating at record levels of on time performance. This is combined with the continued state of the art patient treatment, and tertiary care being delivered in the two hospitals in the County, resulting in patients being seen in the appropriate time, getting the high level of care they need, and being discharged quickly which is reducing mortality and morbidity. This local care includes access to and high capabilities of Level III Trauma care, delivered in Napa County at Queen of the Valley Medical Center (QVMC).

In conjunction with the providers and Agency staff, Napa has developed a world-class survival rate of sudden cardiac arrest patients. This synergy and devotion to the system from each and every emergency medical care participant agency demonstrates the dedication and problem solving approach that the Quality Improvement Committee and provider agencies demand and deliver on a consistent basis. This approach delivers improved care to and survival of the citizens and visitors to Napa County across the board.

This is not to say that the system is complete; there are areas that need development and refinement. At the present time the Agency is in transition as it experiences staffing changes in administration, line staff, and clinical management and leadership. These changes are being carefully planned and implemented and will serve to enhance all aspects of the development, oversight, and leadership of the EMS providers, partners and allied agencies in the coming year.

The input and consistent presence and partnership of the hospitals, ambulance providers, Fire/First Response teams, and staff and management will serve the Napa County EMS Agency in its future growth and system improvement.

The "System Needs and Plan Objectives" section is the centerpiece of the EMS System Plan.



This section describes the current status, needs, objectives and time line of each component of the EMS system. The needs and objectives listed in the EMS System Plan were identified and developed by comparing our current EMS system with the California EMS Authority's EMS System Standards and Guidelines and commensurate evaluation and feedback from the EMS Authority. Some of the major objectives of the NCEMSA EMS System Plan include:

- Continued development of the Napa County LEMSA.
- Continued development and refinement of the local County-based CQI program and process.
- Revising and updating Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and paramedic field treatment guidelines.
- Developing an EMD QI process.
- Continue refinement of triaging medical emergencies and dispatch of appropriate resources, both ground and air.
- Evaluating the county's EMS communications systems.
- Clearly elucidating the optimal roles and responsibilities of EMS system partners.
- Identifying opportunities for improvement through collaboration with neighboring counties.
- Evaluating the roles of base and receiving hospitals in the County.
- Continue developing a trauma care system.
- Continued development and refinement of pre-hospital triage and transfer protocols.
- Review and updating of the local Multiple Casualty Incident (MCI), and Alternate Care Site (ACS) plans.
- Continue involvement with Medical Surge Preparedness planning and operational implementations.
- Updating of medical air transport policies and procedures.

The objectives listed in the EMS System Plan will be used to guide the LEMSA in monitoring and improving the EMS system over the next year.



## ASSESSMENT OF SYSTEM

### SUMMARY OF SYSTEM STATUS

This section provides a summary of how Napa County EMS system meets the State of California's EMS Systems Standards and Guidelines. An "X" placed in the first column indicates that the current system does not meet the State's minimum standard. An "X" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "X" is placed in one of the last two (2) columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

### SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA		
1.03 Public Input		X	X		
1.04 Medical Director		X	X		
1.05 System Plan		X	NA		
1.06 Annual Plan Update		X	NA		
1.07 Trauma Planning		X	X		
1.08 ALS Planning		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations		X	X		
1.11 System Participants Roles & Responsibilities		X	X		
1.12 Review & System Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Policy Compliance		X	NA		
1.16 Funding Mechanism		X	NA		
1.17 Medical Direction		X	NA		



	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X	NA		
1.21 Determination of Death		X	NA		
1.22 Reporting of Abuse		X	NA		
1.23 Inter-Facility Transfer		X	NA		
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
1.26 Trauma System Plan		X	NA		
1.27 Pediatric System Plan		X	NA		
1.28 EOA Plan		X	X		

## STAFFING AND TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Personnel Needs		X	NA		
2.02 Approval of Training		X	NA		
2.03 Personnel		X	NA		
2.04 Dispatch Training		X	X		
2.05 First Responder Training		X	X		
2.06 Response		X	NA		
2.07 Medical Control		X	NA		
2.08 EMT/Paramedic Training		X	X		
2.09 CPR Training		X	NA		
2.10 Hospital ED ALS		X	X		
2.11 ALS Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

**COMMUNICATIONS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan	X	X	X		
3.02 Radios	X	X	X		
3.03 Inter-Facility Transfer		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals	X	X	X		
3.06 MCI/Disasters		X	NA		
3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Information & Education (PIE)		X	NA		
3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

## RESPONSE AND TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Boundaries		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	NA		
4.04 Pre-Scheduled Responses		X	NA		
4.05 Response Time Standards		X	X		
4.06 Staffing		X	NA		
4.07 First Responder Agencies		X	NA		
4.08 Medical & Rescue Aircraft		X	NA		
4.09 Air Ambulance Dispatch Center		X	NA	X	
4.10 Aircraft Availability		X	NA		
4.11 Specialty Vehicles		X	X		
4.12 Disaster Response		X	NA		
4.13 Inter-County Response		X	X	X	
4.14 Incident Command		X	NA		
4.15 MCI Plans		X	NA		
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	NA		
4.18 Transport Compliance		X	NA		
4.19 Transportation Plan		X	NA		
4.20 "Grandfathering"		X	NA		
4.21 EOA Compliance		X	NA		
4.21 EOA Evaluation		X	NA		

## FACILITIES AND CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities	X	X	X		
5.02 Triage & Transfer Protocols		X	NA		
5.03 Transfer Guidelines		X	NA		
5.04 Specialty Care Facilities		X	NA	X	
5.05 Mass Casualty Incident Management		X	X		
5.06 Hospital Evacuation		X	NA		
5.07 Base Hospital Designation		X	NA		
5.08 Trauma System Design		X	NA		
5.09 Public Input		X	NA		
5.10 Pediatric System Design		X	NA		
5.11 ED Pediatric Capability		X	X		
5.12 Public Input		X	NA		
5.13 Specialty Care System Design		X	NA	X	
5.14 Specialty Care Public Input		X	NA		

## DATA COLLECTION AND SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Pre-hospital Records		X	NA		
6.03 Pre-hospital Care Audits		X			X
6.04 Medical Dispatch		X	NA		
6.05 Data Management System		X	X		
6.06 System Evaluation		X	NA		
6.07 Provider Participation		X	NA		
6.08 Reporting		X	NA		
6.09 ALS Audit		X	X		
6.10 Trauma System Evaluation		X	NA		
6.11 Trauma Center Data		X	X		



## DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Planning		X	NA		
8.02 Response Plans		X	X		
8.03 Hazardous Materials (HazMat) Training		X	NA		
8.04 Incident Command		X	X		
8.05 Distribution of Casualties		X		X	
8.06 Needs Assessment		X	X		
8.07 Disaster Communications		X	NA		
8.08 Resource Inventory		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements		X	NA		
8.11 CCP Designation		X	NA		
8.12 CCP Establishment	X		NA	X	
8.13 Disaster Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Inter-hospital Communications		X	NA		
8.16 Pre-hospital Preparedness Plans		X	X		
8.17 ALS Policies		X	NA		
8.18 Specialty Center Roles		X			
8.19 Waiving Exclusivity		X	NA		

## **SYSTEM NEEDS AND PLAN OBJECTIVES**

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and describes the:

- Current status of the Napa County EMSA system as it relates to the individual standard;
- Efforts to coordinate resources and services with other LEMSAs as required by the California EMSA;
- Future needs of the Napa County EMS system as it relates to the individual standard;
- Objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system;
- Assignment of each objective to the annual work plan, long-range plan, or both.

The needs and objectives of the EMS Plan are designed to address the EMS Systems Standards and Guidelines.

Most of the objectives are written as general statements such as Objective 1.01, which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements". Many of these objectives may need to be refined when they are included in the annual work plan, transportation plan or trauma plan.

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

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#### MINIMUM STANDARDS:

Each local EMS Agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Oversight of the EMS Agency is provided by the Public Health Officer and the EMS Administrator. The agency staff is comprised of a Medical Director (Board Certified in Emergency Medicine), an EMS Administrator, a 1.0 FTE EMS Specialist and a 1.0 FTE Senior Office Assistant. Other non-agency resources include the base hospital medical director, base hospital nurse coordinator/liaison, provider and first responder quality improvement QI coordinators, EMS educators and provider and first responder training coordinators.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

#### NEED(S):

None identified.

#### OBJECTIVE:

Meets standards.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.02 LEMSA MISSION

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### MINIMUM STANDARDS:

Each local EMS Agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Napa County has a comprehensive independent EMS system that recognizes the benefits to patient care concerning regionalization of specialty services. The agency will continue to participate in many regional programs with neighboring LEMSAs, as appropriate. The continuing evaluation of the system is being accomplished through the updating of the Napa County EMS Plan. The Napa County EMS Agency developed a system-wide Quality Improvement Plan in 2015. The County uses its QA/QI improvement and evaluation processes to identify system changes.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.03 PUBLIC INPUT

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### **MINIMUM STANDARDS:**

Each local EMS Agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans and policies/procedures as described in the State EMS Authority's EMS Systems Standards and Guidelines.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Napa County has a functioning Emergency Medical Care Committee (EMCC) that reviews local operations, policies and practices. Agency staff meets with system stakeholders on a regular basis to review and discuss issues affecting the EMS system. All meetings of the respective Board of Supervisors (BOS) and County EMCC are open to the public with time allocated on each agenda for open public comment(s). Additionally, impacted groups are routinely notified and provided with an opportunity to provide input in advance of issues being brought before the respective groups. All policies and treatment guidelines are submitted to all stakeholders on an annual basis for two (2) public comment draft periods. The agency solicits changes in policy/treatment guidelines from the public and particularly, field personnel.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.04 MEDICAL DIRECTOR

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### **MINIMUM STANDARDS:**

Each local EMS Agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency medical director should have administrative experience in emergency medical services systems.

Each local EMS Agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

The agency medical directors possess Board Certification in Emergency Medicine. The medical directors have substantial administrative experience in EMS systems and continue to work closely with the base hospital and receiving hospital emergency department medical director, nurses and pre-hospital providers. The EMS medical directors provide medical oversight to providers in Napa County.

The medical directors attend the respective meetings and also participate in weekly conference calls with the LEMSA staff. The medical directors are available to agency staff and field personnel for direct contact. The medical directors are actively involved in all clinical issues with the agency.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The medical directors work closely with neighboring EMS Agency medical directors and regularly attend EMDAC.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.05 SYSTEM PLAN

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### MINIMUM STANDARDS:

Each local EMS Agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- Assess how the current system meets these guidelines;
- Identify system needs for patients within each of the targeted clinical categories (as identified in Section II); and
- Provide a methodology and time line for meeting these needs.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Completion of this annual plan update fulfills the requirements of this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

As needed, particularly for development of trauma and STEMI centers.

### NEED(S):

None identified.

### OBJECTIVE

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**1.06 ANNUAL PLAN UPDATE**

**MINIMUM STANDARDS:**

Each local EMS Agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Completion of this annual plan update fulfills the requirements of this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.07 TRAUMA PLANNING

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### **MINIMUM STANDARDS:**

The local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

There is one (1) designated Level III Trauma Center in Napa County with Level II Trauma Centers in Sonoma and Contra Costa counties and, Level III Trauma Centers in Solano County. The designated Level III Trauma Center's catchment area includes Napa, Sonoma, Solano and Lake Counties. An updated and revised Trauma Plan was submitted to the State during FY 2014. The actions/recommendations from EMSA concerning our Trauma Plan have been addressed by this plan. A medical evaluation site visit was conducted by ACS of Queen of the Valley Medical Center (QVMC) in 2014.

### **COORDINATION WITH OTHER EMS AGENCIES:**

The demographics and geography of Napa County requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

1.08 ALS PLANNING

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**MINIMUM STANDARDS:**

Each local EMS Agency shall plan for eventual provision of ALS services throughout its jurisdiction.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

ALS ambulance services are provided as the minimum standard for 100% of the emergency (9-1-1) medical requests in the Napa County EMS system. Ground ambulances are backed up by air ALS. The ALS exclusive operating area (EOA) was awarded to AMR in January 2012. Napa City Fire and American Canyon Fire provide first responder ALS services.

**COORDINATION WITH OTHER EMS AGENCIES:**

North Coast EMS Region, Solano and Sonoma County EMS provide ALS resource response coordination into certain portions of Napa County.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**1.09 INVENTORY OF RESOURCES**

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**MINIMUM STANDARDS:**

Each local EMS Agency 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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Completion of this plan fulfills the requirements of this standard. This requirement is being met through a collaborative effort between Emergency Preparedness, OES and the LEMSA.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**1.10 SPECIAL POPULATIONS**

**MINIMUM STANDARDS:**

Each local EMS Agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

**RECOMMENDED GUIDELINES:**

Each local EMS Agency 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).

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Special population groups have been identified in Napa County. The EMS Agency participates in the Live Healthy Napa County (LHNC) initiative which focuses on improving the health of those living in Napa County with health and social disparities. Planning has occurred in Napa County for pediatric, geriatric, and bariatric populations that require specialized response and/or treatment.

Napa County also recognizes it has a large non-English speaking population. The emergency ambulance service agreement requires the emergency ambulance provider to hold annual training on the use of medical Spanish. The EMS Agency has also incorporated Spanish language tools in our smartphone protocol and policy application.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 1.11 SYSTEM PARTICIPANTS

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### MINIMUM STANDARDS:

Each local EMS Agency shall identify the optimal roles and responsibilities of system participants.

### RECOMMENDED GUIDELINES:

Each local EMS Agency should ensure that system participants conform to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas (EOAs).

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

The roles and responsibilities of many system participants are based primarily on historical involvement and willingness to cooperate with the agency. Formalization of roles and responsibilities through contracts and agreements has been conducted with Base Hospitals, Trauma Centers, STEMI Centers, receiving hospitals, franchise transport providers and the designated medical dispatch center. The LEMSA established a single EOA that includes the entire County.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

1.12 REVIEW AND MONITORING

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**MINIMUM STANDARDS:**

Each local EMS Agency shall provide for review and monitoring of EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

There is a local CQI program in place. The program's participants include: agency staff, provider QI coordinators, EMS educators, hospital liaison QI coordinators and medical directors. A Management Information System (MIS) is now in place. Response time standards are in place. The Napa County EMCC continues to evaluate response, care and transport, and to constantly identify system problems and seek solutions. A Medical Advisory Committee (MAC), comprised of representatives of all system participants, QI coordinators from agencies and facilities from the whole County is monitoring and reviewing system operations with focus on CQI, and policy and treatment guideline review and development.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**1.13 COORDINATION**

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**MINIMUM STANDARDS:**

Each local EMS Agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

EMS system operations are coordinated through written agreements with providers, facilities and counties; policies and procedures; training standards; quality improvement programs and other review mechanisms. This plan identifies those components of the Napa County EMS system, upon which improvement efforts will be focused during the next one (1) to five (5) years.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

Each local EMS Agency shall develop a policy and procedures manual that includes all EMS Agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The Napa County Treatment Guidelines and Administrative Policies/Procedures Manuals have been developed and distributed. These manuals are available to the system providers via the agency web site. A local web site is maintained, and the LEMSAs Treatment Guidelines and Administrative Policies/Procedures are posted and available to our local stakeholders. The LEMSA has established a timeline for the annual review and update of treatment guidelines that includes multiple opportunities for stakeholder input.

The LEMSA has also helped develop a smartphone application that includes all policies, procedures and treatment guidelines. This application is available free of charge to all Napa County EMS providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**1.15 COMPLIANCE WITH POLICIES**

---

**MINIMUM STANDARDS:**

Each local EMS Agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Written agreements, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies. Not all provider agencies have written agreements with the agency. The MAC serves as the multi-disciplinary clinical advisory group that will consistently provide recommendations to the medical director. All system policies are reviewed on an annual basis.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**1.16 FUNDING MECHANISM**

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**MINIMUM STANDARDS:**

Each local EMS Agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The NCEMSA relies on local/County contributions, PHS project grants, user fees and SB12/612/2132 monies as a fund base for agency operations. A local certification fee schedule has been established and a centralized accreditation and/or certification process has been established.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**1.17 MEDICAL DIRECTION**

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**MINIMUM STANDARDS:**

Each local EMS Agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Currently there are two (2) hospitals in the EMS system, of which one (1) has been designated as a base hospital. Base hospital physician consultation is available 24/7.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

1.18 QA/QI

**MINIMUM STANDARDS:**

Each local EMS Agency shall establish a (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS Agency and which are coordinated with other system participants.

**RECOMMENDED GUIDELINES:**

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

There is a local CQI process in place. Local QI representatives include: agency staff, provider QI coordinators, hospital QI coordinators, EMS educators and medical directors. The County EMCC is continuing to evaluate response, care and transport issues and to identify system problems as well as seek solutions to system issues. A seven (7)-component quality data collection analysis and management system is in process.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less - QM System).
- Long-Range Plan (more than one (1) year).

## 1.19 POLICIES, PROCEDURES & PROTOCOLS

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### MINIMUM STANDARDS:

Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- Triage.
- Treatment.
- Medical dispatch protocols.
- Transport.
- On-scene treatment times.
- Transfer of emergency patients.
- Standing orders.
- Base hospital contact.
- On-scene physicians and other medical personnel, and
- Local scope of practice for pre-hospital personnel.

### RECOMMENDED GUIDELINES:

Each local EMS Agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

The ALS and BLS treatment guidelines, including sections on standing orders are updated annually. Policies on triage and patient destination have been developed and implemented. An EMS Aircraft policy is in place. The County EMS dispatch center provides both pre-arrival and post dispatch instructions.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.20 DNR POLICY

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### MINIMUM STANDARDS:

Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

A comprehensive DNR policy based on the DNR State standard was created and implemented in 1993-1994 and was reviewed and updated in 2011 and implemented in 2012. The addition and use of the POLST form is transitioning to the predominant form.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 1.21 DETERMINATION OF DEATH

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### **MINIMUM STANDARDS:**

Each local EMS agency, in conjunction with the County coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

A determination of death policy was created and implemented with the concurrence of the County coroner during 1994-1996 was updated in 2011 and implemented in 2012. Napa County has established a separate policy that addresses issues about crime scenes and specifically deaths at the scene of an apparent crime.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Ensure that the determination of death policy continues to meet local EMS system needs.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

1.22 REPORTING OF ABUSE

**MINIMUM STANDARDS:**

Each local EMS Agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected Sudden Infant Death Syndrome (SIDS) deaths.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Policies have been developed regarding the reporting of elder abuse along with child abuse and suspected SIDS.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

1.23 INTER-FACILITY TRANSFER

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**MINIMUM STANDARDS:**

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during inter-facility transfers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

A policy delineating the scene and interfacility transfer scope of practice of paramedics has been established and interfacility transfer guidelines have been completed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**1.24 ALS SYSTEMS**

**MINIMUM STANDARDS:**

ALS services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

**RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

All ALS services currently provided in the EMS system are provided with local agency approval. Written agreements, permits and/or contracts are utilized. An (EOA) that encompasses the entire County was established in 2011.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 1.25 ON-LINE MEDICAL DIRECTION

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### **MINIMUM STANDARDS:**

Each EMS system shall have on-line medical direction/control (OLMC), provided by a base hospital (or alternative base station) physician or authorized registered nurse.

### **RECOMMENDED GUIDELINES:**

Each EMS system should develop a medical control plan that determines:

- The base hospital configuration for the system.
- The process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- The process for determining the need for in-house medical direction for provider agencies.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Currently there is one (1) hospital designated as the base hospital in Napa County. The base hospital provides 24/7 availability of a base hospital physician and authorized registered nurse for the purpose of on-line medical direction/control (OLMC). The EMS Agency has a medical control plan in policy that addresses the following:

- The base hospital configuration for the system.
- The process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- The process for determining the need for in-house medical direction for provider agencies.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

The local EMS Agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for trauma care in the EMS area, and
- The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

In Napa County, Queen of the Valley Medical Center (QVMC) has been designated as a Level III trauma center with 24/7 neurosurgical capability. The designation of QVMC was authorized by both Napa County and the State EMSA. The facility was reviewed 2005-2006 by site teams and deemed compliant. QVMC was re-designated in 2008, 2010 and 2013. Napa County submitted an updated Trauma Plan to the State in November 2014. Napa received approval of that plan in April, 2015. Napa County EMS and QVMC staffs regularly participate in the local RTCC.

**COORDINATION WITH OTHER EMS AGENCIES:**

Marin, Contra Costa, Coastal Valleys and Solano County EMS Agencies.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 1.27 PEDIATRIC SYSTEM PLAN

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### MINIMUM STANDARDS:

The local EMS Agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- The optimal system design for pediatric emergency medical and critical care in the EMS area, and
- The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

A State funded grant EMS-C project during 2002 was established, for purposes of developing a formalized EMS for Children system. Pediatric treatment protocols were revised. Pediatric protocols were updated in 2007-2008 and again in 2011. Pediatric specialty centers were identified and transport procedures established. Pediatric related equipment guidelines were reviewed and updated in 2005. Pediatric equipment was purchased and distributed to transport providers and first responder agencies. PALS/PEPP classes were introduced for field providers and have been established at local training institutions. A pediatric training equipment library was established. Length-based resuscitation tape has been determined the standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

The local EMS Agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**

The optimal system design for ALS ambulances and the process for assigning roles to system participants are based on the EMS system models examined by the agency. There is currently a single EOA encompassing all of Napa County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## STAFFING AND TRAINING

### 2.01 ASSESSMENT OF NEEDS

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#### MINIMUM STANDARDS:

The local EMS Agency shall routinely assess personnel and training needs.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Current training institutions and approved CE providers are meeting system needs. ALS updates for all accredited paramedics have been established and the course content is provided by the LEMSA and delivered by the provider agencies to provide more training opportunities. Napa Valley College is the local paramedic training program. Pediatric coursework (PALS/PEPP) is offered several times a year. MCI table top training sessions and functional exercises have also been offered in conjunction with the paramedic training institution and County wide exercises.

#### COORDINATION WITH OTHER EMS AGENCIES:

Where practically possible to coordinate and reciprocate training opportunities with Sonoma, Solano and in the future, other adjacent jurisdictions.

#### NEED(S):

None identified.

#### OBJECTIVE:

Meets standards.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year – ongoing).

**2.02 APPROVAL OF TRAINING**

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**MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

All EMR, EMT and, paramedic training programs in Napa County were re-approved in 2012. Monitoring of training programs is done by periodic auditing of courses and completion of course evaluation forms by students. EMS Agency staff for purposes of program compliance visited all training centers and will continue to conduct scheduled site visits.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 2.03 PERSONNEL

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### MINIMUM STANDARDS:

The local EMS Agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS Agency of unusual occurrences that could impact EMS personnel certification.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Policies have been adopted regarding EMD certification requirements within the County as well as EMR certification, EMT certification, and paramedic accreditation. Standardizing the EMT certification process was accomplished, including establishing a standardized fee schedule and developing a step-by-step procedure. Current policies also include a process for certification review by the LEMSA. The EMS Agency has a comprehensive Unusual Occurrence (UO) reporting process and policy. The UO policy includes information about reporting incidents that could impact EMS personnel certification.

### COORDINATION WITH OTHER EMS AGENCIES:

Work with neighboring LEMSAs on certification investigations as appropriate.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

2.04 DISPATCH TRAINING

**MINIMUM STANDARDS:**

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's EMD Guidelines.

**RECOMMENDED GUIDELINES:**

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.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Coordinated dispatch via Napa Police Department (Napa Central Dispatch - PSAP) for first responder and transport EMS was established on January 2, 2012. All dispatchers receive emergency medical dispatch orientation and training prior to certification in Napa County. All dispatchers with medical responsibility are required to maintain EMDD certification with Napa County EMS, including a requirement for 24 hours of continuing education every two years. The current dispatch training and testing programs meet all requirements identified in California EMSA Dispatch Program Guidelines (EMSA#132)

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (one (1) year or less).

## 2.05 FIRST RESPONDER TRAINING

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### MINIMUM STANDARDS:

At least one (1) person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three (3) years.

### RECOMMENDED GUIDELINES:

At least one (1) 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.

At least one (1) person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Napa County first responder agencies require "EMR" training certificates as a minimum condition of hire. All first responder agencies possess AEDs, which were acquired through EMSA grants and corporate donation programs. Napa County first responders are AED equipped.

EMT training is widely available within the EMS system and the staffing of first response units with at least one (1) certified EMT, since all first responder agencies require EMT certification for paid staff. 100% of the population (140,000 people) of the Napa County system is served by an early defibrillation first response provider.

Napa County has a process in place to confirm that all non-transporting First Responders maintain and are compliant with CPR & first aid requirements as established by the minimum standards.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

2.06 RESPONSE

**MINIMUM STANDARDS:**

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS Agency policies.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Formalization of roles and responsibilities has been conducted with the EOA ALS transport services in Napa County. County and State Park Rangers as well as certain law enforcement agencies are routinely dispatched to medical aids within their respective jurisdictions. BLS field protocols have been established for the County and were updated in 2011 and implemented in 2012.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

2.07 MEDICAL CONTROL

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**MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS Agency medical director.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD***

There is a revised and updated 2012 BLS field protocol manual for BLS first responders. The BLS protocols are available for review or downloading via the agency web site and smartphone application. ALS first responders utilize the agency's ALS protocols. All non-transporting EMS first responders are required to operate under County medical direction and policies.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standard.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 2.08 EMT/PARAMEDIC TRAINING

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### MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

### RECOMMENDED GUIDELINES:

If ALS personnel are not available, at least one (1) person on each emergency medical transport vehicle should be trained to provide defibrillation.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

The minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted or in remote areas where BLS is the primary responder. BLS ambulances are routinely backed by ALS resources (ALS engine companies, Quick Response Vehicles or air ambulances) when being incorporated into the 9-1-1 response system. All response units are equipped with an AED and are required to have at least one person trained to provide defibrillation.

### COORDINATION WITH OTHER EMS AGENCIES:

Where necessary or feasible in disaster or MCI situations.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standard.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**2.09 CPR TRAINING**

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**MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Hospital employees working in the ED arena continue to be required to be certified in CPR. However, no mechanism exists to ensure compliance with this standard for personnel not under the jurisdiction of the Napa County EMS. CPR training opportunities are listed on the Agency's web site.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in ALS.

**RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Current base hospital agreements require base hospital physicians to be certified in board emergency medicine. The advanced cardiac life support (ACLS) requirement for registered nurses will become an employer choice and/or responsibility.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 2.11 ACCREDITATION PROCESS

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### **MINIMUM STANDARDS:**

The local EMS Agency shall establish a procedure for accreditation of ALS personnel that 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 local EMS agency's quality assurance/quality improvement process.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Policies and procedures exist to accredit and orient ALS personnel. ALS updates are used as the platform to orient new ALS personnel entering the local system. Newly accredited paramedics are oriented by the ALS provider agencies to policies and procedures. All personnel have access to those policies and procedures via the agency web site and smartphone application.

Newly accredited paramedics are required to complete an orientation, hosted by the LEMSA, about roles and responsibilities and includes their orientation and enrollment into the Napa County CQI Program. Napa County doesn't currently have any optional scope utilization at the ALS level. In the event that Napa County utilized optional scope at the paramedic level in the future, testing would occur during initial accreditation orientation and be maintained at the annual EMS update that all providers are required to attend.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Where applicable/desirable coordinate accreditation with adjoining counties.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 2.12 EARLY DEFIBRILLATION

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### MINIMUM STANDARDS:

The local EMS Agency shall establish policies for local accreditation of public safety and other BLS personnel in early defibrillation.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Policies, procedures and training venues exist to support personnel in Public Safety AED (PSAED) programs. The agency has established an AED program coordination (PSAED and PAD) to support AED usage. An AED programs link has been established on the agency's web site. The agency supports a PAD program based at QVMC. AED usage data is collected as part of the Utstein format in analysis of the care of cardiac arrest patients.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 2.13 BASE HOSPITAL PERSONNEL

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### MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS Agency policies and procedures and have training in radio communications techniques.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Napa County's policies and agreements specify that only ED base hospital physicians who have been authorized by the Napa County medical director who have been judged knowledgeable in pre-hospital policies and protocols shall provide medical direction to EMS personnel. The Paramedic Liaison Nurses (PLN) participates in local/regional QM programs which ensure a feedback loop between field, hospital and agency. Base hospital personnel are trained in radio usage. The Deputy medical director is the chief base physician at QVMC. Other base physicians and base nurse liaison are extremely active in EMS policy and activities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

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#### **MINIMUM STANDARDS:**

The local EMS Agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting ALS responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The County has developed a comprehensive EMS Communications plan. The Communication plan has been in place since July 1, 2011. The plan identifies the specific frequencies for use and the coordination of communications between emergency medical transport vehicles, non-transporting ALS responders, and acute care facilities in the County. The communications plan addresses the use of cellular telephones as a back-up redundancy to the radio system. Satellite phones are currently not in use.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets Standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

### 3.02 RADIOS

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#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles and non-transporting ALS 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.

#### **RECOMMENDED GUIDELINES:**

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. Due to rural/wilderness nature of remote parts of the County, communications "dead-spots" exist throughout the system especially in North-East portion of the County.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Maintain standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

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### 3.03 INTER-FACILITY TRANSFER

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#### **MINIMUM STANDARDS:**

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 telephone.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

All transport vehicles have two-way radio communication capabilities; cellular phone capability.

**COORDINATION WITH OTHER EMS AGENCIES:**

Communications frequencies and the locations of radio repeaters may need to be performed in conjunction with adjacent EMS systems.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

### 3.04 DISPATCH CENTER

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#### **MINIMUM STANDARDS:**

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.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Napa County currently uses one dispatch center for all communications with emergency medical transport vehicles. Napa Central Dispatch is operated by the City of Napa and dispatches most police and fire services in addition to emergency ambulances. The dispatch center communicates with ambulances primarily through radio and mobile data terminals (MDTs). The dispatch center also uses cellular communications as needed and is provided up to date location of units through Auto-Vehicle Location (AVL) technology.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Maintain standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

### 3.05 HOSPITALS

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#### **MINIMUM STANDARDS:**

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### **RECOMMENDED GUIDELINES:**

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Napa County has two receiving hospitals. The two hospitals are able to communicate via the VHF radio system identified in the County's Communications Plan. Hospitals also have access to EMResource, a web accessed resource utilization tool that allows hospitals to directly communicate about relevant service availability. EMResource provides contact and resource information for other hospitals outside of Napa County, including Solano, Sonoma, and Yolo counties.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Hospitals employ a web based bed control, proactive communication system called EMSsystems. This system is used by surrounding LEMSAs and allows for better regional coordination of resources.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

### 3.06 MCI/DISASTERS

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#### **MINIMUM STANDARDS:**

The local EMS Agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Hospitals in Napa County have VHF radio communications capabilities. The County base hospital can use either regular telephone/facsimile lines or the EMResource internet based system when determining the capabilities of area hospitals during MCIs and disasters. All providers have cellular phone capability as well as two (2)-way radio communication capability with their respective in-County hospitals. Both County hospitals also have satellite telephone capability. The latest communications adjunct, EMResource, was established in both County hospitals and the resources and information is shared with other EMS Agencies and neighboring counties system participants. EMResource links hospitals, the EMS Agency and County Emergency Operations Centers (EOC). EMResource can be used for MCI/Disaster response coordination. The only other alternate communications capability for hospital-to-hospital transmissions region wide is Auxiliary Communications System (ACS) and cellular phones. Napa County's EOC is respectively linked to ACS operators and utilizes regular telephone and facsimile lines.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**3.07 9-1-1 PLANNING/COORDINATION**

**MINIMUM STANDARDS:**

The local EMS Agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Napa County has enhanced 9-1-1 telephone service throughout the county. Napa EMS is currently participating in dispatch meetings regarding NextGen 9-1-1 services (including text to 9-1-1 and picture to 9-1-1)

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**3.08 9-1-1 PUBLIC INFORMATION & EDUCATION**

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**MINIMUM STANDARDS:**

The local EMS Agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Education concerning 9-1-1 access is provided on an annual basis throughout the County. Brochures are distributed to the general public at health fairs and other promotional events via the Public Information and Education (PIE) Committee.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**3.09 DISPATCH TRIAGE**

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**MINIMUM STANDARDS:**

The local EMS Agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should establish an (EMD) priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:  MEETS MINIMUM STANDARDS**

An EMD priority reference system has been established. The current EMD priority reference system includes systemized caller interrogation, dispatch triage policies, and pre-arrival/post-dispatch instructions.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):** None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

### 3.10 INTEGRATED DISPATCH

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#### **MINIMUM STANDARDS:**

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Napa County has a fully functional integrated dispatch system that uses standardized communications frequencies and coordinates emergency services system-wide. Due to the small size of Napa County and the limited number of ambulance resources, the County is particularly susceptible to periods of peak demand. The Napa EMS System has developed a comprehensive plan for dealing with periods of peak demand. This plan utilizes other County permitted ambulance services as well as strategically located surge ambulances that can be cross staffed by ALS fire first responder agencies. Agreements are also in place for mutual-aid from providers outside of the County that are only used once system resources have been exhausted.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

---

#### **MINIMUM STANDARDS:**

The local EMS Agency shall determine the boundaries of emergency medical transportation service areas.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should secure a County ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Emergency medical transportation service areas have been determined for Napa County EMS. An ordinance has been established in Napa that provides for the establishment of ambulance response zones. A single County EOA was established in January 2012.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Marin, Solano, Coastal Valleys and North Coast EMS Agencies.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.02 MONITORING

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##### **MINIMUM STANDARDS:**

The local EMS Agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should secure a County ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

The minimum standard is met through written agreements, permits, EOA contract, ordinance, auditing, inspections and investigation of unusual occurrences.

There is an ambulance ordinance in Napa County. Napa has a written agreement with one (1) ALS provider (non-transport) and one (1) ALS Provider with an EOA contract with the County. (Executed October 2011 and effective January 2, 2012).

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**4.03 CLASSIFYING MEDICAL REQUESTS**

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**MINIMUM STANDARDS:**

The local EMS Agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD***

An emergency medical dispatch priority reference system has been developed and is in use in Napa County. This system classifies medical requests and determines the appropriate level of medical response.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less):

Long-Range Plan (more than one (1) year):

#### 4.04 PRESCHEDULED RESPONSES

---

**MINIMUM STANDARDS:**

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS Agency policy.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

EOA contract specifies system status levels appropriate for accommodating prescheduled responses. Transport unit availability is a provider regulated responsibility, but monitored by the agency and the various dispatch centers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**4.05 RESPONSE TIME STANDARDS**

**MINIMUM STANDARDS:**

Each local EMS Agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

**RECOMMENDED GUIDELINES:**

Emergency medical service areas (response zones) shall be designated so that, for ninety percent (90%) of emergency responses, response times shall not exceed:

	Urban Area	Suburban Area	Rural Area	Wilderness Area
Priority 1	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4	+/- 15 minutes	-	-	-
Priority 1 with ALS FR	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

**CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Response standards were developed for the EOA ALS ambulance providers and first responders in Napa County. Response times for the EMS transportation unit are measured from the time the PSAP has enough information to send an ambulance (address, complaint, severity) to arrival on scene. First Watch is deployed to measure response time intervals. The FirstWatch Online Compliance Utility (OCU) measures both ambulance response times and first responder response times. The Napa County response time requirements meet all response time requirements as identified in recommended.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**4.05 RESPONSE TIME STANDARDS**

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

Standard	Short-Range Plan (one (1) year or less)	Long-Range Plan (more than one (1) year)
1.01		
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#### 4.06 STAFFING

##### **MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS Agency regulations and appropriately equipped for the level of service provided.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

By policy, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted and in response areas serviced by BLS. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.07 FIRST RESPONDER AGENCIES

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**MINIMUM STANDARDS:**

The local EMS Agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The roles and responsibilities of system participants are based on cooperation, willingness and partnership with the agency and their communities. First responder agencies are very involved and integrated in the Napa County EMS System. Innovative solutions were utilized in the last emergency ambulance RFP that increased the integration between fire first response and emergency ambulance response. This integration has led to an EMS System that has designed its response and transport based on the operational and clinical characteristics of all providers, inclusive of emergency ambulance, BLS first response and ALS first response. First responder agencies play a critical role in the operational and clinical development of the Napa County EMS System.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

#### 4.08 MEDICAL & RESCUE AIRCRAFT

---

##### **MINIMUM STANDARDS:**

The local EMS Agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- Authorization of aircraft to be utilized in pre-hospital patient care.
- Requesting of EMS aircraft.
- Dispatching of EMS aircraft.
- Determination of EMS aircraft patient destination.
- Orientation of pilots and medical flight crews to the local EMS system, and
- Addressing and resolving formal complaints regarding EMS aircraft.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

A new EMS aircraft medical policy was approved and implemented in February 2012. The policy includes both medical and rescue aircraft. The EMS aircraft committee meets bi-annually to maintain standards and to discuss quality issues. Processes have been established for categorizing medical and rescue aircraft as required above in the County. All EMS aircraft providers serving the County have completed authorization requirements. Air ambulances have been prioritized as "first-in" to medical calls with air rescue units as secondary or first-in when no air ambulances are available or if rescue conditions exist.

Napa County EMS has addressed through procedures and policy the following:

- Authorization of aircraft to be utilized in prehospital patient care.
- Requesting of EMS aircraft. In addition to auto dispatch, a dispatcher or responder may request an EMS aircraft response at their own discretion based on the location and needs of the patients.
- Dispatching of EMS aircraft. Dispatching of EMS aircraft is designated to the CalFire Emergency Communications Center located in the county.
- Determination of EMS aircraft patient destination. Current policy addresses how patient destination decisions should be made in Napa County.
- Orientation of pilots and medical flight crews to the local EMS system, and
- Addressing and resolving formal complaints regarding EMS aircraft.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Services classified by other LEMSAs are used to supplement resources based in Napa County.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

**Short-Range Plan (one (1) year or less).**

**Long-Range Plan (more than one (1) year).**

**4.09 AIR AMBULANCE DISPATCH CENTER**

**MINIMUM STANDARDS:**

The local EMS Agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Napa County has designated, through policy, CalFire - St Helena Emergency Communications Center (ECC) as the EMS aircraft Dispatch Center. The EMS Agency is currently pursuing an MOU with the ECC for these services

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

The EMS Agency needs to develop and execute a formal Memorandum of Understanding with the ECC for air ambulance and rescue aircraft dispatch.

**OBJECTIVE:**

Execution of MOU with CalFire for air ambulance and rescue aircraft dispatch.

**TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

#### 4.10 AIRCRAFT AVAILABILITY

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**MINIMUM STANDARDS:**

The local EMS Agency 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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Napa County EMS has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS system. The agency has either permits or written agreements with the aeromedical services operating in the County, with the exception of the California Highway Patrol (CHP), which is exempted. However, the CHP has indicated a desire to cooperatively participate in the Napa aeromedical program. Representatives from all agencies attend the quarterly EMS aircraft committee meetings.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.11 SPECIALTY VEHICLES

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##### **MINIMUM STANDARDS:**

Where applicable, the local EMS Agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARD***

Napa County EMS has developed resource lists and procedures for requesting and dispatching these specialty vehicles, primarily water rescue vehicles and MCI trailers.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.12 DISASTER RESPONSE

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##### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Napa County EMS has a current, MCI Plan. The County Emergency Operations Plan includes the coordination of disaster medical services. There is a plan in place for use of MCI trailers and State Disaster Medical Services Unit (DMSU) that are located in county.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.13 INTERCOUNTY RESPONSE

---

##### **MINIMUM STANDARDS:**

The local EMS Agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### **RECOMMENDED GUIDELINES:**

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

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

Napa County is committed to getting the closest and most appropriate ambulance responding to 9-1-1 requests whenever possible. Agreements have been coordinated by the EMS Agency for both auto-aid and mutual-aid with Solano County and Sonoma County ambulance providers. Additional agreements are currently being pursued with Lake and Yolo County providers.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Formalization of the current day-to-day response configurations between Sonoma and Lake Counties is needed.

##### **NEED(S):**

Response agreements for mutual-aid need to be established between the Napa County emergency ambulance providers and the similar providers in Lake and Yolo counties.

##### **OBJECTIVE:**

Continue to monitor day-to-day mutual-aid and continuation of call incidents and take action as necessary.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- x Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

#### 4.14 INCIDENT COMMAND SYSTEM

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**MINIMUM STANDARDS:**

The local EMS Agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The MCI Plan is in use and follows the Incident Command System. The MCI plan has been revised. MCI management kits have been purchased and distributed to transport agencies via Homeland Security and HPP grant funding.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

4.15 MCI PLANS

**MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

The MCI Plan in use is ICS, NIMS and SEMS compliant. The agency has a MCI table top training kit as well as field MCI kit (vests, pocket guides, clipboards) that is available for training exercises within the County. The current MCI response plan utilizes state standards and guidelines.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 4.16 ALS STAFFING

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##### **MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one (1) person certified at the ALS level and one (1) person staffed at the EMT level.

##### **RECOMMENDED GUIDELINES:**

The local EMS Agency should determine whether ALS units should be staffed with two (2) ALS crew members or with one (1) ALS and one (1) BLS crew member.

On an emergency ALS unit which is not staffed with two (2) ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

By policy, the minimum staffing level of all ALS ambulances is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs may be used to respond to emergency requests during times of disaster, system overload when all available ALS resources have been depleted or in areas presently designated as BLS response zones. All BLS providers are AED certified. Additionally, BLS units are routinely backed up with ALS resources (ALS Engine companies, Quick Response Vehicles or ALS aircraft).

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

4.17 ALS EQUIPMENT

**MINIMUM STANDARDS:**

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency. Equipment and drug inventory requirements have been revised and updated by the agency in 2012. All providers are inspected annually and at random times throughout the year by the agency to ensure compliance.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**4.18 TRANSPORT COMPLIANCE**

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**MINIMUM STANDARDS:**

The local EMS Agency 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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Written agreements, permits, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies for operations and clinical care. All agencies in Napa County are compliant with system standards.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**4.19 TRANSPORTATION PLAN**

**MINIMUM STANDARDS:**

Any local EMS Agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses:

- Minimum standards for transportation services.
- Optimal transportation system efficiency and effectiveness; and
- Use of a competitive bid process to ensure system optimization.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The transportation plan was updated in 2012 when the ALS EOA was established.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**4.20 "GRANDFATHERING"**

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**MINIMUM STANDARDS:**

Any local EMS Agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

There are currently no grandfathered providers in the County. City of Napa Fire Department has 1797.201 rights for provision of ALS non-transport.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

#### 4.21 EOA COMPLIANCE

---

##### **MINIMUM STANDARDS:**

The local EMS Agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

There are contracts, County ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor and enforce compliance by EOA provider with system policies for operations and clinical care. Napa County instituted a new EOA during 2012, which is reflected in the transportation plan. The LEMSA also uses a monthly contractual compliance tool to measure performance of the emergency ambulance provider.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None identified.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

#### 4.22 EOA EVALUATION

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**MINIMUM STANDARDS:**

The local EMS Agency shall periodically evaluate the design of EOA.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The EMS Agency evaluates the design of EOA in conjunction with EOA contract terms. A new Napa County EOA was instituted during 2012 after an extensive evaluation process. The performance standards required of providers operating within EOAs are routinely monitored and corrective action is taken to address deficiencies. A robust quality system to evaluate performance standards under the EOA is instituted within process enhancements.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## FACILITIES AND CRITICAL CARE

### 5.01 ASSESSMENT OF CAPABILITIES

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#### **MINIMUM STANDARDS:**

The local EMS Agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should have written agreements with acute care facilities in its service area.

#### **CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

QVMC is the only designated trauma center (Level III) in the County. New triage and patient destination policies were developed in 2011. There are written agreements with the one (1) base hospital within the County. All of the county's facilities participated in HPP grant funding projects. Both facilities increased their respective surge capacity as well decontamination capabilities. Both hospitals in Napa County serve as designated STEMI centers and have written agreements in place for those services.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Where practically ensure that designation and evaluation standards are uniformed.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 5.02 TRIAGE & TRANSFER PROTOCOLS

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### **MINIMUM STANDARDS:**

The local EMS Agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Pre-hospital trauma triage protocols were fully revised in 2011. Out-of-County trauma center destination alternatives (John Muir & UC Davis, Kaiser Vacaville) for air transport trauma patients are in place. An inter-facility transfer policy was revised in 2011. Transfer protocols with Children's Hospital Oakland (CHO) have been established along with direct air transport procedures for pediatric related field incidents. Transfer agreements are in place at the County's Trauma Center with other specialty centers (burn, spinal cord, microsurgery, etc.).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Work with adjacent EMS systems (Contra Costa, Marin, Solano, Lake-North Coast and Coastal Valleys EMS Agency's) to establish standard triage and transfer protocols as practical.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 5.03 TRANSFER GUIDELINES

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### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Transfer protocols with Children's Hospital and Research Center - Oakland are in place for pediatric trauma specialty care. A County wide inter-facility transfer policy has been established. Transfer agreements are in place between the county's trauma center and trauma centers in other Bay Area counties and with other specialty centers (burns, spinal, cord, microsurgery).

### COORDINATION WITH OTHER EMS AGENCIES:

Policies or agreements will be coordinated with adjacent and relevant Bay Area counties.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

#### 5.04 SPECIALTY CARE FACILITIES

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##### **MINIMUM STANDARDS:**

The local EMS Agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

There is a Level III trauma center in Napa County. Children's Hospital Oakland (CHO) has been designated for direct air transport of pediatric patients. Two (2) STEMI receiving facilities are designated in Napa County. Napa County has developed Agreement Standards for specialty service delivery in the County. These Agreement Standards include appropriate oversight cost reimbursement by service providers.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Transport to specialty centers in neighboring counties is accomplished through agreements.

##### **NEED(S):**

Develop a System of Care for Stroke patients in partnership with local hospital facilities.

##### **OBJECTIVE:**

Meets standards.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**5.05 MASS CASUALTY INCIDENT MANAGEMENT**

**MINIMUM STANDARDS:**

The local EMS Agency shall encourage hospitals to prepare for mass casualty management.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

The County MCI Plan includes provisions for mass casualty management. All individual facilities in the County have internal disaster management plans. All facilities have received MCI management kits including multi-hazard triage tags. All hospitals in the County have worked to establish a "surge capacity" through the Hospital Preparedness Program grant. Both hospitals regularly participate in the Statewide Medical/Health Exercises (both the tabletop and functional exercise). In addition to the Statewide Exercise, both hospitals actively participate in a full-scale exercise held annually in May. This MCI Exercise involves a full test of mass casualty management.

**COORDINATION WITH OTHER EMS AGENCIES:**

Full cooperation with neighboring counties through agreements in case of need.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**5.06 HOSPITAL EVACUATION**

---

**MINIMUM STANDARDS:**

The local EMS Agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

All hospitals have individual evacuation plans in place and the County has participated with the coordination and development of those plans. The EMResource system would be used to enhance the tracking of available facility beds and for making informed hospital evacuation decisions. EMResource is also used to help limit impact on other EMS system providers. The County MCI Plan addresses issues about hospital evacuation and provides specific direction to transportation group about specific hospital destinations in the region.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordinate with other LEMSAs as appropriate.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

5.07 BASE HOSPITAL DESIGNATION

Standard Number: 5.07

**MINIMUM STANDARDS:**

The local EMS Agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Currently, one (1) of the two (2) hospitals in Napa County has been designated as a base hospital. Base hospital personnel play a prominent role in EMS planning, education and quality activities.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- The number and level of trauma centers (including the use of trauma centers in other counties),
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.
- Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers.
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- A plan for monitoring and evaluation of the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The agency has established one (1) trauma center, (Level III) at QVMC. In 2011 QVMC upgraded its capabilities to include 24/7 neurosurgical services. The catchment area includes all of Napa County and portions of Lake, Solano and Sonoma counties. Trauma triage criteria and the trauma center have agreements in place for patients needing specialty care outside of the County. The trauma center utilizes trauma registry software (Trauma One) to gather and track trauma patient data. In 2012, language was added to policy #4011 to ensure that trauma patients with multi-system injury who meet anatomy and physiology criteria should be transported preferentially to a Level I or II trauma center, by air if feasible and advantageous to patient care. In trauma center quality improvement thirty (30) minutes was added to trauma policies and the subsequent trauma plan. In 2012, additional case review components were added to the Napa County Trauma Audit Program and an eighty percent (80%) threshold for trauma surgeon arrival.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with Coastal Valleys, Marin, Solano, Lake-North Coast, and Contra Costa counties.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

5.09 PUBLIC INPUT

**MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

All trauma planning efforts have included numerous opportunities for public, stakeholder and hospital representatives. Trauma planning has included extensive input of the County EMCC. All trauma policies are subject to two (2) public comment opportunities and are open for discussion on an annual basis.

**COORDINATION WITH OTHER EMS AGENCIES:**

Solano, Coastal Valleys, North Coast and Marin County EMS Agency's.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 5.10 PEDIATRIC SYSTEM DESIGN

---

### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- The number and role of system participants, particularly of emergency departments.
- The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.
- 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.
- Identification of providers who are qualified to transport such patients to a designated facility.
- Identification of tertiary care centers for pediatric critical care and pediatric trauma.
- The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: *MEETS MINIMUM STANDARDS*

Pediatric patient transfer procedures are established. Children's Hospital and Research Center - Oakland is the pediatric trauma center of choice, with UC Davis used as a backup. Transport guidelines, pediatric transport providers, and pediatric patient flow is identified and monitored. The agency's pediatric field protocols were revised and updated in 2011.

Napa County has identified the number and role of system participants. Napa doesn't currently have a local (in-county) pediatric specialty center and is reliant upon regional pediatric specialty care facilities like Children's Hospital and Research Center – Oakland, and Stanford – Lucille Packard. Napa County has identified through policy and treatment guidelines the pediatric patients that need primary and secondary triage to a pediatric specialty facility. Due to distance, Air Ambulances are typically used for transfers to pediatric specialty facilities.

### COORDINATION WITH OTHER EMS AGENCIES:

As applicable for transport and transfer agreements.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 5.11 EMERGENCY DEPARTMENTS

### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- Staffing.
- Training.
- Equipment.
- Identification of patients for whom consultation with a pediatric critical care center is appropriate.
- Quality assurance/quality improvement, and
- Data reporting to the local EMS agency.

### RECOMMENDED GUIDELINES:

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.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

EMS-C project staff conducted site visits at all regional hospitals during 2002. Pediatric equipment was reviewed along with staffing expertise and qualifications. Training needs were identified and grant funding was used to provide ENPC courses for ED nursing staff members. A consultation matrix was developed and distributed. QI procedures were reviewed and suggestions for "standardizing" pediatric review were offered. EMS-C equipment review and assessment was reevaluated in 2008-09. Local hospitals acquired new pediatric specific equipment and training supplies in 2014 through Richie's Fund.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

5.12 PUBLIC INPUT

**MINIMUM STANDARDS:**

In planning its pediatric emergency medical and critical care system, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

The EMCC, Medical Advisory Committee (MAC) and the system quality assurance committee provide advice and public input on the development of the pediatric emergency medical and critical care system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 5.13 SPECIALTY SYSTEM DESIGN

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### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- The number and role of system participants.
- The design of catchment areas (including intercounty transport, as appropriate) with consideration of workload and patient mix.
- Identification of patients who should be triaged or transferred to a designated center.
- The role of non-designated hospitals including those which are outside of the primary triage area, and
- A plan for monitoring and evaluation of the system.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Facilities and/or transfer agreements exist for pediatric trauma; Local EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans. A plan for identification of certain cardiac conditions (STEMI) by paramedic personnel using equipment that provides a 12-lead electrocardiogram (ECG) and transportation to designated hospitals staffed and equipped to provide immediate specialty care for the patients (STEMI Centers) has been implemented. STEMI system performance reported at appropriate intervals and exceeds national standards.

### COORDINATION WITH OTHER EMS AGENCIES:

None.

### NEED(S):

Plan for and implement a Stroke System of Care.

### OBJECTIVE:

Development of a Stroke System of Care.

### TIME FRAME FOR MEETING OBJECTIVE:

- x Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

5.14 PUBLIC INPUT

**MINIMUM STANDARDS:**

In planning other specialty care systems, the local EMS Agency shall ensure input from both pre-hospital and hospital providers and consumers.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

**NOT APPLICABLE FOR THIS STANDARD.**

The EMCC, Medical Advisory Committee (MAC) and the system quality assurance committee provide advice and public input on the development and management of specialty care centers. All clinical policies referable to specialty centers are available for two (2) annual public comment periods.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

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#### **MINIMUM STANDARDS:**

The local EMS Agency 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 pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures/protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### **RECOMMENDED GUIDELINES:**

The local EMS Agency should have the resources to evaluate response to, and the care provided to, specific patients.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

A dynamic, compliant QA program in place is in Napa. The system quality assurance committee is comprised of base hospital physicians, base hospital nurse liaisons, ambulance provider quality improvement coordinators, dispatch and fire supervisors, recovery hospital personnel, public safety members, state hospital and educational institutional personnel and air transport providers as well as EMS Agency staff members. The agency is totally revising the QA plan and its process. A seven (7) component QA plan was approved in 2012 and data elements for reporting have been selected.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**6.02 PRE-HOSPITAL RECORDS**

---

**MINIMUM STANDARDS:**

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider and agency. The policy requires a completed electronic PCR to be left at the receiving hospital before the crew leaves the hospital or a \$50.00 penalty is assessed. All ground ambulance providers and ALS first responders use a computerized keyboard entry PCR or a handwritten form for documenting patient care. The transport provider utilizes a robust electronic reporting system that is intimately tied to quality assurance analysis.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 6.03 PRE-HOSPITAL CARE AUDITS

---

### MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

### RECOMMENDED GUIDELINES:

The local EMS Agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

The quality assurance system, serves to monitor both operational and clinical compliance. The electronic record integrates fully with CAD data. The EMS Agency currently uses FirstWatch data integration to link CAD, first responder and ambulance transport data due to different providers using different ePCR vendors. There is not currently a mechanism in place to connect these records with in-patient and discharge records.

### COORDINATION WITH OTHER EMS AGENCIES:

None.

### NEED(S):

A unified ePCR solution for all providers in Napa County.

### OBJECTIVE:

Napa County is currently working with stakeholders to identify a single ePCR vendor for all providers in the County. New unified ePCR solution will connect all CAD, ePCR and hospital charting together.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**6.04 MEDICAL DISPATCH**

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**MINIMUM STANDARDS:**

The local EMS Agency 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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Napa Central Dispatch Center conducts first responder and transport agency dispatching. Cal Fire St Helena Emergency Command Center (ECC) has been designated as the EMS air Dispatch center. LEMSA has developed a Dispatch CQI committee that reviews all quality improvement activities of the dispatch center. The current QI process audits and reports on sampled EMD calls to monitor the appropriateness and effectiveness of pre-arrival and post-dispatch directions.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

The local EMS Agency shall establish a data management system that 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 standards.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS Agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Data management systems for components of EMS are in place. The EMS Agency is currently using both FirstWatch and American Medical Response ePCR tools to monitor the overall performance of clinical and operational components of the system. Work will continue to be done to implement a seamless data management system along with the planned unified ePCR efforts.

Napa County has aggressively pursued local indicators beyond the State Core Measures and has been measuring this data for over two years. Data includes information from dispatch, first responders, ground/air ambulance and hospital outcomes.

Trauma registry data has been sent to state database for 2014 and are currently working to send in the 2013 dataset as well.

**COORDINATION WITH OTHER EMS AGENCIES:**

As needed to ensure uniformity.

**NEEDS:**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 6.06 SYSTEM DESIGN EVALUATION

---

### MINIMUM STANDARDS:

The local EMS Agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, 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 standards and guidelines.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

The MAC, comprised of physicians, local CQI coordinators, hospital liaisons and clinical provider representatives has been formed to evaluate advise the medical director of clinical issues including system design. Also EMCC reviews local operations, policies and practices. Meetings of the Board of Supervisors (BOS) EMCC are open to the public with time allocated on each agenda for public comments. A BOS member routinely attends the EMCC and provides additional input to the system management.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**6.07 PROVIDER PARTICIPATION**

**MINIMUM STANDARDS:**

The local EMS Agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

ALS and BLS providers are required by policy and/or agreement to participate in the agency system-wide evaluation program.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**6.08 REPORTING**

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**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The first report to the EMCC from Napa County EMS occurred in March 2012. The EMCC and EMS provide a joint report to the County Board of Supervisors on an annual basis. The EMS Agency reports annually to provider agencies about EMS system design and operations.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**MINIMUM STANDARDS:**

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

**RECOMMENDED GUIDELINES:**

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

There is a QA program in place. Napa County EMS has a developed system QA committee. Comprised of base hospital medical directors, base hospital nurse liaisons and ambulance provider quality improvement coordinators as well as Agency staff. This body, with the medical director, develops reports and assessment tools to evaluate system operational and clinical activities using a seven-component approach. System QA has been expanded since the 2012 EMS Plan Update to include a more comprehensive auditing and evaluation process. Napa County works with all system providers to audit dispatch, prehospital, base hospital and receiving hospital data.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 6.10 TRAUMA SYSTEM EVALUATION

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### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Napa's trauma center utilizes trauma registry software (Trauma One) to gather and track trauma patient data. Quarterly data is submitted to the agency by the trauma center. Data is currently collected as requested from the trauma facility. Several enhancements have occurred based on the collection of this data. Measurement of the trauma system and identifying patients whose care fell outside the established criteria is captured as part of the LEMSA and provider CQI plans.

### COORDINATION WITH OTHER EMS AGENCIES:

North Coast EMS Agency, Coastal Valleys EMS Agency, Contra Costa, Marin, Solano counties. (See section 5.08-Trauma System Designs).

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**6.11 TRAUMA CENTER DATA**

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**MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

The agency currently collects quarterly data from the trauma center and the other County facility (non-trauma facility). Additional information or details of specific cases are provided by the trauma center as requested by Trauma One query or request. Napa County now has a process in place to identify patients whose care fell outside of established criteria.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with neighboring counties trauma center and CEMESIS system

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## PUBLIC INFORMATION AND EDUCATION (PIE)

### 7.01 PUBLIC INFORMATION MATERIALS

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#### MINIMUM STANDARDS:

The local EMS Agency shall promote the development and dissemination of information materials for the public that addresses:

- Understanding of EMS system design and operation.
- Proper access to the system.
- Self-help (e.g., CPR, first aid, etc.).
- Patient and consumer rights as they relate to the EMS system.
- Health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- Appropriate utilization of emergency departments.

#### RECOMMENDED GUIDELINES:

The local EMS Agency should promote targeted community education programs on the use of emergency medical services in its service area.

#### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

NCEMSA has either developed and/or disseminated information on basic first aid, CPR, system design and access and disaster planning. The (EMCC) subcommittee Public Information and Education (PIE) is very active within the County. The agency has established a PIE "traveling kit" that will be used throughout the County at public safety and health oriented public events. PIE materials from the kit will be available for distribution at these events.

#### NEED(S):

None identified.

#### OBJECTIVE:

Meets standards.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

7.02 INJURY CONTROL

**MINIMUM STANDARDS:**

- The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

**RECOMMENDED GUIDELINES:**

- The local EMS Agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

The agency is involved as a component of the department of public health in injury prevention and/or injury control efforts. The agency participates in the SafeKids program, and EMS system participants routinely participate in public safety (health) fairs at various locations concerning injury prevention and disease prevention programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

- Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**7.03 DISASTER PREPAREDNESS**

---

**MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

**RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

The agency has been involved with OES in promoting citizen disaster preparedness. Funding has been secured to enhance the coordination between EMS and disaster preparedness personnel. The EMS Agency attends public events to promote disaster preparedness and to recruit for the Medical Reserve Corps (MRC).

**COORDINATION WITH OTHER EMS AGENCIES:**

As applicable with neighboring counties through coordination among the EMS system and EMS providers.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**7.04 FIRST AID & CPR TRAINING**

---

**MINIMUM STANDARDS:**

The local EMS Agency shall promote the availability of first aid and CPR training for the general public.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

A list of available CPR and first aid classes is maintained at the agency and on the agency website. The agency is taking lead in promoting CPR and first aid training for County employees. The EMS Agency participates helps deliver hands-only CPR education on a regular basis.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

---

#### MINIMUM STANDARDS:

In coordination with the local OES and the local EMS Agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

Agency staff actively participates in regular meetings with OES and other allied agencies in the development of medical response plans for catastrophic disasters, including those involving toxic substances. The County emergency plan contains information on response to chemical, biological, and radiological substances. The county regularly exercises these plans through tabletop, functional and full-scale exercises.

#### COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MHOACS and LEMSAs.

#### NEED(S):

None identified.

#### OBJECTIVE:

Meets standards.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 8.02 RESPONSE PLANS

---

### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Napa County has developed a Disaster Plan that addresses incidents caused by a variety of hazards, including toxic substances. The plan is exercised regularly through tabletop, functional, and full-scale exercises. The local MCI plan is included as part of the larger medical response plans developed by the county.

### COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination exists between all Region II MOHOCs and LEMSAs.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).  
Long-Range Plan (more than one (1) year).

### 8.03 HAZARDOUS MATERIALS (HAZMAT) TRAINING

---

#### **MINIMUM STANDARDS:**

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment (PPE) for EMS is in place and is regularly practiced. In conjunction with the purchase of new all-hazard triage tags, "Triage Tag" familiarization drills are conducted annually.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Reciprocity as is practical.

#### **NEED(S):**

None identified.

#### **OBJECTIVE:**

Meets standards.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**8.04 INCIDENT COMMAND SYSTEM**

**MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that ICS training is provided for all medical providers.

**CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Napa County's MCI Plan is based on the ICS. All personnel are required to complete ICS training. The EMS Agency audits provider records to ensure that all ICS training is provided to employees.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 8.05 DISTRIBUTION OF CASUALTIES

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### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency, 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.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The EMS Agency, as part of its MCI Plan, has a detailed process including specific patient distribution methods and calculations for all regional receiving hospital facilities. This plan identifies specialty care facilities (trauma, stroke and STEMI). The plan doesn't currently identify regional facilities for the treatment of patients with radiation and chemical contamination.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with neighboring counties as required/needed.

### **NEED(S):**

Information regarding the treatment of patients contaminated by radiation and chemicals.

### **OBJECTIVE:**

Edit the current MCI plan to include information about destinations for patients with radiological and chemical contamination.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**8.06 NEEDS ASSESSMENT**

---

**MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

**RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

The local MHOAC program has developed written procedures, including the use of an activation matrix, for early assessment and activation of resource needs and requests to the region and state. Responsible LEMSA staff have been trained in the use of the California Public Health and Medical Emergency Operations Manual (EOM). The agency participates in the annual Statewide Medical Health Exercise (both the tabletop and functional) and also hosts an annual full-scale exercise in May of each year where this is practiced.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

8.07 DISASTER COMMUNICATIONS

**MINIMUM STANDARDS:**

A specific frequency (e.g. CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

CALCORD is a common frequency among County providers. There are also EMS field/tactical frequencies as well as several fire field/tactical frequencies held in common, broken down by zones.

Two-way radios, telephones including landline, cellular and satellite phones in addition to computer based programs keep all hospitals and the EOC in communication. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders and dispatch centers. Cellular phones are required and/or prevalent among all system participants.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with neighboring jurisdictions is in place by policy and agreements.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR OBJECTIVE:**

- Short Range Plan (one (1) year or less).
- Long Range Plan (More than one (1) year).

## 8.08 INVENTORY OF RESOURCES

---

### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS***

MCI trailers are deployed in the County. They can be deployed at the request of an Incident Commander (IC). Individual first responder agencies and EMS transport provider agencies are equipped with backboards, trauma kits, triage tags, O2 kits, burn kits and PPE. Additionally, hospital disaster trailers exist at both hospitals. The EMS Agency, in partnership with the local Hospital Preparedness Coalition has established an inventory of all appropriate disaster medical resources in the county. The EMS Agency has encouraged providers to establish written agreements with disaster medical resources, but doesn't currently have a process in place to ensure this action is taken. Additionally, the emergency ambulance provider has established some agreements with ambulance providers in other counties for the purpose of disaster response.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Sharing of resources as requested.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**8.09 DMAT TEAMS**

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**MINIMUM STANDARDS:**

The local EMS Agency shall establish and maintain relationships with DMAT teams in its area.

**RECOMMENDED GUIDELINES:**

The local EMS Agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

DMAT team within OES Region II is functional. Planning by member counties has occurred at the regional Medical Health Operational Area Coordinators (MHOAC) meetings.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**8.10 MUTUAL AID AGREEMENTS**

**MINIMUM STANDARDS:**

The local EMS Agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensures 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.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Mutual-aid agreements have been executed with ambulance transport providers from surrounding counties. Napa County's current emergency ambulance provider has mutual-aid agreements in place with ambulance providers in Solano County and Sonoma County. Work is currently being done to increase mutual-aid capacity by signing agreements with Lake and Yolo County providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

As stated above.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

**8.11 CCP DESIGNATION**

---

**MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES and County health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Several locations for Casualty Collection Points (CCP) and Field Treatment Sites (FTS) have been identified in Napa County. These sites have multi-use configurations, i.e., shelters, mass prophylaxis etc. Napa County plans to use the State EMSA medical volunteer registry as an adjunct.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with neighboring counties per agreement.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less)
- Long-Range Plan (more than one (1) year)

**8.12 ESTABLISHMENT OF CCP**

**MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: DOES NOT CURRENTLY MEET MINIMUM STANDARDS**

Several sites for CCP's exist. There are plans in place for utilizing these sites as PODs, general shelters, as well as mass prophylaxis sites. NCEMSA is working with the County Health Department and Emergency Preparedness programs/units.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Additional work is needed to establish communications with Casualty Collection Points.

**OBJECTIVE:**

Add CCP Communications to current County Communications Plan and MCI Plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 8.13 DISASTER MEDICAL TRAINING

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### **MINIMUM STANDARDS:**

The local EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

### **CURRENT STATUS: *MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES***

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders and training institutions, conduct MCI training. Personal Protection Equipment for EMS providers is in place. Medical personnel roles are identified in OA hazmat response plans. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The agency's MCI plan is updated to ensure compliance with ICS, SEMS and NIMS. All training is verified by the EMS Agency through annual reports to the agency. First responder agencies are required to maintain this training as part of their all hazards approach to response.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 8.14 HOSPITAL PLANS

### MINIMUM STANDARDS:

The local EMS Agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### RECOMMENDED GUIDELINES:

At least one (1) disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Staff works with the Health Department to conduct hospital training in ICS and CBRNE response. Hospitals conduct disaster exercises on an annual basis. Hospitals coordinate with the Statewide Medical/Health Exercise (SWMHE) Napa County hospitals participate in monthly Hospital Preparedness Partner Coalition meetings. All plans have been reviewed for consistency with County medical response plans. All hospitals also actively participate in the local Operational Area meetings (held monthly) in order to coordinate plans and response efforts.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination of regional (Region II) partners.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**8.15 INTER-HOSPITAL COMMUNICATIONS**

**MINIMUM STANDARDS:**

The local EMS Agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

Hospitals in Napa County communicate via a VHF network and with the EMResource System. EMResource system has been installed in Napa hospitals, as well as in neighboring counties thus providing redundancy.

**COORDINATION WITH OTHER EMS AGENCIES:**

Through common radio channels, EMResource system, and intercounty agreements.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one (1) year or less).
- Long-Range Plan (more than one (1) year).

## 8.16 PRE-HOSPITAL AGENCY PLANS

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### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### **RECOMMENDED GUIDELINES:**

The local EMS Agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

### **CURRENT STATUS: MEETS MINIMUM STANDARDS AND RECOMMENDED GUIDELINES**

Disaster medical planning occurs annually in the two (2) Napa County based hospitals. The County utilizes an MCI Plan that is ICS, SEMS and NIMS compatible. Hospitals have significant disaster mitigation supplies, including PPE, triage tags and patient evacuation equipment. Pre-hospital providers and first responder agencies have are equipped with PPE, triage tags and medical equipment. The disaster plan is robust and practiced annually.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None identified.

### **OBJECTIVE:**

Meets standards.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

8.17 ALS POLICIES

**MINIMUM STANDARDS:**

The local EMS Agency shall ensure that policies and procedures allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS**

Procedures have been established with adjacent EMS systems through day to day Auto and mutual aid through reciprocity agreements.

**COORDINATION WITH OTHER EMS AGENCIES:**

Auto and Mutual aid.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

## 8.18 SPECIALTY CENTER ROLES

---

### MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARDS**

QVMC is a level III trauma center, base hospital and is charged with coordinating patient distribution in disaster events within the County.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Marin, Solano, Coastal Valleys, Marin and Contra Costa and North Coast EMS agencies with regards to specialty centers in their jurisdiction.

### NEED(S):

None identified.

### OBJECTIVE:

Meets standards.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

**8.19 WAIVING EXCLUSIVITY**

---

**MINIMUM STANDARDS:**

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS***

All EOA agreements contain language allowing the Napa County EMS to waive the exclusivity of an area in the event of a significant medical incident.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None identified.

**OBJECTIVE:**

Meets standards.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one (1) year or less).

Long-Range Plan (more than one (1) year).

System Operations and Management

Page: 139  
Date: 11/11/14

The purpose of this section is to provide information regarding the level of service provided by the agency and the level of support provided by the agency.

Agency Support

Y  
N  
N  
N

Public Health Department  
County Health Services Agency  
City (non-health) County Department  
Joint Powers Agency  
Private Non-Profit Entity  
Other

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The purpose of this section is to provide information regarding the level of service provided by the agency and the level of support provided by the agency.

Y  
N  
N  
N  
N  
N  
N  
N  
N  
N

Public Health Department  
County Health Services Agency  
City (non-health) County Department  
Joint Powers Agency  
Private Non-Profit Entity  
Other

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: **Napa**

Reporting Year: **2014**

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 %.)

**Napa County**

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

2. Type of agency **B**

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

3. The person responsible for day-to-day activities of the EMS Agency reports to **A**

- 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	<u>  X  </u>
Development of transfer agreements	<u>  X  </u>
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>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>    X    </u>
Other: _____	
Other: _____	
Other: _____	

**5. EMS Agency budget for FY 2014-2015**

**EXPENSES**

Salaries and benefits (All but contract personnel)	<b>\$349,664.</b>
Contract Services (e.g. medical director)	<b>\$ 96,500.</b>
Operations (e.g. copying, postage, facilities)	<b>\$ 37,329.</b>
Travel	<b>\$ 6,900.</b>
Fixed assets	<b>0.</b>
Indirect expenses (overhead)	<b>\$ 25,338.</b>
Ambulance subsidy	<b>0.</b>
EMS Fund payments to physicians/hospital	<b>\$330,000.</b>
Dispatch center operations (non-staff)	<b>0.</b>
Training program operations	<b>0.</b>
Other: Legal _____	<b>0.</b>
Other: _____	
Other: _____	

**TOTAL EXPENSES**

**\$845.731.**

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

**SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$25,338.
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	\$48,800.
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
Base hospital designation fees	\$21,787.
Trauma center application fees	0
Trauma center designation fees	\$28,000.
Paramedic receiving application fees	0
Paramedic receiving designation fees	\$5,000.
STEMI center application fees	0
STEMI center designation fees	\$20,000.
Other critical care center application fees , Type _____	0.
Ambulance service/vehicle fees	0.
Contributions	0
EMS Fund (SB 12/612)	\$440,000.
Other grants: Ts Fee (Franchise)	\$25,000.
Other fees: MAA	\$34,200.
Other (specify): Time Penalties (Franchise)	\$75,000.
Other (specify): Per Call	\$75,000.
Other (specify): Sales Tax Realignment	\$17,606.
Other (specify): Air Ambulance	\$30,000.
<b>TOTAL REVENUE</b>	<b>\$845,731</b>

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

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

Fee structure for FY 2014-2015

We do not charge any fees

Our fee structure is:

EMD certification	0
EMD recertification	0
EMT certification	\$155
EMT recertification	\$117
AEMT certification	\$155
AEMT recertification	\$117
Paramedic accreditation	\$200
Paramedic verification of accreditation	0
Mobile Intensive Care Nurse/ MICN/ARN recertification	0
EMR training program approval	0
EMT training program approval	0
Paramedic training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	\$21,000
Trauma center application	0
Trauma center designation	\$32,000
STEMI center application	0
STEMI center designation	\$15,000
Paramedic receiving application	0
Paramedic receiving designation	\$3,000
Other critical care center application	
Type: _____	
Ambulance service license	0
Ambulance vehicle permits	\$ 7,700
Other: <b>Franchise</b>	\$25,000
Other: <b>Per Transport Fee</b>	\$37,500

6. Complete the table on the following two (2) pages for the EMS Agency staff for the fiscal year of (2014-15)

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

EMS System: Napa County

Reporting Year 2014

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
<u>EMS Admin./Coord./Dir.</u>	EMS Administrator	1.0	\$ 57.26	32%	
<u>Asst. Admin./Admin. Asst./Admin. Mgr.</u>	N/A	N/A	N/A	N/A	
<u>EMS Coordinator</u>	N/A	N/A	N/A	N/A	
<u>ALS Coord./Field Coord./Trng Coord.</u>	EMS Specialist	1.0	\$ 45.21	33%	
<u>Program Coord./Field Liaison (Non-clinical)</u>	N/A	N/A	N/A	N/A	
<u>Trauma Coord.</u>	Trauma/STEMI/stroke Coordinator	0.2	-	0%	\$25,000 Allocated. Contracted Position is vacant
<u>Med. Director</u>	EMS Medical Director	0.5	\$ 100.00	N/A	Contract position, no benefits
<u>Disaster Medical Planner</u>	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	
Medical Planner	N/A	N/A	N/A	N/A	
Data Evaluator/Analyst	Staff Services Analyst II	0.1	\$36.80	34%	
QA/QI Coordinator	N/A	N/A	N/A	N/A	
Public Info. & Education Coordinator	N/A	N/A	N/A	N/A	
Executive Secretary	N/A	N/A	N/A	N/A	
<u>Other Clerical</u>	Senior Office Assistant	1.0	\$ 23.41	33%	
<u>Other Clerical</u>	Intern	0.0	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**

EMS System: Napa County

Reporting Year: 2014

CATEGORY	EMD	EMR	EMT	AEMT	Paramedic	MICN
Total Certified	30	-	123	0	25	0
Number newly certified this year	3	-	34	0	0	0
Number recertified this year	28	-	89	0	0	0
Total number of accredited personnel on July 1 of the reporting year	30	-	123	0	25	0
Number of certification reviews resulting in:						
a) formal investigations	0	-	5	0	3	0
b) probation	0	-	1	0	0	0
c) suspensions	0	-	0	0	0	0
d) revocations	0	-	0	0	0	0
e) denials	0	-	0	0	0	0
f) denials of renewal	0	-	0	0	0	0
g) no action taken	0	-	4	0	3	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: **1**

2. Early defibrillation:

a) Number of EMT (defib) certified **215**

b) Number of public safety (defib) certified (non-EMT) **Pending**

3. Do you have a first responder training program **X YES**  NO

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Napa County

County: Napa

Reporting Year: 2014

1. Number of primary Public Service Answering Points (PSAP) \_\_\_3\_\_\_
2. Number of secondary PSAPs \_\_\_1\_\_\_
3. Number of dispatch centers directly dispatching ambulances \_\_\_1\_\_\_
4. Number of designated dispatch centers for EMS Aircraft \_\_\_1\_\_\_
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency **155.835 / 154.415**
  - b. Other methods **Cellular, Satellite Phone, EMSystems, ARES/RACES**
  - 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? **Napa Central Dispatch Center**
7. Who is your primary dispatch agency for a disaster? **Napa Central Dispatch Center**

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It highlights the need for a systematic approach to data collection and the importance of using reliable and valid measurement tools.

3. The third part of the document focuses on the analysis and interpretation of the collected data. It discusses the various statistical and analytical techniques that can be used to identify patterns, trends, and relationships within the data.

4. The fourth part of the document discusses the importance of communicating the results of the research to the relevant stakeholders. It emphasizes the need for clear and concise reporting and the importance of using appropriate visual aids to enhance the presentation of the findings.

5. The fifth part of the document discusses the implications of the research findings for the organization's operations and decision-making. It highlights the need for a proactive approach to identifying and addressing any issues or challenges that may arise as a result of the research.

6. The sixth part of the document discusses the importance of ongoing monitoring and evaluation of the organization's performance. It emphasizes the need for a continuous cycle of improvement and the importance of using the research findings to inform and guide this process.

7. The seventh part of the document discusses the importance of maintaining a high level of ethical standards throughout the research process. It highlights the need for transparency, honesty, and integrity in all aspects of the research and the importance of obtaining informed consent from all participants.

8. The eighth part of the document discusses the importance of collaboration and teamwork in the research process. It emphasizes the need for open communication, shared responsibility, and mutual respect among all team members.

9. The ninth part of the document discusses the importance of staying up-to-date on the latest research and developments in the field. It emphasizes the need for a commitment to lifelong learning and the importance of seeking out and engaging with relevant literature and experts.

10. The tenth part of the document discusses the importance of maintaining a positive and professional attitude throughout the research process. It emphasizes the need for patience, persistence, and a willingness to embrace challenges and setbacks as part of the learning process.

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

EMS System: Napa County

Reporting Year: 2014

**EARLY DEFIBRILLATION PROVIDERS**

1. Number of EMT (BLS) providers 3

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

	Urban Area	Suburban Area	Rural Area	Wilderness Area
BLS (CPR/AED) capable FR	N/A*	N/A*	N/A*	N/A*
Priority 1**	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2**	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3**	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4**	+/- 15 minutes	-	-	-
Priority 1 with ALS FR**	10:00 minutes	12:30 minutes	18:45 minutes	60:00 minutes
Priority 2 with ALS FR**	15:00 minutes	18:45 minutes	31:15 minutes	70:00 minutes
Priority 3 with ALS FR**	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes

\*No mechanism exists for the collection of response time data from first response agencies – except for ALS first response

\*\*Napa EOA response time standard which is triggered by the EMD call determinant



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

EMS System: **Napa County**

Reporting Year: **2014**

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	368
b) Number of major trauma victims transported directly to a trauma center by ambulance	368
c) Number of major trauma patients transferred to a trauma center	0
d) Number of patients meeting triage criteria who weren't treated at a trauma center	0

**Emergency Departments**

Total number of emergency departments'	2
a) Number of referral emergency services	0
b) Number of standby emergency services	1
c) Number of basic emergency services	1
d) Number of comprehensive emergency services	0

**Receiving Hospitals**

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



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

EMS System: Napa County

County: Napa

Reporting Year: 2015

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Veteran's Home – Yountville, County fairgrounds and high

schools throughout the County

b. How are they staffed? Medical Reserve Corp, Red Cross, PH Staff, EMS system participants

c. Do you have a supply system for supporting them for 72 hours?      yes \_\_\_ no X

2. CISD

Do you have a CISD provider with 24 hour capability?      yes X no \_\_\_

3. Medical Response Team

a. Do you have any team medical response capability?      yes 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 X no \_\_\_

d. Are they part of a formal out-of-state response system?      yes X no \_\_\_

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?      yes X no \_\_\_

b. At what HazMat level are they trained? First Responder / Operational

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?      4



**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

**County:** Napa **Provider:** American Canyon Fire District **Response Zone:** Am Can Fire Protection District & Mutual Aid with Vallejo in Solano County

**Address:** 225 James Road **Number of Ambulance Vehicles in Fleet:** 0  
 American Canyon, CA 94589  
**Phone Number:** 707-551-0650 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No Dr. Andrew Nothman	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport X ALS <input type="checkbox"/> 9-1-1 X Ground X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	---	---

**Transporting Agencies**

1528	Total number of responses	0
1397	Number of emergency responses	0
131	Number of non-emergency responses	0

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

*[The following text is extremely faint and largely illegible, appearing to be bleed-through from the reverse side of the page. It contains various numbers and possibly names, but cannot be accurately transcribed.]*

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: American Medical Response Response Zone: EOA 1

Address: 841 Latour Court Suite D Number of Ambulance Vehicles in Fleet: 19 (+3 Quick Response Vehicles)  
Napa, CA 94559

Phone Number: (707) 501-5280 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	---	--	---

**Transporting Agencies**

12558	Total number of responses	10584	Total number of transports
9658	Number of emergency responses	8142	Number of emergency transports
2873	Number of non-emergency responses	2442	Number of non-emergency transports

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

1. Napa County EMS Agency  
 2. Napa County EMS Agency  
 3. Napa County EMS Agency  
 4. Napa County EMS Agency  
 5. Napa County EMS Agency  
 6. Napa County EMS Agency  
 7. Napa County EMS Agency  
 8. Napa County EMS Agency  
 9. Napa County EMS Agency  
 10. Napa County EMS Agency  
 11. Napa County EMS Agency  
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 100. Napa County EMS Agency

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa      Angwin Community Ambulance      Angwin  
 Provider:      Response Zone:

Address: 275 College Avenue (PO Box 947)      3  
Angwin, CA 94508      Number of Ambulance Vehicles in Fleet:

Phone Number: (707) 965-9110      2  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS    X 9-1-1    X Ground <input type="checkbox"/> Non-Transport    X BLS    X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

218	Total number of responses	<u>157</u>	Total number of transports
218	Number of emergency responses	<u>157</u>	Number of emergency transports
0	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: Calistoga Fire Department Response Zone: 56 square miles

Address: 1232 Washington Street Number of Ambulance Vehicles in Fleet: 0  
Calistoga, CA 94515

Phone Number: 707-942-2822 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

855	Total number of responses	n/a
681	Number of emergency responses	n/a
174	Number of non-emergency responses	n/a

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa      Provider: CalStar      Response Zone: Napa County and surrounding region

Address: 4933 Bailey Loop      Number of Ambulance Vehicles in Fleet: 8  
McClellan Ca 95652

Phone Number: 916-921-4000      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2 in Napa County Area

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

**Air Ambulance Services**

22	Total number of responses	21	Total number of transports
15	Number of emergency responses	14	Number of emergency transports
7	Number of non-emergency responses	7	Number of non-emergency transports

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**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa      Provider: CDF/Napa County Fire Department      Response Zone: All of Napa County & Mutual Aid with other Counties

Address: 1199 Big Tree Road      Number of Ambulance Vehicles in Fleet: 0  
St. Helena, CA 94574

Phone Number: 707-529-9689      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS    X 9-1-1    X Ground <input checked="" type="checkbox"/> Non-Transport    X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City    X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4151 Total number of responses      n/a Total number of transports  
 3832 Number of emergency responses      n/a Number of emergency transports  
 319 Number of non-emergency responses      n/a Number of non-emergency transports

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: CHP – Golden Gate Division Response Zone: 9 Bay Area Counties

Address: 3500 Airport Road Number of Ambulance Vehicles in Fleet: 2  
Napa, CA 94558

Phone Number: 707-257-0103 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire X Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County X State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> X Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance X ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

n/a Total number of responses n/a Total number of transports  
 n/a Number of emergency responses n/a Number of emergency transports  
 n/a Number of non-emergency responses n/a Number of non-emergency transports

**Air Ambulance Services**

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

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

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**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: Napa City Fire Department Response Zone: Napa City Limits

Address: PO Box 660 Number of Ambulance Vehicles in Fleet: 0

Napa, CA 94559

Phone Number: 707-257-9598 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

8,538	Total number of responses	<u>n/a</u>	Total number of transports
7,632	Number of emergency responses	<u>n/a</u>	Number of emergency transports
906	Number of non-emergency responses	<u>n/a</u>	Number of non-emergency transports

**Air Ambulance Services**

n/a  
 n/a  
 n/a

n/a  
 n/a  
 n/a

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

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

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: Napa State Hospital Response Zone: N/A

Address: 2100 Napa-Vallejo Hospital Number of Ambulance Vehicles in Fleet: 0  
Napa, CA 94559

Phone Number: 707-253-5235 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

418	Total number of responses	<u>85</u>	Total number of transports
418	Number of emergency responses	<u>0</u>	Number of emergency transports
0	Number of non-emergency responses	<u>85</u>	Number of non-emergency transports

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
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10	10	10	10
11	11	11	11
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99	99	99	99
100	100	100	100

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: Piner's Ambulance Response Zone: Napa County

Address: 2100 Pueblo Street Number of Ambulance Vehicles in Fleet: 3

Napa, CA 94558

Phone Number: 707-224-3123 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2392	Total number of responses	<u>1804</u>	Total number of transports
0	Number of emergency responses	<u>0</u>	Number of emergency transports
2392	Number of non-emergency responses	<u>1804</u>	Number of non-emergency transports

**Air Ambulance Services**

n/a \_\_\_\_\_ Total number of responses  
 n/a \_\_\_\_\_ Number of emergency responses  
 n/a \_\_\_\_\_ Number of non-emergency responses

n/a \_\_\_\_\_ Total number of transports  
 n/a \_\_\_\_\_ Number of emergency transports  
 n/a \_\_\_\_\_ Number of non-emergency transports

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**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa Provider: Reach Response Zone: Northern California

Address: 451 Aviation Blvd, suite 101  
Santa Rosa, CA 95403 Number of Ambulance Vehicles in Fleet: 11 in No. California (8 RW, 3 FW)

Phone Number: 707-324-2400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p><b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air  <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
<p><b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b>If Public:</b>  <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain:</p>	<p><b>If Public:</b>  <input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p> <p><b>Air Classification:</b>  <input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

n/a Total number of responses  
 n/a Total number of transports  
 n/a Number of emergency responses  
 n/a Number of emergency transports  
 n/a Number of non-emergency responses  
 n/a Number of non-emergency transports

**Air Ambulance Services**

145 \_\_\_\_\_ Total number of responses  
 145 \_\_\_\_\_ Number of emergency responses  
 none \_\_\_\_\_ Number of non-emergency responses

48 \_\_\_\_\_ Total number of transports  
 48 \_\_\_\_\_ Number of emergency transports  
 none \_\_\_\_\_ Number of non-emergency transports

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

**Table 8: Resource Directory**

Reporting Year: 2014

**Response/Transportation/Providers**

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

County: Napa      1480 Main Street      **Provider:** St. Helena Fire Department      **Response Zone:** St. Helena City Limits & Contract Area

**Address:** 1480 Main Street      **Number of Ambulance Vehicles in Fleet:** 0  
St. Helena, CA 94574

**Phone Number:** 707-967-2880      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

**Transporting Agencies**

750	Total number of responses	<u>n/a</u>	Total number of transports
558	Number of emergency responses	<u>n/a</u>	Number of emergency transports
192	Number of non-emergency responses	<u>n/a</u>	Number of non-emergency transports

**Air Ambulance Services**

n/a	Total number of responses	n/a	Total number of transports
n/a	Number of emergency responses	n/a	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

**Table 9: Resources Directory**

**Facilities**

County: **NAPA**

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

Facility: **Queen of the Valley Medical Center (QVMC)** Telephone Number: **(707) 252-4411**

Address: **1000 Trancas Street**

**Napa, CA 94558**

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP2* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU3 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV	

**\*\* 24/7 Neurosurgical capabilities**

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 9: Resource Directory**

**Facilities**

County: NAPA

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

Facility: St. Helena Hospital (SHH)

Telephone Number: (707) 963-3611

Address: 10 Woodland Road

St. Helena, CA 94574

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

<u>Pediatric Critical Care Center<sup>4</sup></u>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II** <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Napa

County: Napa

Reporting Year: 2014

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

Training Institution Name: Napa Community College - Paramedic      Contact Person telephone no.: Gregory Rose  
 Address: 2277 Napa-Vallejo Hwy. Napa, CA 94559      (707) 256-7632

Student Eligibility: *	Cost of Program	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: <u>24</u> Refresher: <u>0</u> Cont. Education <u>12/31/2015</u> Expiration Date: Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: _____ Cont. Education: <u>24</u>
	Basic \$3,400.00 Refresher _____	

Training Institution Name: Napa Community College - EMT      Contact Person telephone no.: Gregory Rose  
 Address: 2277 Napa-Vallejo Hwy. Napa, CA 94559      (707) 256-7632

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>80</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>12/31/2015</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic \$1,000.00 Refresher _____	



**TABLE 11: RESOURCES DIRECTORY – Dispatch Agency**

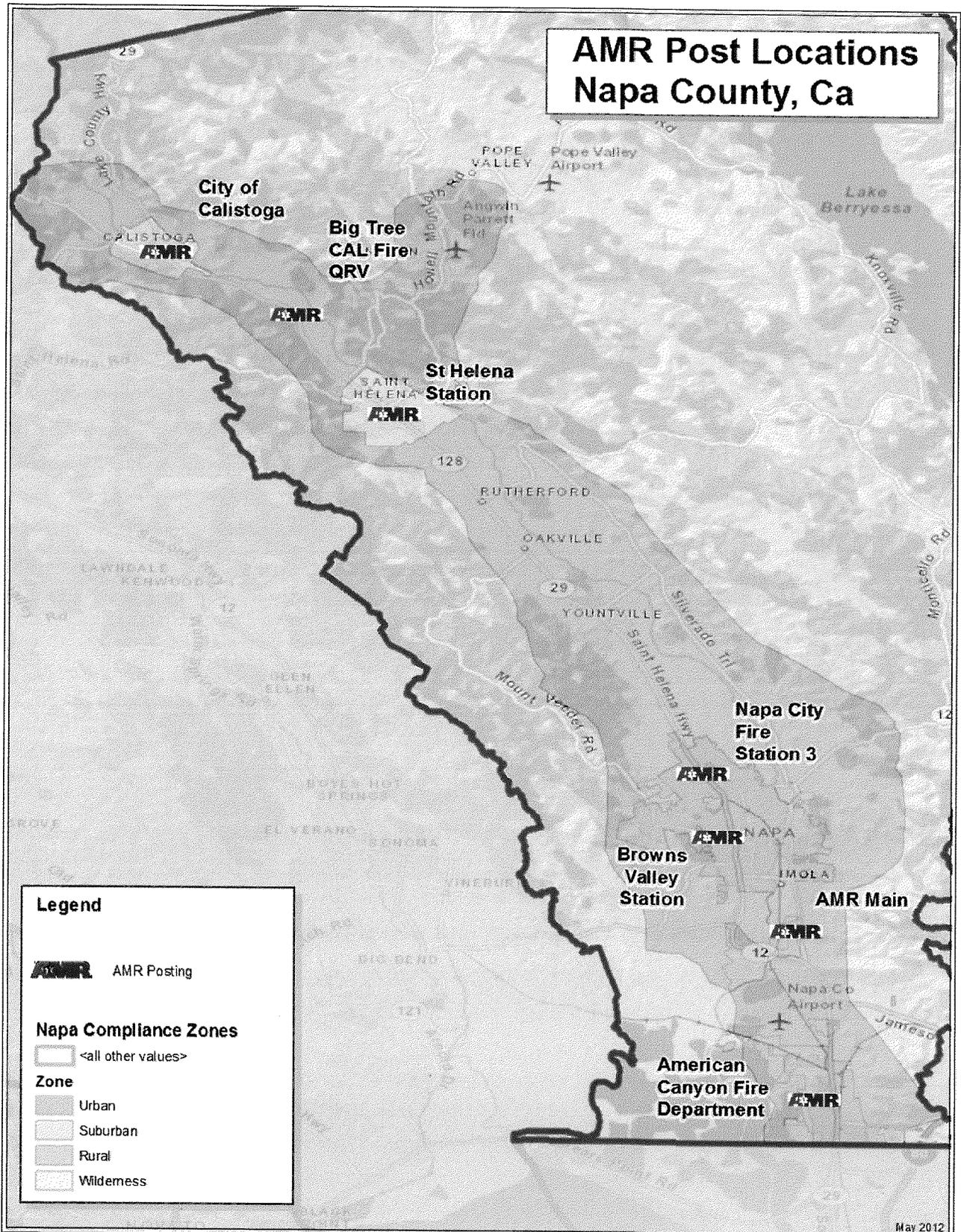
**EMS System:** Napa County      **County:** Napa      **Reporting Year:** 2014-2015

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

<p><b>Name, address &amp; telephone:</b>                  Napa Central Dispatch                  1539 First Street Napa, CA 94558                  (707) 257-9222</p>				<p><b>Primary Contact:</b>                  Sara Freeman</p>			
<p><b>Written Contract:</b>                  X yes  <input type="checkbox"/> no</p>		<p><b>Medical Director:</b>  <input type="checkbox"/> yes                  X no</p>		<p><b>X Day-to-day</b>                  X Disaster</p>		<p><b>Number of Personnel providing services:</b>                  ___20___ EMD Training ___ EMT-D ___ ALS                  ___ BLS ___ LALS ___ Other</p>	
<p><b>Ownership:</b>                  X Public  <input type="checkbox"/> Private</p>		<p><b>If public:</b> X Fire                  X Law  <input type="checkbox"/> Other                  explain: _____</p>		<p><b>If public:</b> X city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>			

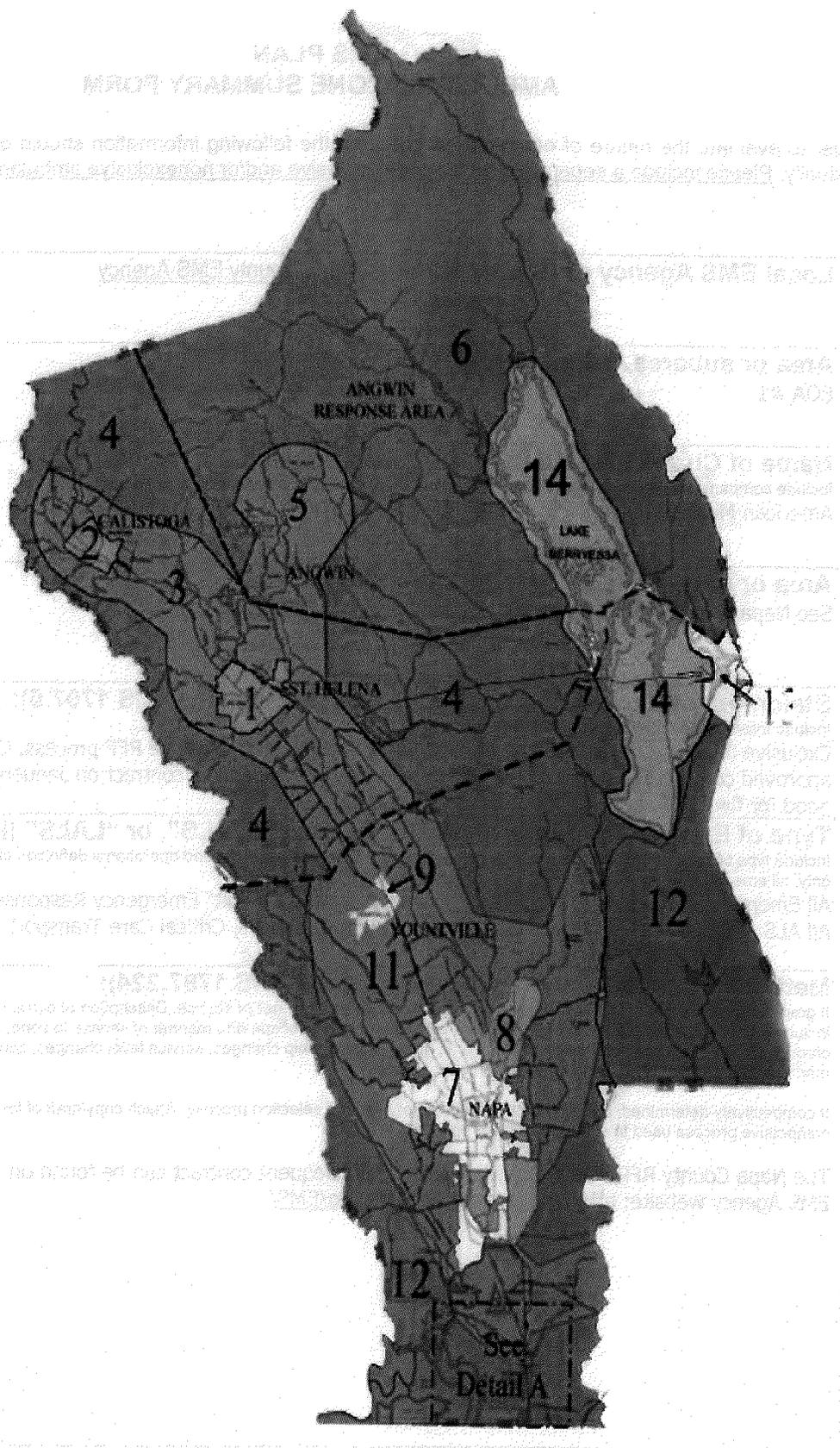
<p><b>Name, address &amp; telephone:</b>                  CAL FIRE St. Helena ECC                  1199 Big Tree Road St. Helena, CA 94574                  (707) 967-1409</p>				<p><b>Primary Contact:</b>                  John Lovie</p>			
<p><b>Written Contract:</b>  <input type="checkbox"/> yes                  X no</p>		<p><b>Medical Director:</b>                  X yes  <input type="checkbox"/> no</p>		<p><b>X Day-to-day</b>                  X Disaster</p>		<p><b>Number of Personnel providing services:</b>                  ___ EMD Training ___ EMT-D ___ ALS                  ___10___ BLS ___ LALS ___ Other</p>	
<p><b>Ownership:</b>                  X Public  <input type="checkbox"/> Private</p>		<p><b>If public:</b> X Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  explain: _____</p>		<p><b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; X state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>			







ANGWIN  
ONE SUMMARY FORM



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> <u>Napa County EMS Agency</u></p>
<p><b>Area or subarea (Zone) Name or Title:</b> EOA #1</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response (dba AMR West – Napa)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> See Napa County Ambulance Service Zone Map on page #156</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS Agency and Board action. Exclusive franchise developed and implemented through a competitive RFP process. County BOS approved contract for service. Current Franchise was awarded the contract on January 2, 2011 and is good for five (5) years with a potential five (5) year extension.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All Emergency Ambulance, 9-1-1 Emergency Response, “7-Digit” Emergency Response, ALS Ambulance, All ALS Ambulance Services, All CCT/ALS Ambulance Services, Critical Care Transport</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  The Napa County RFP, AMR’s proposal and the subsequent contract can be found on the Napa County EMS Agency website: <a href="http://www.countyofnapa.org/EMS/">http://www.countyofnapa.org/EMS/</a></p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> <u>Napa County EMS Agency</u></p>
<p><b>Area or subarea (Zone) Name or Title:</b> Angwin Response Zone</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Napa County Ambulance Service, Inc. (dba Angwin Community Ambulance-ACA)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> See Napa County Ambulance Service Zone Map on page #156</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS Agency and Board action. Non Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

At the time of the hearing, the following information was presented to the court:

1. The Napa County EMS Agency is a public agency.

2. The Napa County EMS Agency is a public agency.

3. The Napa County EMS Agency is a public agency.

4. The Napa County EMS Agency is a public agency.

5. The Napa County EMS Agency is a public agency.

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