STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

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

August 4, 2014

Ms. Tammi McConnell, RN, MSN, MICN, PHN
Orange County Health Care Agency
405 West Fifth Street, Suite 301A
Santa Ana, CA 92701

Dear Ms. McConnell:

This letter is in response to your 2014 Orange County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

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

II. History and Background:

Historically, we have received EMS Plan documentation from Orange County for its 1995, 1999, 2004, and 2006 plan submissions, and most current, its 2014 plan submission.

Orange County received its last Five-Year Plan approval for its 2006 plan submission, and its last annual Plan Update approval for its 1999 plan submission. 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). Due to the pattern of inconsistent EMS Plan submissions, an ongoing assessment of the EMS system in Orange County has been difficult.

III. Analysis of EMS System Components:

Following are comments related to Orange County's 2014 EMS Plan. 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:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management

1. Table 1 (Minimum Standards/Recommended Guidelines)
   - Standard 1.23. There is no recommended guideline for this standard and "Meets Recommended Guideline" is checked. In the next plan submission, please update this information.
   - Standard 2.06. There is no long-range plan identified on the standard and "Long-range plan" is checked. In the next plan submission, please update this information.
2. System Assessment Forms
   - The following standards do not meet the established minimum standards. In the next plan submission, please show that the standards have been met or that progress has been made in meeting these standards.
     - Standard 1.24. The needs and objectives are to enter into written agreements with ALS service providers.
     - Standard 1.27. The needs and objectives are to integrate a formal pediatric plan into the countywide EMS Plan.

B.	☒	☐	Staffing/Training
C.	☒	☐	Communications

1. Table 11 (Dispatch Agency)
   - The table is incorrectly labeled as Table 9. In the next plan submission, please re-label the table.

D. ☒ ☐ Response/Transportation

1. System Assessment Form

- Standard 4.01. Standard 4.01 is identified in Table 1 with an asterisk which requires "Coordination with other EMS Agencies" be identified on the form. In the next plan submission, please include this information and a description of the coordination between the agencies.

- Standard 4.19. While the Transportation component of Orange County's 2014 EMS Plan meets the criteria in EMSA #101, *EMS Systems Standards and Guidelines*, the EMS Authority would like you to consider the comments below for language you included in the 'Need(s)' section of this standard.

  - Language in Item #2. Area administered by City: Exclusivity attained via grandfathered 1797.224: Existing Provider.

    An EMS area or sub-area is granted exclusivity based on meeting criteria in H&S Code § 17971.224 by the local EMS agency as part of the EMS Plan. Exclusivity without a competitive process cannot be granted by a City, but with sufficient documentation, may qualify for exclusivity if submitted in the EMS Plan.

  - Language in Item #3. Area administered by City: Exclusivity attained via OCEMS competitive process. The competitive process includes: City to conduct RFP at periodic interval following OCEMS/EMSA-approved RFP; City Council awards contract for services that cannot exceed 10 years; City administers contract.

    In an EMS area or sub-area where a city or fire district is the provider and is verified as being consistent with the provisions of H&S Code § 1797.201 for ambulance services, the city or fire district may conduct a competitive process for the

selection of an emergency ambulance provider. The EMS Authority is not involved in the approval process for their RFP.

2. Ambulance Zones

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

E. ☒ ☐ Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- The data provided for base hospitals and receiving hospitals with written agreements is inconsistent with the information presented for the facilities in Table 9. The numbers combined should also be representative of the total facilities identified in Table 9. In the next plan submission, please ensure the data contained in both tables is consistent.

2. Table 9 (Facilities)

- The table is incorrectly labeled as Table 10. In the next plan submission, please re-label the table.

F. ☒ ☐ Data Collection/System Evaluation

1. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&S Code § 1797.102) as it relates to data collection and evaluation (H&S Code § 1797.103). To enable the EMS Authority to make this determination, information must be made available by submission of NEMSIS Version 2.2.1 data to CEMSIS and NEMSIS Version 3 data to CEMSIS in 2015.

G. ☒ ☐ Public Information and Education

1. Table 10 (Approved Training Programs)

   - The table is incorrectly labeled as Table 11. In the next plan submission, please re-label the table.

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

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

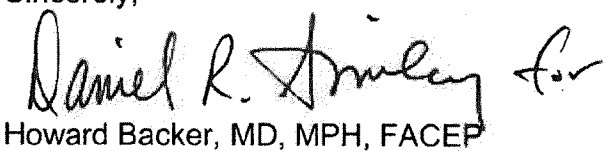
> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical 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:

Orange County's annual EMS Plan Update will be due on August 4, 2015. Please continue to submit the Trauma System Status Report as a separate document with your submission.

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

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachment

Orange County Ambulance Zones
August 4, 2014

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Region A		X	Competitive					X									
Region B		X	Competitive					X									
Region C		X	Competitive					X									
Region D		X	Competitive					X									
Region E		X	Competitive					X									
1 – Anaheim	X																
2 – Brea		X	Non-Competitive	X				X									
3 – Buena Park	X																
4 – Costa Mesa	X																
6 – Fountain Valley	X																
7 – Fullerton	X																
8 – Garden Grove	X																
9 – Huntington Beach	X																
11 – Laguna Beach	X																
12 – La Habra	X																
15 – Newport Beach	X																
16 – Orange	X																
18 – San Clemente	X																
20 – Santa Ana		X	Competitive	X				X									
25 – Westminster		X	Competitive	X				X									

COUNTY OF ORANGE
HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT
EMERGENCY MEDICAL SERVICES

Excellence
Integrity
Service

MARK REFOWITZ
DIRECTOR

HOLLY A. VEALE
ACTING DEPUTY AGENCY DIRECTOR
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LYDIA MIKHAIL, MBA
DIVISION MANAGER
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405 W FIFTH STREET, SUITE 301A
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February 26, 2014

Howard Backer, MD, MPH, FACEP
Director, Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Subject: 2014 Orange County EMS Plan

Dear Dr. Backer:

Orange County Emergency Medical Services (OCEMS) has completed a comprehensive update to the local EMS Plan. The 2014 OCEMS Plan reflects our current system status and includes revisions to the exclusive operating area (EOA) transportation system standards. Specifically, it includes the description of the competitive process for selecting emergency ambulance transport providers within exclusive operating areas.

OCEMS appreciates the dialogue that has occurred over the last few months and the direction provided by the Emergency Medical Services Authority (EMSA). Please do not hesitate to contact us directly for any questions or concerns.

Sincerely,

Tammi McConnell RN, MSN
EMS Administrator

Sam J. Stratton MD, MPH
EMS Medical Director

Enclosure

cc: Orange County Health Care Agency Director
Orange County Health Care Agency Acting Deputy Director
Orange County Health Care Agency Division Manager
Emergency Medical Services Authority, Chief Deputy Director
Emergency Medical Service Authority, Systems Division Chief

TCM: em#1994

County of Orange
Health Care Agency
Health Disaster Management
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701

2014

Emergency Medical Services System Plan

Reviewed and revised 2012-2014

Contains Provider Data for CY 2012
and Financial Data for FY 2012-2013

February 2014 submitted
July 2014 approved

County of Orange
Health Care Agency
Health Disaster Management
EMERGENCY MEDICAL SERVICES

EMS System Plan

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ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
January 2014

EXECUTIVE SUMMARY

California Health and Safety Code Section 1797.254, requires the Local Emergency Medical Services (EMS) Agency to submit an Emergency Medical Services Plan to the State EMS Authority (EMSA) and provide annual updates. The EMS Plan is a framework for the planning, implementation and evaluation of EMS in Orange County and addresses the local status of eight minimum standards, subsets and recommended goals of the EMS Authority, as well as anticipated future needs.

This plan is an update to the 2006 Orange County Emergency Medical Services (OCEMS) plan approved by the California EMSA in November 2007 and has been comprehensively revised to reflect current status. Since 2007, several enhancements have been incorporated into the system such as the designation of Stroke Neurology Receiving Centers (SNRC) and a Comprehensive Children's Emergency Receiving Center (CCERC); expanded basic and advanced life support standing orders, satellite technology for communications, EMT 2010 regulations and most significantly the Orange County Medical Emergency Data System (OC-MEDS).

OCEMS continues our mission to plan, coordinate and oversee the highest quality prehospital and emergency medical care in response to individual needs and community crisis. Mutual cooperation, patient advocacy, advanced medical technology, electronic documentation and evidence-based data are major strengths. Despite financial challenges affecting all stakeholders, the county of Orange and system participants remain committed to the integrity, effectiveness and adherence to the EMS plan standards. The policies referenced within the plan are available on the OCEMS website at http://www.healthdisasteroc.org/ems.

SUMMARY OF SYSTEM STATUS

Standard 1: System Organization and Management

Orange County has a mature and dynamic EMS system that has met the standards for system organization and management. A full-time Medical Director is complemented by a strong leadership team and program professionals that have EMS expertise.

Policies and procedures addressing all aspects of EMS are periodically reviewed and revised based on EMS regulations, evidence-based practice, and system needs. These policies include but are not limited to Medical Control directives/standing orders; data collection/quality improvement plans; personnel certification/licensing and training program standards; medical facility designation/approval criteria; service provider licensing/authorization; communications; and disaster/MCI response.

OCEMS advisory committees comprised of diverse stakeholders such as the Emergency Medical Care Committee (EMCC), and its subcommittees: Facilities; Education and Training; Paramedic Advisory; Transportation; Quality Assurance and Regional Trauma Operations are opportunities for operational and policy recommendation discussions.

Standard 2: Staffing and Training

Thirteen fire departments provide Advanced Life Support and Basic Life Support services throughout the 791 square miles that comprise Orange County, home to over 3 million residents. One paramedic training program and ten EMT training programs offer education and training to qualified applicants to ensure the delivery of competent care. OCEMS licensing policies for certification, accreditation, and authorization describe the standards and local scope of practice requirements for EMT's, Paramedics, Mobile Intensive Care Nurses and Base Hospital Physicians.

EMS Continuing Education provider applicants are carefully evaluated for compliance with established state and local requirements. Approximately 70 providers, representing fire departments, hospitals, ambulance companies, training programs, regional occupational programs (ROPs) and individual enterprises offer numerous educational opportunities to EMS providers. Additionally, six base hospitals and one paramedic resource center hospital

perform Quality Assurance/Quality Improvement (QA/QI) activities based upon their review and evaluation of the medical care provided under the direction of the base hospital and as per approved ALS and BLS standing orders. The Base Hospital Coordinators work closely with the OCEMS Medical Director and Fire EMS Coordinator counterparts to identify clinical trends, improvement opportunities, training needs and are an essential resource for the dissemination of annual EMS system mandatory updates.

Standard 3: Communications

Orange County has a robust and redundant communication system that incorporates 800 MHz technology, Med-9 radio, Hospital Emergency Administrative Radio (HEAR) and a satellite/internet ReddiNet communication system. All fire departments, Emergency Receiving Centers and 9-1-1 ambulance providers are on a common 800 MHz system; ambulance providers are equipped with MED-9 radios; all hospitals and non-designated ancillary sites utilize ReddiNet/HEAR. Orange County Communications, a division of the Sheriff's Department, provides staffing to coordinate the radio frequencies required for 24/7 online medical direction capability and MCI management between field EMS and Base Hospitals. The network allows for horizontal and vertical communications. OCEMS staff, including the Medical Director, regularly monitors 9-1-1 paramedic calls on the 800 MHz system.

Standard 4: Response and Transportation

The Orange County Ambulance Ordinance and associated policies identify ambulance licensure requirements. Emergency and non-emergency patient transports occur throughout the county by either private ambulance companies or public providers. All cities and the unincorporated areas of the county receive 9-1-1 emergency medical response through respective fire departments or the Orange County Fire Authority (OCFA).

Orange County has designated Exclusive Operating Areas (EOAs) for emergency BLS ambulance transport areas and recently received direction from the Emergency Medical Services Authority (EMSA) that the current competitive process in place allowing RFP awarding authority to OCFA for implementation of exclusive operating areas is not permissible based on the appellate court ruling in *County of Butte v. California Emergency Medical Services Authority* (2010) 187 cal.App.4th 1175.

Despite the challenges of amending *pre-Butte* decision practices, OCEMS is fortunate to have a functional system in place that will allow transition of the competitive process to OCEMS in applicable areas. It is our objective to simultaneously maintain compliance to the emergency medical system standards within each area and implement immediate procedures to ensure the continued exclusivity protections.

Standard 5: Facilities/Critical Care

Orange County EMS coordinates an integrated system of hospitals that are designated as Emergency Receiving Centers (ERC), Base Hospitals, Paramedic Trauma Receiving Centers (PTRC), Cardiovascular Receiving Centers (CVRC), Stroke Neurology Receiving Centers (SNRC) and a Comprehensive Children's Emergency Receiving Center (CCERC). This comprehensive facility network provides coverage to all geographic areas of the county and assimilates the medical control directives for field assessment and rapid transport of patients to the most appropriate facility, based on standardized triage criteria. Twenty-five hospitals participate as designated centers in the EMS system in Orange County, offering a wide range of services.

A comprehensive Cardiovascular Receiving Center (CVRC) program was developed and implemented in Orange County in 2005, making this the first EMS system in the nation to integrate rapid field assessment and transport of patients with a known or suspected ST-Segment Elevation Myocardial Infarction (STEMI) to OCEMS designated Cardiovascular Receiving Centers. Fourteen centers with 24/7 cardiac catheterization capability have systematically demonstrated a 66 minute door to perfusion (84 minute field EKG balloon time), well within the 90 minute national standard.

Executive Summary (Continued)

Following the success of the cardiac program, attention was turned to victims of stroke. In collaboration with medical professionals from hospitals capable of providing specialized stroke care, a system was developed to address the prehospital assessment, triage and rapid transport of Stroke patients. The Stroke Neurology Receiving Center (SNRC) system was implemented in 2009 with 9 hospitals and to date has provided care to well over 7000 patients.

The Orange County trauma system remains solidly in place since first implemented in 1980. New triage criteria consistent with the CDC recommendations were integrated into existing triage criteria in 2011 to ensure patients receive the care indicated for their medical needs. All three of Orange County's trauma hospitals are verified by the American College of Surgeons.

In the past year, OCEMS designated one pediatric hospital as its first Comprehensive Children's Emergency Receiving Center.

Standard 6: Data Collection/System Evaluation

OCEMS has implemented the Orange County Medical Emergency Data System (OC-MEDS) which is a web-based data solution that provides prehospital event tracking and comprehensive reporting tools that will significantly improve system monitoring for quality assurance and local health disaster management. The system, conceptualized in 2006, includes countywide electronic prehospital care report (ePCR) software, trauma, STEMI, and stroke registries and a licensure/certification component. Pursuant to California state data collection standards, OC-MEDS has been designed to be compliant with both California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) guidelines.

Standard 7: Public Information and Education

For the last several years, OCEMS has utilized EMS Week to promote public information and education. EMS Week programs include "Super CPR" day, bicycle safety, infant and child seat safety, gun safety, pool safety, and blood pressure checks for the public. Community education is a required component within hospital designation policies and specialty centers routinely provide EMS provider and public education.

Standard 8: Disaster Medical Response

The communication capabilities of system stakeholders, serves as a major strength during disaster or MCI responses. As a result of grant funding, our healthcare partners have received extensive equipment and training for Chemical, Biological, Radiological, Nuclear and Enhanced Conventional Weapons (CBRNE) incidents and National Incident Management System (NIMS) compliance training. OCEMS personnel routinely collaborate and affirm the readiness of stakeholders.

Ambulance companies that provide 9-1-1 emergency transport and all emergency receiving hospitals are equipped with 800 MHz radios, formerly limited to fire departments and base hospitals. This has increased communication capabilities between all system participants.

Caches of disaster medical resources are located in various areas of the county and include but are not limited to, two Disaster Medical Support Units (DMSU) that accompany Ambulance Strike Teams (AST). Additionally, OCEMS promotes and participates within the local Disaster Medical Assessment Team (DMAT).

Tammi McConnell, RN, MSN
Orange County EMS Administrator

July 16, 2014
Date

Section 2: Assessment of System

Table 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

Table 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

Table 1: Summary of System Status

B. STAFFING/TRAINING

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

Table 1: Summary of System Status

C. COMMUNICATIONS

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

Table 1: Summary of System Status

D. RESPONSE/TRANSPORTATION

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

Table 1: Summary of System Status

E. FACILITIES/CRITICAL CARE

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

Table 1: Summary of System Status

F. DATA COLLECTION/SYSTEM EVALUATION

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

Table 1: Summary of System Status

G. PUBLIC INFORMATION AND EDUCATION

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

Table 1: Summary of System Status

H. DISASTER MEDICAL RESPONSE

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

SYSTEM ORGANIZATION AND MANAGEMENT

Standard 1.01

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

Current Status:

Pursuant to the California Health and Safety Code, the Orange County Board of Supervisors designated the Health Care Agency as the local EMS agency in February 1982. The formal organizational structure depicted in Policy #070.05 of the Orange County EMS Policy and Procedures manual integrates both agency staff and non-agency technical and clinical support resources.

In October 2002, the existing EMS staff was augmented to include a Bioterrorism Preparedness Planning Team. In March 2004, a training section for bioterrorism and general disaster preparedness was added. In 2007, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management, has integrated the organizational structure of the Emergency Medical Services section with the Bioterrorism Preparedness Planning and Training Sections.

Need(s):

Standard is met.

Standard 1.02

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

Current Status:

Orange County Emergency Medical Services (OCEMS) plans, implements, and evaluates the EMS system and any changes that are instituted. Quality improvement and evaluation processes are integral to this system.

Need(s):

Standard is met. (See Standard 6.01 for additional detail).

Standard 1.03

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

Current Status:

A comprehensive network of professional and technical advisory groups exists in addition to the Emergency Medical Care Committee (EMCC) to provide consumer and health care provider input to the EMS system. EMCC meetings are held in accordance with the provisions established by the "Brown Act"; therefore, citizen and provider complaints and/or suggestions are solicited with formal follow-up to all complaints and/or suggestions.

Policy #070.05 of the Orange County EMS Policy and Procedures manual lists all advisory groups to OCEMS and shows the flow of information.

Need(s):

Standard is met.

Standard 1.04

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 Goal:

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 prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

Current Status:

The EMS Medical Director is a 1.0 FTE county employee position. OCEMS also employs a .20 FTE Assistant EMS Medical Director and a .20 FTE EMS Physician Specialist.

Advisory groups to OCEMS/OCEMS Medical Director:
A seven-member base hospital physician directors' advisory board is advisory to the medical director. In addition, physicians with appropriate specialties and non-physician providers serve on the formal and informal technical advisory subcommittees. Advisory groups with physician membership include: Emergency Medical Care Committee (EMCC), Facilities Advisory Subcommittee, Education and Training Advisory Subcommittee, County Paramedic Advisory Committee (CPAC), Transportation Advisory Committee (TAC), Quality Assurance Board (QAB), and the Regional Trauma Operations Committee. In addition, a Pediatrician also boarded in Emergency Medicine serves as a consultant to the Medical Director.

Need(s):

Standard is met.

Standard 1.05

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: a) assess how the current system meets these guidelines, b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and c) provide a methodology and timeline for meeting these needs.

Current Status:

The EMS System Plan is in a dynamic state. Ongoing evaluation of EMS system performance by the EMS agency and system participants provides continuing direction. Overall, goals are established with EMS stakeholder involvement. Realistic timeframes are identified and an evaluation mechanism exists to modify the plan as needed. This EMS Plan update represents the current status of OCEMS.

Need(s):

Standard is met.

Standard 1.06

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.

Current Status:

Annual updates, comprised mostly of data elements reflective of system statistics or transportation changes, are forwarded to the EMS Authority. This EMS System Plan has been reviewed and modified to reflect current system status, implementation needs and goals. It is an update to the plan approved by EMSA in September 2007.

Need(s):

Standard is met.

Standard 1.07

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

Goal:

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

Current Status:

There is a well-established trauma care system in Orange County that fully meets the needs of Orange County residents at this time. The trauma care system consists of four (4) trauma centers (three located physically within Orange County) with a ratio of approximately 1 trauma center for every 750,000 county residents. OCEMS utilizes the services of the American College of Surgeons (ACS) to perform site visits and survey of the three trauma hospitals in Orange County; that review, in addition to one by OCEMS, is the basis for designation as a trauma specialty center within the Orange County EMS system. The three Orange County trauma hospitals have all been verified by the ACS, a rare distinction.

Trauma designated hospitals serving Orange County are: University of California, Irvine (UCI) Medical Center, which has been designated as a Level I Trauma Center; and Western Medical Center/Santa Ana and Mission Hospital Regional Medical Center, both of which are designated as Level II Trauma Centers. A written agreement exists with Long Beach Memorial Medical Center (in Los Angeles County) for trauma care of patients in the western portion of Orange County.

Coordination with Other EMS Agencies:

Inter-county agreements have been executed with all adjacent counties. Coordination with the appropriate EMS agency occurs as needed in response to specific incidents or system issues. The inter-county agreement was established in the late 1980s and primarily addresses the transportation of patients across county lines.

Need(s):

Standard is met.

Standard 1.08

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

Current Status:

Advanced Life Support (ALS) ground services are available throughout Orange County within approximately 5-8 minutes in urban/ suburban areas. All 9-1-1 dispatch ALS service is provided by fire departments. Various committees are in place that are tasked with evaluating the EMS system such as the Regional Emergency Advisory Committee (REAC) meetings held by each base hospital, the County Paramedic Advisory Committee (CPAC) meeting held by OCEMS, the Quality Assurance Board (QAB), Fire Chiefs' EMS Section, and the Fire CQI subcommittee.

Coordination with Other EMS Agencies:

Engine companies carry ALS equipment with them during fire mutual aid responses, e.g., wildland fires. This allows them, under mutual aid provisions, to unexpected emergency ALS care, when indicated, even when outside of their usual response area. Policy #900.00 of the Orange County EMS Policy and Procedures manual identifies the countywide plan for the mutual aid coordination of ALS resources for multi-casualty or disaster situations. Issues/problems are resolved with neighboring providers and agencies.

Additionally, all fire provider agencies have both mutual aid and auto-aid agreements with surrounding jurisdictions. This enables the closest appropriately staffed and equipped apparatus to be dispatched to the scene of an emergency, whether for medical and incidents or other needs.

Need(s):

Standard is met.

Standard 1.09

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.

Current Status:

OCEMS maintains a publically accessible comprehensive inventory of EMS resources including personnel, ambulance service providers, ALS providers, emergency receiving centers, base hospitals, specialty centers and social resources via Policy #600.10. All emergency receiving centers are required to have this listing immediately available for ED personnel.

Need(s):

Standard is met.

Standard 1.10

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).

Goal:

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:

Services for a variety of special population groups are available throughout Orange County, provided by facilities, dispatch centers, ambulance service providers, and ALS providers.

All designated emergency receiving centers in Orange County maintain accreditation from a Centers for Medicaid Services (CMS) approved organization and consequently meet the standard and goal. The County disaster response plans identify population groups such as elderly and handicapped requiring specialized services for evacuation by the prehospital system. Communications services for speech and hearing impaired individuals are available through Orange County Communications and all 9-1-1 public safety answering points and dispatch centers.

Special needs patients:

OCEMS policy #330.53 addresses patients with severe or chronic illnesses and provides a form for the patient's family, personal physician, or hospital intensivist to complete. The information sheet provides a pertinent summary of the patient's medical problem(s), medications, and specific needs. The form should be immediately available in the patient's home for review by EMS providers and taken to the hospital with the patient. The expectation is that this will facilitate more effective and efficient care of the patient in the field and at the receiving hospital.

Children:

In 2013, OCEMS designated its first Comprehensive Children's Emergency Receiving Center. Additionally, all emergency receiving hospitals are required to provide an appropriate assessment and stabilization of pediatric patients, using pediatric-appropriate equipment. All emergency receiving centers are reviewed every three years or more often, if needed, for compliance to this and other criteria. The survey includes pediatrics as one of the focus areas.

Burn Centers:

Two hospitals in Orange County – UCI Medical Center and Western Medical Center/Santa Ana – meet the requirements of the California State Department of Health Services to provide burn services care. OCEMS does not have a separate burn center designation process.

Standard 1.10 (Continued)

Cardiovascular Receiving Centers:

OCEMS has established criteria for the designation of Cardiovascular Receiving Centers (CVRC). Currently fourteen (14) hospitals have received this designation. The CVRC system is a comprehensive collaboration between EMS field providers and designated CVRC hospitals and has documented significant improvements to cardiac patient care in Orange County since first implemented in February 2005. All ALS providers have cardiac monitors capable of acquiring a 12-lead EKG and follow protocols to identify application for a 12-lead EKG. The system is designed to direct the field triage of patients with ST segment elevation myocardial infarctions to be transported directly to a designated CVRC hospital to allow the initiation of definitive care and treatment in a timely manner. Policy #630.00 identifies the criteria for designation as a CVRC.

Stroke Neurology Receiving Centers:

OCEMS has established criteria for the designation of Stroke Neurology Receiving Centers (SNRC) and nine (9) hospitals have received this designation. The SNRC system, implemented in May 2009, developed as a collaborative effort between Orange County hospital providers of acute stroke care and OCEMS. This countywide spoke-and-hub system that designates SNRC's as hubs and community hospitals as spokes is complemented by standing orders treatment guidelines outlining assessment indicators and rapid transport of patients to a SNRC. Policy #650.00 identifies the criteria for designation as a SNRC.

Need(s):

Standard is met.

Standard 1.11

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

Goal:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

Current Status:

Formal agreements have been developed and executed with system participants including base hospitals, emergency receiving centers and specialty centers and the sole paramedic training program. ALS providers, ambulance service providers, and EMT training programs do not have formal agreements with OCEMS but are regulated through the Orange County Ambulance Ordinance, OCEMS Policy and Procedures and California State statutes and regulations.

Seven base hospitals (one serves as an offline paramedic resource hospital), twenty-five emergency receiving centers and three trauma centers have formally executed signed agreements.

Forty (40) ambulance service providers are licensed to provide BLS transport in Orange County; six provide 9-1-1 transport response; one interfacility ALS; and approximately twelve (12) provide CCT-RN transport services. All ambulance service providers are licensed annually, and each ambulance transport vehicle is inspected by a member of the OCEMS staff for compliance with ambulance rules and policies the Orange County Ambulance Ordinance. Each of the 34 EOAs has an identified ambulance service provider for transport services.

OCEMS reviews and approves EMT and EMT-P training programs. There are currently ten approved EMT training programs and one EMT-P training program operating within the county.

Need(s):

Standard is met.

Standard 1.12

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

Current Status:

EMS system operations are reviewed and monitored by all EMS staff positions in their respective areas of responsibility, including a full-time Data/QI Coordinator. A variety of activities are closely monitored, including ALS airway placement, patients designated to a cardiovascular receiving center (CVRC) or stroke neurology receiving center (SNRC), high risk procedures (e.g., needle thoracostomy), use of Comprehensive Standing Orders (CSO), and use of the 9-1-1 system to effect interfacility transfers.

The Orange County Board of Supervisors appoints individuals from each component of the EMS delivery system to membership on a Quality Assurance Board (QAB). See Policy #150.20 of the Orange County EMS Policy and Procedures manual for the current membership of the QAB. The QAB exists to review and monitor the EMS system and makes recommendations for changes when appropriate, based on input from the medical community and health care consumers.

At the provider level, base hospitals and fire departments are actively involved in quality improvement activities and programs. The Fire CQI Committee comprised of representatives from each provider agency and OCEMS, meets bi-monthly. Emergency receiving centers provide routine follow-up as needed of patient outcome. Complaints are reviewed and investigated by the entity receiving the complaint, with OCEMS notification and involvement when indicated. Appropriate personnel evaluate suggestions for system improvement.

Please see Standard 6.01 for further information.

Need(s):

Standard is met.

Standard 1.13

Each local EMS agency shall coordinate EMS system operations.

Current Status:

The organizational structure of the EMS agency provides for comprehensive coordination of EMS system operations through technical advisory subcommittees representing all EMS system participants. Continued participation by OCEMS at other provider-sponsored committees such as the Orange County Fire Chiefs' Association EMS Committee, Hospital Association of Southern California Committees, Fire CQI, Cal Chiefs, Ambulance Association of Orange County and strong collaboration with adjacent counties, are critical for system coordination. See also OCEMS Policy #070.05, EMS System Information Flow Chart.

Need(s):

Standard is met.

Standard 1.14

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

Current Status:

A comprehensive policy and procedure manual is maintained, updated and posted on the OCEMS website and is available to all system providers and outside entities. Revisions completed in response to recommended system operational needs and regulations adopted by the program and medical director are distributed in a timely manner to assure conformity and standardization. Annual mandatory updates are conducted for EMS providers.

Need(s):

Standard is met.

Standard 1.15

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

Current Status:

Formal (e.g., redesignation, recertification, etc.) and informal (e.g., complaints, CQI audits, etc.) review policies exist to provide the mechanism for ensuring compliance with system policies. System participants (including the base hospitals and service providers) share results of reviews and contribute input to OCEMS on system issues. The OCEMS organizational structure provides oversight, review of areas of noncompliance, and recommendations for corrective action.

Need(s):

Standard is met.

Standard 1.16

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.

Current Status:

Of the total EMS Fund received by Orange County in 2012, $1,674,191 was used as primary funding source to support OCEMS. This represents nearly 67% of the total OCEMS budget. Nearly 14% of the budget is generated through fees, with the remainder coming from net County cost.

Need(s):

Standard is met.

Standard 1.17

> 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 prehospital and hospital providers.

Current Status:

In addition to the Medical Director, clinical oversight of care provided in the Orange County EMS setting is provided by the base hospital medical directors and base hospital coordinators advisory committees. Roles, responsibilities and relationships are delineated in contractual agreements between the base hospitals and OCEMS, as well as through policies and procedures.

Six base hospitals currently provide on-line medical direction to the eleven ALS provider agencies. On-line medical direction and clinical oversight, including quality improvement (QI) activities, are provided by the six base hospitals, under the direction of the base hospital EMS liaison physician and the base hospital coordinator. In addition to six base hospitals, one paramedic resource hospital provides off-line medical oversight and QI for one provider agency. Geography and other practical means are used to assign ALS units to base hospitals as equitably as possible. The base hospital coordinators review ALS level calls with notification to OCEMS when significant deviations occur from OCEMS protocols.

In 2012, OCEMS implemented an extensive set of off-line medical standing orders for paramedics. The OCEMS standing orders are uniform throughout the County and for use by eligible provider agencies. To be eligible for off-line control, an ALS provider agency must provide data for monitoring and QI to both base hospitals and OCEMS. Off-line standing orders originate with the OCEMS Medical Director and are managed centrally within OCEMS.

Standardized orders for EMT's have been developed and expanded to allow EMT's who have completed a local accreditation training program to perform specific BLS level skills such as automated external defibrillation, blood glucose determination and assistance with administering prescribed medication..

Coordination with Other EMS Agencies:

Policies and procedures are available on the publically accessible OCEMS website as a resource and interagency interaction frequently occurs. The OCEMS Medical Director regularly meets with the Los Angeles County Medical Director to facilitate inter-agency coordination. Both the OCEMS Medical Director and Assistant Medical Director regularly attend EMDAC meetings.

Need(s):

Standard is met.

Standard 1.18

Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

Goal:

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

Current Status:

A system-wide comprehensive QI program exists for evaluating overall system performance. Provider based programs are included and are encouraged through the Orange County Fire Chiefs' Association EMS Sub-Committee (ALS 911 providers) and Base Hospital Coordinators QI program. In addition, EMS Agency QI reports are provided at County EMS committee meetings for discussion and action to improve the EMS system. As BLS providers are added to the local EMS agency data system, they will be included more in county-wide process improvement activities. Please see Standard 6.01.

Need(s):

Standard is met.

OBJECTIVE:

1.18.3: Enhance ALS in-house QI programs.

1.18.4: Institute BLS level QI plans

Ongoing goal met with development of OC-MEDS and continuous quality improvement (CQI) focus groups.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 1.19

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

a) triage,
b) treatment,
c) medical dispatch protocols,
d) transport,
e) on-scene treatment times,
f) transfer of emergency patients,
g) standing orders,
h) base hospital contact,
i) on-scene physicians and other medical personnel, and
j) local scope of practice for prehospital personnel.

Goal:

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

Current Status:

OCEMS policies and procedures address EMS operations. OCEMS is responsive to system needs and, in collaboration with system participants, routinely develops and updates policies pertinent to local EMS practice. Standing Orders and Base Hospital Treatment Guidelines are reviewed annually and revised as needed. Orange County EMS policies, advanced life support (ALS) standing orders, basic life support (BLS) standing orders, base treatment guidelines, and field procedures are available on the OCEMS website.

All dispatch agencies utilize pre-arrival/post-dispatch instructions. The two primary dispatch systems used are the Criteria Based Dispatch System (Seattle, WA) and Medical Priority Dispatch System (Salt Lake City, UT). The Orange County Fire Authority and Metrocities Dispatch Center (MetroNet) dispatch more than 90% of 911 calls in Orange County. The cities of Costa Mesa and Laguna Beach maintain local dispatch in those jurisdictions. All dispatch protocols are reviewed and approved on at most an annual basis by the Orange County EMS Medical Director. Pre-arrival CPR instruction is used throughout Orange County.

Need(s):

Standard is met.

Standard 1.20

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

Current Status:

OCEMS has a DNR policy, #330.51, consistent with EMS Authority DNR guidelines. The policy outlines parameters that must be met and permits emergency response employees to withhold or withdraw resuscitative measures under certain conditions. The public as well as physician offices and non-acute care facilities contact OCEMS to obtain basic information, clarification, and/or DNR forms. An overview of DNR legislation updates has been widely distributed and published in the Orange County Medical Society's Bulletin. EMS personnel are also familiar with the Physicians Orders for Life Sustaining Treatment (POLST) form, another recognized means for the public to communicate their end-of-life wishes. The POLST form is a system standard that has been implemented by the EMS Committee of the Orange County Medical Association. All paramedics and EMTs in Orange County are required to be familiar with the POLST form as part of local accreditation.

Need(s):

Standard is met.

Standard 1.21

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.

Current Status:

Policy #330.50 of the Orange County EMS Policy and Procedures manual, "Prehospital Determination of Death", defines situations appropriate for field pronouncement of death. Contact is established with the Orange County Coroner when indicated by circumstances to solicit input prior to action by field personnel; communication exists to provide immediate feedback on individuals cases when necessary.

Education has been provided to ALS and BLS providers on the POLST form and indications for making a field determination of death, as opposed to initiating resuscitative efforts. Field paramedics are at all times able to contact a base hospital MICN or physician for direction regarding withholding or discontinuing resuscitative efforts. Base Hospital Physicians can be contacted by radio at all times to confirm with field paramedics and pronounce patients in the field.

Need(s):

Standard is met.

Standard 1.22

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

Current Status:

Policies #330.30 and 330.35 of the Orange County EMS Policy and Procedures manual provide direction regarding the identification and reporting of suspected child abuse and elder abuse. Currently, prehospital personnel do not formally report SIDS deaths. The Orange County Coroner is directly involved in each case, and emergency receiving centers notify the Orange County Coroner of suspected SIDS deaths routinely as a "reportable death".

Need(s):

Standard is met.

Standard 1.23

The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

Current Status:

Policy #670.10 of the Orange County EMS Policy and Procedure manual permits use of the 9-1-1 system to perform emergent transfers of critically ill or unstable patients when the patient's condition does not allow waiting for a non-9-1-1 paramedic or nurse-accompanied transfer via critical care transport. During these transfers, paramedics must establish on-line medical control with a base hospital and must adhere to OCEMS policies and treatment guidelines. Additional education and training is provided to all OCEMS accredited paramedics on interfacility transport interventions (patients with a thoracostomy tube, patients receiving infusions of blood or blood products, intravenous potassium infusions, and patients who have received neuromuscular blockade).

BLS personnel adhere to the local EMT scope of practice that is based on Title 22 during interfacility transfers (IFT). OCEMS Policy 315.00 provides a list of medical procedures approved for EMT interfacility transports. All OCEMS accredited EMTs are trained to be proficient in interfacility transport procedures.

Introduced in 2013 was Interfacility Transport-Advanced Life Support services which provide paramedic level transport of non-9-1-1 patients between health care facilities when the patient transfer has been arranged by the patient attending physician. OCEMS policies 777.00 and 778.00 identify the criteria that an authorized provider, public or private, must meet to operate and perform as an IFT-ALS service provider. OCEMS is considering the development of additional policies and procedures that would address nurse-staffed critical care transport to include standards of care and consider methods to be used for effective system monitoring.

OCEMS monitors and evaluates appropriateness of all uses of the 9-1-1 system for interfacility transfer of patients to higher level of care facilities. Follow-up is done when indicated with the sending facility. Such intensive monitoring of IFTs via the 9-1-1 system has identified areas on which to focus education and has also provided information to support the development of additional specialty designations (e.g., cardiovascular receiving centers, stroke neurology receiving center) and provided justification for updated trauma triage criteria policies.

Need(s):

Standard is met.

Standard 1.24

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

Goal:

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

Current Status:

Eleven Fire Departments currently provide 9-1-1 dispatched ALS response services within all city and un-incorporated governmental borders. One department, Los Angeles County Fire Department, who provides ALS service in the city of La Habra, has a signed agreement with OCEMS. Other ALS providers have declined the opportunity to sign agreements with OCEMS as they believe such an action will jeopardize potential exclusive operating claims based on H & S Code, Div. 2.5, sec. 1797.201.

Need(s):

Although all providers adhere to OCEMS medical control policies and procedures, there is a need to pursue agreements with ALS service providers.

OBJECTIVE:

1.24.1: Merged with objective 4.18.4
By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 1.25

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

Goal:

Each EMS system should develop a medical control plan which determines: a) the base hospital configuration for the system, b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and c) the process for determining the need for in-house medical direction for provider agencies.

Current Status:

Base hospitals are geographically distributed throughout the county. Policy #610.00 of the Orange County EMS Policy and Procedures manual outlines the process for selecting base hospitals. Base hospital configuration has been stable since 1996 when one base moved to off-line status as a paramedic resource center. In 2013, the Designated Emergency Services Agreement was renewed with each Orange County acute care hospital designated as an emergency receiving center, base hospital and trauma receiving center.

The OCEMS Medical Director, in consultation with other system participants, in particular with the Base Hospital physicians, Assistant Medical Director and Physician Specialist, determines which medications and treatment modalities may be instituted without base hospital contact. On-line medical direction is available when required by OCEMS protocols or whenever the paramedic desires consultation. ALS providers (excluding Los Angeles County Fire Department in La Habra) utilize ALS Standing Orders.

OCEMS authorizes Mobile Intensive Care Nurses to provide on-line medical direction to paramedics. An MICN curriculum has been developed and issued by the base hospitals to train emergency department nurses. All educational material is approved and final authorization tests are validated by OCEMS.

Need(s):

Standard is met.

Standard 1.26

> The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources which determines: a) the optimal system design for trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Current Status:

A comprehensive trauma care system plan has been fully implemented with sufficient capacity to care for trauma victims. UCI Medical Center, Western Medical Center/Santa Ana and Mission Hospital are designated trauma centers within Orange County. Additionally, Long Beach Memorial Medical Center in Los Angeles County receives trauma victims from the Los Alamitos geographic area (about 2% if total trauma volume). OCEMS Trauma Center designation requires that the facilities be surveyed by the American College of Surgeons (ACS) every three years and receive ACS trauma verification.

Members of the Orange County Trauma Operations committee with designated representatives from each Orange County Trauma Center meet regularly. OCEMS is currently evaluating the system capabilities and resources specific to integration of specialty care such as burn, tactical and pediatric in to the trauma system.

Need(s):

Standard is met. (See also Standard 5.08).

Standard 1.27

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

Current Status:

A formalized pediatric emergency medical and critical EMS system plan has not been developed. However, all hospitals conform to policy requirements for pediatric emergency medical and critical care through direct care or transfer protocols. Systematically, pediatric care is integrated into prehospital pediatric standing orders and addressed through specific equipment requirements, staffing and education standards. Recent audits show that prehospital care providers have equipment generally meeting EMSC standards.

In 2013, Children's Hospital of Orange County (CHOC) received OCEMS designation as the first Comprehensive Children's Emergency Receiving Center (CCERC) in the county. Additionally, all emergency receiving centers (ERCs) are expected to provide for the evaluation and stabilization of all patients, including pediatric patients. OCEMS policy requires that a pediatrician must be on-staff and available at all times to come into the hospital. It is the responsibility of the ERC physician to determine needs for a higher level of care and/or coordination of pediatric patient transfers. There are four pediatric intensive care units in the County. The designated trauma centers provide care to pediatric and adult trauma victims. One trauma center (University of California, Irvine) has received American College of Surgeons (ACS) Level II Pediatric Trauma Center verification.

Need(s):

Although pediatric emergency medical and critical care is provided within the county and all OCEMS designated emergency receiving centers are pediatric capable, a formal pediatric plan has not been integrated into the countywide EMS plan.

OBJECTIVE:

1.27.1: By year end 2014, conduct a comprehensive evaluation of pediatric transport volume to include primary mode of transport; destination; interfacility transport rates from emergency receiving centers higher level of care centers, including trauma; population distribution etc., etc.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[ ] Long-range Plan (more than one year)

Standard 1.28

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 which 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.

Current Status:

The current EOA system design, identifying 34 separate ambulance areas drawn from the geographical boundaries of 34 cities, utilizes a combination of public and private transporters emergency ambulance services. Each administrator desiring to have an Exclusive Operating Area for ambulance service is required to prepare a Request for Proposal (RFP) and submit the RFP to OCEMS (or otherwise conclusively demonstrate they are "grandfathered" as described in response to Standard 4.20). Guided by EMSA#141, a review is conducted to determine the inclusion of competitive process elements. Once affirmed, the RFP is forwarded to the State EMS Authority for approval and granting of state sanctioned antitrust protection upon contract award

Policy #700.00 of the Orange County EMS Policy and Procedures manual outlines requirements for responding paramedic units into geographically contiguous areas on a mutual aid and/or back-up response when requested, without regard to government boundaries. This policy also recommends one paramedic unit for every 64,000 population; or one unit per 16 square miles; or an average of five minutes or less response time; or adjacent units are at or above 300 total responses per month.

Need(s):

OCEMS has received direction from the Emergency Medical Services Authority (EMSA) that the current competitive process in place allowing RFP awarding authority to OCFA for implementation of exclusive operating areas is not permissible based on the appellate court ruling in *County of Butte v. California Emergency Medical Services Authority* (2010) 187 cal.App.4th 1175. In sum, EMSA has ruled that OCEMS cannot delegate to OCFA the authority to conduct RFP's and award emergency ambulance contracts under the Orange County EMS Plan.

Despite the challenges of amending *pre-Butte* decision practices, OCEMS is fortunate to have a functional system in place that will allow transition of the competitive process to OCEMS in applicable areas. It is our objective to simultaneously maintain current contractual compliance to the emergency medical system standards within each area and implement immediate procedures to ensure the continued exclusivity protections.

OBJECTIVES:

1.28.1: By year end 2014, propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures.

1.28.2: By year end 2015 propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

STAFFING/TRAINING

Standard 2.01

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

Current Status:

Personnel and training needs are assessed by OCEMS through various committee forums and are frequently identified through performance audits by various providers, *e.g.,* base hospital coordinators, fire/EMS Coordinators departments and others. OCEMS routinely interacts with providers to evaluate continuous quality improvement (CQI) plans, trending of performance measures, training priorities and identification of alternative teaching methodologies.

OCEMS conducts annual mandatory training programs designed to target all 9-1-1 EMS system field providers and Base Hospitals to provide updated information pertaining to new trends in the practice of evidence based medicine and/or changes in local policies and protocols. In the past few years, expansion of the EMT/BLS local accreditation standards was promulgated through updates within the curriculums of the EMT Training Programs.

Over the last several years, considerable emphasis has been placed on educational needs related to responding to terrorism events. Through Homeland Security, CDC, and HPP grants, equipment has been purchased and related education has been offered. Training is standardized, with all provider agencies offering the same information in the same manner.

Need(s):

Standard is met.

OBJECTIVE:

2.01.1: Development of educational programs that include patient outcome data will strengthen the overall curriculum for all EMS providers. The integration of hospital patient outcome data into OC-MEDS will provide the final variable for determining ongoing curriculum needs.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 2.02

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

Current Status:

Orange County EMS Policies and Procedures manual and in accordance with California State regulations outlines the approval process and regular monitoring of EMS education programs. Those approved programs include Paramedic, EMT, EMT-D, MICN, and EMS continuing education. OCEMS staff monitors training programs through various methods for adherence to California State regulations and local policy. Policies #500.00, #510.00, #520.00, and #530.00 may be accessed on the OCEMS website.

Need(s):

Standard is met.

Standard 2.03

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

Current Status:

Policies #400.00, #410.00, and #430.10 of the Orange County EMS Policy and Procedures manual outline the mechanism in place pertaining to the certification, licensure, and/or accreditation of Mobile Intensive Care Nurse (MICN), Emergency Medical Technician (EMT), and Paramedic, respectively. In addition, policies #425.05 and 710.00 locally accredit first responders (e.g. law enforcement officers, etc.) to use airways devices (e.g. bag-valve-mask) and automated external defibrillators (AED).

Policies #385.05, #450.00, and #460.00 and the Orange County Ambulance Ordinance and Ambulance Rules and Regulations provide mechanisms for reporting and investigating unusual occurrences. All OCEMS policies, the Orange County Ambulance Ordinance, and the Ambulance Rules and Regulations may be accessed on the OCEMS website.

Need(s):

Standard is met.

Standard 2.04

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 Emergency Medical Dispatch Guidelines.

Goal:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Current Status:

9-1-1 calls for EMS are received by one of twenty-three (23) countywide PSAP's. Although two (2) of the primary PSAP's (Costa Mesa /Laguna Beach) can handle medical/fire dispatch, most medical/fire dispatch is handled by one of three (3) secondary PSAP medical/fire dispatch agencies (LA Co FD, MetroNet, and OCFA). All dispatchers have basic emergency medical orientation and all are fully trained before they perform call prioritization or deliver pre-arrival/post-dispatch instructions. Two dispatch agencies use Medical Priority Dispatch; one simple protocol based dispatch without prioritization; and one uses Criteria Based Dispatch. Training is done in-house or through national-level training programs.

Need(s):

Standard is met.

Standard 2.05

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

Goal:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

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

Current Status:

All first responders are trained in first aid and CPR, and all fire personnel are trained to the EMT-I level.

All twelve fire departments in Orange County have implemented AED programs for use by non-paramedics, although these programs have not been tied specifically to ALS response times. Ten police agencies, nine lifeguard service providers, six ambulance service providers, and two specialty event providers also are approved to provide AED services. OCEMS facilitates other first responders (e.g., police, event medical services, employers) to provide AED and other advanced skills, when deemed beneficial by the OCEMS Medical Director.

Need(s):

Standard is met.

Standard 2.06

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.

Current Status:

Public safety agencies have been encouraged to respond effectively to medical emergencies by adding additional skills, *e.g.,* bag-valve-mask and automated external defibrillation (AED). Ten police agencies are AED providers; four lifeguard agencies as well as two specialty event providers are approved to use the AED. First aid teams exist and routinely respond to incidents within many major industries. An AED has been placed in some County of Orange office buildings, including the Health Care Agency and the Orange County Hall of Administration. The OCEMS office oversees training and monitors use of the device.

Need(s):

Standard is met.

Standard 2.07

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

Current Status:

Orange County EMS system operational policies and procedures cover BLS and first responders including policies such as "Patient Refusal of Prehospital Care and/or Transport Against Medical Advice" (AMA) (Policy #330.65); "Prehospital Determination of Death" (Policy #330.50); and "Do Not Resuscitate (DNR) Guidelines" (Policy #330.51) among others. Policies also exist for basic level defibrillation and first responder bag-valve-mask. The Orange County EMS standing orders were revised to include specific treatment protocols for use by BLS providers as well as an expanded local scope of practice of for OCEMS accredited EMT.

Need(s):

Standard is met.

Standard 2.08

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

Goal:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

Current Status:

All emergency medical transport vehicle personnel are certified at the EMT-I level. Six ambulance service providers have been approved to use the AED. The current EMS response provides advanced life support responders when needed.

Need(s):

Standard is met.

Standard 2.09

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

Current Status:

CPR training is an established minimum criterion for designated emergency receiving center hospital and prehospital personnel providing direct emergency patient care.

Need(s):

Standard is met.

Standard 2.10

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

Goal:

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

Current Status:

Policy #600.00 of the Orange County EMS Policy and Procedures manual establishes staffing requirements for each designated Emergency Receiving Center (ERC). The policy requires all ED nursing staff to maintain current BLS provider certification. All RNs are required to maintain ACLS provider certification. All RN's are required to maintain current PALS or other approved pediatric resuscitation competency.

Board certification by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) is the standard for ERC physicians, although other Board certification specialties are acceptable, e.g., Internal Medicine, Family Practice or General Surgery, with additional requirements, including substantial emergency department experience as an alternative. ACLS provider certification is waived for ED physicians certified by the ABEM/AOBEM but is required for those not ABEM-board certified.

Need(s):

Standard is met.

Standard 2.11

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

Current Status:

Policy #430.10 of the Orange County EMS Policy and Procedures manual establishes accreditation requirements for Paramedics. Orange County fire departments have developed a comprehensive accreditation program for paramedic personnel new to Orange County that provides information specific to the Orange County EMS system, and employer-specific information. The local paramedic training program provides testing in optional scope of practice and other skills upon request of the provider agency.

Need(s):

Standard is met.

Standard 2.12

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

Current Status:

Policy #330.40 of the Orange County EMS Policy and Procedures manual establishes criteria for the accreditation of first responders to access and use Automated External Defibrillators (AED). This policy is consistent with the goals established by this standard and may be accessed on the OCEMS website.

Need(s):

Standard is met.

Standard 2.13

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

Current Status:

Policy #400.00 of the Orange County EMS Policy and Procedures manual establishes the requirements and process needed for a registered nurse to become authorized to operate as a Mobile Intensive Care Nurse (MICN) in Orange County. A standardized MICN curriculum has been developed as a collaborative effort between the base hospitals and OCEMS. The curriculum is used by the six base hospitals providing on-line medical direction. Training on the radio communications system is provided through an Orange County dispatch center. Field observation shifts and a defined radio preceptorship must be completed as part of the authorization process.

Need(s):

Standard is met.

COMMUNICATIONS

Standard 3.01

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

Goal:

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

Current Status:

Policies and/or written agreements exist which specify medical communications capability and requirements for the prehospital setting. This includes ambulance service providers, ALS service providers, and hospitals.

For a number of years, the fire departments have been utilizing an 800 MHz system for communicating amongst themselves, with base hospitals, and with Orange County Communications. All ambulance companies with contracts for 9-1-1 emergency service added 800 MHz radios to their ambulance vehicles. This is in addition to the Med-9 radio used to communicate with Orange County Communications and OCEMS. 800 MHz radios have been installed in all Orange County hospitals, including those without emergency departments. Used primarily by the ALS providers to provide report on incoming EMS patients, the interoperability with other agencies on the 800 MHz system affords a redundant communications system.

The Hospital Emergency Administrative Radio (HEAR) system and a satellite/internet ReddiNet communication system is in place at every Orange County emergency receiving center as well as other non-designated medical sites, and is used for interoperable communications with hospitals. The ReddiNet Central Point is located at the Orange County Sheriff's Department Emergency Communications Center.

The OCEMS Department Operations Center (EMS DOC) incorporates multiple forms of communication to include 800 MHz radio, Med-9 radio, amateur radio, ReddiNet/HEAR, satellite telephone, landline telephone, fax and e-mail.

Coordination with Other EMS Agencies:

The Tactical Interoperable Communications (TIC) Plan for the Orange County Operational Area includes the Anaheim and Santa Ana Urban Area Security Initiative (UASI) areas. The TIC Plan documents what interoperable communications resources are available within the operational area, which entity controls each resource and what rules of use or operational procedures exist for the activation and deactivation of each resource. Orange County jurisdictions have been cooperating for years, working towards first responder communications interoperability, and now there is one system in place to satisfy all users. This 800 MHz trunked system is the Countywide Coordinated Communications System (CCCS) and used by all City and County public safety and public service departments. This TIC Plan has been created for the Orange County Operational Area, and provides details on all interoperable communications resources, including but not limited to the 800 MHz CCCS.

Mutual aid and disaster communications are coordinated by the Orange County Communications Center operated by the Sheriff's Department.

Need(s):

Standard is met.

Standard 3.02

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

Goal:

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

Current Status:

Every fire agency utilizes the truncated 800-MHz radio system for communicating between fire apparatus and transport vehicles, as well as between paramedic accompanied emergency medical transport units, 9-1-1 ambulances, emergency receiving centers, and base hospitals. All 9-1-1 ambulances have the 800 MHz radio system, and all ambulances have a Med-9 radio which permits communications between the ambulance and their dispatch center as well as Orange County Communications (OCC). Further, OCC has capability to patch redundant systems with one another (i.e. Med-9 to 800MHZ) in order to allow for vehicle to vehicle communication.

ALS and non-transporting ALS responders are dispatched via one of five dispatch agencies. Paramedics communicate with base hospitals and receiving hospitals via 800 MHz, (with cellular telephone backup). Some ALS and BLS units also utilize cellular telephones.

Need(s):

Standard is met.

Standard 3.03

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

Current Status:

Policy #670.10 of the Orange County EMS Policy and Procedures manual requires paramedics to establish on-line medical control during an emergent interfacility transfer (IFT) that was originated via the 9-1-1 system. As noted previously, ALS service providers utilize the 800 MHz radio system for field-to-base communications. 800 MHz radios have been outfitted in the emergency departments of all emergency receiving centers; therefore, paramedics may also communicate directly with both the sending and receiving facilities. Many ALS service providers as well as ambulance service providers also have cellular telephones. In addition, all ambulances are required to have a Med-9 radio.

Coordination with Other EMS Agencies:

Current radio communication options can be adapted to accommodate communication needs with out-of-county resources via Orange County Sheriff's Department Communications (Orange County Communications).

The Tactical Interoperable Communications (TIC) Plan for the Orange County Operational Area includes the Anaheim and Santa Ana Urban Area Security Initiative (UASI) areas and is described within Standard 3.01.

Need(s):

Standard is met.

Standard 3.04

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.

Current Status:

All 9-1-1 emergency medical transport vehicles have the ability to communicate directly with Orange County Sheriff's Coordinated Communications Center via radio (800 MHz radio system). Additionally, all ambulances have the Med-9 radio system, and many providers also are equipped with cellular telephones. Any of these means of communication are used for day-to-day as well as disaster coordination. These communications may also be relayed directly to a command post or alternate site. The fire service channels are also directly accessible to the disaster command post.

Need(s):

Standard is met.

Standard 3.05

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

Goal:

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:

Pursuant to policy #600.00 of the Orange County EMS Policy and Procedures manual all Emergency Receiving Centers (ERCs) are required to have access to the Rapid Emergency Digital Data Information Network (ReddiNet)/Hospital Emergency Administrative Radio (HEAR). The ReddiNet/HEAR network provides two-way radio communication and hard copy capability between participating hospitals as well as the Central Point and Orange County EMS. Facility resources can be accessed by phone or ReddiNet/HEAR system. In addition, 800 MHz radios have been installed in the emergency department of each emergency receiving center (ERC) countywide.

Need(s):

Standard is met.

Standard 3.06

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

Current Status:

A centrally coordinated EMS communications system exists for prehospital and hospital providers to communicate during a multi-casualty incident or disaster. This system utilizes hospital, ambulance and fire department radio system, which may be interconnected by Orange County Sheriff's Emergency Communications. Hospital/disaster communications are tested several times monthly on each shift to facilitate staff familiarity as well as for problem identification. Results of the Hospital Emergency Administrative Radio (HEAR) radio and ReddiNet testing of hospitals are e-mailed monthly to the ED managers and Disaster Coordinators. The emergency department of each emergency receiving center (ERC) has been outfitted with 800 MHz radios which allows for direct communications between prehospital care providers, receiving hospitals and the central communications point. OCEMS also maintains a strong link with amateur radio operator groups ("HAMS", "HDSCS" and "RACES"), and these groups are included in the periodic disaster and communications drills to assist in the provision of radio communication coverage to medical facilities and pre-hospital resources.

Need(s):

Standard is met.

Standard 3.07

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

Goal:

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

Current Status:

The current enhanced 9-1-1 system is fully operational in Orange County via public safety agency coordination.

Need(s):

Standard is met.

Standard 3.08

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

Current Status:

Public safety agencies provide widespread public education regarding 9-1-1 telephone service. OCEMS reinforces the appropriate use of 9-1-1 service in communications with other agencies and individuals.

Need(s):

Standard is met.

Standard 3.09

The local EMS agency shall establish guidelines for proper dispatch triage, which identifies appropriate medical response.

Goal:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

Current Status:

Policy #515.00 of the Orange County EMS Policy and Procedures manual defines the EMD training program to be utilized by public safety agencies providing emergency medical dispatch. The Orange County EMS Medical Director oversees and provides medical oversight of the pre-arrival instruction protocols and dispatch priorities for two of the three EMS dispatch centers in Orange County and the Assistant EMS Medical Director provides medical oversight for the remaining dispatch center. In the event that a basic life support ambulance service provider receives a request for emergency medical services from other than a public safety agency, the Orange County Ambulance Ordinance directs immediate notification to a public safety agency to respond to the request.

Need(s):

System meets standard.

Standard 3.10

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

Goal:

The local EMS agency should develop a mechanism to ensure appropriate system wide ambulance coverage during periods of peak demands.

Current Status:

Orange County has five separate emergency medical dispatch centers that are responsible for dispatch of ALS and BLS resources. Mutual aid agreements and direct communication lines between dispatch centers provide for system wide coverage during periods of peak demand. All field and dispatch center communications are integrated through Orange County Sheriff's Department Emergency Communications (OCC). Automatic aid and mutual aid agreements exist to enhance coverage as needed. As of 2012, OCEMS has completed data integrations between three out of five 9-1-1 EMS dispatch agencies and the Orange County Medical Emergency Data System (OC-MEDS) constituting 94% of the countywide 9-1-1 EMS Responses. This data is available live and can be used by EMS field personnel to initiate electronic Prehospital Care Records (ePCRs) and / or for system monitoring purposes.

Need(s):

System meets standard.

RESPONSE/TRANSPORTATION

Standard 4.01

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

Goal:

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:

Pursuant to the authorities within Health & Safety Code, an Orange County Ambulance Ordinance with associated OCEMS policies have been established in order to ensure that pre-hospital emergency medical services are controlled and integrated into a unified county-wide system. Thirty four ambulance response zones have been identified by OCEMS and are geographically drawn to coincide with the city or cities boundaries. Each zone may be designated as an Exclusive Operating Area (EOA) which restricts emergency ambulance response to a single provider. As identified in the individual ambulance zone summary forms, the "type of exclusivity" is specific to Emergency Ambulance and is operationally defined as a 9-1-1 Emergency Ambulance (at the request of public safety).

Need(s):

OCEMS is conducting a comprehensive evaluation of all ambulance zones to determine current operational performance; medical needs financial viability of area; local anomalies such as unincorporated rural areas and a regional feasibility approach. The type of exclusivity remains specific to Emergency BLS Ambulance as defined above and known areas with expiring service contracts. A recommendation will be presented for Board review that will also include a one to five year transition plan to achieve countywide compliance.

As stated in standard 1.28, this transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies; financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVES:

4.01.1: By year end 2014, propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures.

4.01.2: By year end 2015 propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 4.02

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

Goal:

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:

The ambulance ordinance, and associated Rules and Regulations, provide a mechanism for monitoring compliance with local and state regulations. All private ambulance services must be licensed by OCEMS to operate within Orange County. Separate EMS policies exist for public safety emergency medical transportation services. Occasional audits are performed on service issues. In recent years these have focused on ambulance response times, appropriate equipment and adequate training. For EMS provider agencies that contract with private ambulance companies for emergency transportation, response times are monitored by the provider agency. Provider agencies that provide their own emergency transportation perform internal reviews.

Orange County ambulance providers are generally requested to respond "Non-emergency/Code 2" to 9-1-1 incidents, although depending upon the severity of the incident; "Emergency/Code 3" response may be requested. Response time standards are:

- Code 3: 9 minutes 59 seconds (urban)
- Code 2: 14 minutes 59 seconds (urban)

Need(s):

The current Ambulance Ordinance is not meeting our local needs for optimal system coordination and requires major revision. This and other existing policies are fundamental authorities that will guide providers during and after this transition period. As stated in standard 1.28, this transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVE:

4.02.1: By year end 2015, propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

4.02.2: By year end 2015, propose agreements with all transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 4.03

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.

Current Status:

Policy #515.00 of the Orange County EMS Policy and Procedures manual defines approved Emergency Medical Dispatch (EMD) training program requirements. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Emergency medical dispatching has been implemented by a majority of public safety agencies providing 9-1-1 service. Several agencies utilize priority dispatching. There are various levels of classifying medical requests and a number of systems for determining appropriate levels of medical response. Please see Standards 3.09 and 6.04 for additional information. Policy #515.00 may be accessed on the OCEMS website.

Private ambulance provider dispatch centers are required by ordinance and policy to turn emergency calls over to 9-1-1 providers.

Need(s):

System meets standard.

Standard 4.04

Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

Current Status:

Pre-scheduled patient transports or interfacility transports are routinely performed by private ambulance services which do not impact emergency medical response capability. These types of transports are agreed upon mutually between the ambulance provider and the party requesting transport. Critical interfacility transports requiring ALS monitoring or intervention are handled by either (1) private ambulance companies utilizing critical care nurses; or (2) ALS public providers (i.e., fire departments) if a timely response from the private sector is not available.

Need(s):

System meets standard.

Standard 4.05

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

Goal:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

a) The response time for a basic life support and CPR capable first responder does not exceed:
   - Metro/urban–5 minutes.
   - Suburban/rural–15 minutes.
   - Wilderness–as quickly as possible.

b) The response time for an early defibrillation-capable responder does not exceed:
   - Metro/urban–5 minutes.
   - Suburban/rural– as quickly as possible.
   - Wilderness–as quickly as possible.

c) The response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
   - Metro/urban–8 minutes.
   - Suburban/rural–20 minutes.
   - Wilderness–as quickly as possible.

d) The response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
   - Metro/urban–8 minutes.
   - Suburban/rural–20 minutes.
   - Wilderness–as quickly as possible.

Current Status:

Emergent responses are defined by requesting an ambulance and/or engine company Code 3. The Orange County Fire Chiefs' Association EMS Master Plan has established response time standards for BLS and ALS EMS response units. The established standards state that BLS response units (e.g., BLS Engine Companies) will maintain five (5) minute response times from within the 90th percentile. ALS response units (e.g., Paramedic Engine, Paramedic Rescue Ambulance, etc.) will maintain eight (8) minute response times within the 90th percentile.

The Orange County Ambulance Rules and Regulations Section 302 identifies ambulance response time requirements. Code 3 response are "*10 minutes, 90% of the time*"; and "*Code 2 responses are 15 minutes, 90% of the time*". All these response times are from notification of the provider until arrival on scene. Current response time standards are meeting the needs of our respective public providers. Section 302 of the Orange County Ambulance Rules and Regulation may be accessed on the OCEMS website.

Coordination with Other EMS Agencies:

Coordination with other EMS agencies is covered by inter-county agreement and would occur as needed for mutual aid or disaster incidents.

Need(s):

System meets the standard.

Standard 4.06

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.

Current Status:

Orange County Ambulance Ordinance Rules and Regulations specify personnel and equipment requirements for emergency medical transport vehicles. Ambulances are annually inspected as a part of the OCEMS licensure process.

Need(s):

System meets the standard.

Standard 4.07

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

Current Status:

All cities and all of the unincorporated areas of Orange County receive 9-1-1 emergency medical response through respective city fire departments or through the Orange County Fire Authority, which provides coverage to a number of cities and the unincorporated areas. All first responder agencies have BLS and ALS response capabilities. There is some variation, depending upon dispatch protocols, as to whether BLS and ALS units are dispatched simultaneously.

Qualified EMS first responder agencies are integrated into the OCEMS system at a level compatible with their level of training and other issues. Police agencies, including the Orange County Sheriff Department, are integrated at the city level. Other first responders who have been integrated into the system include lifeguards and those using advanced skills under OCEMS policies (approved event providers). Industrial first aid teams and fixed location providers (e.g., theme parks) are integrated also into the response system.

Need(s):

System meets the standard.

Standard 4.08

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: a) authorization of aircraft to be used in prehospital patient care, b) requesting of EMS aircraft, c) dispatching of EMS aircraft, d) determination of EMS aircraft patient destination, e) orientation of pilots and medical flight crews to the local EMS system, and f) addressing and resolving formal complaints regarding EMS aircraft.

Current Status:

Primary rotary-wing air ambulance services are licensed to operate in Orange County. Policies #310.89, #330.60, and #750.05 of the Orange County EMS Policy and Procedures manual, address the categorization and coordination of prehospital air ambulance services including requests, dispatch, patient destination and data collection. System orientation is the responsibility of the provider(s) and the air medical paramedics must be accredited by OCEMS to practice in Orange County.

Orange County Communications has worked closely with air ambulance providers licensed in Orange County to ensure that their helicopters are appropriately equipped with the necessary radio frequencies and that their personnel are educated as to their use.

Coordination with Other EMS Agencies:

Air ambulance services licensed to operate in adjacent counties, but not in Orange County, may be utilized for mutual aid and disaster situations.

Need(s):

System meets the standard.

Standard 4.09

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

Current Status:

Each dispatch center is responsible for coordination of air ambulance responses. Orange County ALS service providers may contact Orange County Communications or utilize a specific contact telephone number when requesting air ambulance medical transport services from Orange County licensed air ambulance providers.

Need(s):

System meets the standard.

Standard 4.10

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.

Current Status:

There is one private air ambulance transport provider that has one aircraft based in Orange County with a flight crew configuration of one Registered Nurse and one Paramedic. The air ambulance is inspected and licensed annually. This service has back-up aircraft available, although with longer response times. Fire service rescue aircraft are occasionally deployed for rescue missions and coordinate with the air ambulance for transport. There is an on-going audit system for the appropriateness of air transport.

Coordination with Other EMS Agencies:

Availability of medical aircraft licensed to operate in adjacent counties can be obtained as indicated for mutual aid and disaster response requests.

Need(s):

Rather than written agreements, the mechanism to provide medical aircraft for emergency patient transport is through ambulance ordinance 3517, annual licensing and provider adherence to policies & procedures. Have considered inclusion of written agreements into Ordinance revisions as described within a new objective that merges multiple standards (1.24; 4.01; 4.02; 4.18; 4.19; 4.21).

4.10.1: By year end 2015, propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

Standard 4.11

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

Goal:

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

Current Status:

The existing EMS system has the ability to respond to all areas of Orange County with appropriate rescue resources. Water rescue vehicles include sheriff, harbor patrol, seasonal lifeguards, fire rescue boats and Coast Guard for rescues greater than 3 miles out into the ocean.

Coordination with Other EMS Agencies:

Appropriate rescue resources can be obtained from other counties as needed.

Need(s):

System meets the standard.

Standard 4.12

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

Current Status:

OCEMS conducts disaster exercises frequently and no less than annually. As part of our disaster response plan, a member of the Orange County Ambulance Association is present in the OCEMS Command Post. This person contacts local companies and ascertains the number of ambulance vehicles that are available. Communication and coordination with the Orange County Transportation Authority (OCTA) through the Operational Area (OA) Emergency Operations Center (EOC) is conducted to effect the movement of large numbers of "ambulatory" patients if needed.

If the number of available ambulances does not meet, or may not meet, the demands of the disaster, the Regional Disaster Medical Health Specialist for Region I would be contacted and assistance requested.

Need(s):

System meets the standard.

Standard 4.13

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

Goal:

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

Current Status:

Within the existing system there are informal as well as formal mechanisms (i.e., Regional Disaster Medical Health Coordination Program) (RDMHC) in place to permit and facilitate inter-county response of emergency medical transport vehicles and EMS personnel when requested. Orange County ALS engine companies are allowed to carry their equipment and supplies with them during inter-county mutual aid responses, including fires. Financial responsibility is determined by the scope of the incident and/or level of disaster. An inter-county agreement was put in place in the late 1980s that allowed for licensed ambulances in one county to transport patients into or through another county, but precludes these ambulances from picking patients up from a county in which they are not licensed. An exception to this arrangement is when the ambulance is requested to come into a county as part of a mutual aid response.

Coordination with Other EMS Agencies:

Inter-county coordination as indicated by the incident.

Need(s):

System meets the standard.

Standard 4.14

The local EMS agency shall develop multi-casualty response plans and procedures, which include provisions for on-scene medical management, using the Incident Command System.

Current Status:

Fire service multi-casualty response plan for scene management is in place utilizing the Incident Command System.

Policy 900.00 "Multi-Casualty Incident Response Plan" of the Orange County EMS Policy and Procedures manual defines the current standards utilized by EMS system providers. The countywide MCI Plan was completely revised and implemented in May 2011. Policy 900.00 may be accessed on the OCEMS website.

Need(s):

System meets this standard.

Standard 4.15

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

Current Status:

Policy 900.00 "Multi-Casualty Incident Response Plan" of the Orange County EMS Policy and Procedures manual defines the current standards utilized by EMS system providers. The Orange County multi-casualty response plan utilizes standards and guidelines established by "Firescope" directing a coordinated response. The countywide MCI Plan was completely revised and implemented in May, 2011. Policy 900.00 may be accessed on the OCEMS website.

Need(s):

System meets this standard. See Standard 4.14.

Standard 4.16

All Advanced Life Support (ALS) ambulances shall be staffed with at least one person certified at the advanced life support level and one person at the EMT–I level.

Goal:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

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

Current Status:

Policy #700.00 of the Orange County EMS Policy and Procedures manual establishes the ALS staffing criteria. ALS units are staffed with two paramedics and Paramedic Assessment Units (PAU) are staffed with one paramedic and rarely provides transport. One provider is currently utilizing alternate configurations in the provision of ALS care, *e.g.,* one field paramedic on an engine meet a single (fire) ambulance paramedic to complete the ALS team. A (fire) EMT drives the transporting unit with a single paramedic. The transport unit is fully equipped and able to provide the full range of ALS services, including defibrillation. Policy #700.00 may be accessed on the OCEMS website.

The number of paramedics accompanying the patient to the hospital is tailored to patient need. The number of paramedics has expanded considerably in recent years through the addition of Paramedic Assessment Units (PAUs) and, to a lesser extent, by additional ALS units as the population has increased and additional areas of the county are developed.

Need(s):

System meets the standard.

Standard 4.17

All emergency Advanced Life Support (ALS) ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Current Status:

Policy #325.00 of the Orange County EMS Policy and Procedures manual establishes minimum ALS equipment and supplies standards that must be maintained on each Advanced Life Support unit. Per policy #330.70, Paramedic Assessment Units (PAU) are currently equipped with the same ALS inventory as fully staffed ALS units with the following exceptions: a) automated external defibrillator modified for manual override may be used, b) adenosine, midazolam and morphine. However, all ALS providers utilizing the PAU concept have chosen to carry the full complement of ALS inventory. Policies #325.00 and #330.70 may be accessed on the OCEMS website.

Need(s):

Current policies meet standard.

Standard 4.18

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.

Current Status:

Along with the California Health and Safety Code, the County of Orange Codified Ordinance 3517 permits OCEMS to establish rules and regulations to regulate and license ambulance services. This applies to ambulance services operating in any unincorporated area of Orange County and also in each city that has adopted the ambulance ordinance. Public safety agencies providing emergency medical transportation services are exempted by Ordinance but voluntarily adhere to the Ambulance Ordinance pertaining to system operations. Policies #720.00 and #725.00 of the Orange County EMS Policy and Procedures manual establish guidelines for public safety ambulances.

Need(s):

Written agreements with all EMS system providers, public and private, would optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVE:

4.18.01: Present to the EMS Authority an Orange County EOA Transition Plan that illustrates a phased approach to managing significant shifts from the current EOA design.
4.18.02: By year end 2015, propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.
4.18.03: Update applicable OCEMS P&P to include H&S, Title XX11 authorities.
4.18.04: By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 4.19

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services, b) optimal transportation system efficiency and effectiveness, and c) use of a competitive process to ensure system optimization.

Current Status:

OCEMS has received direction from the Emergency Medical Services Authority (EMSA) that the current competitive process for implementation of exclusive operating areas is not permissible based on the Appellate Court ruling (*Butte v California Emergency Medical Services Authority* C060407 (210)[Cal.App 3rd]). In sum, OCEMS may not delegate its statutory authority to conduct competitive processes for exclusive Emergency Ambulance services to any other agency and maintain state action immunity from federal antitrust claims.

The current EOA system design, identifying 34 separate ambulance areas drawn from the geographical boundaries of 34 cities, utilizes a combination of public and private transporters emergency ambulance services. The two methods for determining ambulance service providers vary but all areas seeking exclusivity submit their Request for Proposals (RFP) to OCEMS. Each RFP prepared by either a city or the Orange County Fire Authority (OCFA) includes: minimum standards for response times; conditions for optimal transportation system efficiency and effectiveness; and the use of a competitive process to ensure system optimization. OCEMS and the California State EMS Authority reviews and approves the submitted RFPs.

Despite the challenges of amending *pre-Butte* decision practices, OCEMS is fortunate to have a functional system in place that will allow transition of the competitive process to OCEMS in applicable areas. OCEMS has reviewed and examined the implications associated with operationalizing the necessary changes to our current process. We have identified 19 areas (formerly administered by OCFA) for immediate application of an OCEMS competitive process as the method to retain exclusivity.

This transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

Need(s):

Immediately transition the conduction of the 2014 RFP and contract administration for 19 areas to OCEMS. Apply the following methods to attain OCEMS designated exclusivity for emergency ambulance transport:

1. OCEMS Administered Area: Exclusivity attained via OCEMS competitive process. The competitive process includes: OCEMS to conduct RFP at periodic intervals following EMSA-approved RFP; Board of Supervisors awards contract; OCEMS administers contract.

2. Area administered by City: Exclusivity attained via grandfathered 1797.224: Existing Provider.

3. Area administered by City: Exclusivity attained via OCEMS competitive process. The competitive process includes: City to conduct RFP at periodic interval following OCEMS/EMSA-approved RFP; City Council awards contract for services that cannot exceed 10 years; City administers contract.

Standard 4.19 (continued)

OBJECTIVES:

4.19.1: Present to the Authority of an Orange County EOA Transition Plan that illustrates a phased approach to managing a substantial shift within the current EOA design.

4.19.2: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

4.19.3: By year end 2015, propose written agreements with transport providers, public and private, to promote compliance to system standards, medical control directives and EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

NOTE: Ambulance Zone Summary forms in "Appendix A" provide more thorough description of Emergency Operating Areas (EOA's).

Standard 4.20

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.

Current Status:

OCEMS acknowledges one service area, EOA-2 Brea, as the sole "grandfathered" area under Section 1797.224. The ambulance zone summary form for EOA-2 denotes that the current service provider has been contracted (in the same manner and scope) without interruption since January 1, 1981.

NEED(S):

System meets standard.

OBJECTIVE(S):

4.20.1: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 4.21

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.

Along with the California Health and Safety Code, the County of Orange Codified Ordinance 3517 permits OCEMS to establish rules and regulations to regulate and license ambulance services. This applies to ambulance services operating in any unincorporated area of Orange County and also in each city that has adopted the ambulance ordinance. Public safety agencies providing emergency medical transportation services are exempted by Ordinance but voluntarily adhere to the Ambulance Ordinance pertaining to system operations. Policies #720.00 and #725.00 of the Orange County EMS Policy and Procedures manual establish guidelines for public safety ambulances.

OCEMS policies and procedures provide a mechanism for ensuring compliance with applicable standards such as personnel, equipment and medical directives regarding system operations in patient care.

Need(s):

Written agreements with all EMS system providers, public and private, are needed to optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVES:

4.21.1: By year end 2015, propose written agreements with transport providers, public and private, to promote compliance to system standards, medical control directives and EOA procedures.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 4.22

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

Current Plan:

The last evaluation of the EOA system in 2003 resulted in a reconfiguration of 23 "ambulance service areas." The majority of the zones combined county unincorporated areas with cities having a contiguous border. Non-OCFA member cities that either directly provided or contracted transport services were not addressed.

OCEMS is conducting a comprehensive evaluation of all ambulance zones to determine current operational performance; medical needs financial viability of area; local anomalies such as unincorporated rural areas and a regional feasibility approach. The type of exclusivity remains specific to Emergency Ambulance as defined above and known areas with expiring service contracts. A recommendation will be presented for Board review that will also include a five year transition plan to achieve countywide compliance.

Need(s):

As stated in standard 1.28, this transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVES:

4.22.1: By year end 2014, propose an EOA system re-design that formally establishes reconfiguration of boundaries, compliance standards with EOA procedures and periodic intervals to re-evaluate the design.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[ ] Long-range Plan (more than one year)

FACILITIES/CRITICAL CARE

Standard 5.01

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

Goal:

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

Current Status:

Policy #600.00 of the Orange County EMS Policy and Procedures manual establishes criteria for acute care hospitals wishing to be a part of the OCEMS system. An application must be submitted along with documentation showing compliance with all OCEMS criteria. After satisfactory review of the written material and a site visit, including a meeting with hospital administration and emergency department personnel (medical director, ED manager), the request and findings are forwarded to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee (EMCC) for recommendations, for endorsement, or denial of endorsement of designation as an emergency receiving center (ERC). Policy #600.00 may be accessed on the OCEMS website.

To maintain designation, OCEMS reviews each ERC's compliance to criteria at least every three years, or more often if deemed necessary by the OCEMS Medical Director. The hospitals submit specified written material to demonstrate evidence of compliance to criteria. A site visit may be performed at the discretion of OCEMS. Findings are forwarded to the Facilities Advisory Subcommittee and the EMCC as noted above.

Upon designation as an ERC, a written agreement is executed between the hospital and OCEMS. Accordingly a Designated Emergency Services agreement is in place between the County of Orange and all acute care hospitals with Emergency Departments.

A major focus on the assessment of pediatric capabilities of receiving hospitals has demonstrated that Orange County hospitals have made significant preparation in this area. In 2002, the emergency receiving center criteria was revised to require that at least one RN on duty in the emergency department shall maintain current Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification or other approved pediatric resuscitation competency. This additional criterion was widely supported by the hospitals and upon review of over half of the ERCs it was apparent that hospitals considered it standard for all emergency department registered nurses to be certified in PALS and ACLS. In 2013, the emergency receiving center criteria was revised to require all RN's in the emergency department to maintain current Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC) certification or other approved pediatric resuscitation competency.

Need(s):

System meets the standard.

Standard 5.02

The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

Current Status:

Policy #310.10 of the Orange County EMS Policy and Procedures manual establishes guidelines to ensure that patients are appropriately triaged and transported to the closest, most appropriate facility or specialty center. Specialty centers such as the countywide Cardiovascular Receiving Center (CVRC) system and the Stroke Neurology Receiving Center (SNRC) system have established standards for the triage and treatment of ST-Elevation Myocardial Infarction patients and patients exhibiting signs of ischemic or hemorrhagic stroke.

Trauma triage criterion is outlined in Policy #310.30.

A Cardiovascular Receiving Center triage criterion is outlined in Treatment Guideline SO-C-15.

Stroke Neurology Receiving a triage criterion is outlined in Treatment Guideline SO-M-25.

Policies #600.00 and #620.00 mandate the establishment of transfer agreements/plans between emergency receiving centers and specialty centers, including major trauma victims. Per policy 670.10, specialty hospitals are required to have a physician immediately available to respond to transfer requests who has the authority at the facility to accept patients with life-threatening conditions. All of these policies may be accessed on the OCEMS website.

Coordination with Other EMS Agencies:

Coordination exists via inter-county agreements and policies with other EMS agencies for inter-county patient triage and transfer issues.

Need(s):

System meets the standard.

Standard 5.03

> 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.

Current Status:

Policy #670.10 of the Orange County EMS Policy and Procedures manual establishes the process and procedures for the emergent transfer of critically ill or unstable patients from an emergency receiving center to a specialty care center capable of treating the patient. Options for affecting the transfer include use of the 9-1-1 system in life-threatening circumstances. All uses of the 9-1-1 system for interfacility transfer of patients are reviewed initially by the base hospitals; OCEMS staff and the OCEMS Medical Director also review all 9-1-1 interfacility transports. Follow-up with the sending facility and physician is done by OCEMS when indicated. Policy #670.10 may be accessed on the OCEMS website.

Transfer of acute stroke patients from non-Stroke Neurology Receiving Centers (SNRC) occur as a result of a "spoke and hub" system that is designed to evenly distribute patients to an assigned SNRC (hub) who present at a community hospital (spoke). The spoke assignments are primarily geographic and based on data from the 9-1-1 Interfacility Transport (IFT) database.

Coordination With Other EMS Agencies:

Trauma triage and transfer agreements may result in inter-county patient triage or transfer.

Need(s):

System meets the standard.

Standard 5.04

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

Current Status:

There is a formal designation process of Emergency Receiving Centers (ERC), Comprehensive Children's Emergency Receiving Center (CCERC), Paramedic Trauma Receiving Centers (PTRC), Base Hospitals (BH), Cardiovascular Receiving Centers (CVRC) and Stroke Neurology Receiving Centers (SNRC). Re-designation with review of compliance to policy occurs every three years. Policies/procedures and written agreements provide the mechanism for designation and monitoring of specialty centers. The policies that establish the re-designation criteria can be accessed on the website.

OCEMS Policy #600.00 Emergency Receiving Center (ERC) criteria.

OCEMS Policy #680.00 Comprehensive Children's Emergency Receiving Center (CCERC) criteria.

OCEMS Policy #610.00 Base Hospital (BH) criteria.

OCEMS Policy #620.00 Paramedic Trauma Receiving Center (PTRC) criteria.

OCEMS Policy #630.00 Cardiovascular Receiving Center (CVRC) criteria.

OCEMS Policy #650.00 Stroke Neurology Receiving Center (SNRC) criteria.

Coordination with Other EMS Agencies:

OCEMS recognizes Long Beach Memorial Medical Center in Los Angeles County as a trauma center for Orange County. Recognition by OCEMS of a LA County trauma center requires EMS inter-agency coordination. Riverside County has designated Children's Hospital of Orange County (CHOC) for pediatric critical care, and some Orange County pediatric receiving centers have been designated by LA EMS as approved for pediatrics (EDAP).

Need(s):

System meets the standard.

Standard 5.05

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

Goal:

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

Current Status:

A mass casualty plan exists and drills are conducted multiple times and coordinated with hospitals, fire service, ambulance companies, and police departments. All emergency receiving centers have and utilize a ReddiNet Communications System, which allow them to interface with other hospitals and the Department Operations Center (DOC) during disasters. Further, with the use of grant funds for bioterrorism, OCEMS provided an 800 MHz radio to each acute care hospital in the county. This system is used daily to receive information on incoming EMS patients, but is capable of handling disaster communication between providers, ambulance companies, hospitals, and OCEMS if needed. Treatment protocols for weapons of mass destruction (WMD) were distributed to the medical directors of all paramedic receiving centers. All emergency receiving center facilities utilize the Hospital Incident Command System (HICS) disaster plan. The OCEMS agency disaster response coordinator provided HICS training to all Orange County hospitals.

OCEMS has augmented the WMD response in the county with the purchase of personal protective equipment (PPE), a large cache of ventilators, and a pharmaceutical stockpile. Also, with HPP funding, OCEMS has purchased 80 surge-capacity tents for hospitals to utilize to provide bed space for 1600 patients as required under CDC guidelines. Each tent is equipped with 20 cots, lights, and generators. Additionally, OCEMS has coordinated the use of HPP grant funds so that hospitals could purchase needed equipment and treatment of "all hazard" exposed patients.

Need(s):

System meets the standard.

Standard 5.06

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

Current Status:

Annex A of the Health Care Agency Emergency Operations Plan (HCA-EOP) defines the EMS disaster plan to include a plan for procedures to be taken to effect one or more hospital evacuations. The plan includes a resource inventory of all hospitals, specifically for patients arriving from an evacuated hospital with medical personnel. The plan identifies operations of the EMS Department Operations Center (EMS DOC). The EMS DOC is activated in the event of a known or suspected hospital evacuation or other significant event that may impact the integrity of the countywide EMS system. When activated, the EMS DOC establishes and maintains communications with all EMS system providers and facilities via the ReddiNet/HEAR system, 800 MHz radio, amateur radio, Med-9 radio, telephone, fax, and e-mail. The EMS DOC is staffed according to standard ICS guidelines and has incorporated standards and forms that are NIMS/SEMS compliant. Communications are also established and maintained with the HCA Health Emergency Operations Center (HEOC) and/or Operational Area Emergency Operations Center (OA EOC) if activated depending on the severity of the event.

The current plan is effective and is tested regularly. For example, the countywide EMS system is tested during the Federal Emergency Management Agency (FEMA) graded San Onofre Nuclear Generating Station (SONGS) exercise, the California statewide EMS exercise, Golden Guardian, Rough and Ready exercise, regional UASI exercises, local MCI drills, etc. In addition, the EMS DOC has been activated for real-world events.

Coordination with Other EMS Agencies:

EMS transportation availability takes into consideration in-county and out-of-county resources as necessary for evacuation.

Need(s):

System meets the standard.

Standard 5.07

> 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 prehospital personnel.

Current Status:

Policy #610.00 of the Orange County EMS Policy and Procedures manual establishes criteria and processes for the designation of base hospitals. The current configuration has served Orange County since 1995. Six designated base hospitals provide medical direction, continuing education and quality improvement activities for prehospital personnel. Additionally, one hospital serves as a paramedic resource hospital and performs quality assurance, data entry and education. Policy #610.00 may be accessed on the OCEMS website.

Coordination With Other EMS Agencies:

Inter-county agreements with Riverside, Los Angeles, San Diego, and San Bernardino provide for base hospital coordination when appropriate.

Need(s):

System meets the standard.

Standard 5.08

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

Current Status:

Orange County has a well-established trauma system which addresses all aspects of trauma care. There are three designated trauma centers in Orange County, two Level II's and one Level I, and one Los Angeles County hospital is also recognized. There are approximately 5,000 trauma triages each year. Catchment areas are not specifically defined, but are roughly geographic by closest center to the incident. Policy #310.30 of the Orange County EMS Policy and Procedures manual and the Orange County EMS Treatment Guidelines manual identify patients meeting criteria for designation as a trauma patient.

In 2011, OCEMS implemented new trauma triage guidelines that eliminated the terms Critical Trauma Victim (CTV) and Moderate Trauma Victim (MTV) that had been used to identify differing levels of acuity. The new triage criteria essentially adopted the recommendation from an expert review panel that reported their findings in the 2009 Centers for Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) that can be accessed at: http://www.cdc.gov/mmwr/PDF/rr/rr5801.pdf.

OCEMS Policy #390.45 establishes reporting requirements for trauma patients needing intervention who were not transported to a trauma center. These cases are reviewed by OCEMS staff. Policy #670.10 allows non-specialty hospitals to access the 9-1-1 system to rapidly transport patients requiring a higher level of care than is available at the original hospital. Used primarily for walk-in patients, this method can also be used when the patient presents with more serious injuries than were apparent in the field, or when the patient requires an immediate, life-saving intervention (management of the difficult airway, control of hemorrhage) prior to continuing to a designated specialty center. Compliance with federal transfer laws is assured by the sending hospital. OCEMS staff reviews all transfers to higher level of care occurring via the 9-1-1 system.

Needs:

System meets the standard.

Standard 5.09

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

Current Status:

The organizational structure provides for routine exchange of information and planning pertaining to the trauma system. The Facilities Advisory Subcommittee, the Quality Assurance Board, the County Paramedic Advisory Committee and the Emergency Medical Care Committee structures provide a mechanism for immediate feedback and routine monitoring. Technical advisory committee representation includes prehospital and hospital personnel and consumers.

Need(s):

System meets the standard.

Standard 5.10

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation of the system.

Current Status:

The emergency receiving center (ERC) criteria (policy #600.00), currently mandates that a designated ERC be capable of providing pediatric care with properly sized equipment and with appropriate pediatric specialty call panel. In 2013, Children's Hospital of Orange County (CHOC) was designation as a Comprehensive Children's Emergency Receiving Center (CCERC) criteria (policy #680.00) for pediatric patients. CHOC has been integral within the system by serving as the primary receiver of stabilized admitted pediatric patients.

Need(s):

System meets the standard.

Standard 5.11

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments, including: a) staffing, b) training, c) equipment, d) identification of patients for whom consultation with a pediatric critical care center is appropriate, e) quality assurance/quality improvement, and f) data reporting to the local EMS agency.

Goal:

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:

Pediatric patients are transported either to an emergency receiving center, a comprehensive children's emergency receiving center or a trauma center. ERCs must meet OCEMS staffing and equipment standards for both adults and children, and are expected to have all necessary equipment for emergency department use. All ERCs have been audited and generally meet EMSC emergency department standards, especially for equipment in the emergency department. Pediatric guidelines for ERCs have been put in place with certain components such as requirements for Pediatric Advanced Life Support (PALS) or equivalent, Pediatric Nurse Coordinator, or a defined pediatric QI system, etc. ERC's are required to have specific care guidelines for seriously ill or injured children. Patient care audits have been done that show, based on implicit review, that the care is good. In addition, virtually all children who require intensive care are transported to a hospital with a pediatric intensive care unit. A few children are hospitalized at hospitals with a pediatric ward but no pediatric intensive care unit (PICU). Physicians use individual hospital guidelines for consultation regarding patients appropriate for a PICU; EMS guidelines are felt unnecessary. There are no separate EMS-defined pediatric QI/Data Reporting requirements.

OCEMS has performed site visits to four of the five PICUs in the county and found that they generally meet the Los Angeles standard for designated PICUs. (The fifth underwent PICU designation process for the EMSC System in another county and was designated). All children suspected of major injury go to an existing trauma center. The American College of Surgeons review team has specifically reviewed this for pediatric components and most recently the Level I trauma facility was also verified as a Pediatric Level II trauma center.

Need(s):

System partially meets the standard.

Standard 5.12

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

Current Status:

Although there is no defined pediatric emergency medical/critical care system, suggestions on pediatric issues and feedback on proposals are sought from prehospital personnel through our County Paramedic Advisory Committee (CPAC), Regional Emergency Advisory Committee (REAC), Drug & Equipment Committee, Quality Assurance Board and other Emergency Medical Services (EMS) committees. Input is also obtained from the Fire Chiefs' EMS Committee and providers, both Advanced Life Support (ALS) and Basic Life Support (BLS). Hospital input comes from hospitals through REACs and the Base Physicians who include a pediatric emergency specialist; also, the Base Hospital Coordinators. Specific pediatric feedback is also obtained from pediatric critical care physicians who are consulted, including from our two campuses of Children's Hospital of Orange County. OCEMS works closely with the Hospital Association of Southern California to ensure extensive hospital involvement.

The OCEMS Facilities Coordinator is involved in planning and preventing childhood injury and illness through involvement in *EMS for Children* meetings.

Need(s):

System meets the standard.

Standard 5.13

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including: a) the number and role of system participants, b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, d) the role of non-designated hospitals including those which are outside of the primary triage area, and e) a plan for monitoring and evaluation of the system.

Current Status:

Orange County has a well-defined trauma system for designated trauma patients. All areas of the County are covered by trauma centers and the volume of trauma patients being transported to each of the three in-county and one out-of-county trauma centers appears appropriate and commensurate with the size and capacity of the respective trauma centers. Policy #310.30 of the Orange County EMS Policy and Procedures manual establishes guidelines to ensure that trauma patients are transported to the most appropriate medical facility and that gross over-triage or under-triage is avoided.

Two burn centers are available in Orange County and receive burn patients from the field. A burn center designation process is not in place; rather, OCEMS relies upon state licensure of these facilities.

OCEMS has established criteria for the designation of Cardiovascular Receiving Centers (CVRC) (Policy #630.00). Currently, fourteen (14) hospitals have received this designation. The CVRC system is a comprehensive collaboration between EMS field providers and designated CVRC hospitals and has documented significant improvements to cardiac patient care in Orange County. The system is designed to allow for the field triage of patients with ST segment elevation myocardial infarctions to be transported directly to a designated CVRC hospital to ensure that definitive care and treatment is initiated. In addition, patients with return of spontaneous circulation (ROSC) are routinely triaged to a CVRC. All Advanced Life Support (ALS) providers have the capability to perform and obtain a 12-lead EKG, identifying suitable candidates based on written field protocols.

OCEMS has established criteria for the designation of Stroke Neurology Receiving Centers (SNRC) (Policy #650.00). Currently, nine (9) hospitals have received this designation in addition to Stroke Certification from the Joint Commission. The SNRC system has been designed to be a collaborative effort between prehospital care providers and hospitals to improve field triage and definitive treatment of Stroke patients in Orange County. Most of the SNRCs provide 24/7 Interventional Radiology coverage and serve as a "hub" for patients requiring immediate transfer from a non-SNRC facility.

Need(s):

System meets the standard.

Standard 5.14

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

Current Status:

The Emergency Medical Care Committee (EMCC) and technical advisory subcommittee structure includes broad representation by EMS system participants, providers, and consumers. The EMCC meets on the "even" months; subcommittees meet on the "odd" months throughout the year. In addition, OCEMS works closely with the Hospital Association of Southern California (HASC) on all issues impacting hospitals.

Need(s):

System meets this standard.

DATA COLLECTION/SYSTEM EVALUATION

Standard 6.01

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

Goal:

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

Current Status:

OCEMS monitors and evaluates the countywide EMS system. Policy #385.00 of the Orange County EMS Policy and Procedures manual outlines a comprehensive QI plan that is in place and addresses various components (dispatch, first responder, ALS provider agencies, base hospitals, emergency receiving centers, and trauma centers). The base hospitals have a well-defined QI program, as do the trauma centers and dispatch agencies. The Orange County Fire Chief's EMS Section has a CQI subcommittee that meets regularly and has been working to standardize and incorporate the California State EMS QI Guidelines into their individual CQI plans. An OCEMS staff member regularly attends the meetings. Policy #385.00 may be accessed on the OCEMS website.

EMS system patient outcome data for patients evaluated, treated, and transported by EMS transport providers are routinely reported to OCEMS by Base Hospitals, Trauma Centers, Cardiac, Stroke and Emergency Receiving Centers (ERC). Base Hospitals and Trauma Centers submit data to OCEMS into the Orange County Medical Emergency Data System (OC-MEDS). Cardiac and Stroke Receiving Centers submit data to OCEMS at regular intervals. ERC's submit "Hospital Discharge Data Summary" (HDDS) reports to OCEMS on a regular basis. The HDDS data submitted by the ERCs includes Emergency Department (ED) diagnoses and patient disposition when discharged from the ED. Data received by EMS stakeholders is used for system monitoring and analysis.

System-wide QI projects are also coordinated by the EMS agency using the centralized EMS data system. Local EMS agency QI reports are presented for review by standing committees that include professional and community representatives. In addition, special QI projects and research are conducted on an on-going basis with recent formal QI research of the local Cardiac Program presented at a national meeting of the American Academy of Emergency Physicians held in Las Vegas.

Need(s):

OCEMS seeks ongoing support to maintain personnel resources qualified to continue CQI/QAB management.

OBJECTIVES:

6.01.1: By year end 2014, propose a conversion of the contracted CQI RN to a permanent EMS budgeted full-time equivalent (FTE) position.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[ ] Long-range Plan (more than one year)

Standard 6.02

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

Current Status:

Policy #390.15 of the Orange County EMS Policy and Procedures manual mandates the completion of a prehospital care report (PCR) by paramedics and identifies the Orange County definition of a patient. The policy also identifies the distribution of the PCR. Currently, EMS receives hard copies of the PCR and data retrospectively entered by the Base Hospitals from ALS Level PCRs which is submitted electronically. Policy #390.15 may be accessed on the OCEMS website.

Since 2006, OCEMS has been working to conceptualize, identify funding for, and implement the Orange County Medical Emergency Data System (OC-MEDS). Nearing completion with full implementation planned by the beginning of CY 2014, OC-MEDS is designed to be a comprehensive information management solution designed to track EMS patient care events from the moment that 9-1-1 is called through discharge from an emergency department, including web-based countywide electronic prehospital care report (ePCR) software and trauma, STEMI, and Stroke registries. As of mid CY 2012, OCEMS has established partnerships with local EMS stakeholders and has achieved participation from eleven of twelve local ALS providers representing nearly 95% of the countywide 9-1-1 EMS call volume.

Policy #750.05 establishes requirements for the submission of an "Air Ambulance Service Report" to OCEMS whenever a patient is transported via helicopter by an approved Orange County air transport provider resulting from a 9-1-1 EMS system response. Policy 750.05 may be accessed on the OCEMS website.

Policy #670.10 of the Orange County EMS Policy and Procedures manual establishes reporting requirements when an interfacility transfer is initiated via the 9-1-1 system. Policy #670.10 may be accessed on the OCEMS website.

Need(s):

System meets the standard.

OBJECTIVES:

6.02.1: By year end 2015, integrate OC-MEDS documentation standards within licensing requirements. Specifically targeting, all non-emergency BLS transports originating within OC.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)
[X] Long-range Plan (more than one year)

Standard 6.03

Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

Goal:

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

Current Status:

OCEMS monitors and evaluates the countywide EMS system. Policy #385.00 of the Orange County EMS Policy and Procedures manual outlines a comprehensive QI plan that is in place and addresses various components (dispatch, first responder, ALS provider agencies, base hospitals, emergency receiving centers, and trauma centers). Policy #385.00 may be accessed on the OCEMS website.

The Orange County Fire Chief's EMS Section has a CQI subcommittee that meets regularly and has been working diligently to standardize and incorporate the California State EMS QI Guidelines into their individual CQI plans. An OCEMS staff member regularly attends the meetings.

Policy #385.05 of the Orange County EMS Policy and Procedures manual establishes the practices and procedures utilized by Orange County Base Hospital Coordinators for effective CQI of EMS field providers. Policy #385.05 may be accessed on the OCEMS website.

Need(s):

System meets the standard.

Standard 6.04

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.

Current Status:

Review of medical dispatching is performed routinely in-house by agencies providing Emergency Medical Dispatch (EMD) with summary reports submitted by most agencies to the EMS agency and Quality Assurance Board. This review varies from agency to agency and needs to include a defined quality improvement system for dispatch, including additional audits, reviews, and to ascertain that the time taken to process calls is not detrimental.

Need(s):

System meets the standard.

See also Standards 2.04, 3.09, and 4.03.

Standard 6.05

The local EMS agency shall establish a data management system which supports its systemwide 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.

Goal:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital 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:

Currently, EMS system data exists for patients evaluated, treated, and transported by a paramedic and is routinely reported to OCEMS by Base Hospitals, Trauma Centers, and Emergency Receiving Centers (ERC). Base Hospitals and Trauma Centers submit data to OCEMS which is used for analysis and system monitoring. ERCs submit "Hospital Discharge Data Summary" (HDDS) reports to OCEMS on a regular basis. The HDDS data submitted by the ERC's includes Emergency Department (ED) diagnoses and patient disposition when discharged from the ED.

Since 2006, OCEMS has been working to conceptualize, identify funding for, and implement the Orange County Medical Emergency Data System (OC-MEDS). Nearing completion with full implementation planned by the beginning of CY 2014, OC-MEDS is designed to be a comprehensive information management solution designed to track EMS patient care events from the moment that 9-1-1 is called through discharge from an emergency department, including web-based countywide electronic prehospital care report (ePCR) software and trauma, STEMI, and Stroke registries. As of late CY 2013, OC-MEDS is capturing ePCRs from eleven of twelve local ALS providers representing nearly 95% of the countywide 9-1-1 EMS call volume. In addition, all twenty-five ERCs are "live" on the system and able to receive electronic copies of prehospital care reports in their emergency departments.

OC-MEDS is compliant with the National Emergency Medical Services Information System (NEMSIS), National Trauma Data Standard (NTDS), and the California Emergency Medical Services Information System (CEMSIS) data standards, which will enable OCEMS to submit data to the California EMS Authority for core measure reporting purposes. A monthly report is posted on the OCEMS website to track the progress of the new system. The OC-MEDS Monthly Progress Reports may be viewed online at: http://healthdisasteroc.org/ems/ocmed

Coordination With Other EMS Agencies:

A trauma designation criterion mandates reporting of system response and clinical data by Long Beach Memorial Medical Center (the Orange County designated trauma center in Los Angeles County) receiving trauma victims from Orange County.

Need(s):

System meets the standard.

OBJECTIVE:

6.05.2: By year end 2014, implement the OC-MEDS patient registry module to begin capturing specialty patient data.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)
[ ] Long-range Plan (more than one year)

Standard 6.06

> 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.

Current Status:

The current EMS organizational structure, through the advisory committees and data management systems, provide a mechanism for dynamic evaluation of EMS system design and operations. Prevention strategies are provided through multiple agencies such as Public Health, Fire Agencies, Trauma Centers and Safe Kids Coalition, among others.

OCEMS provides EMS system data upon request to other programs within the Orange County Health Care Agency and community programs to assist with the development of illness and injury prevention strategies.

Annually, EMS Week is utilized as an avenue to promote community awareness of injury and illness prevention programs.

Need(s):

System meets the standard.

Standard 6.07

The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

Current Status:

The EMS system QI Program includes provider participation and data reporting. The systemwide evaluation program provides oversight, consultation, education and data analysis/reporting for EMS system participants

Need(s):

System meets the standard.

Standard 6.08

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

Current Status:

Historically, OCEMS has manually produced quarterly and annual System Activity Reports to provide stakeholders with a snapshot of the operations of the Orange County EMS System. Since programmatic implementation of the Orange County Medical Emergency Data System (OC-MEDS) began in CY 2010, OCEMS has been evaluating replacing the System Activity Reports with reporting capabilities that will enable local EMS stakeholders the ability to generate and/or receive aggregate reports on the performance of the Orange County EMS system via the web.

Need(s):

System meets the standard.

Standard 6.09

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

Goal:

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

Current Status:

Policy #385.05 of the Orange County EMS Policy and Procedures manual establishes the practices and procedures utilized by Orange County Base Hospital Coordinators for effective CQI of EMS field providers. Policy #385.05 may be accessed on the OCEMS website.

Review of Base Hospital EMS data is conducted regularly. An in-depth audit of each base hospital is conducted at least every three years by Agency policy (#610.00). Included in this audit is a review of the QI process with findings and recommendations presented to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee (EMCC).

Need(s):

System meets the standard.

Standard 6.10

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

Current Status:

The American College of Surgeons (ACS) surveys all Orange County trauma designated hospitals at least every three years. Concurrent with the ACS survey, a separate review is performed by OCEMS staff.

The current trauma system provides for comprehensive evaluation of clinical and operational aspects. Policies #600.00, #620.00, and #390.40 establish clear data reporting. Additionally, Policy #390.45 establishes mandatory reporting requirements pertaining to the treatment of patients with traumatic injuries who were received at a non-trauma center.

Trauma registry data is received electronically from trauma centers and uploaded to the Orange County Medical Emergency Data System (OC-MEDS). Individual trauma centers conduct internal patient care reviews using specific audit filters.

OCEMS facilitates a quarterly meeting with the trauma program coordinators and trauma medical directors. Improving patient care and system coordination in the trauma system is the primary focus. A collaborative review of clinical approaches at the individual trauma centers, discussion of current research and best practices has resulted in improvement in the overall care of trauma patients and improved outcomes.

Need(s):

System meets the standard.

Standard 6.11

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

Goal:

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 quality assurance/quality improvement and system evaluation program.

Current Status:

Trauma system evaluation includes data reporting requirements for designated trauma centers and non-trauma centers providing trauma care. Coroner reports on traumatic deaths at non-trauma centers are reviewed by EMS and reported to Quality Assurance Board (QAB) and the Trauma Operations Committee.

Need(s):

System meets the standard.

PUBLIC INFORMATION AND EDUCATION

Standard 7.01

The local EMS agency shall promote the development and dissemination of information materials for the public which addresses: a) understanding of EMS system design and operation, b) proper access to the system, c) self-help (e.g., CPR, first aid, etc.), d) patient and consumer rights as they relate to the EMS system, e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and f) appropriate utilization of emergency departments.

Goal:

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

Current Status:

For the past several years, OCEMS has taken advantage of EMS Week to focus community attention on injury and illness prevention. This has been accomplished through partnering with fire, law and community groups, and the media. EMS Week programs typically include a Super CPR day in which over one thousand individuals are trained in the principles of CPR and/or first aid. Additional events often include bicycle safety, infant and child seat safety, gun safety, pool safety, and blood pressure checks.

Need(s):

System meets the standard.

Standard 7.02

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

Goal:

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:

OCEMS staff is actively involved in the *Orange County Safe Kids Coalition*. EMS staff members have chaired the sports and recreation subgroup. The Coalition is active in public education related to drowning prevention, car seat safety, leaving children in cars, and sports injuries/prevention. OCEMS has had a representative on the *Orange County Drowning Prevention Network*. OCEMS staff has presented educational seminars targeting high risk injury and illness.

In addition, OCEMS is utilizing EMS Week each year to focus public attention on injury and illness prevention. OCEMS has promoted programs aimed at pool safety, bike and pedestrian safety, gun safety, infant/children safety seats, CPR and blood pressure checks.

The Orange County Health Care Agency Public Health Division, local hospitals and public safety agencies provide a variety of comprehensive health education programs including injury and illness prevention for high risk patient populations, bicycle safety, SIDS, drowning, chronic diseases, and heat related conditions.

Need(s):

System meets the standard.

Standard 7.03

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

Goal:

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:

In 2006, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management (HDM), integrates OCEMS with the Bioterrorism Preparedness and Training Units and the Pandemic Flu Planning Section. The new division, in concert with OCEMS, is assigned the role of medical disaster management and preparedness. This includes assisting hospitals, BLS transport companies and the Orange County Health Care Agency in efforts related to medical disaster education and preparedness. This is accomplished by aiding with plan development Hospital Incident Command System (HICS), MASICS, etc., mass casualty exercise coordination, information dissemination (bulletins, advisories, newsletters, etc.) and educational presentations. Most activities occur within the medical/health-related community; however, newsletters and presentations are delivered to non-medical community groups, when requested and appropriate. The Orange County Sheriff's Department (local OES function) is often involved or aware of these activities, and routinely shares in the activity. As part of the Homeland Security program, HDM/OCEMS is participating in the development of the Medical Reserve Corps (MRC), a subset of the Citizens Reserve Corp. A full time MRC coordinator, funded through the HRSA grant, is in place and manages the recruitment and registry of licensed medical personnel volunteers that could be assigned to various tasks to assist during major emergencies or disasters.

Need(s):

System meets the standard.

Standard 7.04

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

Goal:

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

Current Status:

In the past, community first aid and CPR training has been formally promoted by OCEMS and the Board of Supervisors through the purchase and donation of CPR training manikins for all public schools in Orange County. No community training goals had been adopted by OCEMS for the general public.

Within the last few years, OCEMS sponsored a "Super CPR Day" to provide lay persons with CPR and First Aid training course coordinated and taught by American Red Cross CPR/First Aid Instructors. "Super CPR Day", now called "Sidewalk CPR", has continued to gain incredible acceptance and participation from members of the EMS community and the public. Course materials were presented to participants in English, Spanish, and Vietnamese.

OCEMS has also implemented an AED program in the Hall of Administration and the Health Care Agency's administrative building.

Need(s):

Expand CPR training opportunities for the general public through the promotion of agencies like the Heart Association and American Red Cross who regularly provide such training. Current EMS agency resources are not adequate to further address this standard or goal. Additional staff, assigned to community education coordination responsibilities, would be required to adequately meet this need.

DISASTER MEDICAL RESPONSE

Standard 8.01

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Current Status:

A comprehensive disaster medical response plan has been developed and is continually being updated. This plan is exercised yearly on an Operational Area level, as well as with individual emergency responders. Disasters involving toxic substances have been addressed in the Orange County Operational Area Plan.

In 2006, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management (HDM), integrates OCEMS with the Bioterrorism Preparedness and Training Units and the Pandemic Flu Planning Section. The new division, in concert with OCEMS, is assigned the role of medical disaster management and preparedness. Various medical response plans including but not limited to those involving toxic substances have been developed or are in the process of development.

Coordination With Other EMS Agencies:

The disaster medical response plan includes utilization of out-of-county resources through the Regional Disaster Medical Health Coordination System.

Need(s):

System meets standard.

Standard 8.02

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

Goal:

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:

The National Incident Management System (NIMS), California Office of Emergency Services' (OES) Standardized Emergency Management System (SEMS) and Incident Command System (ICS) standards were utilized in the development of the Orange County EMS Mass Casualty Incident Response. The Orange County Mass Casualty Incident Plan is tested multiple times each year in a variety of scenarios. It is a multi-hazard plan based upon the Incident Command System; it works in concert with the Operational Area's SEMS based plan.

Within the Health Care Agency and Emergency Medical Services, disaster plans and response activities are based on NIMS and SEMS. The Bioterrorism Training Unit of the Health Disaster Management (HDM) division has instituted a Health Care Agency-wide training program on the basic principles of NIMS (IS-700) and the National Response Plan (IS-800).

Needs:

System meets this standard.

Standard 8.03

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

Current Status:

Fire departments have primary responsibility for scene management of hazardous materials incidents. Currently, there are five (5) hazardous material response teams in the county, all operated by fire departments. All fire personnel have been trained to a minimum level of "HazMat First Responder Awareness". Private BLS transport personnel receive training as required by OSHA. With the advent of grant funding from Homeland Security, CDC, and HRSA, hospitals, ambulance providers, law enforcement, fire department and public health personnel are rapidly being outfitted with personal protective equipment and provided respective training to be able to respond to chemical and biological incidents. A pharmaceutical stockpile of drugs that may be needed in a biological or chemical event has been established. Three cities within Orange County—Huntington Beach, Santa Ana, and Anaheim—have been identified and funded as Metropolitan Medical Response System cities and have subsequently developed relatively large caches of protective equipment, decontamination equipment and Mark I kits to respond to incidents involving weapons of mass destruction. The resources of these cities are available through mutual aid to assist all cities within Orange County.

Need(s):

System meets the standard.

Standard 8.04

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

Goal:

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

Current Status:

The OCEMS Multi-Casualty Incident disaster plan and ANNEX A of the Health Care Agency Emergency Operations Plan (HCA-EOP) utilize principles established by NIMS/SEMS and Incident Command System (ICS) guidelines established by "Firescope". ICS is routinely employed by the fire departments in Orange County. In addition, all assisting agencies have adopted the ICS system for the management of large scale medical/health emergencies. The Bioterrorism Training Unit of the Health Disaster Management (HDM) division has instituted a Health Care Agency-wide training program on the basic principles of NIMS (IS-700) and the National Response Plan (IS-800). All Health Care Agency employees are now required to complete IS 100 and 700 by the first day of employment. Additionally, many members of the management staff are required to complete IS 200 and 800. Several HDM / OCEMS staff members have also completed IS 300 and 400, and some have obtained ICS "trainer" status. Policy #900.00 of the Orange County EMS Policy and Procedures manual establishes the current standards utilized by EMS system providers during a Multi-Casualty Incident (MCI). Policy #900.00 may be accessed on the OCEMS website.

Need(s):

System meets the standard.

Standard 8.05

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.

Goal:

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:

Policy #900.00, "Multi-Casualty Incident Response Plan" of the Orange County EMS Policy and Procedures manual defines the steps to be taken in response to a Multi-Casualty Incident within the Operational Area. Policy #900.00 may be accessed on the OCEMS website.

Hospitals within Orange County use the ReddiNet Communications system to post their current status and ability to receive patients requiring specific care, allowing direct field triage to the most appropriate facility. Evacuation of local care facilities, including hospitals is also exercised.

Coordination with Other EMS Agencies:

OCEMS actively coordinates and participates in regional activities through the Regional Disaster Medical Health System (RDMHS). OCEMS staff attends quarterly meetings, participate in exercises and meetings in other counties and invite participants from outside Orange County to participate and/or observe Orange County exercises.

The annual San Onofre Nuclear Generating Station (SONGS) drill evaluated by the Nuclear Regulatory Commission offers additional opportunities for local EMS stakeholders as well as interagency coordination.

Need(s):

System meets this standard.

Standard 8.06

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.

Goal:

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

Current Status:

A mechanism exists for needs/resource assessment and the communication of this information through the Regional Disaster Medical Health Coordinator (RDMHC) System. OCEMS participates in annual drills evaluating this capability. Existing policies meet the standard and the goal. Operationally, we can communicate our needs through the utilization of RIMS, normal telephones, cellular phones with, 800 MHz radios (through the County EOC), HAM radios, and through the RDMHC for Region I.

Need(s):

System meets this standard.

Standard 8.07

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

Current Status:

All acute care hospitals in Orange County have been equipped with 800 MHz radios with an assigned talk group. Training is provided to hospital staff responsible for operation of the radio. The 800 MHz radio allows for the field personnel to communicate directly to the receiving hospital. OCEMS staff members and other members of the Health Care Agency also have these radios. The Hospital Emergency Administrative Radio (HEAR) serves as a back-up to the 800 MHz radio in the event of a failure. Specific frequencies have been designated for disaster communications and coordination between OCEMS and other responders. These communications involve the use of the ReddiNet hospital communication system and emergency amateur radio.

Coordination with Other EMS Agencies:

Coordination with other EMS agencies occurs routinely during disaster exercises and events to facilitate information sharing and requests for resources.

Need(s):

System meets this standard.

Standard 8.08

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.

Goal:

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:

OCEMS maintains a disaster medical resource directory including EMS responders which, when utilized, would provide resource inventory data. OCEMS promotes the execution of written agreements between health care facilities and their vendors as a component of Hospital Incident Command System implementation. The County also has agreements with each of the acute care hospitals to cover the disaster supplies they have been given through grant funding.

Need(s):

System meets this standard.

Standard 8.09

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

Goal:

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

Current Status:

Local DMAT teams are federally organized and funded. The Orange County Health Care Agency (HCA) and OCEMS promote and support local DMAT teams. OCEMS staff members and members of the Health Disaster Management (HDM) division are encouraged to become "active" members of the local Orange County DMAT team, CA-1.

Need(s):

System meets this standard.

Standard 8.10

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

Current Status:

Inter-county EMS agreements for medical/health mutual aid have been executed with counties in Region I and Region VI through the Regional Disaster Medical Health Coordinator System. Pursuant to the 11 Southern California County Medical Health Cooperative Assistance Agreement, a mechanism exists to obtain medical/health resources from other operational areas during significant medical incidents.

Coordination With Other EMS Agencies:

Coordination with other EMS agencies includes the execution of inter-county agreements (see above) and routine interaction and resource availability through the regional ReddiNet system and California State OES Response Information Management System (RIMS).

Need(s):

System meets this standard.

Standard 8.11

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

Current Status:

Potential sites for local casualty collection points (CCPs) have been identified in Orange County and shall be designated by the county health officer when appropriate.

Coordination With Other EMS Agencies:

CCP site designation process involves other EMS responders within the County.

Need(s):

System meets this standard.

Standard 8.12

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

Current Status:

The operational area disaster plan includes a mechanism for considering the use of casualty collection points (CCPs). Multiple options for CCP communications have been identified, *e.g.*, amateur radio, Med-9, cellular and satellite telephones.

Need(s):

System meets the standard.

Standard 8.13

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.

Goal:

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:

The Orange County EMS agency actively promotes and supports education and preparedness activities related to mass casualties resulting from exposure to toxic or radioactive substances. This is accomplished through the dissemination of printed reference materials, conducting educational seminars and participation in exercises. OCEMS response plans, and those of the Operational Area, are NIMS/SEMS based and compatible with those operational plans utilized by fire department and hazardous material teams. Orange County also participates in annual San Onofre Nuclear Generation Station (SONGS) drills. Fire departments have received extensive Office of Domestic Preparedness (ODP) training for responding to Weapons of Mass Destruction (WMD) incidents.

Need(s):

System meets the standard.

Standard 8.14

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).

Goal:

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

Current Status:

All emergency receiving centers (ERC) participate with OCEMS in at least one systemwide exercise each calendar year. These exercises involve local OES, fire departments, ALS responders, law enforcement, private BLS transport agencies and other prehospital participants. Emergency communications utilizing the ReddiNet/HEAR and amateur radio systems are also employed in these full functional exercises.

Policy #600.00 of the Orange County EMS Policy and Procedures manual identifies the minimum disaster preparedness standards required of each ERC designated by OCEMS. This policy requires each ERC to have a comprehensive external and internal disaster response plan that addresses the needs of the hospital and the patients that it serves. Policy #600.00 may be accessed on the OCEMS website.

Need(s):

System meets the standard.

Standard 8.15

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

Current Status:

The ReddiNet/HEAR system provides a coordinated emergency inter-hospital communication network. Policies and procedures direct participation and emergency and non-emergency operations. Hospitals are now also equipped with 800 MHz radios which will allow them to communicate with OCEMS and EMS providers in the field. The Hospital Disaster Support Communications System (amateur radio) provides a dependable alternative to the ReddiNet System.

Need(s):

System meets the standard

Standard 8.16

The local EMS agency shall ensure that all prehospital 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 staff in their use.

Goal:

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

Current Status:

Disaster drills conducted routinely each year are coordinated with prehospital providers, acute care facilities and a wide variety of additional emergency response agencies. These drills provide training and evaluation in disaster medical response for EMS system participants.

Need(s):

System meets the standards.

Standard 8.17

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

Current Status:

Inter-county medical/health mutual aid agreements establish guidelines for the assistance of personnel from other jurisdictional EMS systems (e.g., ALS personnel) as needed during major medical incidents. In the event of the need for medical/health resources and/or personnel from another jurisdiction, the Orange County Medical Health Operational Area Coordinator (MHOAC) would establish contact with the Region I – Regional Disaster Medical Health Coordinator (RDMHC) to formally request medical/health mutual aid assistance.

In Orange County, the MHOAC is the EMS Administrator of the Health Care Agency – Health Disaster Management Division.

Need(s):

System meets the standard.

Standard 8.18

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Current Status:

Specialty center availability status is routinely maintained and communicated to each base hospital and paramedic receiving center utilizing land-line or the ReddiNet/HEAR to facilitate routine triage and patient destination. During a major disaster, specialty center availability could be requested utilizing the ReddiNet/ HEAR. This information is currently available for patient triage and destination decisions.

Need(s):

System meets the standard.

Standard 8.19

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.

Current Status:

ALS units and Paramedic Assessment Units are provided by fire departments for specific cities and/or unincorporated areas. Ambulance transport services are provided by fire departments or private ambulance companies for a specific city and/or unincorporated area. The system provides for mutual aid, automatic aid and/or disaster response as indicated.

Need(s):

System meets standard.

2014 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
Standard 1: System Organization and Management						
1.18	QA/QI	1.18.3	Enhance ALS in-house QI programs.	Long	In Progress	Ongoing goal met with development of OC-MEDS and CQI focus groups.
		1.18.4	Institute BLS level QI plans.	Long	In Progress	
1.24	ALS Systems	1.24.1	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.	Long	In Progress	New Objective/Merges 1.24.1; 4.01.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
1.27	Pediatric System Plan	1.27.1	Conduct a comprehensive evaluation of pediatric transport volume to include primary mode of transport; destination; interfacility transport rates from emergency receiving centers higher level of care centers, including trauma; population distribution etc., etc.	Short	In Progress	Revised Objective/Timeframe
1.28	EOA Plan	1.28.1	Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures and periodic intervals to re-evaluate the design.	Short	In Progress	Revised Objective/Merges 1.28.1; 4.01.1; 4.22.1
		1.28.2	Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.	Long	In Progress	Revised Objective/Merges 1.28.2; 4.01.2; 4.02.1; 4.18.2
Standard 2: Staffing/Training						
2.01	Assessment of Needs	2.01.1	Development of educational programs that include patient outcome data will strengthen the overall curriculum for all EMS providers. The integration of hospital patient outcome data into OC-MEDS will provide the final variable for determining ongoing curriculum needs.	Long	In Progress	Revised Objective
Standard 4: Response/Transportation						
4.01	Service Area Boundaries*	4.01.1	Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures.	Short	In Progress	Revised Objective/Merges 1.28.1; 4.01.1; 4.22.1
		4.01.2	Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.	Long	In Progress	Revised Objective/Merges 1.28.2; 4.01.2; 4.02.1; 4.18.2
4.02	Monitoring	4.02.1	Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.	Long	In Progress	New Objective/Merges 1.28.2; 4.01.2; 4.02.1; 4.18.2

2014 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
		4.02.2	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.	Long		New Objective/Merges 1.24.1; 4.10.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
4.10		4.10.1	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures..	Long		New Objective/Merges 1.24.1; 4.10.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
4.18	Compliance	4.18.1	Present to the Authority an Orange County EOA Transition Plan that illustrates a phased approach to managing significant shifts within the current EOA design.	Short	In Progress	Revised Objective/Merges 4.19.1 and 4.18.1
		4.18.2	Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.	Long	In Progress	Revised Objective/Merges 1.28.2; 4.01.2; 4.02.1; 4.18.2
		4.18.3	Update applicable OCEMS P&P to include H&S Code, Title XXII authorities.	Long	In Progress	New Objective
		4.18.4	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.	Long	In Progress	New Objective/Merges 1.24.1; 4.10.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
4.19	Transportation Plan	4.19.1	Present to the Authority an Orange County EOA Transition Plan that illustrates a phased approach to managing significant shifts within the current EOA design.	Short	In Progress	New Objective/Merges 4.19.1 and 4.18.1
		4.19.2	Establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.	Long	In Progress	New Objective/Merges 1.28.1; 4.19.2; 4.20.1 & 4.20.1

2014 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
		4.19.3	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.	Long	In Progress	New Objective/Merges 1.24.1; 4.10.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
4.20	"Grandfathering"	4.20.1	Establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.	Long	In Progress	New Objective/Merges 1.28.1, 4.19.2, 4.20.1
4.21	Compliance	4.21.1	Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.	Long	In Progress	New Objective/Merges 1.24.1; 4.10.1; 4.02.2; 4.18.4; 4.19.3; 4.21.1
4.22	Evaluation	4.22.1	Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures and periodic intervals to re-evaluate the design.	Short	In Progress	Revised Objective/Merges 4.01.1 & 4.22.1
Standard 6: Data Collection/System Evaluation						
6.01	QA/QI Program	6.01.1	Propose a conversion of the contracted CQI RN position to a permanent EMS budgeted FTE.	Short	In Progress	Revised Objective/Timeframe
6.02	Prehospital Records	6.02.1	Integrate OC-MEDS documentation standards within licensing requirements. Specifically targeting all non-emergency BLS transports originating within OC.	Long	In Progress	Revised Objective/Timeframe
6.05	Data Management System*	6.05.2	Implement the OC-MEDS patient registry module to begin capturing specialty patient data.	Short	In Progress	Revised Objective/Timeframe

2007 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
Standard 1: System Organization and Management						
1.06	Annual Plan Update	1.06.1	Submit EMS Plan updates to EMS Authority as requested.	Short	Completed	
1.07	Trauma Planning*	1.07.1	Review and update the inter-county agreement(s).	Short	Completed	
1.12	Review and Monitoring	1.12.1	Targeted areas for future in-depth review and monitoring include dispatch, basic life support; basic life support providers (e.g., automated external defibrillation).	Long	Completed	
1.17	Medical Direction*	1.17.1	Phase in "comprehensive" standing orders (field treatment protocols) for all paramedic provider agencies over the next few years.	Long	Completed	
1.18	QA/QI	1.18.1	Complete inventory of QI needs.	Short	Completed	CQI RN Liaison added to provide comprehensive evaluation of current levels; assist with OC-MEDS development and created CQI focus groups.
		1.18.2	Establish more formal QI network for pre-hospital care providers.	Long	Completed	
		1.18.3	Enhance ALS in-hours QI programs.	Long	In Progress	Ongoing goal met with development of OC-MEDS and CQI focus groups.
		1.18.4	Institute BLS level QI plans.	Long	In Progress	
1.19	Policies, Procedures, Protocols	1.19.1	Implement pre-arrival/post dispatch instructions in all dispatch agencies.	Long	Completed	
		1.19.2	Review and revise emergency medical dispatch protocols as needed.	Long	Completed	
1.21	Determination of Death	1.21.1	Consider additional field pronouncement guidelines.	Long	Completed	
		1.21.2	Work with base hospital physician directors to encourage field pronouncement when appropriate.	Short	Completed	
		1.21.3	Develop a Crime Scene Management Policy for EMS providers.	Long	Completed	
1.24	ALS Systems	1.24.1	Develop agreements with ALS providers.	Long	In Progress	Revised Objective/Timeframe; Merged with Objective 4.18.04
1.25	On-Line Medical Direction	1.25.1	Re-establish AMMC as a Base Hospital.	Short	Discontinued	

2007 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
1.27	Pediatric System Plan	1.27.1	Ensure that the existing EMS system provides adequate pediatric emergency medical and critical care.	Short	In Progress	Revised Objective/Timeframe
1.28	EOA Plan	1.28.1	Review all requests-for-proposals for exclusive operating areas.	Short	Completed	
Standard 2: Staffing/Training						
2.01	Assessment of Needs	2.01.1	Improve assessment of training needs.	Long	In Progress	Developing education plans based on CQI subcommittee, EMS, Base Hospital and other provider input.
2.04	Dispatch Training	2.04.1	Perform evaluation of dispatch needs for pre-arrival/post-dispatch instructions.	Long	Completed	
		2.04.2	Determine compliance of existing dispatch agencies with the new state EMS Dispatch Guidelines.	Long	Completed	
2.06	Response	2.06.1	Encourage and facilitate first responder use of AEDs and bag-valve-mask.	Long/Short	Completed	
2.07	Medical Control	2.07.1	Separate/stand-alone BLS Treatment Guidelines should be developed and implemented.	Long	Completed	
2.10	Advanced Life Support	2.10.1	All emergency department physicians certified by ABEM/AOBEM.	Long	Completed	
Standard 3: Communications						
3.09	Dispatch Triage	3.09.1	Institute universal pre-arrival instructions, at least in selected clinical conditions.	Long	Completed	
		3.09.2	Study expansion of priority dispatch.	Long	Completed	
Standard 4: Response/Transportation						
4.01	Service Area Boundaries*	4.01.1	Prepare a new ambulance ordinance.	Short	In Progress	Revised Objective
4.03	Classifying Medical Requests	4.03.1	Review the new EMS Dispatch Guidelines and determine system changes.	Long	Completed	
4.07	First Responder Agencies	4.07.1	Formally catalogue non-public safety first responders and develop plan for enhanced integration.	Long	Discontinued	
4.13	Intercounty Response*	4.13.1	Revise inter-county agreement.	Long	Discontinued	Re-prioritizing objectives
4.14	Incident Command	4.14.1	Finalize MCI Plan.	Short	Completed	

2007 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
	System					
4.18	Compliance	4.18.1	Revise Ambulance Ordinance.	Short	In Progress	Revised Objective/Timeframe
4.20	"Grandfathering"	4.20.1	Ensure that all cities within Orange County utilize an RFP competitive process when changes in emergency 9-1-1 ambulance transportation are desired.	Short	In Progress	Revised Objective
4.21	Compliance	4.21.1	Revise ambulance ordinance.	Long/Short	In Progress	Revised Objective
4.22	Evaluation	4.22.1	Development of regional exclusive operating areas.	Short	In Progress	Revised Objective
Standard 5: Facilities/Critical Care						
5.01	Assessment of Capabilities	5.01.1	Continue to assess pediatric capabilities.	Long/Short	Discontinued	Ongoing assessment with Peds Readiness Survey, CCERC Designation and Peds Trauma Proposal.
		5.01.2	Evaluate viability and consider future implementation of Stroke Receiving Centers.	Long/Short	Completed	
5.04	Specialty Care Facilities*	5.04.1	Assess need for specialized stroke receiving centers.	Long	Completed	
5.05	Mass Casualty Management	5.05.1	Encourage hospital preparation on "All Hazards" approach to emergency management.	Long	Completed	Incorporated within policies
		5.05.2	Encourage the Continuous Evaluation and Review of the MCI Plan.	Short	Completed	Incorporated within policies
5.08	Trauma System Design	5.08.1	More coordinated QI among the trauma centers.	Short	Completed	
5.11	Emergency Departments	5.11.1	Develop possible pediatric-specific QI and Data Reporting points or propose audits by OCEMS/QAB.	Long	Completed	Incorporated within policies
		5.11.2	Continue evaluation and comparison of existing PRCs to EMSC standards for emergency departments.	Long	Completed	Incorporated within policies
5.12	Public Input	5.12.1	Evaluate additional participation by pediatric specialists.	Long	Discontinued	Ongoing assessment with Peds Readiness Survey, CCERC Designation and Peds Trauma Proposal.

2007 Plan Objectives

Standard	Description		Objective	Range	Status	Progress
Standard 6: Data Collection/System Evaluation						
6.01	QA/QI Program	6.01.1	Each BLS provider agency will develop and adopt a basic CQI plan.	Long	In Progress	BLS CQI subgroup being established to support BLS providers in CQI development
		6.01.2	Ambulance/BLS service providers will participate in internal and countywide CQI activities.	Long	Completed	BLS CQI subgroup developed, establishing initial framework and meetings.
6.02	Prehospital Records	6.02.1	Adopt and use a standardized BLS prehospital patient record.	Long	In Progress	Goal for BLS to Document or Submit to OC-MEDS by 2015, establishing standardized reporting for BLS.
		6.02.2	Complete the Orange County EMS Data Standards project.	Short	Completed	
6.04	Medical Dispatch	6.04.1	Determine level of compliance of each dispatch agency to the State EMS Authority Dispatch Guidelines.	Long	Discontinued	Await full development of OC-MEDS
		6.04.2	Implement pre-arrival/post-dispatch instructions in all dispatch agencies.	Long	Completed	
		6.04.3	Implement QI studies on dispatch delays resulting from call processing and impact on response times for selected clinical conditions.	Long	Completed	
6.05	Data Management System*	6.05.1	Complete the Orange County EMS Data Standards	Short	Completed	
		6.05.2	Implement a countywide EMS data repository system that is based on the established standards.	Long	In Progress	Development of Patient Registry CY 2014
Standard 7: Public Information and Education						
7.02	Injury Control	7.02.1	Continue to foster other opportunities to educate the public.	Long	Discontinued	Continued collaborative participation in EMS education/injury prevention for the public.
7.03	Disaster Preparedness	7.03.1	Continued presentations and newsletters to the medical community and, when appropriate the public.	Short	Discontinued	Ongoing training and education provided to public and private partners.
		7.03.2	Expand public and medical education regarding disaster preparedness through the development of a Health Disaster Management website.	Short	Completed	
7.04	First Aid & CPR Training	7.04.1	Continue to promote CPR training opportunities within the community.	Long	Discontinued	Sidewalk CPR participation 2012 and 2013. Continued need for support to carry forward
		7.04.2	Target high-risk groups for CPR training.	Long		Sidewalk CPR participation 2012 and 2013. Continued need for support to carry forward

2007 Plan Objectives

Standard	Description	Objective		Range	Status	Progress
Standard 8: Disaster Medical Response						
8.03	HazMat Training	8.03.1	Continued dissemination of hazardous material information, and training (AWR-160, Decon., ICS-100 and IS-700) to hospital personnel. Training funds have been allocated from the Homeland Security grant for hospital personnel.	Short	Completed	
8.13	Disaster Medical Training	8.13.1	Provide for the safe and appropriate management of all disaster casualties including patients requiring special handling and care due to exposure to or contamination by hazardous substances.	Short	Completed	
		8.13.2	Present and promote hospital/prehospital educational opportunities related to the management of patients contaminated with chemical, biological or radioactive material.	Short	Completed	
8.16	Prehospital Agency Plans	8.16.1	While disaster drills provide overall system education, there is a need for formalized disaster medical response training for fire and BLS transportation providers.	Short	Completed	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Health Care Agency Emergency Medical Services
Reporting Year: 2012

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Orange

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

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

3. The person responsible for day to day activities of the EMS agency reports to: B
   a. Public Health Officer
P 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)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care systems	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	

Other:
Other:
Other:

Table 2: System Organization and Management (continued)

5. EMS agency budget for FY 12/13

EXPENSES

Salaries and benefits (all but contract personnel)	$ 1,355,969
Contract Services (e.g., medical director)	103,779
Operations (e.g., copying, postage, facilities)	1,048,811
Travel	6,051
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	$ **2,514,610**

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety	
State general fund	
County general fund	490,991
County contracts (e.g., multi-county agencies)	
Certification fees EMT, Hospital, Ambulance Licensing	345,465
Training program approval fees	
Training program tuition / Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	
Contributions	
EMS Fund (SB 12/612)	1,674,191
Other grants:	
Other fees:	
Other Misc	3,963
TOTAL REVENUE	$ **2,514,610**

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

Table 2: System Organization and Management (continued)

6. Fee structure for FY CY 2013

_____ We do not charge any fees
X Our fee structure is:

First responder certification	$
EMS dispatcher certification	
EMT I certification	35.00
EMT-I recertification	35.00
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II recertification	
EMT-P accreditation	62.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	84.00
MICN/ARN recertification	84.00
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation fees	22,339.00
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application fees Type:	
Other critical care center designation fees Type:	
Ambulance service license	1,763.00
Ambulance vehicle permits	150.00
Other Ambulance Unit Re-Inspection	100.00
Other Lost Card Replacement	23.00
Other	

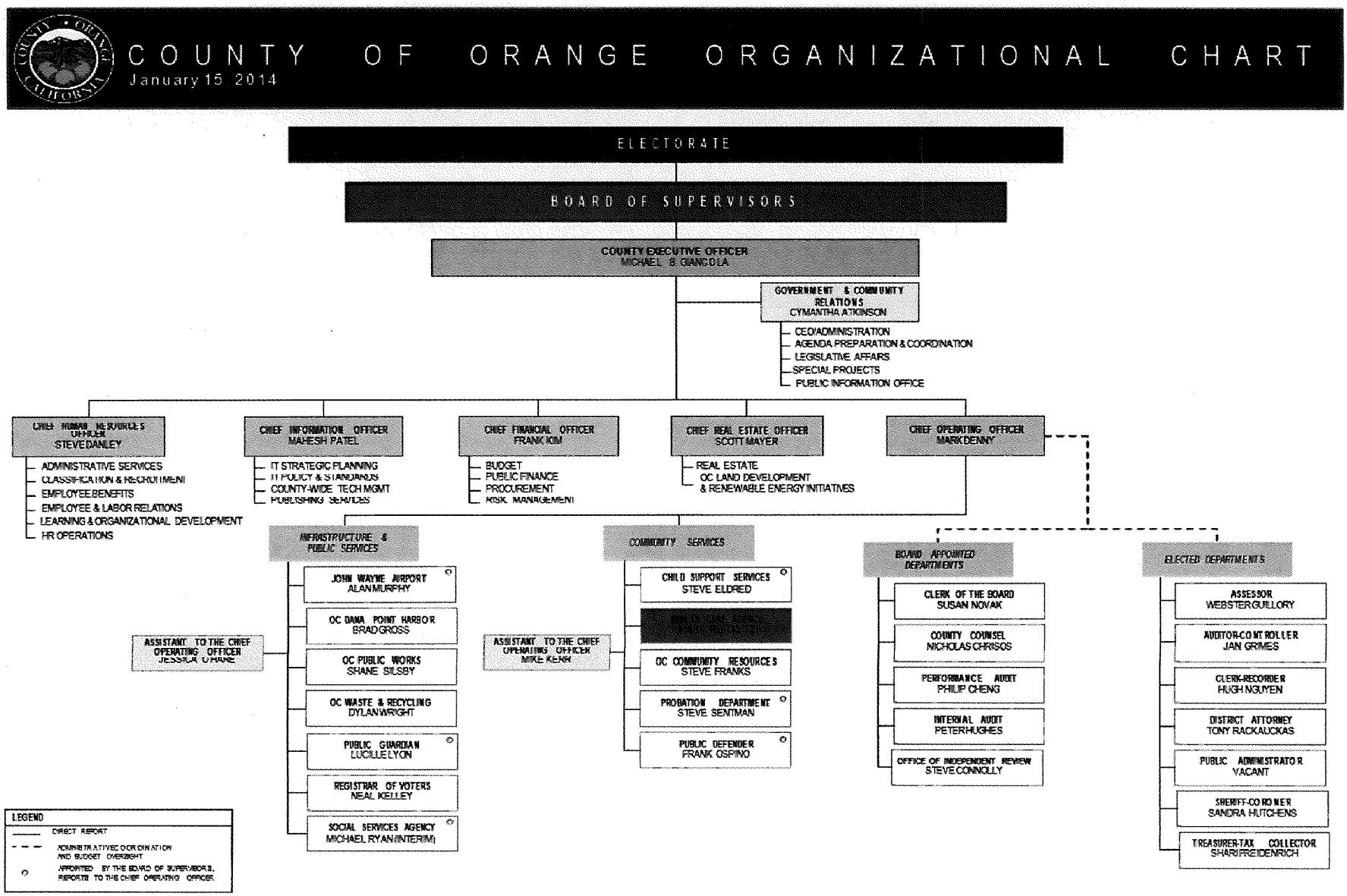
7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 12/13

Table 2: System Organization and Management (continued)

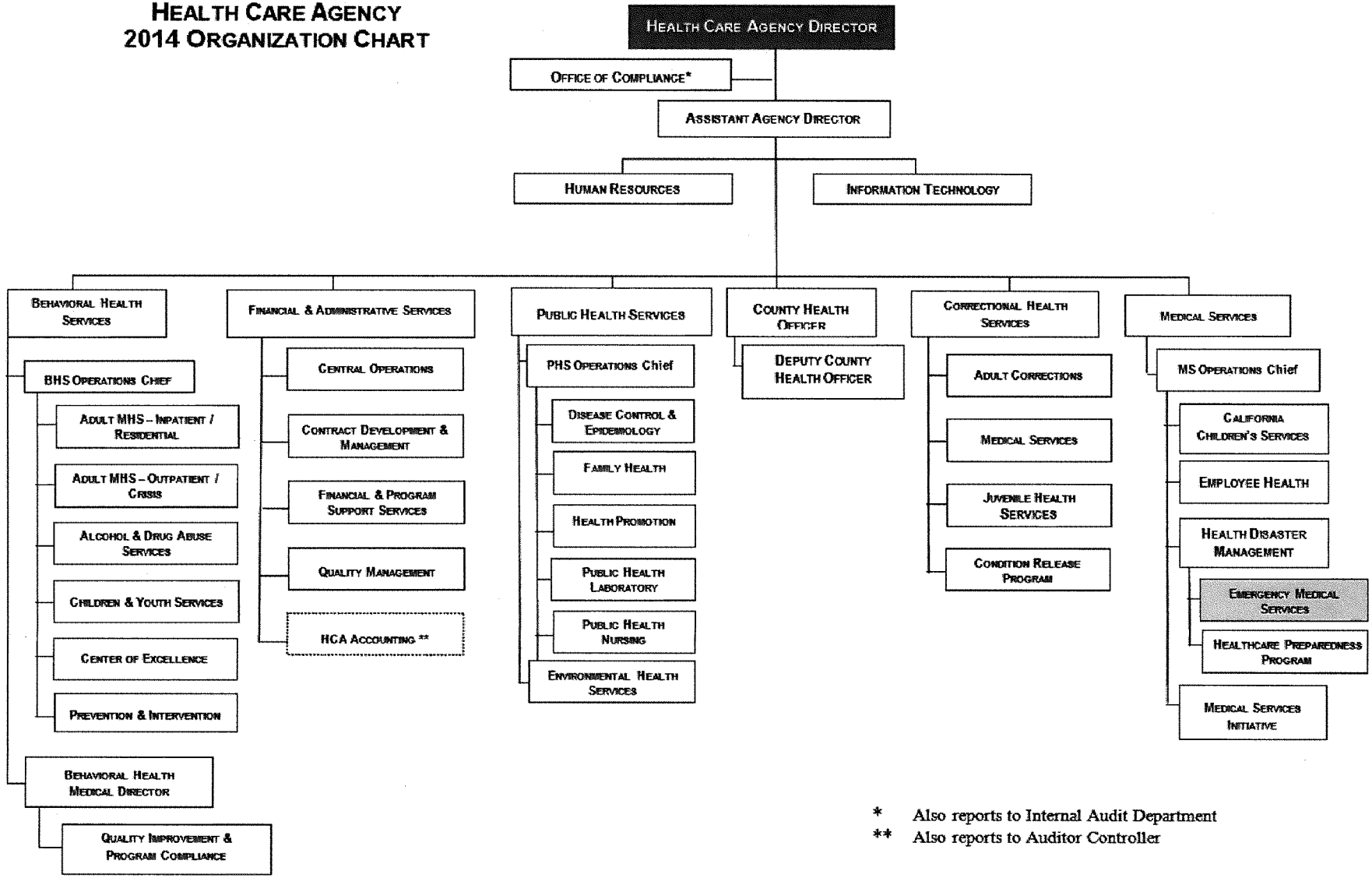
EMS System: Health Care Agency Emergency Medical Services Reporting Year: 2012/2013

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	46.78	43%	
Medical Director	EMS Medical Director	1.0	93.97	43%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Coordinator BLS	1.0	36.82	43%	Includes clinical components
Trauma Coordinator	EMS Coordinator Facilities	1.0	41.04	43%	
ALS//Field/Training Coordinator	EMS Coordinator ALS	1.0	41.04	43%	
Disaster Medical Planner	EMS Coordinator Disaster	1.0	41.04	43%	
QA/QI Coordinator	EMS Admin Mgr Data & QI	1.0	41.04	43%	Data Systems/OC-MEDS
Executive Secretary	Office Supervisor	1.0	24.60	43%	
Other Clerical	Info. Processing Technician	1.0	20.01	43%	
Data Entry Clerk	EMS Specialist	2.0	21.06	43%	
Other	Office Specialist	1.0	21.06	43%	Pending title to EMS Specialist
Other	Office Specialist	1.0	21.06	43%	
Other MD/Medical Consult	Assistant Medical Director	.25	22.55		Contracted position
Other MD/Medical Consult	Physician Specialist	.25	22.55		Contracted position
Other MD/Medical Consult	CQI Nurse	1.0	41.04		Contracted position
Other MD/Medical Consult	Paramedic Liaison Nurse	1.0	41.04		Contracted position
Other MD/Medical Consult	OC-MEDS RN Educator	1.0			Contracted position (Sole Source)
Other MD/Medical Consult	OC-MEDS Technical Specialist	1.0			Contracted position (Sole Source)

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


COUNTY OF ORANGE ORGANIZATIONAL CHART
January 15 2014
ELECTORATE
BOARD OF SUPERVISORS
COUNTY EXECUTIVE OFFICER
MICHAEL B GANGOLA
GOVERNMENT & COMMUNITY RELATIONS
CYMANTHA ATKINSON
CEO/ADMINISTRATION
AGENDA PREPARATION & COORDINATION
LEGISLATIVE AFFAIRS
SPECIAL PROJECTS
PUBLIC INFORMATION OFFICE
CHIEF HUMAN RESOURCES OFFICER
STEVE DANLEY
ADMINISTRATIVE SERVICES
CLASSIFICATION & RECRUITMENT
EMPLOYEE BENEFITS
EMPLOYEE & LABOR RELATIONS
LEARNING & ORGANIZATIONAL DEVELOPMENT
HR OPERATIONS
CHIEF INFORMATION OFFICER
MAHESH PATEL
IT STRATEGIC PLANNING
IT POLICY & STANDARDS
COUNTY-WIDE TECH MGMT
PUBLISHING SERVICES
CHIEF FINANCIAL OFFICER
FRANK KIM
BUDGET
PUBLIC FINANCE
PROCUREMENT
RISK MANAGEMENT
CHIEF REAL ESTATE OFFICER
SCOTT MAYER
REAL ESTATE
OC LAND DEVELOPMENT
& RENEWABLE ENERGY INITIATIVES
CHIEF OPERATING OFFICER
MARK DENNY
INFRASTRUCTURE & PUBLIC SERVICES
ASSISTANT TO THE CHIEF OPERATING OFFICER
JESSICA O'HARE
JOHN WAYNE AIRPORT
ALAN MURPHY
OC DANA POINT HARBOR
BRAD GROSS
OC PUBLIC WORKS
SHANE SILSBY
OC WASTE & RECYCLING
DYLAN WRIGHT
PUBLIC GUARDIAN
LUCILLE LYON
REGISTRAR OF VOTERS
NEAL KELLEY
SOCIAL SERVICES AGENCY
MICHAEL RYAN (INTERIM)
COMMUNITY SERVICES
ASSISTANT TO THE CHIEF OPERATING OFFICER
MIKE KENN
CHILD SUPPORT SERVICES
STEVE ELDRED
OC COMMUNITY RESOURCES
STEVE FRANKS
PROBATION DEPARTMENT
STEVE SENTMAN
PUBLIC DEFENDER
FRANK OSPINO
BOARD APPOINTED DEPARTMENTS
CLERK OF THE BOARD
SUSAN NOVAK
COUNTY COUNSEL
NICHOLAS CHRISOS
PERFORMANCE AUDIT
PHILIP CHENG
INTERNAL AUDIT
PETER HUGHES
OFFICE OF INDEPENDENT REVIEW
STEVE CONNOLLY
ELECTED DEPARTMENTS
ASSESSOR
WEBSTER GULLORY
AUDITOR-CONTROLLER
JAN GRIMES
CLERK-RECORDER
HUGH NGUYEN
DISTRICT ATTORNEY
TONY RACKAUCKAS
PUBLIC ADMINISTRATOR
VACANT
SHERIFF-CORONER
SANDRA HUTCHENS
TREASURER-TAX COLLECTOR
SHARI FREIDENRICH
LEGEND
DIRECT REPORT
ADMINISTRATIVE COORDINATION AND BUDGET OVERSIGHT
APPOINTED BY THE BOARD OF SUPERVISORS, REPORTS TO THE CHIEF OPERATING OFFICER

HEALTH CARE AGENCY 2014 ORGANIZATION CHART



* Also reports to Internal Audit Department
** Also reports to Auditor Controller

Prepared by the Orange County Health Care Agency

Orange County EMS
July 2014

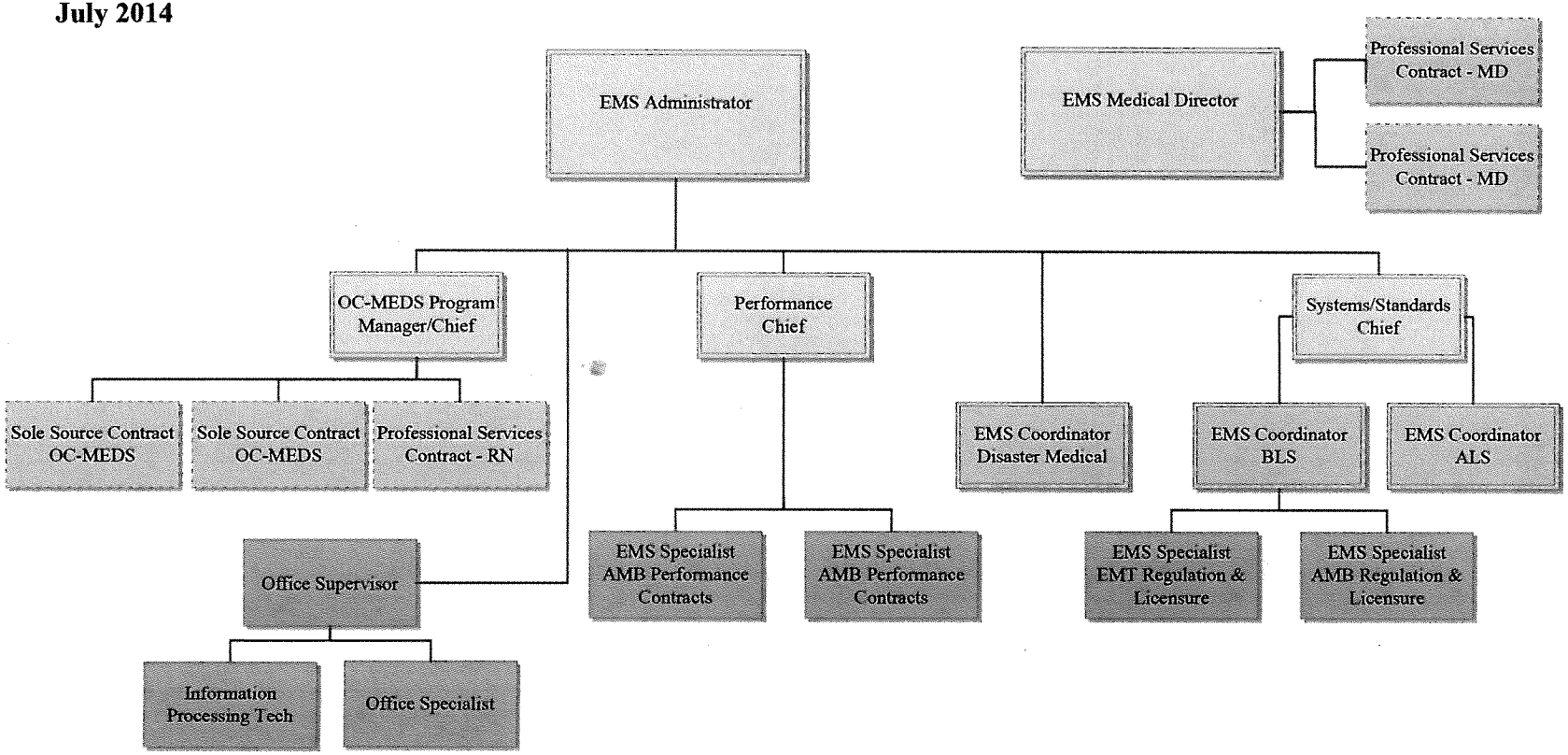


TABLE 3: SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

EMS System: Orange County Health Care Agency / Emergency Medical Services

Reporting Year: 2013

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIs	EMT-Ps	MICN
Total Certified	1693			165
Numbers newly certified this year				18
Number recertified this year				72
Total number of accredited personnel on July 1 of the reporting year	2477		185	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation	43			
c) suspensions	21			
d) revocations	2			
e) denials	2			
f) denials of renewal	2			
g) no action taken	13			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 4
2. Early defibrillation:
   a) Number of EMT-I (defib) certified: 1060 fire, 135 ambulance, 151 other
   b) Number of public safety (defib) certified (non-EMT-I): 621
3. Do you have a first responder training program? ☒ yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS – Communications

EMS System: Health Care Agency/Emergency Medical Services

County: Orange

Reporting Year: 2012

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

1. Number of primary Public Service Answering Points (PSAP) — 22
   (18 city police departments, 1 OC Sheriff, 1 Cal State Fullerton, 1 UCI police)
   (Seal Beach Police operates West Comm that also dispatches City of Cypress and City of Los Alamitos Police Departments. OC Sheriff also serves the City of Yorba Linda.)
2. Number of secondary PSAPs — 7
   6 fire, plus CA Highway Patrol, MetroNet dispatches AFD, BFD, FFD, FVFD, GGFD, HBFD, NBFD, OFD)
3. Number of dispatch centers directly dispatching ambulances — 4
   MetroNet directly dispatches ambulances for Anaheim, Brea, Fullerton, Huntington Beach, Newport Beach, and the City of Orange.
   Orange County Fire Authority directly dispatches ambulances for Santa Ana, San Clemente, and Westminster.
   Los Angeles County Fire directly dispatches ambulances for La Habra
   Cities of Costa Mesa, Fountain Valley, Garden Grove, and Laguna Beach have their own ambulance dispatch systems.
4. Number of designated dispatch centers for EMS Aircraft (Mercy Air Service, Inc.) — 1
5. Do you have an operational area for disaster communication system? Yes X No ____
   a. Radio primary frequency Multiple means: Public Safety VHF, UHF, 800 MHz
   b. Other methods Telephone, fax, satellite phone & radio, amateur radio
   c. Can all medical response units communicate on the same disaster communications system? Yes X No ____
   d. Do you participate in OASIS Yes X No ____
   e. Do you have a plan to utilize RACES as a back-up communication system? Yes X No ____
      1) Within the operational area? Yes X No ____
      2) Between the operational area and the region and/or state? Yes X No ____
6. Who is your primary dispatch agency for day-to-day emergencies?

   22 primary PSAPs (law enforcement); 7 secondary PSAPs (fire service/EMS and CHP)

7. Who is your primary dispatch agency for a disaster?

   22 primary PSAPs (law enforcement); 7 secondary PSAPs (fire service/EMS and CHP)

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation

EMS System: Health Care Agency Emergency Medical Services

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT Defibrillation providers 30

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Early defibrillation responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Advanced life support responder	5 – 7 minutes	N/A	N/A	5 – 7 minutes
Transport ambulance	< 10 minutes	N/A	N/A	< 10 minutes

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

EMS System: Health Care Agency/Emergency Medical Services

Reporting Year: 2012

Note: Table 6 is to be reported by agency.

Trauma

Trauma patients

a)	Number of patients meeting trauma triage criteria	6465
b)	Number of major trauma victims transported directly to a trauma center by ambulance	6025
c)	Number of major trauma patients transferred to a trauma center	440
d)	Number of patients meeting trauma triage criteria who weren't treated at a trauma center	0

Emergency Departments

	Total number of emergency departments	25
a)	Number of referral emergency services	0
b)	Number of standby emergency services	0
c)	Number of basic emergency services	24
d)	Number of comprehensive emergency services	1

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	25
2.	Number of base hospitals with written agreements.	7

Table 7: SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

EMS System: Health Care Agency / Emergency Medical Services

County: Orange

Reporting Year: 2013

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

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
   a. Where are your CCPs located? Schools, senior centers, fire stations
   b. How are they staffed? Local medical professionals, city personnel, fire personnel, National Guard (later)
   c. Do you have a supply system for supporting them for 72 hours? Yes X No ____
2. CISD
   a. Do you have a CISD provider with 24 hour capability? Yes X No ____
   Fire 11 / 13 Yes BLS: 9/15 yes
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? "A"; technician, specialist, 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? 73

   (34) City EOCs, (25) Hospital EOCs, (11) OA EOCs, HCA/HCEOC, OCFA EOC, REOC

3. Have you tested your MCI Plan this year in a:
   a. real event? Yes ____ No X
   b. exercise? Yes X No

Table 7: SYSTEM RESOURCES AND OPERATIONS – Disaster Medical (continued)

4. List all counties with which you have a written medical mutual aid agreement.

   Regions I and VI, Inter-Region Cooperative Agreement for Emergency Medical Health Disaster Assistance

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes X No ____

6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? Yes ____ No X

7. Are you part of a multi-county EMS System for disaster response? Yes ____ No X

8. Are you a separate department of agency? Yes ____ No X

9. If not, to whom do you report? Director, Orange County Health Care Agency

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes ____ No ____ N/A

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Advanta Ambulance **Response Zone:** n/a

Address: 3914 Murphy Canyon Road #A146
San Diego, CA 92123

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (858) 384-6383

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☐ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** American Ambulance **Response Zone:** n/a

Address: 1421 E. Borchard Ave.
Santa Ana, CA 92705

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (562) 277-6161

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport ☐ Non-Transport
☐ ALS ☒ BLS ☐ LALS
☐ 9-1-1 ☒ 7-Digit ☐ CCT ☒ IFT
☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Americare Ambulance Service **Response Zone:** EOA-24

Address: 1059 Bedmar
Carson, CA 90748

Number of Ambulance Vehicles in Fleet: 42

Phone Number: (858) 652-1065

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 42

Written Contract:
☒ Yes ☐ No
****Two Contracts:EOA-24 & Medical Transportation for County patients.**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☒ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

5753	Total number of responses	4833	Total number of transports
650	Number of emergency responses	429	Number of emergency transports
5103	Number of non-emergency responses	4404	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** CalMed Ambulance **Response Zone:** n/a

Address: 12409 Slauson Ave
Whittier, CA 90606

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (562) 968-1818

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☐ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Care Ambulance **Response Zone:** OA-1,3,4,6,7,8, EOA-5,10, 13,14,,20,21,22,

Address: 1517 W. Braden Court
Orange, CA 92868

Number of Ambulance Vehicles in Fleet: 184

Phone Number: (714) 288-3800

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 184

Written Contract:

☒ Yes ☐ No

****Two Contracts: OA/EOAs & Medical Transportation for County patients.**

Medical Director:

☒ Yes ☐ No

System Available 24 Hours:

☒ Yes ☐ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☒ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

140287 Total number of responses
95778 Number of emergency responses
44509 Number of non-emergency responses

97978 Total number of transports
62295 Number of emergency transports
35683 Number of non-emergency transports

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Cavalry Ambulance **Response Zone:** n/a

Address: 19470 Envoy Ave.
Corona, CA 92881

Number of Ambulance Vehicles in Fleet: 15

Phone Number: (951) 278-3700

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Doctors Ambulance **Response Zone:** OA-11, 38 EOA-19,23,28,29,30,32,35,39,42

Address: 23091 Terra Drive
Laguna Hills, CA 92653

Number of Ambulance Vehicles in Fleet: 31

Phone Number: (949) 583-2226

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 31

Written Contract:
☒ Yes ☐ No
**Two Contracts: OA/EOAs & Medical Transportation for County patients.

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport ☐ Non-Transport
☐ ALS ☒ BLS ☐ LALS
☒ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT
☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

48238	Total number of responses	33088	Total number of transports
41606	Number of emergency responses	28055	Number of emergency transports
6632	Number of non-emergency responses	5033	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Elite Ambulance **Response Zone:** n/a

Address: 2065 Venice Blvd.
Los Angeles, CA 90006

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (323) 874-4100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract: ☐ Yes ☒ No

Medical Director: ☒ Yes ☐ No

System Available 24 Hours: ☒ Yes ☐ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4781	Total number of responses	4774	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4781	Number of non-emergency responses	4774	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Emergency Ambulance **Response Zone:** EOA-2, 17,26

Address: 3200 E. Birch St., Suite A
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 15

Phone Number: (714) 990-1742

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:

☒ Yes ☒ No

Two Contracts: EOAs & Medical Transportation for County patients.

Medical Director:

☒ Yes ☐ No

System Available 24 Hours:

☒ Yes ☐ No

☒ Transport
☐ Non-Transport

Level of Service:

☐ ALS ☒ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

11000	Total number of responses	8916	Total number of transports
7060	Number of emergency responses	5083	Number of emergency transports
3940	Number of non-emergency responses	3833	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** First Med Ambulance **Response Zone:** n/a

Address: 8630 Tamarack Ave
Sun Valley, CA 91352

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (800) 608-0311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients.**

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport ☐ Non-Transport
☐ ALS ☒ BLS ☐ LALS
☐ 9-1-1 ☒ 7-Digit ☐ CCT ☒ IFT
☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

50	Total number of responses	46	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
50	Number of non-emergency responses	46	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** First Rescue Ambulance **Response Zone:** n/a

Address: 5220 Fourth St #18
Irwindale, CA 91706

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (626) 429-5279

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☐ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** G.C.T.I. **Response Zone:** n/a

Address: 3539 Casitas Ave.
Los Angeles, CA 90039

Number of Ambulance Vehicles in Fleet: 15

Phone Number: (800) 608-0311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Gentle Ride Ambulance **Response Zone:** n/a

Address: 715 Ruberta Ave
Glendale, CA 91201

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (818) 500-1100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☐ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Gerber Ambulance **Response Zone:** n/a

Address: 19801 Mariner Ave.
Torrance, CA 90503

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (310) 542-6464

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☐ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9	Total number of responses	3	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
9	Number of non-emergency responses	3	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Horizon Ambulance **Response Zone:** n/a

Address: 1187 N. Tustin Ave
Anaheim, CA 92807

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (714) 630-2486

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☐ Yes ☒ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☐ 9-1-1
☒ 7-Digit
☐ CCT
☐ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Huntington Ambulance **Response Zone:** n/a

Address: 17672 Wrightwood Ln, Huntington Beach, CA 92649

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (714) 325-0363

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract: ☐ Yes ☒ No

Medical Director: ☐ Yes ☒ No

System Available 24 Hours: ☐ Yes ☒ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☐ CCT
☐ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

20	Total number of responses	20	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
20	Number of non-emergency responses	20	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Impulse Ambulance **Response Zone:** n/a

Address: 12531 Vanowen Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (818) 982-3500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

492 Total number of responses
4 Number of emergency responses
488 Number of non-emergency responses

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

Air Ambulance Services

____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Liberty Ambulance **Response Zone:** n/a

Address: 9441 Washburn Road
Downey, CA 90242

Number of Ambulance Vehicles in Fleet: 23

Phone Number: (562) 741-6230

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 23

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4115	Total number of responses	4076	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
4115	Number of non-emergency responses	4076	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Lifeline Ambulance **Response Zone:** n/a

Address: 120 South Maple Avenue Suite 200
Montebello, CA 90640

Number of Ambulance Vehicles in Fleet: 56

Phone Number: (800) 700-9344

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 56

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6851	Total number of responses	6851	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
6851	Number of non-emergency responses	6851	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Lynch Ambulance **Response Zone:** n/a

Address: 2950 La Jolla Street
Anaheim, CA 92806

Number of Ambulance Vehicles in Fleet: 38

Phone Number: (714)-347-3262

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 38

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☒ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

32876	Total number of responses	31581	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
32876	Number of non-emergency responses	31581	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** McCormick Ambulance **Response Zone:** n/a

Address: 13933 Crenshaw Blvd., Hawthorne, CA 90250

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (562) 2542548

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract: ☐ Yes ☒ No

Medical Director: ☒ Yes ☐ No

System Available 24 Hours: ☒ Yes ☐ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Medcoast Ambulance **Response Zone:** n/a

Address: 14325 Iseli Road
Santa Fe Springs, CA 90670

Number of Ambulance Vehicles in Fleet: 25

Phone Number: (866) 926-9990

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 25

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

5415 Total number of responses
0 Number of emergency responses
5415 Number of non-emergency responses

5278 Total number of transports
0 Number of emergency transports
5278 Number of non-emergency transports

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Medlife Ambulance **Response Zone:** n/a

Address: 4304 Alger Street
Los Angeles, CA 90039

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (877) 463-3543

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

422 Total number of transports
_____ Number of emergency transports
422 Number of non-emergency transports

Air Ambulance Services

_____ 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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Medline Ambulance **Response Zone:** n/a

Address: 2328 N. Batavia St. Unit # 116
Orange, CA 92865

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (714) 770-8770

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:
☒ Yes ☐ No
***One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport ☐ Non-Transport
☐ ALS ☒ BLS ☐ LALS
☐ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT
☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

571 Total number of responses
Number of emergency responses
571 Number of non-emergency responses

571 Total number of transports
Number of emergency transports
571 Number of non-emergency transports

Air Ambulance Services

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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Medix Ambulance **Response Zone:** n/a

Address: 26021 Pala Drive
Mission Viejo, CA 92691

Number of Ambulance Vehicles in Fleet: 9

Phone Number: (949) 470-8915

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Company formerly contracted for 9-1-1, BLS ground emergency transporter for OA 38. Discontinued OA-38 contract in 2014.**

8787	Total number of responses	6794	Total number of transports
6008	Number of emergency responses	4156	Number of emergency transports
2779	Number of non-emergency responses	2638	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Mercy Air **Response Zone:** n/a

Address: 1670 Miro Way
Rialto, CA 92376

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (909) 357-9006

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☒ ALS ☒ 9-1-1 ☐ Ground
☐ BLS ☒ 7-Digit ☒ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☒ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

188 Total number of responses
Number of emergency responses
188 Number of non-emergency responses

105 Total number of transports
Number of emergency transports
105 Number of non-emergency transports

Air Ambulance Services

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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Mercy Ambulance **Response Zone:** n/a

Address: 7700 Imperial Highway Ste. D
Downey, CA 90242

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (714) 551-0900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract: ☐ Yes ☒ No

Medical Director: ☒ Yes ☐ No

System Available 24 Hours: ☒ Yes ☐ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

24 Total number of responses
Number of emergency responses
24 Number of non-emergency responses

24 Total number of transports
Number of emergency transports
24 Number of non-emergency transports

Air Ambulance Services

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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Mission Ambulance **Response Zone:** n/a

Address: 1055 E. 3rd St
Corona, CA 92879

Number of Ambulance Vehicles in Fleet: 10

Phone Number: (800) 899-9100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

113 Total number of responses
Number of emergency responses
113 Number of non-emergency responses

109 Total number of transports
Number of emergency transports
109 Number of non-emergency transports

Air Ambulance Services

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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Pacific Ambulance **Response Zone:** n/a

Address: 23942 McWhorter Way
Lake Forest, CA 92630

Number of Ambulance Vehicles in Fleet: 28

Phone Number: (949) 470-2350

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 28

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

17887 Total number of responses
_____ Number of emergency responses
17887 Number of non-emergency responses

15834 Total number of transports
_____ Number of emergency transports
15834 Number of non-emergency transports

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** PMT Ambulance **Response Zone:** n/a

Address: 575 Maple Court, Suite A
Colton, CA 92324

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 909-433-3939

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3077 Total number of responses
_____ Number of emergency responses
3077 Number of non-emergency responses

3077 Total number of transports
_____ Number of emergency transports
3077 Number of non-emergency transports

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Premier Medical Transport **Response Zone:** n/a

Address: 530 N. Puente Street
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 23

Phone Number: (909) 433-3939

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 23

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

17244 Total number of responses
Number of emergency responses
17244 Number of non-emergency responses

16646 Total number of transports
Number of emergency transports
16646 Number of non-emergency transports

Air Ambulance Services

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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Priority One Medical Transport **Response Zone:** n/a

Address: 740 S. Rochester Avenue, Suite E
Ontario, CA 91761

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (800) 600-3350

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:
☒ Yes ☐ No
***One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1007	Total number of responses	978	Total number of transports
	Number of emergency responses		Number of emergency transports
1007	Number of non-emergency responses	978	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Royalty Ambulance **Response Zone:** n/a

Address: 3235 San Fernando Road, Bldg. 6
Los Angeles, CA 90065

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (818) 550-5833

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☐ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

74	Total number of responses	64	Total number of transports
	Number of emergency responses		Number of emergency transports
74	Number of non-emergency responses	64	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Samaritan Ambulance **Response Zone:** n/a

Address: 2221 E. Winston Road, Unit N
Anaheim, CA 92806

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (714) 262-4158

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☐ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3726 Total number of responses
_____ Number of emergency responses
3726 Number of non-emergency responses

3347 Total number of transports
_____ Number of emergency transports
3347 Number of non-emergency transports

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Schaefer Ambulance **Response Zone:** n/a

Address: 2215 S. Bristol
Santa Ana, CA 92704

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (714) 628-6042

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

Written Contract:
☒ Yes ☐ No
**One Contract: Medical Transportation for County patients

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

☒ Transport
☐ Non-Transport

Level of Service:
☐ ALS ☐ 9-1-1 ☒ Ground
☒ BLS ☒ 7-Digit ☐ Air
☐ LALS ☒ CCT ☐ Water
☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

368 Total number of transports
_____ Number of emergency transports
368 Number of non-emergency transports

Air Ambulance Services

_____ 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 ****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Shoreline Ambulance **Response Zone:** EOA-25

Address: 17762 Metzler Lane
Huntington Beach, CA 92647

Number of Ambulance Vehicles in Fleet: 16

Phone Number: (714) 625-7900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

Written Contract:
☒ Yes ☐ No
****Two Contracts : EOA & Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport
☐ ALS
☒ BLS
☐ LALS
☒ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT
☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❑ City ❑ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

5434	Total number of responses	4499	Total number of transports
1687	Number of emergency responses	1455	Number of emergency transports
3747	Number of non-emergency responses	3044	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Southland Ambulance **Response Zone:** n/a

Address: 12235 Beach Blvd Suite#107
Stanton, CA 90680

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (714) 891-2601

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: ☐ Yes ☒ No

Medical Director: ☐ Yes ☒ No

System Available 24 Hours: ☒ Yes ☐ No

Level of Service:

☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_____ 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

****Table Information based on 2013 OCEMS licensure application data & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Symons Ambulance **Response Zone:** n/a

Address: 18592 Cajon Blvd.
San Bernardino, CA 92407

Number of Ambulance Vehicles in Fleet: 7

Phone Number: (909) 880-2979

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:
☒ Yes ☐ No
****One Contract: Medical Transportation for County patients**

Medical Director:
☒ Yes ☐ No

System Available 24 Hours:
☒ Yes ☐ No

Level of Service:
☒ Transport
☐ Non-Transport

☐ ALS
☒ BLS
☐ LALS

☐ 9-1-1
☒ 7-Digit
☒ CCT
☒ IFT

☒ Ground
☐ Air
☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3765 Total number of responses
____ Number of emergency responses
3765 Number of non-emergency responses

2481 Total number of transports
____ Number of emergency transports
2481 Number of non-emergency transports

Air Ambulance Services

____ 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

****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers.**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Orange **Provider:** Anaheim Fire Department **Response Zone:** OA-1

Address: 201 S. Anaheim Blvd. #301
Anaheim, CA 92805

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 765-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider– do not have data on # of paramedic accompanied patients during transport; estimates based on CY 2012 data****

24000	Total number of responses	n/a	Total number of transports
24000	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Brea Fire Department **Response Zone:** EOA-2

Address: One Civic Center Circle
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 990-7644

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport; ☒ ALS ☒ BLS ☐ LALS; ☒ 9-1-1 ☐ 7-Digit ☐ CCT; ☒ Ground ☐ Air ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport**

2873	Total number of responses	n/a	Total number of transports
2873	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Costa Mesa Fire Department **Response Zone:** OA-4

Address: 77 Fair Drive; PO Box 1200
Costa Mesa, CA 92626

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (714) 754-5106

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport**

7633	Total number of responses	n/a	Total number of transports
7633	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Fountain Valley Fire Department **Response Zone:** OA-6

Address: 10200 Slater Avenue
Fountain Valley CA 92708

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 593-4436

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☒ Ground ☐ Air ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport**

3820	Total number of responses	n/a	Total number of transports
3820	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Fullerton Fire Department **Response Zone:** OA-7

Address: 312 E. Commonwealth Avenue
Fullerton, CA 92832

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 738-6502

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport; estimates based on CY 2012 data**

9185	Total number of responses	n/a	Total number of transports
9185	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Garden Grove Fire Department **Response Zone:** OA-8

Address: 11301 Acacia Parkway
Garden Grove, CA 9840

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 741-5600

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport; estimates based on CY 2012 data**

9000	Total number of responses	n/a	Total number of transports
9000	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Huntington Beach Fire Department **Response Zone:** OA-9

Address: 2000 Main Street
Huntington Beach, CA 92648

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (714) 536-5411

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Transporting provider via city owned-ambulances; staffed by fire department personnel**

13234	Total number of responses	9713	Total number of transports
13234	Number of emergency responses	9713	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Laguna Beach Fire Department **Response Zone:** OA-11

Address: 505 Forest Avenue
Laguna Beach, CA 92651

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (714) 765-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☒ Ground ☐ Air ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport**

2178	Total number of responses	n/a	Total number of transports
2178	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Los Angeles County Fire Department **Response Zone:** OA-12

Address: 1320 North Eastern Avenue
Los Angeles, CA 90063-3244

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (323) 838-2300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider – do not have data on # of paramedic accompanied patients during transport**

3716 Total number of responses
3716 Number of emergency responses
_____ Number of non-emergency responses

n/a Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ 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 ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** Newport Beach Fire Department **Response Zone:** OA-15

Address: 3300 Newport Blvd.
Newport Beach, CA 92653

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (949) 644-3104

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Transporting provider via city owned-ambulances; staffed by fire department personnel**

8510	Total number of responses	5843	Total number of transports
8510	Number of emergency responses	5843	Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** City of Orange Fire Department **Response Zone:** OA-16

Address: 176 S. Grand Street
Orange, CA 92866

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (714) 288-2500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☒ Ground ☐ Air ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Transporting provider via city owned-ambulances; staffed by fire department personnel**

12434	Total number of responses	5843	Total number of transports
12434	Number of emergency responses	5843	Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange

Provider: Orange County Fire Authority

Response Zone: EOA-3,5,10,13,14,17,18,19,20,21,22,23,24,25,26,28,29,30,32,35 38,39,42

Address: One Fire Authority Road
Irvine, CA 92602

Number of Ambulance Vehicles in Fleet: 3 (2 within OA-18; 1 backup)

Phone Number: (714) 573-6000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No Joint Powers Authority (JPA) agreement with 25 members (23 cities and 2 county seats)	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ** Provides BLS, ground, emergency transport in OA-18 ** Auxiliary Rescue capable via 2 rotary aircraft (no medical flight crew) ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City/JPA ☒ County/JPA ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☒ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Non-transporting provider except in OA-18 via OCFA-owned & staffed ambulances**

74834	Total number of responses	see OA-18	Total number of transports
74834	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** City of La Habra **Response Zone:** OA-12

Address: 201 E. La Habra Boulevard
La Habra, CA 90633

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 562-383-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City/JPA ☒ County/JPA ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Transporting provider via city owned-ambulances, personnel contract with Care Ambulance**

3389 Total number of responses
3389 Number of emergency responses
_____ Number of non-emergency responses

2655 Total number of transports
2655 Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ 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 ****Table Information based on authorizations pursuant OCEMS Policy 700.00 & provider-reports of CY2013 response/transport volume and does not reflect overall capabilities of Providers**

Reporting Year: **2013**

Response/Transportation/Providers

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

County: Orange **Provider:** City of San Clemente **Response Zone:** OA-18

Address: 100 Avenida Presidio
San Clemente, CA 92672

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 949-361-8200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a (see OCFA)

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☐ ALS ☒ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☒ Ground ☐ Air ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City/JPA ☒ County/JPA ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

****Transporting provider via OCFA-owned & staffed ambulances**

3722 Total number of responses
3722 Number of emergency responses
_____ Number of non-emergency responses

2315 Total number of transports
2315 Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ 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 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	AHMC Anaheim Regional Medical Center 1111 W. La Palma Avenue Anaheim, CA 92801		**Primary Contact:** Donald Lorack (714) 774-1450	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no *Paramedic Resource Center*	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone:	Chapman Medical Center 2601 E. Chapman Avenue Orange, CA 92869		**Primary Contact:** Donald K. Kreitz (714) 633-0011	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: Children's Hospital of Orange County 1201 W. La Veta Ave. Orange, CA 92868			**Primary Contact:** Kimberly Cripe (714) 997-3000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no *Paramedic Resource Center*	Pediatric Critical Care Center:* ☒ yes ☐ no
EDAP:** ☒ yes ☐ no	PICU:*** ☒ yes ☐ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone: Coastal Communities Hospital 2701 S. Bristol St. Santa Ana, CA 92704			**Primary Contact:** Luke Tharasri (714) 754-5454	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	Fountain Valley Regional Hospital & Medical Center 17100 Euclid Street Fountain Valley, CA 92708		**Primary Contact:** B. Joseph Badalian (714) 966-7200	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☒ yes ☐ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

Name, address & telephone:	Garden Grove Hospital & Medical Center 12601 Garden Grove Blvd. Garden Grove, CA 92843		**Primary Contact:** Virgis Narbutas (714) 537-5160	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	Hoag Memorial Hospital Presbyterian One Hoag Drive Newport Beach, CA 92658-6100		**Primary Contact:** Robert Brathwaite (949) 764-4624	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

Name, address & telephone:	Hoag Hospital Irvine 16200 Sand Canyon Avenue Irvine, CA 92618		**Primary Contact:** Robert Brathwaite (949) 517-3000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: Huntington Beach Hospital 17772 Beach Blvd. Huntington Beach, CA 92647			**Primary Contact:** Sofia Abrina (714) 843-5000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone: Kaiser Foundation Hospital – Orange County (Anaheim) 3440 E. La Palma Ave. Anaheim, CA 92806			**Primary Contact:** Julie Miller-Phipps (714) 644-2000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	Kaiser Foundation Hospital – Orange County (Irvine) 6640 Alton Parkway Irvine, CA 92618		**Primary Contact:** Julie Miller-Phipps (714) 644-2000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone:	La Palma Intercommunity Hospital 7901 Walker Street La Palma, CA 90623		**Primary Contact:** VIrgis Narbutas (714) 670-7400	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: Los Alamitos Medical Center 3751 Katella Avenue Los Alamitos, CA 90720			**Primary Contact:** Michele Finney (562) 598-1311	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

Name, address & telephone: Mission Hospital Regional Medical Center 27700 Medical Center Road Mission Viejo, CA 92691			**Primary Contact:** Kenneth McFarland (949) 364-1400	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☒ yes ☐ no	Burn Center ☐ yes ☒ no	Trauma Center ☒ yes ☐ no	If Trauma Center What Level: TWO
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	Mission Hospital – Laguna Beach 31872 Coast Highway Laguna Beach, CA 92651		**Primary Contact:** Kenneth McFarland (949) 499-1311	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone:	Orange Coast Memorial Medical Center 9920 Talbert Avenue Fountain Valley, CA 92708		**Primary Contact:** Marcia Manker (714) 378-7000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: Placentia-Linda Hospital 1301 North Rose Drive Placentia, CA 92870			**Primary Contact:** Kent Clayton (714) 993-2000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone: Saddleback Memorial Medical Center – Laguna Hills 24451 Health Center Road Laguna Hills, CA 92653			**Primary Contact:** Steve Geidt (949) 837-4500	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone:	Saddleback Memorial Medical Center – San Clemente 654 Camino de los Mares San Clemente, CA 92673		**Primary Contact:** Steve Geidt (949) 496-1122	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☐ yes ☒ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone:	St. Joseph Hospital 1100 W. Stewart Drive Orange, CA 92868		**Primary Contact:** Steve Moreau (714) 633-9111	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: St. Jude Medical Center 101 E. Valencia Mesa Drive Fullerton, CA 92835			**Primary Contact:** Lee Penrose (714) 992-3000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

Name, address & telephone: University of California, Irvine Medical Center 101 The City Drive South Orange, CA 92868			**Primary Contact:** Terry Belmont (714) 456-6011	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☒		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☒ yes ☐ no	Trauma Center ☒ yes ☐ no	If Trauma Center What Level: ONE
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: West Anaheim Medical Center 3033 W. Orange Ave. Anaheim, CA 92804			**Primary Contact:** Virgis Narbutas (714) 827-3000	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☐ yes ☒ no			

Name, address & telephone: Western Medical Center/Anaheim 1025 S. Anaheim Blvd. Anaheim, CA 92805			**Primary Contact:** Dennis Knox (714) 533-6220	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center ☐ yes ☒ no	Trauma Center ☐ yes ☒ no	If Trauma Center What Level:****
STEMI Center: ☒ yes ☐ no	Stroke Center: ☐ yes ☒ no			

TABLE 10: RESOURCES DIRECTORY – FACILITIES

EMS System: HCA/Emergency Medical Services Agency **County:** Orange **Reporting Year:** 2013

Name, address & telephone: Western Medical Center/Santa Ana 1001 N. Tustin Avenue Santa Ana, CA 92705			**Primary Contact:** Suzanne Richards (714) 835-3555	
Written Contract: ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes (CCS Burn Only) ☒ no	Burn Center ☒ yes ☐ no	Trauma Center ☒ yes ☐ no	If Trauma Center What Level: TWO
STEMI Center: ☒ yes ☐ no	Stroke Center: ☒ yes ☐ no			

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Anaheim Fire Department
Address: 201 S. Anaheim Blvd., Suite 301
Anaheim, CA 92805
Contact Person Kristen Thompson, RN
Telephone No. (714) 765-4022

Student Eligibility* Employees only

Cost of Program

Basic	n/a
Refresher	$0

RESTRICTED

****Program Level** EMT-Refresher Only

Number of students completing training per year

Initial training	n/a
Refresher	
Cont. Education	
Expiration Date	12/31/2014

Number of Courses

Initial training	n/a
Refresher	1
Cont. Education	24

Training Institution Name: Capistrano Laguna Beach ROP
Address: 31522 El Camino Real
San Juan Capistrano, CA 92675
Contact Person Bret Russell EMT
Telephone No. (714) 309-1188

Student Eligibility* HS students (no charge)
Adults
EMR (HS students only)

Cost of Program

Basic	$60
Refresher	n/a

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	45	28 HS students, 17 adults
Refresher	0	
Cont. Education	0	
Expiration Date	8/31/2014	

Number of Courses

Initial training	2
Refresher	0
Cont. Education	0

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Central County ROP **Contact Person** Jillian Johnson-Sharp
Address: 250 S. Yorba Street **Telephone No.** (714) 997-6066
Orange, CA 92675

Student Eligibility*	Cost of Program		**Program Level	EMT-Basic
	Basic	n/a	Number of students completing training per year	
	Refresher	n/a	Initial training	
			Refresher	
			Cont. Education	
			Expiration Date	CLOSED spring 2013
			Number of Courses	
			Initial training	0
			Refresher	0
			Cont. Education	0

Program closed in Spring, 2013

Training Institution Name: Central Orange County CTE Partnership **Contact Person** Jillian Johnson-Sharp
Address: 250 S. Yorba Street **Telephone No.** (714) 997-6066
Orange, CA 92675

Student Eligibility*	Cost of Program		**Program Level	EMT-Basic
	Basic	$1,000	Number of students completing training per year	
	Refresher	$175	Initial training	11
			Refresher	0
			Cont. Education	0
			Expiration Date	03/31/2016
			Number of Courses	
			Initial training	1
			Refresher	0
			Cont. Education	0

OPEN TO GENERAL PUBLIC

Comment: formerly operated as Central County ROP

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Coastline ROP
Address: 1001 Presidio Square
Costa Mesa, CA 92626-1584

Contact Person Stacy Robison
Telephone No. (714) 429-2250

Student Eligibility* **Cost of Program**

Basic $750.00
No charge to HS students
Refresher $0

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	125
Refresher	0
Cont. Education	0
Expiration Date	3/31/14

Number of Courses

Initial training	7
Refresher	0
Cont. Education	0

Training Institution Name: Costa Mesa Fire Department
Address: 77 Fair Drive
Costa Mesa, CA 92628-1200

Contact Person Chris Coates, EMT; Captain
Telephone No. (714) 327-7440

Student Eligibility* **Cost of Program**
Employees only

Basic n/a

Refresher $0

RESTRICTED

****Program Level** EMT-Refresher only

Number of students completing training per year

Initial training	n/a
Refresher	0
Cont. Education	0
Expiration Date	11/30/17

Number of Courses

Initial training	0
Refresher	0
Cont. Education	0

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Garden Grove Fire Department
Address: 11301 Acacia Parkway
Garden Grove, CA 92840

Contact Person Cheyne Maule, EMT-P
Telephone No. (949) 291-5035

Student Eligibility* Employees only

Cost of Program

Basic	n/a
Refresher	$0

RESTRICTED

****Program Level** EMT-Refresher only

Number of students completing training per year

Initial training	n/a
Refresher	
Cont. Education	
Expiration Date	3/18/2014

Number of Courses

Initial training	n/a
Refresher	0
Cont. Education	0

Training Institution Name: Laguna Beach Fire Department
Address: 505 Forest Avenue
Laguna Beach, CA 92651

Contact Person Division Chief Dan Stefano (DC Api Weinert late 2013)
Telephone No. (949) 497-0700

Student Eligibility* Employees only

Cost of Program

Basic	n/a
Refresher	$0

RESTRICTED

****Program Level** EMT-Refresher only

Number of students completing training per year

Initial training	n/a
Refresher	40
Cont. Education	40
Expiration Date	12/31/2017

Number of Courses

Initial training	n/a
Refresher	0
Cont. Education	22

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Link2Life
Address: 26941 Cabot Road, Suite 109
Laguna Hills, CA 92653

Contact Person Dave Spencer
Telephone No.

Student Eligibility* **Cost of Program**

Basic $1095-$1395

Refresher $0

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year
- Initial training
- Refresher
- Cont. Education
- Expiration Date 3/31/2015

Number of Course
- Initial training
- Refresher
- Cont. Education

Training Institution Name: Newport Beach Fire Department
Address: 3300 Newport Blvd
Newport Beach, CA 92658-8915

Contact Person Catherine Ord, RN
Telephone No. (949) 644-3384

Student Eligibility* **Cost of Program**
Employees only

Basic n/a

Refresher $0

RESTRICTED

****Program Level** EMT-Refresher only

Number of students completing training per year
- Initial training n/a
- Refresher 0
- Cont. Education 1401
- Expiration Date 11/30/2017

Number of Courses
- Initial training n/a
- Refresher 0
- Cont. Education 65

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: North Orange County ROP
Address: 1617 E. Ball Road
Anaheim, CA 92805
Contact Person Thanh Nguyen
Telephone No. (714) 502-5964

Student Eligibility*	**Cost of Program**		****Program Level** EMT-Basic; refresher	
HS students (no charge)				
Adults	**Basic**	$900.00	Number of students completing training per year	
			Initial training	120
	Refresher	$TBD	Refresher	0
			Cont. Education	0
OPEN TO GENERAL PUBLIC			Expiration Date	05/31/2017
			Number of Course	
			Initial training	3
			Refresher	0
			Cont. Education	0

Training Institution Name: Orange Coast College
Address: 2701 Fairview Road
Costa Mesa, CA 92628
Contact Person Phylicia Hassapis, RN
Telephone No. (714) 432-5089

Student Eligibility*	**Cost of Program**		****Program Level** EMT-Basic	
	Basic	$46/unit	Number of students completing training per year	
****incl $19 student health fee, $21 OCC reg fee, $3 material fee**			Initial training	120
	Refresher	$69**	Refresher	
Approximate Total Coast: $1,400.00 (includes certification, background check)			Cont. Education	
			Expiration Date	08/31/2014
OPEN TO GENERAL PUBLIC				
			Number of Course	
			Initial training	4
			Refresher	0

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Cont. Education	0

Training Institution Name: Orange County CPR
Address: 9 Queensberry Drive
Ladera Ranch, CA 92694

Contact Person Corey Gremel EMT-P
Telephone No. (714) 717-4927

Student Eligibility* **Cost of Program**

****includes all Materials, insurance, CPR etc**

Basic	$1050**
Refresher	$175

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	221
Refresher	18
Cont. Education	6
Expiration Date	

Number of Course

Initial training	6
Refresher	1
Cont. Education	

Training Institution Name: Orange Fire Department
Address: 178 South Grand St.
Orange, CA 92866

Contact Person Suzanne Goodrich, RN
Telephone No. (714) 288-2503

Student Eligibility* **Cost of Program**

Employees only

Basic	n/a
Refresher	$0

RESTRICTED

****Program Level** EMT-Refresher only

Number of students completing training per year

Initial training	n/a
Refresher	55
Cont. Education	
Expiration Date	10/31/2017

Number of Course

Initial training	n/a
Refresher	1
Cont. Education	46

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Orange County Fire Authority.
Address: One Fire Authority Road
Irvine, CA 92602

Contact Person Kenneth Miller, MD
Telephone No. (714) 573-6073

Student Eligibility*	**Cost of Program**	
Employees only	**Basic**	n/a
	Refresher	$0
RESTRICTED		

****Program Level** EMT-Refresher only

Number of students completing training per year

Initial training	n/a
Refresher	
Cont. Education	
Expiration Date	4/30/2014

Number of Course

Initial training	n/a
Refresher	
Cont. Education	

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, CA 92692

Contact Person Lawrence "Larry" Grihalva, MICP
Telephone No. (949) 582-4959

Student Eligibility*	**Cost of Program**	
	Basic	$612.50
	Refresher	$63.50
OPEN TO GENERAL PUBLIC – PREFERENTIAL ADMISSION TO OCFA EMPLOYEES		

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	111
Refresher	21
Cont. Education	103
Expiration Date	3/31/2016

Number of Courses

Initial training	3
Refresher	1
Cont. Education	7

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, CA 92692

Contact Person Randy Hardick, Paramedic
Telephone No. (949) 582-4819

Student Eligibility* **Cost of Program**

Basic	$1787
Refresher	n/a

OPEN TO GENERAL PUBLIC – PREFERENTIAL ADMISSION TO OCFA EMPLOYEES

****Program Level** Paramedic

Number of students completing training per year

Initial training	56
Refresher	n/a
Cont. Education	0
Expiration Date	3/31/2016

Number of Courses

Initial training	2
Refresher	n/a
Cont. Education	0

Training Institution Name: Santa Ana College Fire Technology Dept.
Address: 1530 W. 17th Street; Rm A-113
Santa Ana, CA 92706-3398

Contact Person Gary Dominguez
Telephone No. (714) 564-6406

Student Eligibility* **Cost of Program**
Fire Academy recruits
Academy = 12.5 units

Basic	$46/unit
** cost of refresher **Refresher**	$0**

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	73
Refresher	82
Cont. Education	0
Expiration Date	2/28/2014

Number of Courses

Initial training	2
Refresher	0
Cont. Education	0

TABLE 11: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Health Care Agency Emergency Medical Services **County:** Orange **Reporting Year** 2013

Note: Table 11 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Santa Ana College Nursing Department
Address: 1530 W. 17th Street
Santa Ana, CA 92706-3398
Contact Person Elaine Dethlefsen, RN
Telephone No. (714) 564-6837

Student Eligibility* **Cost of Program**

Basic	$1000 **
** Includes DOJ & certification	
Refresher	n/a

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic

Number of students completing training per year

Initial training	96
Refresher	n/a
Cont. Education	n/a
Expiration Date	08/31/2014

Number of Courses

Initial training	4
Refresher	n/a
Cont. Education	n/a

Training Institution Name: West Coast EMT
Address: 962 Town & Country Road
Orange, CA 92868
Contact Person Ryan Hertzberg, EMT-P
Telephone No. (714) 558-9604

Student Eligibility* **Cost of Program**

Basic	$1045.00
Refresher	$250.00
SCV	$100.00

OPEN TO GENERAL PUBLIC

****Program Level** EMT-Basic & Refresher

Number of students completing training per year

Initial training	367
Refresher	45
Cont. Education	0
Expiration Date	2/29/2016

Number of Course

Initial training	30
Refresher	3
Cont. Education	0

TABLE 9: Resource Directory -- Dispatch Agency

EMS System: Orange County EMS **County:** Orange **Reporting Year:** 2013

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

Name Costa Mesa Communications
Address 79 Fair Drive
City, Zip, Costa Mesa, CA 92626

Primary Contact: Cherie Pittington
Phone: (714) 754-5060

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-day ☐ Disaster

Number of Personnel providing services
25 EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: ☒ Public ☐ Private
If public: ☒ fire ☒ Law ☐ Other
explain

If public: ☒ city ☐ county ☐ State, ☐ fire district ☐ Federal

Name Laguna Beach Public Safety Dispatch
Address 505 Forest Avenue
City, Zip, Laguna Beach, CA 92651

Primary Contact: Rita Fraser
Phone: (949) 497-0399

Written Contract: ☐ Yes ☒ No
Medical Director: ☐ Yes ☒ No
☒ Day-to-day ☐ Disaster

Number of Personnel providing services
12 EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: ☒ Public ☐ Private
If public: ☒ fire ☒ Law ☐ Other
explain

If public: ☒ city ☐ county ☐ State, ☐ fire district ☐ Federal

TABLE 9: Resource Directory -- Dispatch Agency

EMS System: Orange County EMS **County:** Orange **Reporting Year** 2013

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

Name La Habra – Los Angeles County Fire Command & Control Center
Address 850 W. La Habra Blvd
City, Zip, La Habra, CA 90631

Primary Contact: On-Duty Battalion Chief (CCBC)
Phone: (562) 691-4692

Written Contract: ☐ Yes ☒ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-day ☐ Disaster

Number of Personnel providing services

12 (on district desk)	EMD Training	19	EMT-D	12 (FTE's)	ALS
16 (ambulance)	BLS	0	LALS		Other

Ownership: ☒ Public ☐ Private

If public: ☒ fire ☐ Law ☐ Other
explain

If public: ☒ city ☐ county ☐ State, ☐ fire district ☐ Federal
*Contract with city of La Habra – overall LA County Fire is a Fire District

Name Metro Cities Fire Authority
Address 201 S. Anaheim Blvd., Suite 302
City, Zip, Anaheim, CA 92805

Primary Contact: Gary Gionet
Phone: (714) 765-4077

Written Contract: ☐ Yes ☒ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-day ☐ Disaster

Number of Personnel providing services

28	EMD Training		EMT-D		ALS
	BLS		LALS		Other

Ownership: ☒ Public ☐ Private

If public: ☒ fire ☐ Law ☐ Other
explain

If public: ☒ city ☐ county ☐ State, ☐ fire district ☐ Federal

TABLE 9: Resource Directory -- Dispatch Agency

EMS System: Orange County EMS **County:** Orange **Reporting Year** 2013

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

Name	Orange County Fire Authority	**Primary Contact:** Greg Boswell, RN	
Address	1 Fire Authority Road		
City, Zip,	Irvine, CA 92602	**Phone:** (714) 573-6072	
Written Contract ☐ Yes ☒ No	Medical Director ☒ Yes ☐ No	☒ Day-to-day ☐ Disaster	Number of Personnel providing services 27 EMD Training 590 EMT-D 348 ALS 590 BLS LALS Other
Ownership: ☒ Public ☐ Private	If public: ☒ fire ☐ Law ☐ Other explain		If public: ☐ city ☐ county ☐ State, ☒ fire district ☐ Federal

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region A (Placentia, Yorba Linda)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc. (served Placentia over 20 years, Yorba Linda, 10 years)
Area or Subarea (Zone) Geographic Description: City boundaries of Placentia, Yorba Linda and Unincorporated/County Islands: Brea Unincorporated, Tonner Canyon, Chino Hills State Park, Country Club, Fairlynn
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. EMSA approved an extension to allow current providers to continue services until March 1, 2015 to allow RFP to be completed.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS

Area or Subarea (Zone) Name or Title: Region B (Cypress, La Palma, Los Alamitos, Seal Beach, Stanton)

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Care Ambulance Service, Inc. (served areas, since: Cypress, 2009; La Palma, 2005; Los Alamitos, Seal Beach, Stanton, 2009)

Area or Subarea (Zone) Geographic Description:
City boundaries of Cypress, La Palma, Los Alamitos, Seal Beach, Stanton and Unincorporated/County Islands: Rossmoor, Bolsa Chica, Midway City, Carmel/Lampson, Dale/Augusta, Katella/Rustic, Mac-Syracuse

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMSA approved an extension to allow current providers to continue services until March 1, 2015 to allow RFP to be completed.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS

Area or Subarea (Zone) Name or Title: Region C (Irvine, Tustin, Villa Park)

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Villa Park - Americare Ambulance Service (served the area since 2004)
Irvine, Tustin – Doctor's Ambulance Service, Inc. (served the area since 2004)

Area or Subarea (Zone) Geographic Description:
City boundaries of Irvine, Tustin, Villa Park and Unincorporated/County Islands: John Wayne Airport, Irvine Sphere of Influence, Tustin, Cowan, Lemon Heights, North Tustin (Orange and Tustin portions), Villa Park, Silverado Canyon, El Modena, Lincoln/Glassell, North El Modena, Olive Heights, Orange Park Acres, Santiago Creek)

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMSA approved an extension to allow current providers to continue services until March 1, 2015 to allow RFP to be completed.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS

Area or Subarea (Zone) Name or Title: Region D (Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point)

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Doctor's Ambulance Service, Inc. (served the area since 1996)

Area or Subarea (Zone) Geographic Description:
City boundaries of Laguna Hills, Laguna Niguel, Aliso Viejo, Dana Point and Unincorporated/County Islands: Aliso Woods, Aliso Canyon, Laguna Woods, Unincorporated Laguna Wilderness, Emerald Bay

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMSA approved an extension to allow current providers to continue services until March 1, 2015 to allow RFP to be completed.

Date: 2014

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region E (San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Doctor's Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest and Unincorporated/County Islands: Ortega Highway Trabuco, O'Neill Park, Las Flores, Coto de Caza, Modjeska, Upper Trabuco/Cooks
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. EMSA approved an extension to allow current providers to continue services until March 1, 2015 to allow RFP to be completed.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 1 - Anaheim
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Anaheim
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS

Area or Subarea (Zone) Name or Title: EOA 2 - Brea

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

Emergency Ambulance Service, Inc. (served the area since approximately 1980)

Area or Subarea (Zone) Geographic Description: City of Brea

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.

Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Method of Exclusivity: Grandfathered

Emergency Ambulance Service has been providing BLS emergency ambulance transportation services for the City of Brea since 1980. No changes in company ownership or service levels since 1980.

Date: 2014

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 3 – City of Buena Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: The City of Buena Park.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 4 – Costa Mesa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 2008)
Area or Subarea (Zone) Geographic Description: City of Costa Mesa
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 6 – Fountain Valley
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Fountain Valley
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 2014

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AMBULANCE ZONE SUMMARY FORM

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 7 – Fullerton
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since November 2002)
Area or Subarea (Zone) Geographic Description: City of Fullerton
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 2014

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 8 – Garden Grove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Garden Grove
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 9 – Huntington Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Huntington Beach Fire Department (served the area since 1993)
Area or Subarea (Zone) Geographic Description: City of Huntington Beach and Sunset Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: 2014

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 12 – La Habra
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of La Habra Ambulance
Area or Subarea (Zone) Geographic Description: City of La Habra
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 15 – Newport Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Newport Beach Fire Department (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Newport Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 16 – Orange
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Orange Fire Department (served the area since 1995)
Area or Subarea (Zone) Geographic Description: City of Orange
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 18 – San Clemente
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Clemente (The City of San Clemente has provided emergency ambulance transport since 1995. A private company was once contracted. Orange County Fire Authority has been contracted for over ten years to staff city owned ambulances.)
Area or Subarea (Zone) Geographic Description: City of San Clemente
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 20 – Santa Ana
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served area since 2012)
Area or Subarea (Zone) Geographic Description: City of Santa Ana
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety)
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2012, the city in coordination with Orange County Fire Authority (OCFA) conducted and awarded RFP#JRSB002 to Care Ambulance for a period of up to five (5) years.

Date: 2014

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.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 25 – Westminister
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Shoreline Ambulance, Inc. (served the area since 2007)
Area or Subarea (Zone) Geographic Description: City of Westminster
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. On 3/28/12 the City Council of Westminster awarded RFP#2011-WPD002 to the incumbent contractor, Shoreline Ambulance, Incorporated. On 3/31/12, the City authorized extension of existing agreement with finalized three year contract effective 7/1/12. The City may extend the contract for two one (1) year periods for a total of five years.

Ambulance Zone Summary
July 16, 2014

OA# - NAME		Last RFP	AWARDING AGENCY	CONTRACT ADMINISTRATOR	PROVIDER	EXCLUSIVE
Region A	A – Placentia, Yorba Linda	Current	BOS	OCEMS	Emergency	X
Region B	B – Cypress, La Palma, Los Alamitos, Seal Beach, Stanton	Current	BOS	OCEMS	Care	X
Region C	C – Irvine, Tustin, Villa Park	Current	BOS	OCEMS	Doctors/Americare	X
Region D	D – Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point	Current	BOS	OCEMS	Doctors	X
Region E	E – San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest	Current	BOS	OCEMS	Doctors	X
1	Anaheim	1998		City	Care	
2	Brea	n/a		City	Emergency	X
3	Buena Park	1998		City	Care	
4	Costa Mesa	2007		City	Care	
6	Fountain Valley	1998		City	Care	
7	Fullerton	2002		City	Care	
8	Garden Grove	2004		City	Care	
9	Huntington Beach	n/a		City	City (since 1993)	
11	Laguna Beach	n/a		City	Doctors (since 1996)	
12	La Habra	n/a		City	City (since 1996)	
15	Newport Beach	n/a		City	City (since 1996)	
16	Orange	n/a		City	City (since 1995)	
18	San Clemente	n/a		City	OCFA (since 1995)	
20	Santa Ana	2012		City	Care	X
25	Westminister	2012		City	Shoreline	X

PHASE 1
OCEMS Administered Areas: Competitive Process contracts expiring 8/31/14
February 2014 – December 2014

OA	NAME	Unincorporated Areas	Conduct RFP/ Contract Admin	Awarding Agency	Current Provider	Exclusive	RE-DESIGN 2014
5	Cypress		OCEMS	BOS	Care	X	REGION B
10	Irvine	X	OCEMS	BOS	Doctors	X	REGION C
13	La Palma		OCEMS	BOS	Care	X	REGION B
14	Los Alamitos	X	OCEMS	BOS	Care	X	REGION B
17	Placentia	X	OCEMS	BOS	Emergency	X	REGION A
19	San Juan Capistrano	X	OCEMS	BOS	Doctors	X	REGION E
21	Seal Beach	X	OCEMS	BOS	Care	X	REGION B
22	Stanton	X	OCEMS	BOS	Care	X	REGION B
23	Tustin	X	OCEMS	BOS	Doctors	X	REGION C
24	Villa Park	X	OCEMS	BOS	Americare	X	REGION C
26	Yorba Linda	X	OCEMS	BOS	Emergency	X	REGION A
28	Laguna Hills		OCEMS	BOS	Doctors	X	REGION D
29	Rancho Santa Margarita	X	OCEMS	BOS	Doctors	X	REGION E
30	Laguna Niguel	X	OCEMS	BOS	Doctors	X	REGION D
32	Aliso Viejo	X	OCEMS	BOS	Doctors	X	REGION D
35	Laguna Woods		OCEMS	BOS	Doctors	X	REGION D
38	Mission Viejo		OCEMS	BOS	Doctors	X	REGION E
39	Dana Point		OCEMS	BOS	Doctors	X	REGION D
42	Lake Forest	X	OCEMS	BOS	Doctors	X	REGION E

City Administered Areas: Exclusive (Uninterrupted Existing Provider)

OA# - Name		RFP	AWARD	CONTRACT ADMIN	PROVIDER	EXCLUSIVE	2014	2019
2	Brea	N/A	City	City	Emergency	X	EOA 2	TBD

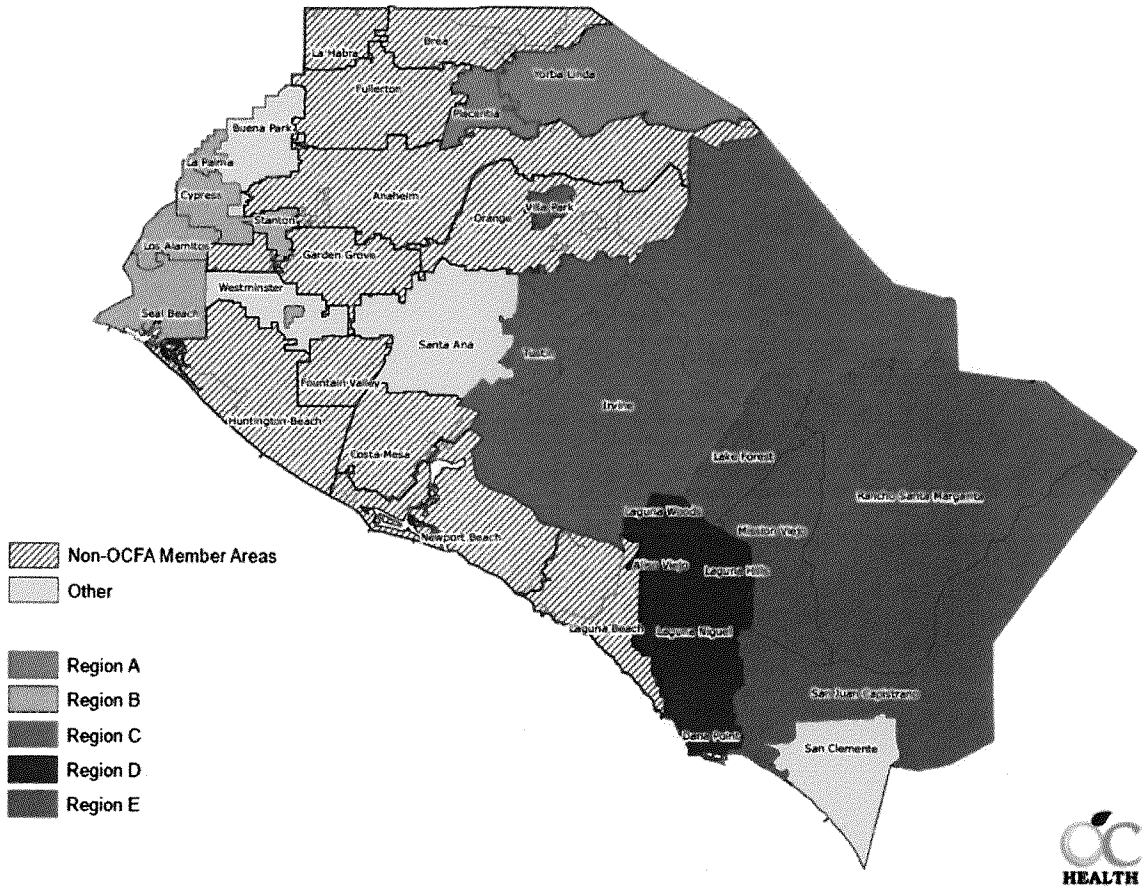
City Administered Areas: Exclusive (OCEMS-Approved Competitive Process)

OA# - NAME		RFP	AWARD	CONTRACT ADMIN	PROVIDER	EXCLUSIVE	2014	2019
20	Santa Ana	City	City	City	Care	X	EOA 20	TBD
25	Westminster	City	City	City	Shoreline	X	EOA 25	TBD

PHASE 2
City Administered Areas: Non-Exclusive
January 2015

OA# - NAME		RFP	AWARD	CONTRACT ADMIN	PROVIDER	EXCLUSIVE	2014	2019
1	Anaheim			City	Care		OA 1	TBD
3	Buena Park			City	Care		OA 3	TBD
4	Costa Mesa			City	Care		OA 4	TBD
6	Fountain Valley			City	Care		OA 6	TBD
7	Fullerton			City	Care		OA 7	TBD
8	Garden Grove			City	Care		OA 8	TBD
9	Huntington Beach			City	City		OA 9	TBD
11	Laguna Beach			City	Doctors		OA 11	TBD
12	La Habra			City	City		OA 12	TBD
15	Newport Beach			City	City		OA 15	TBD
16	Orange			City	City		OA 16	TBD
18	San Clemente			City	City		OA 18	TBD

PROPOSED ORANGE COUNTY EXCLUSIVE OPERATING AREA AMBULANCE ZONES
EMERGENCY MEDICAL SERVICES, ORANGE COUNTY HEALTH CARE AGENCY



HEALTH

Health Policy & Communication - Planning and Research, February 2014