STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
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July 9, 2015

Mr. Dan Burch, EMS Administrator
San Joaquin County EMS Agency
P.O. Box 220
French Camp, CA 95231

Dear Mr. Burch:

This letter is in response to San Joaquin County's 2014 EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

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

II. History and Background:

Historically, we have received EMS Plan documentation from San Joaquin County for its 1995, 2002, 2003, 2006, 2007, 2009, 2010, 2011 and 2012 plan submissions, and most current, its 2014 plan submission.

San Joaquin County received its last Five-Year Plan approval in 1996, for its 1995 plan submission, and its last annual Plan Update approval in 2014, 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).

III. Analysis of EMS System Components:

Following are comments related to San Joaquin 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 § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management

1. Table

   - Table 2 (Position Chart): Please provide 'Top Salary' data in hourly format as in previous submissions.
   - Table 2 (Organizational Chart): Please include requested organizational chart of LEMSA in next submission.

2. System Assessment Forms

   - Standard 1.26. No supportive evidence is provided under 'Current Status'. Records indicate that the San Joaquin Trauma Plan was approved 12/14.
   - Standard 1.27. Indicated as not met since 1995. Please indicate any progress in next update.

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

D. ☒ ☐ Response/Transportation

1. Tables

   - Table 5 (System Standard Response Times). Response data provided only for transporting ambulance. Standard 4.05 indicates the LEMSA shall develop time standards for medical responses.

   - Table 8 (Priority One Medical Transport). No data provided for responses or transports.

2. System Assessment Forms

   - Standard 4.05. Minimum Standards language indicates medical responses in general, not emergency/transporting ambulance specifically.

3. EOA Exclusivity

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

E. ☒ ☐ Facilities/Critical Care.

1. System Assessment Forms

   - Standard 5.10. No supportive evidence is provided under 'Current Status'. Standard 1.27 suggests pediatric plan not in place. Please clarify in next update.

   - Standard 5.11. No supportive evidence is provided under 'Current Status'. Please clarify in next update.

   - Standard 5.13. Needs/objectives indicate evaluation of Stroke System establishment. Please indicate progress in next update.

F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

1. System Assessment Forms

   - Standard 8.17. 'Current Status' language is confusing. Please consider revising in future submissions.

IV. Conclusion:

Based on the information identified, San Joaquin 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:

San Joaquin County's annual EMS Plan Update will be due on July 9, 2016.

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

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

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 CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Zone A		X	Competitive Process	X				X	X	X					
Zone B		X	Competitive Process	X				X	X	X					
Zone C		X	Competitive Process	X				X	X	X					
Zone D		X	Non-Competitive	X				X	X	X					
Zone E		X	Non-Competitive	X				X	X	X					
Zone F		X	Non-Competitive	X				X	X	X					

Emergency Medical Services Plan
2014

San Joaquin County Emergency Medical Services Agency
PO Box 220, French Camp, CA 95231 (209) 468-6818

Dan Burch, EMS Administrator
Richard N. Buys, M.D., EMS Medical Director

Submitted February 25 , 2015

Table of Contents

EXECUTIVE SUMMARY 1
MAJOR NEEDS AND PROGRAM SOLUTIONS 1
SUMMARY OF CHANGES 2
SYSTEM ASSESSMENT FORMS 3
SYSTEM ORGANIZATION AND MANAGEMENT 3
STAFFING/TRAINING 31
COMMUNICATIONS 44
RESPONSE AND TRANSPORTATION 54
FACILITIES AND CRITICAL CARE 76
DATA COLLECTION AND SYSTEM EVALUATION 90
PUBLIC INFORMATION AND EDUCATION 101
DISASTER MEDICAL RESPONSE 105
TABLE 1: UPDATE TO ASSESSMENT OF SYSTEM 125
TABLE 2: SYSTEM RESOURCES AND OPERATIONS 129
TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING 134
TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS 135
TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION 136
TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE 137
TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL 138
TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS 140
TABLE 9: RESOURCE DIRECTORY – FACILITIES 170
TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS 177
TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY 178
AMBULANCE ZONE SUMMARY FORMS 179

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

The plan provides information relevant to the time period of July 1, 2013 through June 30, 2014. As demonstrated in the San Joaquin County 2013 EMS Plan Update, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the EMSA requirements for an EMS Plan at the five-year interval.

MAJOR NEEDS AND PROGRAM SOLUTIONS

Need: Develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County
Program Solution: Provide routine feedback via reports that show average and 90th percentile "wall time" to hospitals in San Joaquin County.

Need: Address weaknesses in the QI program of the South County Fire Authority's (SCFA) ALS program to ensure compliance with EMS agency policies.
Program Solution: Place SCFA's ALS program on a six-month process improvement plan based upon language in a temporary ALS Agreement with specific timelines and objectives to require that the SCFA demonstrate prospective, concurrent, and retrospective approaches that integrate tracking and trending to document performance and training in response to identified opportunities for improvement.

Need: Address weaknesses in the QI program of REACH Air Medical to ensure compliance with EMS agency policies.
Program Solution: Place REACH Air Medical's Air Ambulance Agreement with the San Joaquin County EMS Agency on a probationary status pending a demonstration that REACH's program based in San Joaquin County successfully demonstrates a commitment to compliance with SJCEMS Agency policies and restructures their approach to managing the local base consistent with this goal.

Need: The San Joaquin General Hospital trauma registry must accurately compile data to ensure compliance and support QI efforts.
Program Solution: The SJCEMS Agency required that SJGH properly staff and utilize the trauma registry to meet Level III Trauma Center requirements.

Need: Assess the appropriateness of using EMS aircraft in the prehospital setting.
Program Solution: Developed the Air Ambulance Quality Review Committee (a subcommittee of the CQI Council) to collect and analyze all pertinent data related to the use of air ambulance services in San Joaquin County.

Need: The EMS agency needs to develop a single platform from which to receive patient care report data from providers that use a variety of platforms.
Program Solution: Modify current data report generator to accept data in a generic format and require all provider to submit data in the generic format when adopting NEMSIS 3.x criteria.

SUMMARY OF CHANGES

Transportation Plan: The SJCEMS Agency updated the Transportation Plan to determine the optimal system design for ambulance services and completed a first draft of a Request for Proposal document to acquire an exclusive emergency ambulance services provider for Zones A, B, and C with a start date of May 1, 2016.

Trauma System: Completed process to designate a trauma center and trauma system in San Joaquin County. San Joaquin General Hospital officially began providing Level III Trauma Center services on August 1, 2013.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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	NA		
1.02 LEMSA Mission		X	NA		
1.03 Public Input		X	NA		
1.04 Medical Director		X	UNMET		
Planning Activities:					
1.05 System Plan		X	NA		
1.06 Annual Plan Update		X	NA		
1.07 Trauma Planning*		X	NA		
1.08 ALS Planning*		X	NA		
1.09 Inventory of Resources		X	NA		
1.10 Special Populations		X	X		X
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Compliance w/Policies		X	NA		
System Finances:					
1.16 Funding Mechanism		X	NA		
Medical Direction:					
1.17 Medical Direction*		X	NA		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X	NA		
1.21 Determination of Death		X	NA		
1.22 Reporting of Abuse		X	NA		
1.23 Interfacility Transfer		X	NA		
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	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan	X	UNMET	NA		X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X	NA		

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	NA		
2.02 Approval of Training		X	NA		
2.03 Personnel		X	NA		
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X	NA		
2.07 Medical Control		X	NA		
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	UNMET		
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

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	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	NA		
Public Access:					
3.07 9-1-1 Planning/ Coordination		X	X		
3.08 9-1-1 Public Education		X	NA		
Resource Management:					
3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

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

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	NA		
5.03	Transfer Guidelines*		X	NA		
5.04	Specialty Care Facilities*		X	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	NA		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	NA		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	NA		
5.11	Emergency Departments		X	UNMET		X
5.12	Public Input		X	NA		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	NA		
5.14	Public Input		X	NA		

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

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	NA		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	NA		
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	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	UNMET		
8.10	Mutual Aid Agreements*		X	NA		
8.11	CCP Designation*		X	NA		
8.12	Establishment of CCPs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	NA		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	NA		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	NA		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	NA		

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Agency is within the San Joaquin County Division of Health Care Services. The EMS agency is directly responsible to the Director of Health Care Services who in turn is responsible to both the County Administrator's Office and the Board of Supervisors. Agency staff is comprised of a Medical Director, EMS Administrator, EMS Analyst, EMS Specialist, Trauma Coordinator, Regional Disaster Medical/Health Specialist, Disaster Medical/Health Specialist, Prehospital Care Coordinator, Office Technician. Support service is provided by independent contractors and other County departments including: County Counsel, and County Administration.

NEED(S):

None

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.02 LEMSA MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County EMSA comprehensive emergency medical services system has been established under San Joaquin County Health Care Services. SJCEMSA coordinates with ALS and BLS prehospital transport and non-transport providers, hospitals, dispatch centers, and law enforcement. The system is continuously evaluated by San Joaquin County EMSA through real time access to prehospital ALS provider information, through monthly and quarterly QI reports submitted by ALS providers, and through monthly response compliance reports. Relevant EMS Agency policies include: Nos. 6301, 6620, 6630, 6710, and 6720.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The Continuous Quality Improvement (CQI) program provides various committees as confidential forums for health care providers to discuss patient care and training related issues. The CQI program also allows members of the EMS system to comment on the development, utilization and evaluation of plans, policies and procedures. Representatives from prehospital care providers and acute care facilities also provide input through a quarterly meeting of the EMS Liaison Committee, and prehospital care providers attend a quarterly Transportation Committee meeting. Members of the general public are provided with the opportunity to comment on the EMS system by direct communication to the San Joaquin County EMS Agency and the San Joaquin County Board of Supervisors.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

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

Dr. Richard Buys, M.D. currently serves as the EMS Agency Medical Director. With the exception of a brief hiatus, Dr. Buys has been the San Joaquin County EMS Agency Medical Director since 1984. A contract is in place that specifies the parameters of the EMS Agency Medical Director.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in EMSA #101, EMS Standards and Guidelines, and,
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

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

The EMS Plan provides an assessment of the level to which the SJCEMS Agency meets the guidelines enumerated herein. EMSA #101 recommends that LEMSAs engage in public education for the list of targeted clinical categories. The SJCEMS Agency does not direct public education efforts. Appropriate training and policy guidance is provided as described for each clinical category listed below.

Acute Cardiopulmonary Emergencies: EMS Policy Nos. 4801, 4802, 5201, 5701, 5702, 5710-5720, 5724, 5726, 5727, 2551, 2552, 2553.

Multisystem Trauma: EMS Policy Nos. 4701, 4709, 4710, 5210, 5215

Burns: EMS Policy Nos. 5782, 5783, 5215, 5210.

Craniospinal Injuries: EMS Policy Nos. 5783, 5115.

Poisonings: EMS Policy No. 5733.

Neonatal and Pediatric Emergencies: EMS Policy Nos. 5764, 5800, 5810-5813, 5815, 5817, 5819, 5820, 5824, 5826, 5828-5830, 5837, 5839, 5850.

Acute Psychiatric and Behavioral Emergencies: 5107, 5530.

NEED(S):

Continue to ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

OBJECTIVE

Monitor and amend the EMS system plan as needed.

TIME FRAME FOR MEETING OBJECTIVE: ***ONGOING***

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes

OBJECTIVE:

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

SJCEMSA's trauma planning incorporates the designated trauma centers in Sacramento County and Stanislaus County including the assignment of service areas by triage criteria.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in San Joaquin County. This requirement is set forth in the ALS Agreements with each emergency ambulance provider authorized in San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has access to all of the information required to meet the minimum standards in the form of licensed/certified personnel databases, on site provider files, real time access to provider data, and regional disaster information.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

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

EMS Agency policies provide direction for the care of pediatric and elderly patients, and those with special needs such as LVADs. Prehospital care providers are encouraged to hire bilingual personnel. As per written agreements with ambulance providers, ambulances are equipped to manage morbidly obese patients and one bariatric ambulance is available to transport patients in San Joaquin County.

SJCEMSA will continue to work with Behavioral Health, Public Health, Veterans Services, the Health Plan of San Joaquin and other allied organizations to identify opportunities for adopting strategies to serve special needs populations.

Relevant SJCEMS Agency Policies include:

EMS Policy Nos. 5800, 5810-5813, 5815, 5817, 5819, 5820, 5824, 5826, 5828-5830, 5837, 5839, 5850; and Policy Memorandum 2011-02 LVAD Considerations.

NEED(S):

N/A

OBJECTIVE:

Ensure that EMS policies continue to consider the needs of special needs populations

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year) Ongoing

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The roles and responsibilities of all EMS system participants, including dispatch, have been established through policy, protocols, and training standards. Written contracts are in place for each ambulance provider, base/receiving hospital, and emergency medical responder (fire) agency. Such contracts include a contract for the provision of emergency ambulance service within an exclusive operating area. Policies that specifically address EMS system participants' roles and responsibilities include SJCEMS Agency Policy Nos. 5001and 5700.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

EMS system operations are reviewed in real time by utilizing access to prehospital provider CAD activities and monitoring base hospital radio and phone call-ins. Retrospective analysis is conducted using quarterly and monthly hospital and prehospital provider activity and compliance reports as required per written agreement. Other aspects of the system are routinely reviewed and monitored through on-site visits and the review of records, and patient care reports. Review and monitoring of EMS system operations is also described in detail in the SJCEMS Agency CQI Plan attached hereto.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

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

EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including meetings between the EMS agency and prehospital provider agencies in San Joaquin County.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

A policy and procedures manual has been developed and available on the San Joaquin County website, www.sjgov.org/ems/. The EMS Agency routinely updates the policy and procedures manual in the form of a "pocket book".

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County EMS Agency receives funding from the following sources: provider and personnel fees, the EMS Maddy Fund, various grants, and the San Joaquin County general fund.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Medical direction is provided by Medical Director Dr. Richard Buys as specified in a written agreement. Under the direction of Dr. Buys, the EMS Agency has delineated the system's medical direction by identifying the role of hospitals and providers through agreements, treatment protocols and other medical policies.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.18 QA/QI

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

QA/QI is provided through providers' in-house review processes, EMS Agency review/investigations, and peer review meetings. These processes are also reviewed by the CQI Council comprised of CQI coordinators from each ALS prehospital provider, the Base Hospital, and the EMS agency medical director and staff. The specific policy that forms the basis for these requirements are Policy Nos. 6101, 6102, 6620, and 6630.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

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

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

Policies, protocols or policy statements have been issued regarding all of the minimum standards and can be found here: http://sjgov.org/ems/policies.htm

San Joaquin County's authorized emergency medical dispatch center currently provides pre-arrival/post dispatch instructions in accordance with national standards.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency has established and implemented a policy regarding "Do Not Resuscitate (DNR)" situations (including POLST). This policy is to establish criteria for pre hospital emergency medical personnel to easily recognize and follow POLST and Do Not Resuscitate (DNR) Orders. EMS Policy Nos. 5103 and 5105.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency has established and implemented a determination of death in the field policy. The policy is to provide pre hospital personnel with parameters to determine whether to withhold resuscitative efforts and provide guidelines for base hospital physicians to discontinue resuscitative efforts and render a determination of death. The specific policy for Determination of Death is EMS Policy No. 5103.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws. Failure by an individual to report child abuse, elder abuse or a suspected SIDS death may result in disciplinary action by their employer and/or the local EMS Agency.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established and implemented. Specific EMS policies include Nos. 2560, 5952, 5954, and 5955.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

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

All providers of advanced life support services in San Joaquin County have written agreements with the EMS agency. The exclusive emergency ALS transport service provider has an exclusive operating area agreement with the local EMS Agency.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

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

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

On-line medical control is provided by base hospital physicians and MICNs at San Joaquin County General Hospital, the base hospital for San Joaquin County. The specific policy established for base hospital configuration and designation is EMS Policy No. 4901.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***DOES NOT MEET MINIMUM STANDARD***

NEED(S):

1) An assessment and evaluation of the EMS systems ability to meet the needs of seriously ill and injured children based on the states EMS-C standards needs to be conducted.

2) Former EMS-C policies need to be re-established.

3) Local protocol need to be established and implemented regarding pediatric emergencies.

4) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

OBJECTIVE: To create an EMS-C system within the San Joaquin County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

1.28 EOA Plan

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. Pursuant to a competitive process, a contract for exclusive emergency ambulance service was granted in Zone's A, B, and C, effective May 1, 2006 through April 30, 2016 based upon one five-year extension. (Zones D, E, and F were grandfathered rights to provide service in exclusive operating areas.). Based upon the approval of the enclosed San Joaquin EMS Transportation Plan, pursuant to a competitive process, a contract for exclusive emergency, ALS interfacility and CCT ground ambulance services was granted for Zone X effective May 1, 2016.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Personnel and training needs are assessed through review of data, meetings, and provider input within the Continuous Quality Improvement Program.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Procedures are in place to approve, monitor and investigate EMS personnel training programs and continuing education providers to determine compliance. Failure to be in compliance with state regulation may result in action by the local EMS agency up to and including the revocation of the training program's approval to operate.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has adopted policies for the certification/accreditation/authorizes of: EMDs, MICNs, Paramedics, EMTs, and first responder. Policies that address this requirement include Nos. 2101, 2210, 2310, 2540, and 2610.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***MEETS MINIMUM STANDARD***

The EMS Agency has established a policy (No. 2101) requiring emergency medical dispatch (EMD) personnel to be accredited in EMD by the International Academies of Emergency Medical Dispatchers (IAED). IAED standards meet or exceed those standards established by the EMS Authority's Medical Dispatch Guidelines.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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 level and have available equipment commensurate with such scope of practice.

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

The San Joaquin County EMS Agency has adopted the forty hour national standard curriculum for first responders (emergency medical responders) as the minimum required level of training for all non-transporting EMS first responder organizations. Automatic external defibrillation is included in the national standard curriculum and is included in the EMS Agency's scope of practice for certified first responders. The EMS Agency Policy addressing this standard is No. 2210.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency encourages everyone to participate in the EMS system commensurate with their assigned role.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has established policies for medical control of the EMS system. Adherence to medical control standards is evaluated through the CQI process. EMS Policies are located at: http://sjgov.org/ems/policies.htm

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***MEETS MINIMUM STANDARD***

The EMS Agency has established the minimum staffing level on all emergency medical transport units as one EMT-I driver and one EMT-I attendant. The minimum staffing level for emergency ambulance service providers (e.g., 911 response) is one EMT-I driver and one paramedic attendant.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency requires all certification/accreditation/authorization applicants to be currently certified in CPR per EMS policy Nos. 2101, 2210, 2310, 2450, and 2610.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Agency policy requires all emergency department MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be, but are not necessarily, Board certified in emergency medicine.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers. In order to become accredited in San Joaquin County all ALS personnel are required to complete an initial training provided by EMS agency staff that includes training and testing in the local optional scope of practice. The relevant SJCEMS Agency policies include Nos. 5952, 5954, and 5955. Training for expanded scope use of Magnesium Sulfate (Policy No. 5761) and Atrovent (Policy No. 5771) is provided in the accreditation class.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has established policies and procedures for the accreditation and orientation of pre-hospital care providers. Relevant policies include Nos. 2210 and 2210A.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has established policies and procedures for authorizing MICNs which includes testing and orientation on EMS policies, procedures and radio communication techniques. Relevant policies include Nos. 2610, 2610A, and 2610B.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The EMS communications plan is comprised of the San Joaquin County Master Communications Plan, the list of UHF MED NET, CALCORD, ARES, and HEAR frequencies; a description of basic radio communication practices, a list of the locations of UHF Sites and is consistent with the following:

1. California Interoperability Field Operations Guide (Cal-IFOG), June 2011 , www.calema.ca.gov/.../cal-ifog%202011%208%205x11%20final.pdf
2. National Interoperability Field Operations Guide (NIFOG), January 2011 http://www.safecomprogram.gov/nifog/Default.aspx

Written agreements between the EMS agency and prehospital providers and hospitals set forth the requirements for communications capabilities and use of approved frequencies.

EMS Agency policy No. 3410 addresses the use of cellular telephones for field to hospital communications.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.02 RADIOS

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

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

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. This is accomplished through requirements set forth in written agreements with hospital and prehospital providers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

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

COORDINATION WITH OTHER EMS AGENCIES:

This is currently accomplished in San Joaquin County through the use of cellular telephones and Med-Net frequencies for radio communication. The relevant policy is No. 3410.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

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

All emergency medical transport ambulances meet the minimum standard based upon requirements set forth in written agreements between the EMS agency and all emergency medical transport ambulance providers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All general acute care hospitals in San Joaquin County regularly communicate utilizing BLAST phone and internet technology with auxiliary hospital to hospital communication conducted via amateur radio. Each general acute care hospital is capable of communicating with field personnel via UHF Med-Net radio. This is accomplished by requirements set forth in written agreements between the EMS agency and hospitals in San Joaquin County.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency's designated dispatch center has the capability to cross patch different radio frequencies to allow for inter-agency communications in the event of multi-casualty incidents and disasters. All emergency ambulance provider vehicles are required to have the capability to communicate with all first responder organizations in the County. This is accomplished by requirements set forth in written agreements between the EMS agency and emergency ambulance providers and hospitals in San Joaquin County.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The San Joaquin County EMS Agency works closely with the County's 9-1-1 coordinator on planning and coordination of the 9-1-1 telephone system. Enhanced 9-1-1 service is available on all land line services throughout San Joaquin County. The EMS Agency continues to actively promote implementation of enhanced 9-1-1 with cellular and internet service providers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

SJCEMSA actively participates in the County's 9-1-1PSAP advisory committee and supports the committee's countywide education efforts.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The local EMS Agency has established and implemented Policy Nos. 3202 and 3001 for proper dispatch triage and the appropriate medical response to emergency calls and the provision of emergency medical dispatch services (EMD). Written agreements and EMS policy Nos. 2101, 3101, and 3109 require EMD service providers to meet national and state guidelines, which include the use of a standardized medical priority dispatch system approved by the EMS Agency.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All emergency ambulance service providers operate from a common dispatch center utilizing an integrated, county wide system status management plan. Relevant EMS policies include Nos. 3202 and 3001.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The County's EMS Transportation Plan is attached and pending approval by the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Transportation Plan was developed in coordination with all EMS system provider agencies in San Joaquin County through a 45-day public comment period.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The County's ambulance ordinance, written exclusive operating ambulance provider agreements and the EMS Agency policies and procedures specify minimum standards and system operations. Compliance is monitored by the EMS Agency through monthly compliance reports and the CQI process.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Agency requires medical requests to be classified and resources assigned according to a standardized written medical dispatch card system approved by the EMS Agency as specified in EMS Policy No. 3202.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Prescheduled responses by EMS transport vehicles are monitored through EMS agency staffs' review of monthly compliance reports.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: *MEETS MINIMUM STANDARD*

San Joaquin County EMS Agency has established county wide emergency ambulance response times that meet or exceed the recommended guidelines.

SJCEMSA has not identified a need to establish non-transport response times nor has the Authority provided peer-reviewed research supporting their recommended guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Agency has adopted written agreements and policies ensuring that all emergency medical transport vehicles meet the current State and EMS agency policies regarding staffing and equipment in accordance with the level of service provided. The EMS Agency annually inspects ambulances to ensure compliance. Relevant EMS policies include Nos. 4101, and 4102.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency utilizes public safety agencies as non-transporting first responders to medical calls throughout the County as specified in written agreements.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

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

The SJCEMS Agency has established and implemented policies regarding EMS aircraft utilization including categorizing, authorizing, requesting, dispatching, complaint resolution and pilot and crew orientation in accordance with state regulations. Relevant EMS policies include Nos. 4441, 4442, 4447, and 4448.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County's designated emergency dispatch center, Valley Regional Emergency Communications Center, is responsible for coordinating the use of EMS aircraft in San Joaquin County per EMS Policy No. 4448.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County ordinance requires EMS Aircraft providers to possess a current air ambulance permit issued by the EMS Agency. The EMS Agency has issued permits for those air ambulance companies based outside San Joaquin County and a written agreement with the EMS Aircraft provider based within the County.

COORDINATION WITH OTHER EMS AGENCIES:

Day-to-day operational availability of air ambulance resources is coordinated through the Authorized EMS Dispatch Center in San Joaquin County.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All-terrain vehicles, boats and water rescue vehicles are maintained by San Joaquin County Sheriff's Office and many fire departments in the County. Appropriate specialty vehicles are available and respond as needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County has adopted the OES Region IV multi-casualty incident (MCI) plan which includes procedures for mobilizing ambulance resources.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The current OES Region IV MCI plan permits inter-county response of emergency medical transport vehicles without written agreements. Other than the ability of responding emergency transport vehicles to bill for transportation services, financial responsibilities have not been addressed.

COORDINATION WITH OTHER EMS AGENCIES:

As stipulated in the OES Region IV MCI Plan.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County has adopted the OES Region IV MCI plan for addressing medical management as a component of the ICS System.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The local EMS Agency's disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations as set forth in OES Region IV MCI Manuals 1, 2, and 3.

NEED(S):

OES Region IV MCI Manuals 1 – 3 need to be updated

OBJECTIVE:

Update OES Region IV MCI Manuals 1 – 3.

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

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 an 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: ***MEETS MINIMUM STANDARD***

SJCEMSA has established universal county-wide ALS service through emergency ambulance exclusive operating area agreements. All BLS personnel serving on emergency ambulances are trained to provide automatic and semi-automatic defibrillation.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has adopted policies specifying drug and equipment levels for ALS and BLS for ambulances and first responders found respectively in Policy Nos. 4101 and 4102.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

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

San Joaquin County has adopted an ambulance ordinance governing ground and air ambulance transport providers. In addition, the Agency has formal written agreements with ALS ambulance transport providers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Please see attached Transportation Plan

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Providers in Zones D, E, and F were granted exclusive market rights under the Grandfather Clause, pursuant to §1797.224 of the H&SC in 1994.

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. During the planning process, the EMS Agency conducted a review of the existing grandfathered zones and determined that the existing providers meet all requirements for non-competitive selection.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The County's ambulance ordinance, written EOA provider agreements and EMS Agency policies and procedures specify minimum standards and system operation. Compliance is monitored by the EMS Agency.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. EOAs in San Joaquin County were evaluated during the completion of the 2014Transportation Plan which is attached hereto.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The EMS Agency has written contracts in place with all acute care facilities within the County. Updating the EMS related capabilities of these facilities continues to be ongoing particularly as it relates to Level III Trauma Center designation, STEMI Receiving Center designation and Primary Stroke Center Accreditation.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Prehospital triage protocols, transfer protocols and agreements are in place for the management of critical pediatric patients, neurologically injured patients, and high risk pregnancy and neonatal patients. Out of county transfer and direct transport agreements are in place with Memorial Medical Center and Doctor's Medical Center in Modesto, and University of California Davis Medical Center (UCDMC).

COORDINATION WITH OTHER EMS AGENCIES:

MOUs are in place with Mountain-Valley EMS Agency, Sacramento County EMS Agency

NEED(S):

The County's designated level III trauma center does not have agreements with referring hospitals in its catchment area or a policy specific to accepting major trauma patient transfers.

OBJECTIVE:

Ensure that the County's designated level III trauma center develops agreements with referring hospitals in its catchment area and adopts a policy specific to accepting major trauma patient transfers.

TIME FRAME FOR MEETING OBJECTIVE:

X Short-range

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Formal transfer agreements are in place with UCDMC and CHO for the care of critically injured pediatric patients. Patients requiring specialized services not available in San Joaquin County are routinely transferred by ground or air designated and non-designated specialty care centers in the Central Valley, Sacramento Valley, and bay area.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The SJCEMS Agency has designated and continues to monitor two STEMI Receiving Centers (per EMS Policy No. 4801) and one Level III Trauma Center (per EMS Policy No. 4710) within San Joaquin County.

COORDINATION WITH OTHER EMS AGENCIES:

Two hospitals in Stanislaus County are recognized as STEMI Receiving Centers and Level II Trauma Centers.

NEED(S):

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Hospitals in San Joaquin County have implemented and operate in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Each acute care hospital has developed an evacuation plan. The EMS component of a hospital evacuation would be managed in accordance with the OES Region Four MCI Plan. Additionally, the EMS Agency has developed a system wide Long Term Care Facility Evacuation Plan that is currently being implemented by skilled nursing facilities throughout the County which is found on the EMS Agency website at: http://sjgov.org/ems/emergencyPreparedness.htm#LTCF

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

SJCEMS Agency Policy No. 4901 Base Hospital Standards describes the process to allow all eligible hospitals to apply to and be designated as a base hospital.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

The SJCEMS Agency has developed a trauma care system as set forth in EMS Policy Nos. 4701, 4709, 4710, 4712, 4713, 4720, 5783, 5210, and 5215, and a written agreement with San Joaquin General Hospital.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The County Emergency Medical Services Liaison Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding the entire EMS system.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

SJCEMSA implemented EMS for Children standards in the 1990's

NEED(S):

To be determined

OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

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

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

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

Re-evaluate the EMS for Children's project objectives.

NEED(S):

TO BE DETERMINED

OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

SJCEMSA will solicit input when appropriate

NEED(S):

OBJECTIVE:

Re-evaluate the EMS for Children's project objectives.

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

The SJC EMS Agency has developed specialty care plans for:

- STEMI patients as demonstrated by written agreements between the EMS agency and Dameron Hospital and St. Joseph's Medical Center and EMS Policy Nos. 4801 and 4802.
- Trauma patients as demonstrated by a written agreement between the EMS agency and San Joaquin General Hospital and EMS Policies 5210, 5215, 6710, and 6720.

NEED(S):

Evaluate the possibility of establishing a Stroke System

OBJECTIVE:

Evaluate the possibility of establishing a Stroke System

TIME FRAME FOR MEETING OBJECTIVE:

X Long-Range Plan (more than one year)

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The planning and development of the STEMI and Trauma care systems in San Joaquin County included multiple opportunities for prehospital and hospital providers and consumers to provide input during the development of EMS policies and written agreements. These opportunities included regularly scheduled meetings such as the EMS Liaison Committee, the Transportation Committee, and written agreements for STEMI Receiving Centers and the Trauma Center made available for public comment as part of the agenda of the San Joaquin County Board of Supervisors.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

A formal Continuous Quality Improvement (CQI) program exists in San Joaquin County. The EMS Agency has approved CQI plans for all advanced life support providers, the County's authorized dispatch center, and designated base hospital. The CQI Council meets regularly to address the total EMS system, providers, policies, procedures and protocols. Ongoing monitoring of system performance is conducted through prospective, concurrent, and retrospective quality improvement activities. Policies associated with ensuring listed QA/QI program activities include Policy Nos. 6620 and 6630 and described in greater detail in the San Joaquin County QI Plan.

Evaluation of response to, and the care provided to patients with STEMI, major trauma, and cardiac arrest is accomplished through targeted audits conducted by EMS agency staff in cooperation with pre-hospital and in-hospital staff. The CQI Plan was submitted on February 23, 2015.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Patient care records (PCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider and EMS Agency. This requirement is addressed in written ALS agreements with prehospital care providers and in EMS Policy Memorandum No. 2010-03 at http://sjgov.org/ems/PDF/Policies/2010-03PCRDocumentationSigned.pdf.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Standardized clinical audits of prehospital care are currently being performed on select focus areas (e.g. STEMI, Trauma, Cardiac Resuscitation, MCIs, Spinal Stabilization). System response standards are monitored on a monthly basis with public reports provided through the County's web page.

Dispatch records, pre-hospital care records, and in-patient and discharge records are not linked in an aggregate. Such records can only be linked through data mining using discrete platforms.

NEEDS:

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has adopted a policy (No. 3202) regulating the provision of EMD Services a single authorized emergency medical dispatch center. The County's authorized emergency medical dispatch center is an active participant in the CQI process and performance reports including information on the level of medical response are submitted to the EMS Agency for review on a monthly and quarterly basis.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

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

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

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

The current San Joaquin County data management system supports system-wide planning and evaluation through the reliance of data collected using ePCRs as well as specific audit tools (e.g. advanced airway, STEMI) that incorporates both prehospital and in-hospital data. Eighty-seven percent of EMS system data collection is NEMSIS 3 compliant, with the remainder of the system moving from current CEMSIS 2.2.1 ePCR platforms to NEMSIS 3 compliant platforms.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

San Joaquin County EMS Agency will continue to work with ALS providers to ensure migration from CEMSIS 2.2.1 to NEMSIS 3 compliant platforms based upon state standards.

Develop an integrated data management system which includes system response and pre-hospital and in-hospital clinical data.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

X Short-Range Plan (one year or less)

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

San Joaquin County currently has a comprehensive, multi-function approach to EMS Quality Improvement. This process allows EMS agency to review local operations, policies, practices and the overall design and effectiveness of the EMS system. This approach is summarized in EMS Policy Nos. 6620 and 6630 and described in greater detail in the San Joaquin County CQI Plan.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

A mechanism for ensuring provider participation was established by the EMS Agency Policy No. 6620, Continuous Quality Improvement Process and EMS Policy No. 6630, Continuous Quality Improvement Council. Currently, all ALS providers based in San Joaquin County participate in the CQI program.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.08 REPORTING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Results and findings of EMS system design evaluations are shared with members of the EMS Liaison Committee and Transportation Committee. Reports on the three zones with AMR as the exclusive operating ambulance are presented to the Board of Supervisors on a bi-monthly basis. The Board of Supervisors is kept abreast of overall system operations.

NEEDS:

Include compliance reports for Zones D, E, and F

OBJECTIVE:

Compile and post compliance reports for Zones D, E, and F.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The trauma system evaluation and data collection program includes all mechanisms necessary to identify potential improvements to the system design and operation as evidenced by EMS agency policy Nos. 6610 and 6620. See attached Trauma Plan.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The EMS agency has enforced requirements set forth in a written agreement between the EMS agency and San Joaquin General Hospital and EMS Policy Nos. 6710 and 6720 to obtain data required to evaluate and improve the trauma program.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Public education regarding the EMS system, access, self-help, consumer rights, prevention and emergency department utilization are provided by each hospital, prehospital providers, the San Joaquin County Health Department and local fire service agencies. EMS Agency regularly posts information for the public on the EMS Agency's website, www.sjgov.org/ems.

Development of information materials: At the request of the EMS agency, CalTrans installed blue universal hospital signs (blue and white H) to each of the green highway information signs for the SJGH exits on Interstate 5 (due to high volume of non-English reading travelers), directing the public to the Level III Trauma Center.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

EMS educational programs are provided by prehospital providers, AMR Lifecom dispatch center, and other public safety agencies. San Joaquin County EMS Agency requires and monitors such educational programs.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

San Joaquin County Office of Emergency Services works actively with community organizations to ensure public preparedness for disasters and other emergencies. San Joaquin County EMS Agency oversees the registry for Disaster Healthcare Volunteers, Disaster Services Workers, and provides administrative support for the Emergency Preparedness Committee.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CPR and first-aid training is readily available through the American Red Cross and other providers.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan. The EMS Agency has developed Policy No. 7101 to ensure the appropriate use of the CHEMPACK in response to an organophosphate MCI.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All first response and ambulance personnel are currently trained to Haz-Mat Responder Awareness Level or higher.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All of San Joaquin County's EMS plans, policies and procedures conform to SEMS and NEMS. Additionally, all emergency ambulance personnel are required to complete eight hours of MCI training.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

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

Distribution of patients is addressed in Manual II of the OES Region IV MCI Plan and used by the Patient Transportation Group Supervisor and Disaster Control Facility (DCF) to disperse patients during an MCI. Maps developed for OES Region IV and the EMresource software list each hospital's special capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

EMS Agency duty officer is available 24 hours a day, seven days a week by pager or 24 hour contact point and serves as the medical health operation area coordinator designee capable of fulfilling requests for medical mutual aid. Medical mutual aid exercises are conducted annually.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities as noted the EMS Agency's Communication's Plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Providers and hospitals have increased resources and capabilities for responding to MCIs and disasters through the federally funded hospital preparedness program grants. San Joaquin County hosts an EMS Authority Disaster Medical Support unit which is available to respond 24 hour a day seven days a week as needed.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The local EMS Agency has established and maintains a relationship with DMATCA-11 at the State EMS Authority.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel. Day-to-day mutual-aid from neighboring providers is available as needed in accordance with OES Region IV MCI Plan, Manual III.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The current designated Field Treatment Site is the Stockton Metropolitan Airport. The San Joaquin County EMS agency developed a written plan that describes the operations necessary to implement a FTS.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Refer to 8.11

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All EMS personnel are required by SJCEMSA policy to complete NIMS 700 and ICS 100.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

An MCI exercise is conducted annually and involves all hospitals and providers in San Joaquin County. Each hospital is encouraged to draft plans consistent with the hospital incident command system.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The County's acute care facilities have a variety of communications systems available during emergencies, including; telephone, blast phone, mednet radio, email, EMResource software and amateur radio.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

SJCEMSA serves as the MHOAC and HPP Grant Administrator. A summary of training provided to prehospital medical response agencies and acute care hospitals is listed on the SJCEMS Agency website at http://sjgov.org/ems/emergencyPreparedness.htm which includes links to:

San Joaquin Operational Area Healthcare Coalition
Communications
Disaster Healthcare Volunteers
Disaster Services Workers
Emergency Preparedness Committee (EPC)
Emergency Preparedness Exercises
Emergency Preparedness Links
Emergency Preparedness Training with Incident Planning Process for Extended Operations Course Materials Including: Participant handbook; Course schedules; Classroom layout, supplies and materials list; Instructional video playlist; Course preparation checklist; Master Scenario Events List (MSEL) Template; FEMA All-Hazards NIMS/ICS Forms; Wall size ICS-215 and 215A Order Form; ICS Field Operations Guide; and Course materials binder tabs.

Health Care Facility Status Reports
Healthcare Coalition Memorandum of Understanding
Hospital Evacuation Plan
Long Term Care Facility Evacuation Plan
San Joaquin Operational Area Medical/Health Multi-Agency Coordination (MedMAC)
California Emergency Functions

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.17 ALS POLICIES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

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

When medical mutual aid requests processed through the Medical Health Operational Area Coordinator then responding ALS personnel are authorized to function in San Joaquin County based upon the ALS basic scope of practice for the State of California.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

EMS Agency Policy No. 5215 specifies the role of the Level III Trauma Center during significant incidents (e.g. MCIs, patients with unmanageable airways, isolated burn and isolated spinal cord injuries and pediatric patients). EMS Agency Policy No. 4980 Receiving Hospital Diversion specifies the role of the two STEMI Receiving Centers, and EMS Agency Policy No. 5215 Trauma Patient Destination which addresses MCIs, pediatric patients, and other specialty care situations related to major trauma patients.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

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

Medical Health Operational Area Coordinator has the authority waive exclusivity when obtaining medical mutual aid resources.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

N/A

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TABLE 1: UPDATE TO ASSESSMENT OF SYSTEM

Changes Made on Standards

This section provides a summary of changes to how the San Joaquin County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	☑	☑	☐	Competed all objectives	Rewrite the Transportation Plan and submit it to the EMS Authority for approval. This plan will determine the optimal system design for ambulance services and describe the competitive process for implementation of EOAs.
4.01	The local EMS agency shall determine the boundaries of emergency medical transportation service areas.	☑	☑	☐	Competed all objectives	Determine boundaries of emergency transportation service areas and include in Transportation Plan.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	☑	☑	☐	Competed all objectives	Rewrite the Transportation Plan and submit it to the EMS Authority for approval. This plan will determine the optimal system design for ambulance services and describe the competitive process for implementation of EOAs.
4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas	☑	☑	☐	Competed all objectives	Modify the Transportation Plan to prepare for the development of an RFP process for ambulance service exclusive operating area in Zones A, B, & C.
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.	☑	☐	☐	Completed all objectives. Monitoring trauma center contract with SJGH is ongoing as of August 1. 2013	Submit Trauma Plan to State EMS Authority by August, 2012; receive approval from the State EMSA by September, 2012; issue an RFI to determine level of interest for hospitals to apply for trauma center designation by October 2012 (Issue an RFP if multiple hospitals apply); conduct a site visit of applicant hospital(s) in February 2013; Complete contract negotiations and send recommendation to County BOS for approval by May 2013; develop trauma triage criteria policies and begin training EMS personnel and begin monitoring contract and oversee trauma system in July, 2013.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	☐	☐	☑	Met requirements in 5.13 for STEMI System with the exception of: d) the role of non-designated hospitals.	Integrate non-designated hospitals into the STEMI System.

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TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2013-2014

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

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

County: San Joaquin County EMS Agency

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
   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)	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No

Table 2 - System Organization & Management (cont.)

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

5. EXPENSES

Salaries and benefits	$1,102,892
HPP Grant purchased services	$242,665
EMSystem (OES Region IV pass through)	$160,000
Other	$603,951
Total Expenses	$1,954,487

6. SOURCES OF REVENUE

Ambulance permit fees	$556,000
Personnel fees	$50,120
Training program fees	$11,000
Facility Designation	$200,000
Misc – includes penalties	$182,000
General Fund Assistance	$382,331
HPP Grant	$278,821
EMSystem (OES Region IV pass through)	$130,000
RDMHS Grant	$110,000
Transfers (EMS Maddy Fund)	$54,215
Total Revenue	$1,954,487

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

Table 2 - System Organization & Management (cont.)

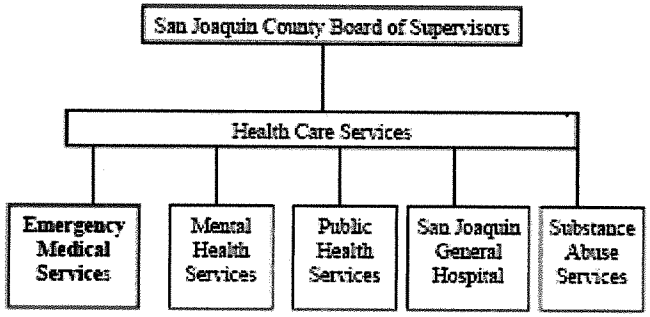
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	$4,584	45%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	$3,012	45%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1FTE	$2,759	45%	
Trauma Coordinator	Trauma Coordinator	1FTE	$4,098	45%	
Medical Director	Medical Director	.25FTE	$7,615*	0%	*Estimated Bi-weekly salary, Actual Contract $4,000 per month
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE	$2,759	45%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	1FTE	$2,997	45%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	$1,718	45%	
Other Clerical	Accounting Technician I	1FTE	$2,141	45%	
Other					

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

San Joaquin County Organizational Charts



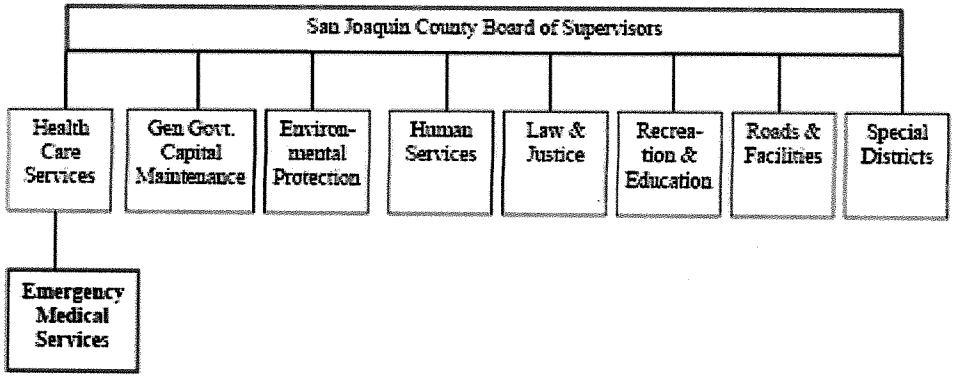


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING

Reporting Year: _____

NOTE: Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	396	54		29
Number newly certified this year	77	9		10
Number recertified this year	322	45		24
Total number of accredited personnel on July 1 of the reporting year			186	N/A
Number of certification reviews resulting in:				
a) formal investigations	2			2
b) probation	1			
c) suspensions				
d) revocations	1			
e) denials				
f) denials of renewal				
g) no action taken			4	2

1. Early defibrillation:
   a) Number of EMT=I (defib) certified 322
   b) Number of public safety (defib) certified (non-EMT-I) _____

2. Do you have a first responder training program ☐ yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

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

County: San Joaquin County EMS Agency

Reporting Year: 2013-2014

1. Number of primary Public Service Answering Points (PSAP) 8
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 2
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Valley Regional Emergency Communications Center
7. Who is your primary dispatch agency for a disaster?
   Valley Regional Emergency Communications Center
8. Do you have an operational area disaster communication system? ✓ Yes ☐ No
   a. Radio primary frequency CALCORD

   b. Other methods _____

   c. Can all medical response units communicate on the same disaster communications system? ✓ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☐ Yes ✓ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ✓ Yes ☐ No

      1) Within the operational area? ✓ Yes ☐ No
      2) Between operation area and the region and/or state? ✓ Yes ☐ No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION

Reporting Year: 2013-2014

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	n/a	n/a	n/a	n/a
Transport Ambulance	7:29 min	9:29 min	17:29 min	29:29 min

TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

Trauma

a) Number of patients meeting trauma triage criteria	886
b) Number of major trauma victims transported directly to a trauma center by ambulance	884
c) Number of major trauma patients transferred to a trauma center	65
d) Number of patients meeting triage criteria who weren't treated at a trauma center	2

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2013-2014

County: San Joaquin County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Stockton Metropolitan Airport
   b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Reserve Corp, CALMAT, DMAT.
   c. Do you have a supply system for supporting them for 72 hours? ✓ Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ✓ Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ✓ Yes ☐ No
   b. At what HazMat level are they trained? Specialist, Technician, First Responder Operations Decontaminations (FRO Decon) and First Responder Operations (FRO)
   c. Do you have the ability to do decontamination in an emergency room? ✓ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ✓ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ✓ Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8

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

4. List all counties with which you have a written medical mutual aid agreement.
   All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo

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

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ✓ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ✓ No

8. Are you a separate department or agency? ✓ Yes ☐ No

9. If not, to whom do you report? _____

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ✓ Yes ☐ No

TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** A

Address: 400 Fresno Ave
Stockton, CA 95203

Number of Ambulance Vehicles in Fleet: 52

Phone Number: 209-948-5136

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 ❑ Non-Transport ✓ ALS ✓ 9-1-1 ✓ Ground ✓ BLS ✓ 7-Digit ❑ Air ✓ CCT ❑ Water ❑ LALS ✓ 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

8981 Total number of responses
8475 Number of emergency responses*
506 Number of non-emergency responses

6231 Total number of transports
5726 Number of emergency transports
505 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** B

Address: 400 Fresno Ave
Stockton, CA 95203

Number of Ambulance Vehicles in Fleet: 52

Phone Number: 209-948-5136

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 32

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
✓ Yes ❑ No	✓ Yes ❑ No	✓ Yes ❑ No	✓ Transport ❑ Non-Transport ✓ ALS ✓ 9-1-1 ✓ Ground ✓ BLS ✓ 7-Digit ❑ Air ✓ CCT ❑ Water ❑ LALS ✓ 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

43989 Total number of responses
41510 Number of emergency responses*
2479 Number of non-emergency responses

29900 Total number of transports
27423 Number of emergency transports
2477 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** C

Address: 400 Fresno Ave
Stockton, CA 95203

Number of Ambulance Vehicles in Fleet: 52

Phone Number: 209-948-5136

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 ❑ Non-Transport ✓ ALS ✓ 9-1-1 ✓ Ground ✓ BLS ✓ 7-Digit ❑ Air ✓ CCT ❑ Water ❑ LALS ✓ 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

6293 Total number of responses
5937 Number of emergency responses*
356 Number of non-emergency responses

4367 Total number of transports
4011 Number of emergency transports
356 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Manteca District Ambulance **Response Zone:** D

Address: P.O. Box 2
Manteca, CA 95336

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 209-823-1032

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

8079 Total number of responses
7767 Number of emergency responses*
312 Number of non-emergency responses

5080 Total number of transports
4770 Number of emergency transports
310 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Ripon Fire Protection District Ambulance **Response Zone:** E

Address: 142 S. Stockton Avenue
Ripon, CA 95366

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 209-599-4209

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	✓ 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

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

_____ Total number of responses
_____ Number of emergency responses

Transporting Agencies

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

Air Ambulance Services

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Escalon Community Ambulance **Response Zone:** F

Address: PO Box 212
Escalon, CA 95320

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 209-838-1351

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	✓ 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

925 Total number of responses
817 Number of emergency responses*
108 Number of non-emergency responses

675 Total number of transports
567 Number of emergency transports
108 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

***All responses received though the 911 system are defined as "emergency."**

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Protransport-1, LLC **Response Zone:** County-wide

Address: P.O. Box 2332
Santa Rosa, CA 95405

Number of Ambulance Vehicles in Fleet: 4 Available for ASAP requests

Phone Number: 707-586-4041

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	❑ Yes ✓No	❑ Yes ✓ No Provider is non-emergency only. 24 hour service availability not required.	✓ Transport ❑ ALS ❑ 9-1-1 ✓ Ground ❑ Non-Transport ✓ BLS ❑ LALS ❑ Air ✓ 7-Digit ❑ 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
0 Number of emergency responses
559 Number of non-emergency responses

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

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Priority One Medical Transport **Response Zone:** County-wide

Address: 740 S. Rochester Ave. Ste. E
Ontario, CA 91761

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 800-600-3370

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❑ Yes ✓ No	❑ Yes ✓ No	❑ Yes ✓ No Provider is a non-emergency provider. 24 hour availability is not required	✓ Transport ❑ ALS ❑ 9-1-1 ✓ Ground ❑ Non-Transport ✓ BLS ✓ 7-Digit ❑ Air ❑ 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
0 Number of emergency responses
No data Number of non-emergency responses*

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** NorCal Ambulance **Response Zone:** County-wide

Address: 6761 Sierra Ct. Suite G
Dublin, CA 94568

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-860-7900

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 ❑ Non-Transport ❑ ALS ❑ 9-1-1 ✓ Ground ✓ BLS ✓ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ LALS ✓ 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
0 Number of emergency responses
5601 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
5462 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Clements Fire District **Response Zone:** _____

Address: P.O. Box 523
Clements, CA 95227

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (209) 941-2339

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Stockton Fire Department (ALS) **Response Zone:** _____

Address: 425 N. El Dorado Street
Stockton, CA 95202

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 209-937-8022

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Tracy Fire Department (ALS) **Response Zone:** _____

Address: 835 Central Ave
Tracy, CA 95376

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 209) 759-3371

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Collegeville Fire District** **Response Zone:** _____

Address: 13225 E. Mariposa Road
Stockton, CA 95205

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 941-2339

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Escalon Fire District** **Response Zone:** _____

Address: 1749 Coley Avenue
Escalon, CA 95320

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 838-7500

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Farmington Fire District** **Response Zone:** _____

Address: P.O. Box 25
Farmington, CA 95230

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 886-5321

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **French Camp-McKinley Fire District** **Response Zone:** _____

Address: P.O. Box 790
French Camp, CA 95231

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 982-0592

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Lathrop-Manteca Fire District** **Response Zone:** _____

Address: 800 J Street
Lathrop, CA 95330

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 858-2331

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

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 ❑ 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

_____ 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**

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

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Liberty Fire District **Response Zone:** _____

Address: 24124 N. Bruella Road
Acampo, CA 95220

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 209) 339-1329

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Linden Peters Fire District** **Response Zone:** _____

Address: 17725 E. Hwy 26
Linden, CA 95236

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 887-3710

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Lodi Fire Department** **Response Zone:** _____

Address: 25 E. Pine Street
Lodi, CA 95240

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 333-6735

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Manteca Fire Department** **Response Zone:** 209) 239-8435

Address: 1154 S. Union Road
Manteca, CA 95337

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 239-8435

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Mokelumne Fire District** **Response Zone:** _____

Address: 13157 E. Brandt Road
Lockeford, CA 95237

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 727-0564

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Montezuma Fire District** **Response Zone:** _____

Address: 2405 S. B Street
Stockton, CA 95206

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 464-5234

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Thornton Fire District** **Response Zone:** _____

Address: 25999 N. Thornton Road
Thornton, CA 95686

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 794-2460

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** **Waterloo Morada Fire District** **Response Zone:** _____

Address: 6925 East Foppiano Lane
Stockton, CA 95212

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 209) 931-3107

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Woodbridge Fire District **Response Zone:** _____

Address: 400 E. Augusta Street
Woodbridge, CA 95258

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (209) 369-1945

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

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 ❑ 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

_____ 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**

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses

_____ Total number of transports
_____ Number of emergency transports

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** REACH **Response Zone:** County-wide

Address: 451 Aviation Blvd. Ste. 101
Santa Rosa, CA 95403

Number of Ambulance Vehicles in Fleet: 1 in county; 1 near county

Phone Number: 888-660-9888

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

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 ❑ 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

_____ 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

Air Ambulance Services

675 Total number of responses (scene and IFT)
361 Number of emergency responses (scene)

312 Total number of transports (Scene and IFT)
68 Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** PHI **Response Zone:** _____

Address: 801D Airport Road
Modesto, CA 95354

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 209-550-0881

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	✓ Yes ❑ No	✓ Yes ❑ No	✓ Transport ✓ ALS ✓ 9-1-1 ❑ Ground ❑ Non-Transport ❑ BLS ❑ 7-Digit ✓ Air ❑ 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

_____ 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

Air Ambulance Services

No data Total number of responses (unk IFT)
12 Number of emergency responses (scene)

No data Total number of transports (Unk IFT)
6 Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** CALSTAR **Response Zone:** _____

Address: 4933 Bailey Loop
McClellan, CA 95652

Number of Ambulance Vehicles in Fleet: 2 based near county

Phone Number: 916-921-4000

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

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 ❑ 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

_____ 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**

Air Ambulance Services

31 Total number of responses (Scene & IFT)
3 Number of emergency responses (Scene)

16 Total number of transports (Scene & IFT)
2 Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2013-2014

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Mercy Air Services, Inc. **Response Zone:** County-wide

Address: 1700 Coffee Road
Modesto, CA 95335

Number of Ambulance Vehicles in Fleet: 1 based near county

Phone Number: 209-572-7050

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

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 ❑ 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

_____ 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**

Air Ambulance Services

No data Total number of responses (IFT and Scene)
No data Number of emergency responses (Scene)

38 Total number of transports (IFT and Scene)
2 Number of emergency transports (Scene)

TABLE 9: RESOURCE DIRECTORY – FACILITIES

Facilities

County: San Joaquin County

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

Facility: **Dameron Hospital**
Address: 525 W. Acacia Street
Stockton, CA 95203

Telephone Number: 209) 944-5550

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
✓ Yes ❒ No	❒ Yes ❒ No

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

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **Kaiser Permanente Hospital Manteca**
Address: 1777 West Yosemite Avenue
Manteca, CA 95336

Telephone Number: (209) 825-3700

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4] **EDAP**[5] **PICU**[6]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes ✓ No	❒ Yes ✓ No

4 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
6 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **Lodi Memorial Hospital**
Address: P.O. Box 3004
Lodi, CA 95241

Telephone Number: Phone: (209) 334-3411

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[7] **EDAP**[8] **PICU**[9]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes ✓ No	❒ Yes ✓ No

7 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
8 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
9 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **Saint Joseph's Medical Center**
Address: P.O. Box 213008
Stockton, CA 95204

Telephone Number: (209) 467-6400

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[10] **EDAP**[11] **PICU**[12]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
✓ Yes ❒ No	❒ Yes ✓ No

10 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
11 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
12 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **Sutter-Tracy Community Hospital**
Address: 1420 Tracy Boulevard
Tracy, CA 95377

Telephone Number: (209) 835-1500

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[13] **EDAP**[14] **PICU**[15]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes ✓ No	❒ Yes ✓ No

13 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
14 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
15 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **Doctors Hospital Manteca**
Address: 1205 E. North Street
Manteca, CA 95336

Telephone Number: 209-823-3111

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	❒ Yes ✓ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[16] **EDAP**[17] **PICU**[18]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes ✓ No	❒ Yes ✓ No

16 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
17 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
18 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: **San Joaquin General Hospital**
Address: 500 W Hospital Rd
French Camp, CA 95231

Telephone Number: 209-468-6000

Written Contract:	Service:	Base Hospital:	Burn Center:
✓ Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency ✓ Basic Emergency ❒ Comprehensive Emergency	✓ Yes ❒ No	❒ Yes ✓ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[19] **EDAP**[20] **PICU**[21]	❒ Yes ✓ No ❒ Yes ✓ No ❒ Yes ✓ No	❒ Yes ✓ No	❒ Level I ❒ Level II ✓ Level III ❒ Level IV

STEMI Center:	Stroke Center:
❒ Yes ✓ No	❒ Yes ✓ No

19 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
20 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
21 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County **Reporting Year:** 2013-2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Ripon Consolidated Fire District Telephone Number: 209-599-4209
Address: 142 S. Stockton Avenue
Ripon, CA 95366

Student Eligibility: RCFD Staff and Volunteers

Cost of Program:
Basic: 1
Refresher: 0

**Program Level EMT-1

Number of students completing training per year:
- Initial training: 31
- Refresher: 0
- Continuing Education: 360
- Expiration Date: 12-31-14

Number of courses:
- Initial training: 1
- Refresher: 0
- Continuing Education: 12

Training Institution: Telephone Number:
Address:

Student Eligibility*: Open

Cost of Program:
Basic:
Refresher:

**Program Level

Number of students completing training per year:
- Initial training:
- Refresher:
- Continuing Education:
- Expiration Date:

Number of courses:
- Initial training:
- Refresher:
- Continuing Education:

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

TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY

County: San Joaquin **Reporting Year:** 2013-2014

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

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)		Primary Contact: Jared Bagwell, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356		
Telephone Number:	(209) 236-8302		
Written Contract: ✓ Yes ☐ No	Medical Director: ✓ Yes ☐ No	✓ Day-to-Day ☐ Disaster	Number of Personnel Providing Services: 44 EMD, ____ EMT-D, ____ ALS, ____ BLS, ____ LALS, ____ Other
Ownership: ☐ Public ✓ Private		If Public: ☐ Fire ☐ Law ☐ Other Explain: ____	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

AMBULANCE ZONE SUMMARY FORMS

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: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone A
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (20 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Lodi area
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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
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. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

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: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone B
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (20 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Stockton area
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): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
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 completive-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

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: San Joaquin County EMS Agency
Area or sub area (Zone) Name or Title: Zone C
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. American Medical Response (20 Years). Exclusive effective May 1, 2006
Area or sub area (Zone) Geographic Description: Greater Tracy area
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): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
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 competitive-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

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: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone D
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Manteca District Ambulance Services (63 years)
Area or subarea (Zone) Geographic Description: Greater Manteca and Lathrop areas
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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1,1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.

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: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone E
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. Ripon Fire Protection District (40 years)
Area or subarea (Zone) Geographic Description: Greater Ripon area
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): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
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 competitive-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

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: San Joaquin County EMS Agency
Area or sub area (Zone) Name or Title: Zone F
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area. Escalon Community Ambulance (53 years)
Area or sub area (Zone) Geographic Description: Greater Escalon area
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): Type: Emergency Ambulance Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
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 competitive-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.