

EMERGENCY MEDICAL SERVICES AUTHORITY

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September 26, 2016

Ms. Jana Richardson, Senior EMS Coordinator
Kern County Public Health Services Department
1800 Mount Vernon Avenue
Bakersfield, CA 93306

Dear Ms. Richardson:

This letter is in response to your 2015 Kern County EMS Plan submitted to the EMS Authority on June 28, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Kern County's 2015 EMS Plan and cannot approve the plan as submitted.

II. History and Background:

Kern County received its last full EMS Plan approval for its 1994 submission and its last full annual Plan Update approval for its 1999 plan submission.

Kern County has inconsistently submitted EMS Plans to the EMS Authority. Historically, we have received EMS Plans from Kern County for the following years:

- 1994
- 1999
- 2003
- 2006
- 2012

Health and Safety (HSC) § 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 HSC § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions, an ongoing assessment of the EMS system in Kern County has been difficult.

III. Analysis of EMS System Components:

The following are comments related to the plan review. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>

1. System Assessment Form

- Standard 1.28. The Minimum Standard is indicated as met; however, the Ambulance Zone Summary forms are incorrect and have not changed since the EMS Authority's decision on Kern County's 2012 EMS Plan Update. In the next plan submission, please update the current status and Table 1 accordingly.

B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staffing/Training</u>
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C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Communications</u>
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D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Response/Transportation</u>
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1. System Assessment Forms

- Standard 4.08. All providers should be on a call rotation, and there should be no provider that is treated as a preferred provider, according to the U.S. Department of Transportation. In the next plan submission, please clarify the coordination with other EMS agencies.
- Standard 4.10. The Minimum Standard is indicated as not met, and a plan is in place to meet Standard 4.10 within one year. In the next plan submission, please provide an update on the progress toward meeting the Minimum Standard.

- Standard 4.18. The Minimum Standard is indicated as met; however, air medical transport providers do not have written agreements in place. In the next plan submission, please update the current status and Table 1 accordingly.
 - Standard 4.19. The Minimum Standard is indicated as met; however, the Ambulance Zone Summary forms are incorrect and have not changed since the EMS Authority's denial of Kern County's 2012 EMS Plan Update. In the next plan submission, please update the current status and Table 1 accordingly.
 - Standard 4.20. The Minimum Standard is indicated as met; however, a Resolution by the Board of Supervisors cannot grant exclusivity. The exclusivity of an operating area can only be determined based on the criteria established under HSC § 1797.224. Exclusivity without a competitive process established by a local county ordinance cannot be used to circumvent State statute.
 - Standard 4.21. The Minimum Standard is indicated as met; however, a Resolution by the Board of Supervisors cannot grant exclusivity. The exclusivity of an operating area can only be determined based on the criteria established under HSC § 1797.224. Exclusivity without a competitive process established by a local county ordinance cannot be used to circumvent State statute.
 - Standard 4.22. The Minimum Standard is indicated as met; however, the design of the exclusive operating area was created outside of HSC § 1797.224. Exclusivity without a competitive process established by a local county ordinance cannot be used to circumvent State statute.
2. Operational Areas or Subareas for Ground Ambulance Service
- Operational Area #1. In 1981, Wasco Ambulance was the only noted provider in Operational Area #1. In 1983, a second provider, North Kern Ambulance, began

operating in the area. Wasco Ambulance was sold to Delano Ambulance in 1984 (terms of sale unknown to the EMS Authority). In 1987, North Kern Ambulance went bankrupt and left the area. Another ambulance service, Kern Ambulance, was started the same year. In 2003, the ownership of Kern Ambulance changed (terms of sale unknown to the EMS Authority). The change in number of providers (from Wasco Ambulance to Wasco Ambulance and North Kern Ambulance) and exit (North Kern Ambulance) and entry (Kern Ambulance) of providers into the marketplace are changes in the manner and scope of services in that zone. The plan does not continue the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. It is our understanding that more recent ownership changes in this zone have taken place which the EMS Authority does not have detailed knowledge or documentation to indicate the purchase agreements. In addition to the above noted concerns by the EMS Authority, other changes could affect exclusivity as well. The changes in manner and scope make the zone ineligible for exclusivity without a competitive process; therefore, the EMS Authority has determined this zone as non-exclusive. If you wish this zone to be exclusive, a competitive process will need to be completed pursuant to HSC § 1797.224.

- Operational Area #2. In 1999, Schaefer's Shafter Ambulance was sold to Hall Ambulance Service, Inc. The Purchase Agreement dated March 16, 1999, between the companies substantially shows that the intent of the parties was to completely transfer Schaefer's Shafter Ambulance to Hall Ambulance Service, Inc. The documentation available indicates this zone is eligible for exclusivity without a competitive process for Emergency Ambulance Service at the 9-1-1 call level; however, the EMS Authority has determined this operational area is not eligible for 7-digit emergency call, inter-facility transport (IFT), or stand-by exclusivity as other providers routinely handled these types of services since 1981, which is a

change in manner and scope for these levels of exclusivity.

- Operational Area #3. Delano Ambulance Service has been the sole provider of 9-1-1 ambulance service since January 1, 1981. In 2006, a stock only purchase was completed. The stock purchase documentation substantially shows that Delano Ambulance Service still exists today as it did in 1981. The documentation available indicates this zone is eligible for exclusivity without a competitive process for Emergency Ambulance Service at the 9-1-1 call level; however, the EMS Authority has determined this operational area is not eligible for 7-digit emergency call, IFT, or stand-by exclusivity as other providers routinely handled these types of services since 1981, which is a change in manner and scope for these levels of exclusivity.
- Operational Area #4 and Operational Area #5. Golden Empire Ambulance and Hall Ambulance Service, Inc. operated in Operational Area #4 and Operational Area #5 in 1981. At that time, there was one global operational area for ambulance operations in the greater Bakersfield area. The providers were assigned source agency calls via a rotation system handled by the public safety agencies in the area. In 1987, the handling of calls in the greater Bakersfield ambulance operational area was changed. The rotation system was removed from use and Golden Empire Ambulance and Hall Ambulance Service, Inc. were assigned response areas within the global operating area. Over time, these response areas were revised and in 1989, Operational Area #4 and Operational Area #5 were officially established with set boundaries for response areas. In 1999, Golden Empire Ambulance was sold to Hall Ambulance Service, Inc., leaving Hall Ambulance Service, Inc. as the sole provider in what was the global operational area as of 1981. The Purchase Agreement dated July 1999, between the companies substantially shows that the intent of the parties was to completely transfer Golden Empire Ambulance to Hall Ambulance Service, Inc. Given that in 1981, Golden Empire Ambulance and Hall Ambulance Service, Inc. operated

the entire geographic area of Operational Area #4 and Operational Area #5 and those two companies still technically exist today, the EMS Authority recognizes Operational Area #4 as being the entire greater Bakersfield area and exclusive for Emergency Ambulance Service for 9-1-1 calls, and Operational Area #5 will cease to exist. This exclusivity can only apply if Operational Area #4 and Operational Area #5 are considered one area as was the case in 1981. The EMS Authority has determined this operational area is not eligible for 7-digit emergency call, IFT, or stand-by exclusivity as other providers routinely handled these types of services since 1981, which is a change in manner and scope for these levels of exclusivity.

- Operational Area #6. Care Ambulance provided service in Operational Area #6 in January 1981. In 1982, the California Highway Patrol revoked Care Ambulance's permit to operate. Hall Ambulance Service, Inc. then based an ambulance in that operational area to ensure coverage of ambulance service. Care Ambulance regained its operating permit and Hall Ambulance Service, Inc. removed their unit stationed in that area. The entry and exit of Care Ambulance and Hall Ambulance Service, Inc. is a change in manner and scope making the zone ineligible for exclusivity without a competitive process. This change to the area or subarea did not continue the use of existing providers operating continuously since January 1981, causing a change in call distribution, which is a change in manner and scope. It is our understanding that more recent ownership changes in this zone have taken place which the EMS Authority does not have detailed knowledge or documentation to indicate the purchase agreements. In addition to the above noted concerns by the EMS Authority, other changes could affect exclusivity as well. The EMS Authority has determined this zone as non-exclusive. If you wish this zone to be exclusive, a competitive process will need to be completed pursuant to HSC § 1797.224.

- Operational Area #7. In 1981, the operational area included most of the eastern Kern County desert. In 1992, Operational Area #7 was split into a northern area and southern area; Operational Area #7 and Operational Area #11. In 1982, Tri-County Ambulance sold part of its operation to Trans-Med Ambulance (terms of sale unknown to the EMS Authority). In 1985, Tri-County Ambulance repossessed the assets from Trans-Med Ambulance and took over operation of the area (conditions of the repossession are not known to the EMS Authority). The change in the boundaries and the change from one provider in 1981 to two providers in 1982, then back to one provider in 1985 are both changes in manner and scope that changed the area or subarea making the zone ineligible for exclusivity without a competitive process; therefore, the EMS Authority has determined this zone as non-exclusive. If you wish this zone to be exclusive, a competitive process will need to be completed pursuant to HSC § 1797.224.
- Operational Area #8. In January 1981, there were two ambulance services in Operational Area #8; Hall Ambulance Service, Inc. and Golden Empire Ambulance. At some point, Golden Empire Ambulance withdrew their ambulance from the area leaving only Hall Ambulance Service, Inc. The change in the number of providers is a change in manner and scope and makes the zone ineligible for exclusivity without a competitive process; therefore, the EMS Authority has determined this zone as non-exclusive. If you wish this zone to be exclusive, a competitive process will need to be completed pursuant to HSC § 1797.224.
- Operational Area #9. In January 1981, Taft Ambulance was the sole ambulance provider in Operational Area #9. In 1983, Tommy's Taft Ambulance and Golden Empire Ambulance entered and later left Operational Area #9. The change in the number of providers from one in 1981, to three in 1983, then back to one, is a change in manner and scope and makes the zone ineligible for exclusivity without a competitive process. The EMS Authority has determined this zone

as non-exclusive. If you wish this zone to be exclusive, a competitive process will need to be completed pursuant to HSC § 1797.224.

- Operational Area #11. A competitive process was successfully completed for this operational area in 1994. Based on the lack of periodic interval as required criteria in HSC §1797.224, a competitive process needs to be completed for this operational area to reestablish exclusivity. The EMS Authority has not approved a competitive process or an EMS Transportation Plan Update with a periodic interval listed and has determined this zone as non-exclusive.

For these reasons, the Response/Transportation section of the EMS Plan is not approved.

- E. Facilities/Critical Care
- F. Data Collection/System Evaluation

1. EMS Data to CEMSIS

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103). To enable the EMS Authority to make this determination, information shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (HSC § 1797.227).

- G. Public Information and Education
- H. Disaster Medical Response

The url links provided as a reference to Kern County's policies/guidelines throughout the System Assessment Forms were not accessible. In future submissions, please provide accessible links.

IV. Conclusion:

Based on the information identified, Kern County's 2015 EMS Plan is not approved. Pursuant to HSC § 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:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings. As the issues regarding this plan disapproval and the current appeal of your 2012 plan submission are essentially the same, if you desire to appeal, the EMS Authority will move to consolidate the separate appeals into one hearing for all issues.

Kern County's next annual EMS Plan submission will be due on or before September 30, 2018.

If you have any questions regarding the plan determination, please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

California Code of Regulations
TITLE 22. SOCIAL SECURITY
DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES
CHAPTER 13. EMS System Regulations

§ 100450.100 . Appeal Proceedings to the Commission

(a) Any proceeding by the Commission to hear an appeal of a local emergency medical services agency's (LEMSA) emergency medical services (EMS) plan, pursuant to Health and Safety Code, Section 1797.105, shall be conducted in accordance with the provisions of the Administrative Procedure Act, Government Code, Section 11500 et seq, and its associated regulations as contained in Title 1 of the California Code of Regulations.

(b) The Office of Administrative Hearings, using an administrative law judge, shall hold a public hearing and receive evidence according to the Administrative Procedures Act.

(c) The administrative law judge, in making a proposed decision to the Commission, shall only make a recommendation as described in Section 1797.105(d) of Division 2.5 of the Health and Safety Code to:

(1) sustain the determination of the authority, or

(2) overrule the determination of the authority and permit local implementation of the plan.

(d) Upon receipt of the Proposed Decision and Order from the Office of Administrative Hearings, the Commission shall calendar a discussion and vote regarding the proposed decision at the next regularly scheduled Commission meeting.

(e) The Commission shall permit public comment concerning the proposed decision pursuant to the Bagley-Keene Open Meeting Act.

(f) The Commission's vote on the proposed decision is limited to the following:

(1) adopt the administrative law judge's proposed decision, or

(2) not adopt the administrative law judges proposed decision, or

(3) return the proposed decision to the office of Administrative Hearings for re-hearing.

(g) The decision by the Commission shall be by simple majority vote of a quorum of those members present at the meeting where the proposed decision is scheduled as an agenda item.

Effective April 1, 2016

(h) Costs of the administrative hearing shall be borne equally by the parties. Costs shall not include attorney's fees.

Authority Cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.105 and 1797.254, Health and Safety Code; and Section 11517(c)(2)(D), Government Code.



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
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August 23, 2016

Dr. Howard Backer, MD, MPH, FACEP
Director, California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

KERN COUNTY EMS PLAN SUBMISSION

Dear Dr. Backer:

In accordance with Section 1797.254 of the Health and Safety Code, please find enclosed Kern County EMS Division's EMS Plan for 2015.

If you have any questions or if you need additional information, please feel free to contact me at (661) 868-5215 or by email at richardsonj@co.kern.ca.us.

Sincerely,

JANA RICHARDSON

Senior EMS Coordinator

August 23, 2016

2015 EMS Plan– Kern County

Kern County EMS Division is pleased to present the 2015 EMS Plan. The purpose of this notice is to provide a summary of the contents of the EMS Plan and highlight some of the work the Division has accomplished.

Kern County has implemented an EMSC program. In 2014, the Division created the *Pediatric Receiving Center Designation Policies and Procedures* to outline requirements for local hospitals interested in achieving designation as Pediatric Receiving Centers. Three area hospitals devoted significant time and resources to compiling and submitting applications for designation. On April 26, 2016 Kern County Board of Supervisors officially designated Pediatric Receiving Centers in Kern County. These hospitals are:

- Bakersfield Memorial Hospital (Level II)
- Kern Medical (Level II)
- San Joaquin Community Hospital (Level III)

The result of these designations effectively instituted pediatrics as a specialty consideration for ambulance destination decisions. Critical patient conditions were incorporated into the policy to direct care of critically ill patients to Level I or Level II pediatric facilities. Two hospitals in the rural portions of Kern County have expressed interest in obtaining designation, and are working toward completion by the end of 2016.

Kern County will continue to develop EMSC through the Pediatric Advisory Committee, quality improvement, and training. Also in 2014, the Division mandated Pediatric Advanced Life Support certification as a condition of accreditation, as well as skills verification in pediatric intubation. Addressing the needs of children in the community is a high priority for the Division. We are excited about the implementation of the program, and look forward to its continued growth and development.

In response to the Department of Transportation (DOT) letter regarding the Airline Deregulation Act (ADA), the Division has revised Ordinance and policies to remove the exclusive operating areas for air ambulances. While the providers of air ambulance service to Kern County has not changed, the Division is still in negotiations with air ambulance providers over language contained in the proposed Agreement. Currently, Kern County does not have any Agreements with air ambulance providers as specified in California Code of Regulations, Title 22, Division 9, Chapter 8, Article 2, Section 100300.b.4. The Division continues to work earnestly to remedy the disagreements, and fully expects to have executed Agreements in place within the next few months.

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On May 15, 2015, the Division adopted the *EMS Quality Improvement Program (EQIP)*. The EQIP was developed using EMS Guideline #166 as well as templates provided by EMS Administrators Association of California (EMSAAC). Additionally, Kern Medical has worked diligently to update data for the trauma registry and has successfully uploaded 2014 and 2015 CEMSIS data to image trend.

The Division has contracted with Dr. Kristopher Lyon in January of 2015 to retain his services as EMS Medical Director. Dr. Lyon has been a great asset to the Division and continues to work closely with Division staff to help provide oversight and medical direction of the EMS System. Dr. Lyon continuously strives to help update local protocols to current evidence-based best practices. Dr. Lyon enjoys engaging with EMT and paramedic personnel, and has developed Medical Director Forums to give personnel an opportunity to discuss the system with him and Division leadership staff.

The Kern County Board of Supervisors has designated Ridgecrest Regional Hospital (RRH) as a Level IV Trauma Center on May 6, 2016. RRH is located in an extremely rural area of Kern County. RRH's commitment to enhance the level of trauma care to the citizens of eastern Kern County helps fill a vital gap in trauma related care. RRH was also designated as a Base Hospital in 2014, in preparation for trauma center designation.

A change in ambulance provider ownership was carried out in 2014. Hall Ambulance Service, Inc. purchased Kern Ambulance Service who served the exclusive operating area 1. Operational area 1 consists of the communities of Wasco and Lost Hills. There was no disruption of service to this area as a result of the purchase.

All ambulance dispatch services were consolidated into one center in October of 2015. Hall Ambulance Service, Inc. provides for ambulance tracking and dispatch for Liberty Ambulance Service and Delano Ambulance Service. Hall Ambulance Service, Inc. operates an emergency medical dispatch service and was awarded as an Accredited Center of Excellence by the International Academies of Emergency Dispatch. The joint city/county fire department dispatch center, Emergency Communications Center, is also awarded as an Accredited Center of Excellence in Emergency Medical Dispatch.

System Organization and Management:

The Division was merged into the Kern County Department of Public Health Services in February of 2010. The Division is one of three for Public Health. The Director of the EMS Division reports to the Director of Public Health. The Director of Public Health reports to the Kern County Board of Supervisors. The EMS staff consists of eight full time personnel, including the Director. Currently, six of the positions are filled. The Division also continues to contract for the EMS Medical Director.

The Emergency Medical Care Advisory Board (EMCAB) fulfills the function of the Emergency Medical Committee in Kern. The EMCAB reviews, advises and approves local policies and procedures. The EMCAB is also responsible for the oversight of the Maddy Fund.

EMS responses continue to be tiered with most fire department responses at the basic life support level. All three fire departments operate an advanced life support level of service in specific locations; however most county-wide service is basic life support and none of the fire departments transport patients. Three private ambulance service providers cover one hundred percent of each respective exclusive operational area at an advanced life support level. Edwards Airforce Base also provides a military advanced life support ambulance service to military and civilian population of the military base. An advanced life support ambulance provides service to an industrial area of the Borax mine operation located near Boron. Prehospital patients are transported to ten acute care hospitals with basic or standby emergency services within Kern County, and transport of patients out of county to closest acute care hospitals in Los Angeles County. Kern generally handles over 90,000 prehospital emergency responses each year. This tiered response system is managed through International Academies of Emergency Dispatch (IAED) protocols with locally defined responses of fire and/or ambulance resources. System performance is continuously monitored.

Staffing and Training:

Paramedic and EMT treatment protocols are reviewed annually and updated as needed. With each update, the Division provides mandatory training sessions for all accredited paramedic personnel. Kern has also implemented mandatory paramedic skills testing for low frequency/high risk skills annually. Additionally, paramedic personnel are required to maintain Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Pre-Hospital Trauma Life Support (PHTLS) as a condition of accreditation.

Kern has mandated all EMT providers to be an approved AED provider and to provide supralaryngeal airway treatment as a condition of EMT provider approval. As a result, all EMT personnel employed by an approved provider must hold a local accreditation, and prove competency in any optional scope item, a minimum of supralaryngeal airway, upon re-accreditation.

Most recently, in response to California Code of Regulations, Title 22, Chapter 1.5, Kern established Public Safety First Aid Optional Skills Provider level of service. Public safety agencies who wish to implement any portion of public safety first aid optional skills are also required to be an approved AED provider. Currently, the Kern County Sheriff's Office has select officers trained at the first aid level with optional skills. These deputies are locally accredited and must maintain proficiency for re-accreditation.

The Division has approved two paramedic training programs, and six EMT training programs. Kern continues to provide mobile intensive care nurse (MICN) training program and reaccreditation program. Kern mandates all emergency medical dispatchers (EMD) be locally accredited and continuously monitors compliance through EMD providers.

Communications:

Kern has two EMD centers. The joint city-county Emergency Communications Center (ECC), and Hall Ambulance Service, Inc. Operational Communication Division (OCD). OCD provides for call-taking and

ambulance dispatch for all ground ambulance providers, and provides flight following for Hall Critical Care Transport air ambulance. Both dispatch centers are recognized as Accredited Centers of Excellence by the IAED. Kern will upgrade dispatch protocols to v.13.0 in October of 2016.

Kern maintains medical radio communication system through the use of repeaters. Recently, Kern licensed additional med channels that became available after the narrow-banding mandate. The additional med channels will help bolster communications during large scale incidents. Interoperability channels are programmed on all ambulance and fire department radios. Additionally, Tactical Interoperability Communication Plan (TICP) is nearing completion and is awaiting approval by the Emergency Council and the Kern Board of Supervisors.

Kern uses the "Hospital Emergency Department Status Website," more commonly known as the ED Status website, to maintain current hospital emergency department status and overload. Hospitals can also post advisories of reduced services, such as "CT Down" to notify pre-hospital personnel of the issue. Kern has successfully eliminated "diversion" and "closure" statuses for emergency departments, with the exception of pre-determined situations. Kern uses Reddinet to manage patient tracking and assignment during "Med-Alert" situations. Reddinet is also used for hospital bed availability and serves as a secondary means of communications with hospitals, non-receiving acute care facilities, and local clinics. Kern also participates in CAHAN.

Response/Transportation:

First response is provided predominately through three (3) fire departments, and on limited availability the Sheriff's Office. Bakersfield City Fire Department provides BLS first response and maintains one station as an ALS technical rescue program. Kern County Fire Department provides BLS services and maintains one station in the Pine Mountain Club as an ALS level service. California City Fire Department provides ALS first responder services. All three fire departments also operate Fireline Paramedic programs. Kern County Fire Department and Kern County Sheriff's Office provide BLS rescue helicopter services. The Sheriff's Office also provides BLS services as part of Search and Rescue teams, training division, and SWAT team operations.

Ground ambulance service is provided through three (3) privately owned ambulance services. These include Hall Ambulance Service, Inc., Delano Ambulance Service, and Liberty Ambulance Service. Nearly all high priority pre-hospital responses require an ALS ambulance response. BLS ambulances are staffed to respond to non-priority calls, and less than three (3) percent of the time for ALS level responses when the BLS ambulance is the closest resource to the incident. Hall Ambulance Service, Inc. also maintains ALS first responder personnel, and critical care transport services with registered nurses. Ground ambulance services operates under exclusive contracts for defined operational areas. Compliance with stringent performance standards are required to maintain the contract. The Division continuously tracks ambulance performance on a monthly basis.

Air ambulance services are provided by Hall Critical Care Transport, and Mercy Air. Due to the Department of Transportation (DOT) opinion of the Airline Deregulation Act, no air ambulance providers

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are currently under contract. Kern had exclusive operational areas for air ambulance providers until the opinion of the DOT was received. Kern has revised local ordinance to comply with the ADA, and is currently revising air ambulance policies and procedures to comply with the ADA. Hall Critical Care Transport is based at Meadows Field Airport in north Bakersfield, and Mercy Air is based at Mojave Spaceport. Both air ambulance services provide paramedic/registered nurse staffing and response to emergencies and interfacility transfers.

On April 21, 2014, Kern County sent a letter to the EMS Commission reserving its right to appeal the April 14, 2014 EMSA determination(s) regarding the Kern County Transportation Plan. On June 18, 2014, County Counsel for Kern County appeared before the EMS Commission and requested an appeal hearing. The Commission granted the request and set the matter for hearing at the Commission meeting on September 17, 2014. Kern County's appeal was removed from the September 17, 2014 EMS Commission agenda. On December 14, 2014 the CA State Attorney General issued a memo that stated should the Commission choose to have a full evidentiary process in which the Commission or Office of Administrative Hearings hears the appeals, the Commission must direct EMSA to prepare a regulation setting forth the appeals process for Kern County and future appeals of any EMSA disapproval of local EMS plans and to submit the regulation to the Commission for approval. EMSA proposed appeal rules on March 13, 2015. Those appeal regulations became final on April 1, 2016. Based on the foregoing Kern County has re-asserted its appeal before the Commission.

Facilities/Critical Care

Kern has ten (10) general acute care hospitals that provide basic or stand-by emergency services. The following is a summary of the hospitals providing services pertaining to the EMS system:

San Joaquin Community Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Primary Stroke Center
- Level III Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic, sexual assault

Mercy Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center
- Case specific: orthopedic

Mercy Southwest Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center

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- Case specific: obstetrical, orthopedic

Bakersfield Memorial Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic

Kern Medical – Bakersfield

- Basic Emergency Services
- Base Hospital
- Level II Trauma Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: obstetrical, orthopedic

Bakersfield Heart Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Primary Stroke Center
- Case specific: cardiac

Delano Regional Medical Center – Delano

- Basic Emergency Services
- Base Hospital

Kern Valley Healthcare District – Mountain Mesa (Lake Isabella)

- Stand-by Emergency Services
- EMS Receiving Hospital

Tehachapi Hospital – Tehachapi

- Stand-by Emergency Services
- EMS Receiving Hospital

Ridgecrest Regional Hospital – Ridgecrest

- Basic Emergency Services
- Base Hospital
- Level IV Trauma Center

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Delano Regional Medical Center and Ridgecrest Regional Hospital have both expressed intent to apply for Pediatric Receiving Center designation before the end of 2016. Ambulance Destination Decision Policies continue to be updated regularly as hospital services evolve.

Data Collection/System Evaluation

Data is collected electronically from a variety of vendors. Electronic data collection is used to perform system evaluation and help guide quality improvement efforts. Data collection is through the upload of patient care reports (PCRs) to a data warehouse. The data warehouse is NEMESIS 2 compliant. The Division is working with Inspironix to upgrade the data warehouse to NEMESIS 3.4 compliance by the end of 2016. All system providers have been informed of the NEMESIS 3.4 compliance deadline and are actively taking efforts to meet EMSA deadlines.

Public Information/Education:

The Division has been actively engaged in teaching hands-only CPR to residents of Kern County. Each year the Division partners with multiple first responders, ambulance providers, and hospitals to train as many people as possible in hands-only CPR during the Sidewalk CPR Day. In 2015, the combined effort yielded over 1,200 people trained in a single day. The Division provides public education through participation in health fairs, career day, health career academy job shadows, special speaking invitations, and hands-only CPR training to anyone who requests it.

The Division is bringing Pulse Point to Kern and will be conducting a massive media campaign to bring awareness to the smartphone app. Kern is also participating in the AED portion of Pulse Point and will be using a community outsourcing approach to help identify unregistered AEDs in the community.

Disaster Medical Response:

Disaster medical response continues to be a very active component for the Division. The EMS Director manages the EMS Division and the Emergency Preparedness (EP) Division. The supervisors for both Divisions are Senior EMS Coordinators. EP manages the Hospital Preparedness Grant (HPP), the Strategic National Stockpile (SNS) program, Public Health Emergency Preparedness (PHEP) grant, and various other preparedness grants. The EMS Division houses the Regional Disaster Medical Health Specialist (RDMHS) position for Region V. The EMS Division functions as the Medical Health Operational Area Coordinator (MHOAC) for Kern County. These positions are responsible for disaster medical-health planning advancement and the medical-health mutual aid system.

Mass casualty hospital surge protocol has been issued to all hospitals. Hospitals have been given supplies and inventories in the event they need to expand due to surge. Clinics, dialysis centers, surgical centers, and skilled nursing centers are being engaged to participate in the development of disaster planning efforts. Alternative Care Site (ACS) planning is ongoing in coordination with local partners, and the Kern SNS program is continuously being updated and advanced. These activities are managed in coordination with the Disaster Medical Planning Group (DMPG) that consists of EMS, Public

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EMS Plan

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Health, hospitals, clinical, managed care, ambulance services, surgical centers, dialysis centers, fire departments, schools, law enforcement agencies, Red Cross, and other organizations with an interest. The DMPG meets on a bi-monthly basis.

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MINIMUM STANDARD MET

Includes LEMSA staff, medical and administration qualifications
Emergency Medical Care Advisory Board (Kern's EMCC)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

EMS System Collaborative meetings to plan and implement Countywide changes.

EMS QI Plan: http://kernpublichealth.com/wp-content/uploads/2014/09/EQIP_05152015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Emergency Medical Care Advisory Board- a subcommittee of Kern's Board of Supervisors
Bylaws: http://kernpublichealth.com/wp-content/uploads/2015/10/Bylaws_Draft_06162015_FINAL.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Dr. Kristopher Lyon. (Board Certified Emergency Medicine). Emergency room physician on contract with Kern County.

Multiple subspecialty QI Committees- Trauma Evaluation Committee, STEMI QI Group, Stroke QI Group, and Pediatric Advisory Committee.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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 Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Please see information in this plan.

NEED(S):

OBJECTIVE

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

N/A- EMSA REQUESTED FULL 5 YEAR PLAN.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Trauma Policies and Procedures: http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf
Submitted Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Participation in regional trauma committees.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS DIVISION HAS DESIGNATED RIDGECREST REGIONAL HOSPITAL AS A LEVEL IV TRAUMA CENTER IN ADDITION TO THE LEVEL II DESIGNATION OF KERN MEDICAL.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

MEETS MINIMUM STANDARD

County-wide ambulance coverage with ALS providers in 100% of County through provider contracts and exclusive operational areas.
Ambulance Service Performance Standard: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf
Ambulance Ordinance: 8.12

COORDINATION WITH OTHER EMS AGENCIES:

Kern County providers routinely provide services in neighboring counties: Tulare, San Bernardino, Los Angeles

NEED(S):**OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Required annual reporting. See Ambulance Service Performance Standards

All local personnel required to have accreditation and eligible employers

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Participation with EOC and Disaster Medical Planning.

Implementation of EMSC

Development of Specialty Systems of Care with requirements for facilities to provide public education and outreach

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/MEETS RECOMMENDED GUIDELINES

All approved providers have agreements in place with the County for exclusive operating areas.

Policies, Procedures, and Protocols in place: <http://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/#system>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Monthly reporting requirements for providers.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Staff monitors activity daily. Coordination through Staff On-Call.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

All policies, procedures, protocols posted on website. See: <http://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/#system>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Performance based agreements, monthly reporting requirements, incident reports, investigation procedures, staff On-call personnel.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Division uses EMS Fund, training fees, and certification/accreditation fees, provider fees, and facility fees. See table 2.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Medical direction contained in policies, procedures, protocols. Base hospital contracts in place. MICN training conducted.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

See EQIP: http://kernpublichealth.com/wp-content/uploads/2014/09/EQIP_05152015-1.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS DIVISION HAS COMPLETED AN EMS QUALITY IMPROVEMENT PLAN CONSISTENT WITH EMSA GUIDELINES.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

See: <http://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/#system>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

(Currently in revision). See: <http://kernpublichealth.com/wp-content/uploads/2014/09/DNRGuidelines1992.pdf>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: <http://kernpublichealth.com/wp-content/uploads/2014/09/dofdeath.pdf> (Currently in revision)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Required by law. Child abuse reporting information included in Paramedic Protocols. See: http://kernpublichealth.com/wp-content/uploads/2014/09/Paramedic-Protocols_09012016.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Included in protocols:

Paramedic: http://kernpublichealth.com/wp-content/uploads/2014/09/Paramedic-Protocols_09012016.pdf

EMT: http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProtocols_01012016.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: **(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Ambulance Ordinance: <http://kernpublichealth.com/wp-content/uploads/2014/09/AmbOrd812.pdf>

Ambulance Service Performance Standards: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

All Ambulance providers have written agreements with the County to service each EOA.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

The Division uses Title 22 to evaluate base hospitals, written contracts in place.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Kern Trauma Plan Submitted June 2016. Last submitted trauma plan was approved.

See: http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_08142015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS DIVISION HAS COMPLETED A PEDIATRIC RECEIVING CENTER DESIGNATION POLICY AND HAS IMPLEMENTED THE DESIGNATION OF PEDIATRIC RECEIVING CENTERS AT THE LEVEL II AND LEVEL III DESIGNATIONS. AMBULANCE DESTINATION CRITERIA HAS BEEN UPDATED TO REFELCT THE TRANSPORT OF PEDIATRIC PATIENTS TO FACILITIES THAT ARE DESIGNATED.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Please see: Attached AZS Forms for EOAs

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Personnel requirements in policy. Training needs identified through QI.

See: <http://kernpublichealth.com/ems-updates-news/certification-emt-i-emt-p-micn-emd/>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

The Division follows Title 22 regulations for training programs.

See: http://kernpublichealth.com/wp-content/uploads/2014/09/PCEP_Policy_2_1_2013.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARD

See: <http://kernpublichealth.com/ems-updates-news/certification-emt-i-emt-p-micn-emd/>

The Ambulance Service Performance Standards require EMS notification of disciplinary actions. See http://kernpublichealth.com/wp-content/uploads/2015/09/AmbPerfStds_Appvd_Ver2.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINE

All EMD personnel are required to be IAED certified and locally accredited. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

All fire departments operate at a minimum EMT level and all EMT providers in Kern are required to be approved EMT AED service providers through County policy. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMT_Provider_Policy_-01012016.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

The Division implemented a Public Safety First Aid program. See: http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-Optional-Skills-Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMT_Provider_Policy_-01012016.pdf

EMT Protocols: http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProtocols_01012016.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINE

Ambulance Service Performance Standards: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Specialty center designation policies require additional training and proficiency in resuscitation.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Specialty center designation policies outline qualifications for ED physicians. Hospital staffing policies.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARD

See: <http://kernpublichealth.com/ems-updates-news/certification-emt-i-emt-p-mich-emd/paramedic-emt-p/>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMT_Provider_Policy_-01012016.pdf

See: http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-Optional-Skills-Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS DIVISION HAS MANDATED THAT ALL EMT LEVEL PROVIDERS BE APPROVED AS EMT AED PROVIDERS. ALL EMT PROVIDERS WHO ARE EMPLOYED BY AN APPROVED BLS PROVIDER AGENCY ARE LOCALLY ACCREDITED. ANY PUBLIC SAFETY AGENCY WISHING TO USE ANY OPTIONAL SKILL AS ESTABLISHED IN CCR TITLE 22 CHAPTER 1.5 IS MANDATED TO IMPLEMENT A PUBLIC SAFETY AED PROGRAM. PUBLIC SAFETY PROVIDERS WHO IMPLEMENT OPTIONAL SKILL ITEMS MUST BE ACCREDITED.

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

All RN personnel who answer radio shall be MICN, at a minimum one MICN shall be in the ER at all times. See:
<http://kernpublichealth.com/ems-updates-news/certification-emt-i-emt-p-micn-emd/mobile-intensive-care-nurse-micn/>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Several policies detail communication requirements. Kern uses a Tactile Interoperable Communications Plan as well for interagency communications coordination.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

See: http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatoryInventory_20151201.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

All ambulances conduct IFT. See: http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatoryInventory_20151201.pdf

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Required by policy. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

All base hospitals required to maintain radio and telephone dedicated to paramedic/EMT communications. Specialty center policies require agreement with higher level specialty care.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Use of county-wide communications via MED channels, local channels, and interoperable communication channels. Managed by the Communications Division of Kern County General Services.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Emergency Communications Center is e9-1-1 equipped and capable of ANI/ALI.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

The Division offers free training to the public for 9-1-1 education as requested.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM GUIDELINES/ MEETS RECOMMENDED GUIDELINES

Kern County uses IAED protocols, priority dispatch with local medical control of response configurations. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINE

Interoperability exists between fire and EMS dispatch centers and individual units. All fire departments are dispatched by one agency, and all ambulance providers are dispatched through one other agency. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

Ambulance coverage is address through performance contracts for each EOA. See: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Established through Ordinance: <http://kernpublichealth.com/wp-content/uploads/2014/09/AmbOrd812.pdf>

COORDINATION WITH OTHER EMS AGENCIES:

Kern Providers frequently perform mutual aid to neighboring counties.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINE

Established in Ordinance, contracts, performance standards, and monthly/annual reporting.

See: <http://kernpublichealth.com/wp-content/uploads/2014/09/AmbOrd812.pdf>

See: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Established through EMD response configurations and dispatch policies. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Established in Ambulance Service Performance Standards. See: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

Established in performance standards: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Requirement of performance standards, policy, and mandatory equipment requirements.

See: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

See: http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatoryInventory_20151201.pdf

See: http://kernpublichealth.com/wp-content/uploads/2014/09/MICU_Ground_20151201.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

EMT first responders and industrial programs subject to EMT policies. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMT_Provider_Policy_-01012016.pdf

Public Safety First Aid policy. See: http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-Optional-Skills-Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Accomplished through policy.

Rotor-wing air ambulance performance standards: http://kernpublichealth.com/wp-content/uploads/2014/09/Air_Ambulance_Performance_Standards_Final.pdf

BLS Rescue Aircraft policies and procedures: http://kernpublichealth.com/wp-content/uploads/2014/09/BLSRescueAircraftPolicies_20151201.pdf

EMS Aircraft Dispatch-Response-Utilization policies: <http://kernpublichealth.com/wp-content/uploads/2014/09/EMSAircraftPolicy03012012.pdf>

EMS aircraft MICU policies and procedures: http://kernpublichealth.com/wp-content/uploads/2014/09/MICURotorFixed_20151201.pdf

Complaint forms: <http://kernpublichealth.com/wp-content/uploads/2014/09/ComplaintForm.pdf>

COORDINATION WITH OTHER EMS AGENCIES:

2nd in air ambulance provider list available

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Emergency Communication Center (ECC) coordinates use of aircraft.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

DOES NOT MEET MINIMUM STANDARD

Staffing addressed through directive: <http://kernpublichealth.com/wp-content/uploads/2014/09/aircrew.pdf>

COORDINATION WITH OTHER EMS AGENCIES:**NEED(S):**

Implementation of written agreements with aeromedical services operating within the EMS area.

OBJECTIVE:

Develop and execute Air Ambulance Service agreements for ALS Air Ambulance providers in Kern.

TIME FRAME FOR MEETING OBJECTIVE:

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

THE OPINION BY THE DOT HAS CAUSED THIS PREVIOUSLY MET STANDARD TO NOW BE NOT MET. KERN COUNTY HAS REMOVED THE AIR EXCLUSIVE OPERATING AREAS AND HAS REVISED ORDINANCE AND POLICIES AND ARE WORKING TOWARD THE COMPLETION OF WRITTEN AGREEMENTS WITH AIR AMBULANCE PROVIDERS. EMS CANNOT REGULATE THE AVAILABILITY OF AIRCRAFT

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINE

Division has created, ALS and BLS bike medic programs, boat medic programs, and Kern County Sheriff Office Search and Rescue is approved EMT level provider.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS:

Kern County Emergency Operations Plan, Annex B-4:

http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS MINIMUM GUIDELINES

Interagency mutual aid coordination accomplished through dispatch policies and emergency operations plan.

See: http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf

See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid frequently performed by Kern providers in neighboring counties

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Emergency response plan: See: http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf
Use of Reddinet for MCI/Med-Alert established in dispatch policies: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):**OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Ambulance Service Performance Standards: http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_Appvd_Ver2.pdf

All EMT personnel required to be approved AED providers. Established in policy. See: http://kernpublichealth.com/wp-content/uploads/2014/09/EMT_Provider_Policy_-01012016.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See Mandatory Inventory: http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatoryInventory_20151201.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Ordinance in place. Written agreements in place.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARDS

Established in Ordinance, Written agreements, Ambulance Service Performance Standards. See AZS Forms
See: <http://kernpublichealth.com/wp-content/uploads/2014/09/AmbOrd812.pdf>

NEED(S):

OBJECTIVE:

I

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Grandfathering established by Resolution of the Board of Supervisors. See: AZS tables (attached)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Ordinance, written agreements and performance measures require compliance with all federal, state, and local laws, including local policies and procedures.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Evaluated annually

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Written agreements in place with all hospital facilities receiving patients.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Protocols established, multiple policies in place. Transfer agreements required in specialty care policies.

COORDINATION WITH OTHER EMS AGENCIES:

Hospitals have written agreements in place with higher level and specialty facilities outside of Kern County.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARDS

Established, patients identified in policies and protocols. Transfer agreements required in specialty care policies

COORDINATION WITH OTHER EMS AGENCIES:

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kern

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Hospitals identified, included in policies. Policies specific to specialty care centers. See table(s) 9

COORDINATION WITH OTHER EMS AGENCIES:

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kern

NEED(S):

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Facilities participate in the Disaster Medical Planning Group (DMPG), disaster exercises and drills, and communications

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Coordination with other facilities and alternate destinations. Communications, disaster mutual aid responses. Med-alert system

COORDINATION WITH OTHER EMS AGENCIES:

RDMHS/C program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Title 22 requirements must be met. Communications in place. Written agreements, and training.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

See Trauma System Status Report. See Trauma Policies: http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

All proposed policy changes are discussed in multiple public meetings, submitted for public comment, and approved by EMCAB (Brown Act meeting).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

See: http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_08142015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS HAS IMPLEMENTED POLICIES AND REVISED TRANSPORTATION POLICIES TO INCLUDE DESIGNATED PEDIATRIC RECEIVING CENTERS, AND ESTABLISHED CRITERIA FOR THE TRIAGE AND TRANSPORT OF PEDIATRIC PATIENTS TO APPROPRIATE DESTINATIONS. THE "PEDIATRIC RECEIVING CENTER DESIGNATION POLICIES AND PROCEDURES" CONTAINS INFORMATION RELATED THE TO DESIGN OF EMS-C.

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

See: http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_08142015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

KERN COUNTY EMS HAS IMPLEMENTED PEDIATRIC DESIGNATIONS AS A SPECIALTY CENTER. THE "PEDIATRIC RECEIVING CENTER DESIGNATION POLICIES AND PROCEDURES" OUTLINES THE REQUIREMENTS FOR EMERGENCY DEPARTMENTS, DATA REQUIREMENTS AND QA/QI ACTIVITIES.

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

All proposed policies are subject to public comment periods and multiple discussions at public meetings including EMCAB, a Brown Act meeting.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Kern County has Trauma System of Care, Stroke System of Care, STEMI System of Care, and EMSC. Policies are in place to address each system of care. See: <http://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/#hospital>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

All proposed policies created are published for public comment periods, and openly discussed at several public meetings, including EMCAB (Brown Act meeting)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

See the EMS Quality Improvement Plan (EQIP): http://kernpublichealth.com/wp-content/uploads/2014/09/EQIP_05152015.pdf In addition, each specialty care system provides for QI activities as related to the specific condition.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

ePCR Policy: <http://kernpublichealth.com/wp-content/uploads/2014/09/pcrpolicy080220131.pdf>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

See EMS QI Program: http://kernpublichealth.com/wp-content/uploads/2014/09/EQIP_05152015.pdf Hospital records are reviewed in each respective specialty system of care QI group.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Monthly reporting requirements contained in EMS Dispatch Policy: http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_11132015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Kern County requires that all approved EMS providers complete electronic PCRs. Current NEMSIS 2 accepted. See: <http://kernpublichealth.com/wp-content/uploads/2014/09/pcrpolicy080220131.pdf>

COORDINATION WITH OTHER EMS AGENCIES:

Trauma data submitted through ICEMA/CEMSIS

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Met through various policies, procedures throughout system, such as: Ambulance Performance Standards, EQIP, Specialty Care Center designation policies, EMS dispatch policies, and more.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Established in Health and Safety Code, Title 22 regulations, local ordinance, and local policies, procedures, and protocols.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Annual reports presented to Board of Supervisors, EMCAB, and providers.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Mandated ePCR system with audits. See EQIP: http://kernpublichealth.com/wp-content/uploads/2014/09/EQIP_05152015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Kern Medical submits trauma data through Trauma One and to CEMESIS. See Trauma System of Care: http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

See Trauma Policies and TEC responsibilities: http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

The Division is actively engaged in Public Education. EMS participates and coordinates Side-Walk CPR, conducts public education as requested, and participates in Health Fairs. Specialty Care Centers have requirement to provide for public education in policy. EMS is a Division of Public Health, which is also active in promoting EMS and community health initiatives.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

As a Division of Public Health, EMS is active in participating in promotion of public health and safety. Trauma Centers have policy requirement to provide education to public. Other specialty care centers have requirement to promote specific public education requirements to targeted groups.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

EMS is joined with the Division of Emergency Preparedness (EP). EP provides materials for education to the public on disaster preparedness. Kern Medical Reserve Corp, is also active in promoting emergency preparedness. EMS and EP participate in health fairs and other events as requested.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

The Division coordinates an annual Sidewalk CPR event to promote education of citizens in hands-only CPR. Provides CPR training as requested to public.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

EMS frequently participates in coordination meetings at the EOC to prepare for disasters. EMS is also represented on the Emergency Council by Environmental Health Division Director.

COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

See Emergency Plan: http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Accomplished through initial training for EMT and Paramedic. NR transition courses require HAZWOPPER training as pre-requisite.
See: http://kernpublichealth.com/wp-content/uploads/2014/09/Transition-Coures_2_1_2013.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

ICS is addressed and referenced in policies regarding response to emergencies. Provided in initial training through EMT and Paramedic training programs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD/ MEETS RECOMMENDED GUIDELINES

EMS distribution is accomplished through use of Reddinet system and use of patient destination protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Kern EMS houses the Regional Disaster Medical Health Specialist position as an avenue for requesting mutual aid resources from Region V and beyond. EMS has a seat in Public Health DOC, and Kern OA EOC for coordination and request of resources. EMS participates in the annual statewide Med/Health disaster drills.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARD

Hospitals and EMS have access to MED channels with identified channel and frequency assignment. Use of Reddinet for communications is in place as well. Kern has EMS TAC channels, interoperability channels, and has drafted a Tactical Interoperable Communication Plan for Emergency Council approval.

COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

A local EMS provider and local fire departments have been issued DMSU for use and deployment. Hospitals have been issued trailer cache of disaster related supplies. Managed through the Division of Emergency Preparedness. Written agreements in place.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Accomplished through Master Mutual Aid Agreement

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*
MEETS MINIMUM STANDARDS

Accomplished through Master Mutual Aid Agreement

COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Identification of two Field Treatment Sites in Kern County.

COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Accomplished in Emergency Plan. See:

http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Initial training provided through EMT and Paramedic training programs. Annual disaster drills. Basic Haz-Mat awareness training provided in initial training curriculum.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Outlined in specific policy for disaster planning. Participation in Disaster Medical Planning Group. Hospital Surge Policy:
<http://kernpublichealth.com/wp-content/uploads/2014/09/HospitalSurgeProtocol06102008.pdf>

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Hospitals have MED radio channels/ frequencies. Use of Reddinet for communications, and deployment of Amateur Radio Operators if needed.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS/ MEETS RECOMMENDED GUIDELINES

Emergency plans in place, hospital policies mandate emergency/disaster plans, hospital surge policies, Med-Alert policies and communications, hospital implementation of HICS training and use.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Master Mutual Aid Agreement, reciprocity processes in place, if needed.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

MEETS MINIMUM STANDARDS

Specialty Care Centers are required to have disaster plans in place, plans for surge, HICS, and participation in Med-Alert procedures. Participation in Disaster Medical Planning Group is requirement in written agreement.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

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: (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

MEETS MINIMUM STANDARDS

Ordinance, and Ambulance Service Performance Standards allow the Division to waive exclusivity in the event of mutual aid.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2015

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: KERN

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

2. Type of agency

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

3. The person responsible for day-to-day activities of the EMS agency reports to

- a) Public Health Officer
- b) Health Services Agency Director/Administrator**
- c) Board of Directors
- d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	X _____
Designation of trauma centers/trauma care system planning	X _____
Designation/approval of pediatric facilities	X _____
Designation of other critical care centers	X _____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	X _____
Enforcement of ambulance service contracts	X _____
Operation of ambulance service	_____
Continuing education	X _____
Personnel training	X _____
Operation of oversight of EMS dispatch center	X _____
Non-medical disaster planning	X _____
Administration of critical incident stress debriefing team (CISD)	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	X _____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES (FY15/16 BUDGETED)

Salaries and benefits (All but contract personnel)	\$ 905,969
Contract Services (e.g. medical director)	\$ 314,687
Operations (e.g. copying, postage, facilities)	\$ 167,251
Travel	\$ 30,300
Fixed assets	\$ 0
Indirect expenses (overhead)	\$ 3,629
Ambulance subsidy	\$ 0
EMS Fund payments to physicians/hospital	\$ 1,564,777
Dispatch center operations (non-staff)	\$ 0
Training program operations	\$ 0
Other: COMMUNICATIONS	\$ 67,253
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 3,053,866

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA] (ALJ)	\$ 2,502
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies) (PMC)	\$ 3,200
Certification fees	\$ 46,014
Training program approval fees	0
Training program tuition/ Average daily attendance funds (ADA)	\$ 4,500
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital /receiving application fees	\$ 46,570

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	\$ 3,213
Trauma center designation oversight fees	\$168,222
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	\$ 55,318
Contributions	0
EMS Fund (SB 12/612)	\$ 2,315,355
Other grants: (HPP/PHEP)	\$ 94,121
(RDMHS)	\$ 124,990
Other fees: Misc Reimbursement	\$ 200
Other (specify): Sales	\$ 350
Other (specify): Budget Savings	\$ 189,311
TOTAL REVENUE	\$ 3,053,866

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	\$55.00
EMT-I certification (In county/Out of County)	\$37.00/\$87.00
EMT-I recertification (In County/Out of County)	\$37.00/\$57.00
EMT-defibrillation certification	\$37.00
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation (Initial/Expired)	\$64.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$87.00
MICN/ARN recertification	\$87.00
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation (Urban/Rural)	\$6,113.00/\$3,140.00
Trauma center application	\$3,213.00
Trauma center designation	\$34,222.00
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license (Ground/Air)	\$2,147.00/\$2,146.00
Ambulance vehicle permits (Ground/Air)	\$275.00/\$203.00
Other: EMT Optional Scope Accreditation	\$58.00
Other: Receiving Hospital Permit	\$1,806.00
Other: Training programs	\$15.00/hour
Other: CE Programs	\$8.00/hour
Other: Classroom Rental	\$13.00/hour

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Division	1	\$44.14	42%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior EMS Coordinator	2	\$32.09	42%	One Coordinator assigned to EP. Separate budget than LEMSA
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	5	\$28.46	42%	1 assigned to RDMHS Region V duties
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		\$99,999/year	N/A	Contracted per year
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Services Technician	1	\$16.95	48%	
Data Entry Clerk					

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

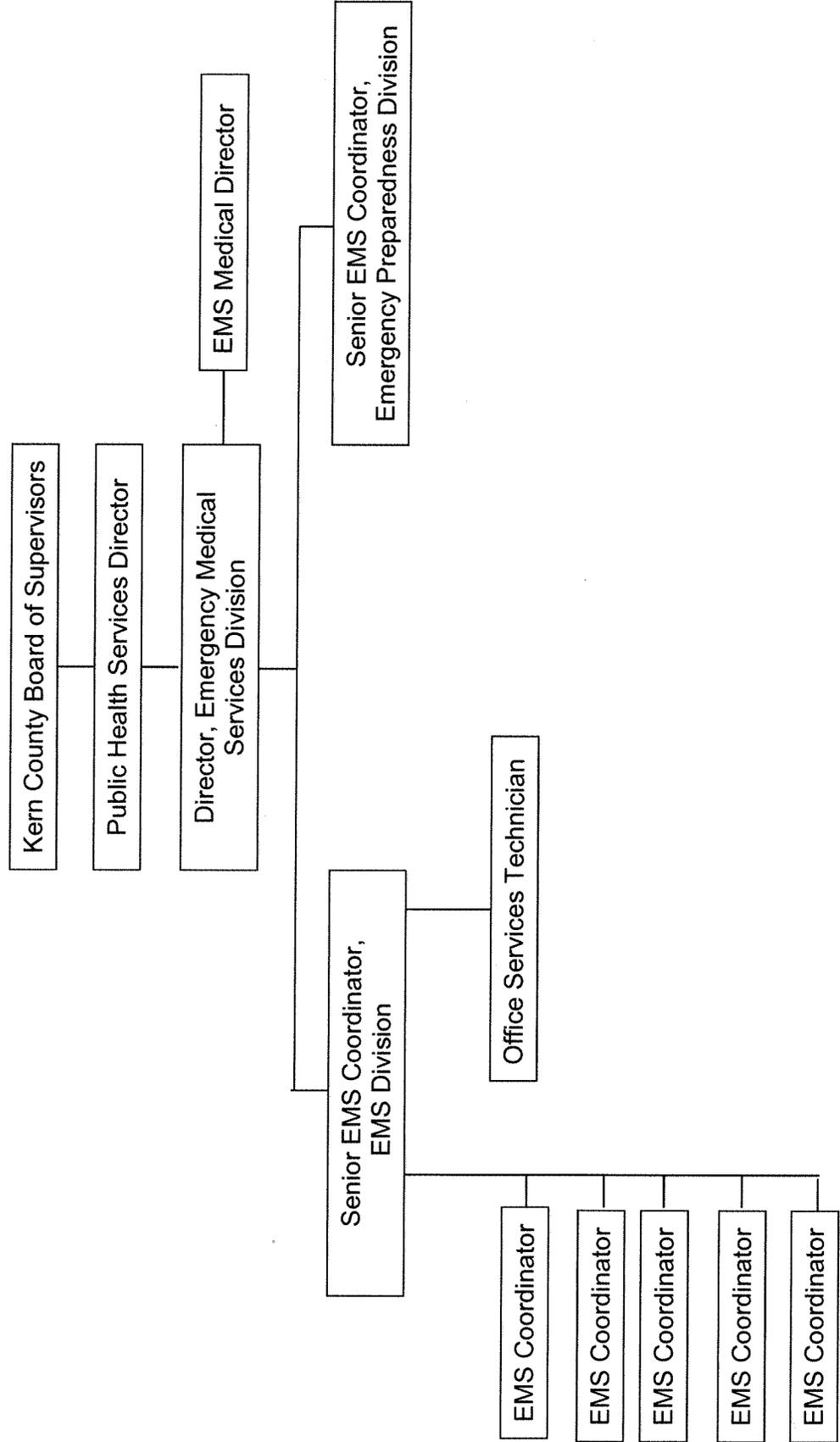


TABLE 3: STAFFING/TRAINING

Reporting Year: 2015

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1,312	0		
Number newly certified this year	188	0		
Number recertified this year	1124	0		
Total number of accredited personnel on July 1 of the reporting year	1013	0	218	90
Number of certification reviews resulting in:				
a) formal investigations	40	0		0
b) probation	4	0	0	0
c) suspensions	0	0	0	0
d) revocations	1	0		0
e) denials	2	0		0
f) denials of renewal	0	0		0
g) no action taken	33	0	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

1013
17

2. Do you have an EMR training program

yes no

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2015

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- 1. Number of EMT-Defibrillation providers 8

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	-	-	-	-
Early defibrillation responder	-	-	-	-
Advanced life support responder (PMC Only)	8 min/15 min	-	-	-
Transport Ambulance	8 min/15 min	25 min/50 min	75 min	-

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2015

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria (Step 1 & 2)	464
2. Number of major trauma victims transported directly to a trauma center by ambulance (Step 1 & 2)	442
3. Number of major trauma patients transferred to a trauma center	70
4. Number of patients meeting triage criteria who weren't treated at a trauma center (Step 1 & 2)	6

Emergency Departments

Total number of emergency departments	10
1. Number of referral emergency services	0
2. Number of standby emergency services	2
3. Number of basic emergency services	8
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	8

TABLE 7: DISASTER MEDICAL

Reporting Year: 2015

County: Kern

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? High schools throughout Kern County
 - b. How are they staffed? Prehospital personnel, public health nurses, medical reserve corp
 - c. Do you have a supply system for supporting them for 72 hours? X Yes No

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

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
All counties under the California Master Mutual Aid Agreement
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
Kern does manage the RDMHS program for Region V
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? Department of Public Health Services
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 Response/Transportation/Providers

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

County: Kern **Provider:** Antelope Ambulance Service **Response Zone:** Edwards AFB

Address: PO Box 5480 **Number of Ambulance Vehicles in Fleet:** 2
Lancaster, CA 93539

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

<p>Written Contract: X Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input type="checkbox"/> Yes X No</p>	<p>System Available 24 Hours: <input type="checkbox"/> Yes X No</p>	<p>Level of Service: X Transport X ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership: <input type="checkbox"/> Public X Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

Air Ambulance Services

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

Antelope is contracted with Edwards AFB to provide back-up ambulance response in LA County. Kern does not receive data from Antelope

TABLE 8: Response/Transportation/Providers

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

County: Kern Provider: Bakersfield Fire Department Response Zone: Bakersfield

Address: 2101 H Street Number of Ambulance Vehicles in Fleet: 0
Bakersfield, CA 93301 One Specialty ALS station; all other BLS first responder

Phone Number: 661-326-3941 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

Air Ambulance Services

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

ALS is Haz-Mat and technical rescue only

TABLE 8. Response/Transportation/Providers

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

County: Kern **Provider:** Borax Ambulance Service **Response Zone:** Borax Mine
Address: 14468 Borax Road **Number of Ambulance Vehicles in Fleet:** 1
 Boron, CA 93516
Phone Number: 760-762-7616 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	<u>Medical Director:</u> <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> X ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X Ground <input checked="" type="checkbox"/> X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> X Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8: Response/Transportation/Providers

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

County: Kern **Provider:** California City Fire Department **Response Zone:** California City

Address: 20890 Hacienda Blvd **Number of Ambulance Vehicles in Fleet:** 0

California City, CA 93505

Phone Number: 760-373-4841 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport X ALS X 9-1-1 X Ground</p> <p>X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air</p> <p><input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water</p>
<p>Ownership:</p> <p>X Public</p> <p><input type="checkbox"/> Private</p>	<p>If Public:</p> <p>X Fire</p> <p><input type="checkbox"/> Law</p> <p><input type="checkbox"/> Other</p> <p>Explain:</p>	<p>If Public:</p> <p>X City <input type="checkbox"/> County</p> <p><input type="checkbox"/> State <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary</p> <p><input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue</p> <p><input type="checkbox"/> Air Ambulance</p> <p><input type="checkbox"/> ALS Rescue</p> <p><input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

Total number of responses _____ Total number of transports _____

Number of emergency responses _____ Number of emergency transports _____

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

Air Ambulance Services

Total number of responses _____ Total number of transports _____

Number of emergency responses _____ Number of emergency transports _____

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

TABLE 8: Response/Transportation/Providers

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

County: Kern Provider: Delano Ambulance Services Response Zone: 3

Address: 403 Main Street Number of Ambulance Vehicles in Fleet: 5
Delano, CA 93215

Phone Number: 661-725-3374 Performance based on response time, not unit inventory

<p>Written Contract:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p>X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

<u>4295</u>	Total number of responses	<u>4553</u>	Total number of transports
<u>3738</u>	Number of emergency responses	<u>3790</u>	Number of emergency transports
<u>557</u>	Number of non-emergency responses	<u>763</u>	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 - Response/Transportation/Providers

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

County: Kern **Provider:** US Air Force, Edwards Base **Response Zone:** Edwards AFB
Address: 30 Hospital Road **Number of Ambulance Vehicles in Fleet:** 2
Edwards, CA 93524
Phone Number: 661-277-2330 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> X <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> X <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> X	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>367</u>	Total number of responses	<u>186</u>	Total number of transports
<u>323</u>	Number of emergency responses	<u>143</u>	Number of emergency transports
<u>44</u>	Number of non-emergency responses	<u>43</u>	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8: Response/Transportation/Providers

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

County: Kern Provider: Hall Ambulance Service Response Zone: 1,2,4,5,8,9,11

Address: 1001 21st Street Number of Ambulance Vehicles in Fleet: 93+ 1 DMSU + 7 Supervisor
Bakersfield, CA 93301 vehicles + 1 helicopter

Phone Number: 661-332-8741 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Performance based on response time, not unit inventory

<p>Written Contract:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p>X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit X Air X CCT X Water X IFT</p>
<p>Ownership:</p> <p><input type="checkbox"/> Public X Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p>X Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

<u>93703</u>	Total number of responses	<u>76267</u>	Total number of transports
<u>84158</u>	Number of emergency responses	<u>67884</u>	Number of emergency transports
<u>9545</u>	Number of non-emergency responses	<u>8383</u>	Number of non-emergency transports

Air Ambulance Services

<u>274</u>	Total number of responses	<u>231</u>	Total number of transports
<u>198</u>	Number of emergency responses	<u>157</u>	Number of emergency transports
<u>76</u>	Number of non-emergency responses	<u>74</u>	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

County: Kern Provider: Kern County Sheriff's Office Response Zone: Countywide

Address: 1350 Norris Road Number of Ambulance Vehicles in Fleet: 1 Hoist Helicopter
 Bakersfield, CA 93308

Phone Number: 661-391-7500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0.5 (not available everyday)

<p>Written Contract:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes X No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes X No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit X Air <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water</p>
<p>Ownership:</p> <p>X Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p>If Public:</p> <p><input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p>X Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue</p>

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: Response/Transportation/Providers

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

County: Kern **Provider:** Kern County Fire Department **Response Zone:** Countywide;ALS in Pine Mountain Club Only

Address: 5642 Victor Street **Number of Ambulance Vehicles in Fleet:** 1 ALS FR station, 1 Hoist Helicopter all other BLS
Bakersfield, CA 93308

Phone Number: 661-391-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<p>Written Contract: X Yes <input type="checkbox"/> No</p>	<p>Medical Director: X Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: X Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport X ALS X 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit X Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
<p>Ownership: X Public <input type="checkbox"/> Private</p>	<p>If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p>If Public: <input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: X Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue</p>

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 - Response/Transportation/Providers

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

County: Kern **Provider:** Liberty Ambulance Services **Response Zone:** 6, 7
Address: 1325 W. Ridgecrest Blvd **Number of Ambulance Vehicles in Fleet:** 12
 Ridgecrest, CA 93555
Phone Number: 760-375-6565 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Performance based on response time, not unit inventory

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6996	Total number of responses	6908	Total number of transports
5419	Number of emergency responses	5394	Number of emergency transports
1577	Number of non-emergency responses	1514	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8: Response/Transportation/Providers

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

County: Kern Provider: Mercy Air Response Zone: County-wide

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 1 helicopter
Rialto, CA 92376

Phone Number: 909-357-9006 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

Air Ambulance Services

403	Total number of responses	304	Total number of transports
194	Number of emergency responses	116	Number of emergency transports
209	Number of non-emergency responses	188	Number of non-emergency transports

TABLE 9: FACILITIES

County: Kern

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

Facility: Bakersfield Heart Hospital Telephone Number: 661-316-6000
 Address: 3001 Sillect Ave
Bakersfield, CA 93308

<p>Written Contract:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p>X Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹</p> <p>EDAP²</p> <p>PICU³</p>	<p>Trauma Center:</p> <p><input type="checkbox"/> Yes X No</p> <p><input type="checkbox"/> Yes X No</p> <p><input type="checkbox"/> Yes X No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p>STEMI Center:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Stroke Center:</p> <p>X Yes <input type="checkbox"/> No</p>
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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: FACILITIES

County: Kern

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

Facility: Bakersfield Memorial Hospital
Address: 420 34th Street
 Bakersfield, CA 93303
Telephone Number: 661-327-4647

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

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

<u>STEMI Center:</u>	<u>Stroke Center:</u>
X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> 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: FACILITIES

County: Kern

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

Facility: Delano Regional Medical Center Telephone Number: 661-725-4800
Address: 1401 Garces Hwy
Delano CA, 93216

<p><u>Written Contract:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹ EDAP² PICU³</p> <p><input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
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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: FACILITIES

County: Kern

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

Facility: Kern Medical Telephone Number: 661-326-1000
 Address: 1830 Flower Street
 Bakersfield, CA 93306

<p>Written Contract:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p>X Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Burn Center:</p> <p><input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹</p> <p>EDAP²</p> <p>PICU³</p>	<p>Trauma Center:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>If Trauma Center what level:</p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p>STEMI Center:</p> <p><input type="checkbox"/> Yes X No</p>	<p>Stroke Center:</p> <p>X Yes <input type="checkbox"/> No</p>
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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: FACILITIES

County: Kern

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

Facility: Kern Valley Healthcare District
Address: 6412 Laurel Ave Telephone Number: 760-379-2681
 Lake Isabella, CA 93240

<p>Written Contract: X Yes <input type="checkbox"/> No</p>	<p>Service: <input type="checkbox"/> Referral Emergency X Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p>Base Hospital: <input type="checkbox"/> Yes X No</p>	<p>Burn Center: <input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹ EDAP² PICU³</p>	<p>Trauma Center: <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p>If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p>STEMI Center: <input type="checkbox"/> Yes X No</p>	<p>Stroke Center: <input type="checkbox"/> Yes X No</p>
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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: FACILITIES

County: Kern

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

Facility: Mercy Hospital Telephone Number: 661-632-5000
Address: 2215 Truxtun Ave
Bakersfield, CA 93301

<p><u>Written Contract:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹ EDAP² PICU³</p> <p><input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u></p> <p>X Yes <input type="checkbox"/> No</p>
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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: FACILITIES

County: Kern

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

Facility: Mercy Southwest Hospital Telephone Number: 661-663-6000
 Address: 400 Old River Road
Bakersfield, CA 93311

<p><u>Written Contract:</u> X Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u> X Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u> <input type="checkbox"/> Yes X No</p>
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<p>Pediatric Critical Care Center¹ EDAP² PICU³</p>	<p><u>Trauma Center:</u> <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p><u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u> <input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u> X Yes <input type="checkbox"/> No</p>
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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: FACILITIES

County: Kern

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

Facility: Ridgecrest Regional Hospital
Address: 1081 N. China Lake Blvd
 Ridgecrest, CA 93555
Telephone Number: 760-446-3551

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: FACILITIES

County: Kern

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

Facility: San Joaquin Community Hospital
Address: 2615 Eye Street
 Bakersfield, CA 93303
Telephone Number: 661-395-3000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: FACILITIES

County: Kern

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

Facility: Tehachapi Valley Healthcare District Telephone Number: 661-822-3241
Address: 115 W. "E" Street
 Tehachapi, CA 93581

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

<p>Pediatric Critical Care Center¹ EDAP² PICU³</p>	<p>Trauma Center: <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No</p>	<p>If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p>STEMI Center: <input type="checkbox"/> Yes X No</p>	<p>Stroke Center: <input type="checkbox"/> Yes X No</p>
------------------------------------------------------------------------	-------------------------------------------------------------------------

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Kern Reporting Year: 2015

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

Bakersfield College		Telephone Number: <u>661-395-4284</u>
Training Institution:	<u>1801 Panorama Drive</u>	
Address:	<u>Bakersfield, CA 93305</u>	
Student Eligibility*:	General Public	**Program Level <u>Paramedic</u>
Cost of Program:	<u>\$5,000</u>	Number of students completing training per year:
Basic:		Initial training: <u>40</u>
Refresher:		Refresher: <u>-</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>11/30/2019</u>
		Number of courses: <u>2</u>
		Initial training: <u>-</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>

*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.

Bakersfield College		Telephone Number: <u>661-395-4284</u>
Training Institution:	<u>1801 Panorama Drive</u>	
Address:	<u>Bakersfield, CA 93305</u>	
Student Eligibility*:	General Public	**Program Level <u>EMT</u>
Cost of Program:	<u>360</u>	Number of students completing training per year:
Basic:		Initial training: <u>60</u>
Refresher:	<u>46</u>	Refresher: <u>-</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>11/30/2019</u>
		Number of courses: <u>2</u>
		Initial training: <u>2</u>
		Refresher: <u>2</u>
		Continuing Education: <u>-</u>

*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 10: APPROVED TRAINING PROGRAMS

County: Kern

Reporting Year: 2015

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

Cerro Coso Community College		Telephone Number: <u>760-375-5001</u>
Training Institution:	<u>3000 College Heights Blvd</u>	
Address:	<u>Ridgecrest, CA 93555</u>	
Student Eligibility*:	General Public	**Program Level <u>EMT</u>
	Cost of Program: _____	
	Basic: <u>299</u>	Number of students completing training per year:
	Refresher: <u>46</u>	Initial training: <u>50</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>4/30/2020</u>
		Number of courses: <u>2</u>
		Initial training: <u>2</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>

*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.

San Joaquin Valley College		Telephone Number: <u>661-834-0126</u>
Training Institution:	<u>201 New Stine Road</u>	
Address:	<u>Bakersfield, CA 93309</u>	
Student Eligibility*:	General Public	**Program Level <u>EMT</u>
	Cost of Program: _____	
	Basic: <u>-</u>	Number of students completing training per year:
	Refresher: <u>-</u>	Initial training: <u>15</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>3/31/2019</u>
		Number of courses: <u>2</u>
		Initial training: <u>2</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>

*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 10: APPROVED TRAINING PROGRAMS

County: Kern

Reporting Year: 2015

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

Kern County Sheriff's Office		Telephone Number: <u>661-391-7414</u>
Training Institution:	<u>962 Norris Road</u>	
Address:	<u>Bakersfield, CA 93308</u>	
Student Eligibility*:	<u>Restricted</u>	**Program Level <u>EMT</u>
	Cost of Program: _____	
	Basic: <u>0</u>	Number of students completing training per year:
	Refresher: <u>0</u>	Initial training: <u>20</u>
		Refresher: <u>20</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>1/31/2020</u>
		Number of courses: _____
		Initial training: <u>1</u>
		Refresher: <u>1</u>
		Continuing Education: <u>-</u>

*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.

Kern County EMS Division		Telephone Number: <u>661-321-3000</u>
Training Institution:	<u>1800 Mt. Vernon Ave</u>	
Address:	<u>Bakersfield, CA 93306</u>	
Student Eligibility*:	<u>Restricted</u>	**Program Level <u>MICN</u>
	Cost of Program: _____	
	Basic: <u>207</u>	Number of students completing training per year:
	Refresher: <u>147</u>	Initial training: <u>68</u>
		Refresher: <u>46</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>11/30/2017</u>
		Number of courses: _____
		Initial training: <u>4</u>
		Refresher: <u>4</u>
		Continuing Education: <u>-</u>

*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 10: APPROVED TRAINING PROGRAMS

County: Kern

Reporting Year: 2015

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

Training Institution:	University of Antelope Valley		Telephone Number:	661-726-1911
Address:	1431 Rosamond Blvd Ste 13 Rosamond, CA 93560			
Student Eligibility*:	General Public	**Program Level	Paramedic	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>8,020</u>	Initial training:	40	
	Refresher:	Refresher:	-	
		Continuing Education:	-	
		Expiration Date:	05/31/2016	
		Number of courses:	2	
		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.

Training Institution:	Taft College		Telephone Number:	661-243-5014
Address:	29 Emmons Park Drive Taft, CA 93268			
Student Eligibility*:	General Public	**Program Level	EMT	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>253</u>	Initial training:	15	
	Refresher: <u>69</u>	Refresher:	-	
		Continuing Education:	-	
		Expiration Date:	11/30/2019	
		Number of courses:	2	
		Initial training:	2	
		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: DISPATCH AGENCY

County: Kern

Reporting Year: 2015

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

Name: _____		Mike Miller	
Address: _____		Primary Contact: _____	
Telephone Number: _____		_____	
Written Contract: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Day-to-Day X Disaster	Number of Personnel Providing Services: 33 EMD Training _____ EMT-D _____ ALS _____ _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal Joint City/County Fire communications	

Name: _____		Jennifer LaFavor	
Address: _____		Primary Contact: _____	
Telephone Number: _____		_____	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X Day-to-Day X Disaster	Number of Personnel Providing Services: 26 EMD Training _____ EMT-D _____ ALS _____ _____ BLS _____ LALS _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 4/24/2014. Purchase of Kern Ambulance Service
Area or subarea (Zone) Geographic Description: Includes communities of Wasco and Lost Hills
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.). All ground ambulance services
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. Hall Ambulance Service, Inc. is the successor to Kern Ambulance Service which provided service to the area since 1999. Kern Ambulance Service is the successor of Wasco Ambulance Service which provided service since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 3/16/1999. Purchase of Shafter Ambulance Service
Area or subarea (Zone) Geographic Description: Includes communities of Shafter and Buttonwillow.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All ground ambulance services
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Hall Ambulance Service, Inc. is the successor to Shafter Ambulance service which provided service to the area since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #3
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Delano Ambulance Service since 1/1/81
Area or subarea (Zone) Geographic Description: Includes communities of Delano, McFarland and Woody.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All ground ambulance services
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Delano Ambulance Service is the provider of service to the area since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc.
Area or subarea (Zone) Geographic Description: Includes community of Bakersfield.
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.). All ground ambulance services
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. Hall Ambulance Service, Inc. is the provider of service to the area since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #5
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc.
Area or subarea (Zone) Geographic Description: Includes communities of Bakersfield and Glennville.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All ground ambulance services
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Hall Ambulance Service, Inc. is the provider of service to the area since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Liberty Ambulance, since 11/1/2011. Purchased CARE Ambulance.
Area or subarea (Zone) Geographic Description: Includes communities of Kernville, Lake Isabella, Wofford Heights.
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.). All ground ambulance services
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. Liberty Ambulance is the successor to CARE Ambulance which provided services to the area since 1/1/80. CARE Ambulance is the successor of Bohn's Kern Valley Ambulance, Progressive Ambulance and Hall Ambulance which collectively provided uninterrupted service since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Liberty Ambulance Service since 12/96. Ownership not changed since 1972.
Area or subarea (Zone) Geographic Description: Includes communities of Ridgecrest and Inyokern.
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.). All ground ambulance services
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. Liberty Ambulance is the successor to Tri-County Ambulance which provided uninterrupted service to the area since 1/1/81. The ownership has been the same since 1972. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 1/1/81.
Area or subarea (Zone) Geographic Description: Includes communities of Lamont, Arvin, Tehachapi and Frazier Park.
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.). All ground ambulance services
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. Hall Ambulance Service, Inc. provide service to the area since 1/1/81 without interruption. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #9
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 3/6/1995. Purchased Taft Ambulance
Area or subarea (Zone) Geographic Description: Includes communities of Taft, Maricopa and McKittrick.
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.). All ground ambulance services
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. Hall Ambulance Service, Inc. is the successor of Taft Ambulance Service which provided service to the area since 1/1/81. The provider meets all of the requirements for non-competitive selection under H&S 1797.224, and additional local criteria established by Kern County Resolution No. 2005-065, adopted February 22, 2005.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #11
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 5/19/1994.
Area or subarea (Zone) Geographic Description: Includes communities of California City, Boron, Mojave and Rosamond.
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.). All ground ambulance services
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. Hall Ambulance Service was selected as the exclusive operational area provider as a result of a competitive process awarded May 19, 1994. At that time, the LEMSA issued an ambulance permit to Hall Ambulance Service to operate as the ambulance provider for Area 11. The Board of Supervisors substituted the ambulance permit with a performance contract on September 21, 2006. The performance contract will expire June 30, 2023 unless terminated, modified, or renewed by the Board of Supervisors