### 

**GENERAL:**

A System Assessment Form is required to be submitted as follows:

* Full five-year plan. Submit every standard (1.01 through 8.19).
* Annual plan update. Submit an individual standard when there has been a major change in the system from the previous five-year plan submission.

**INSTRUCTIONS:**

Next to the “Current Status,” indicate if the current status meets or does not meet the minimum standard.

Include a description of the System below the “Current Status” as it relates to the individual standard The system description should clearly demonstrate how the minimum standard is met, and should include information such as:

1. Who is involved.
2. Contractual agreements in place.
3. References to policy acknowledging policies/protocols in place.
4. Efforts to coordinate resources and/or services with other EMS agencies.  
   (Only required for those standards identified on Table 1 with an asterisk.)

If the Minimum Standard is not met, indicate the Needs, Objective, and Timeframe for Meeting the Objective.

Ensure the information on Table 1 (Minimum Standards/Recommended Guidelines) coincides with the information documented in the System Assessment Forms.

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 1.06 ANNUAL PLAN UPDATE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 1.10 SPECIAL POPULATIONS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 1.15 COMPLIANCE WITH POLICIES

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

**NEED(S):**

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 1.22 REPORTING OF ABUSE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 1.28 EOA Plan

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 2.04 DISPATCH TRAINING

#### MINIMUM STANDARDS:

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

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 2.06 RESPONSE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

**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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 3.07 9-1-1 PLANNING/COORDINATION

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

**NEED(S):**

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.04 PRESCHEDULED RESPONSES

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.05 RESPONSE TIME STANDARDS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.08 MEDICAL & RESCUE AIRCRAFT

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.13 INTERCOUNTY RESPONSE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.17 ALS EQUIPMENT

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.19 TRANSPORTATION PLAN

#### MINIMUM STANDARDS:

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

#### NEED(S):

#### OBJECTIVE:

I

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 4.21 EOA COMPLIANCE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### 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)

### 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’)*

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.06 HOSPITAL EVACUATION

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### 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)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.09 PUBLIC INPUT

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.10 PEDIATRIC SYSTEM DESIGN

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.11 EMERGENCY DEPARTMENTS

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.12 PUBLIC INPUT

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.13 SPECIALTY SYSTEM DESIGN

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 5.14 PUBLIC INPUT

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 6.06 SYSTEM DESIGN EVALUATION

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 6.07 PROVIDER PARTICIPATION

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 7.02 INJURY CONTROL

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 7.03 DISASTER PREPAREDNESS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 7.04 FIRST AID & CPR TRAINING

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.04 INCIDENT COMMAND SYSTEM

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.07 DISASTER COMMUNICATIONS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.10 MUTUAL AID AGREEMENTS

#### MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that 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’)*

#### 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)

### 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’)*

#### 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)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.14 HOSPITAL PLANS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

At least one 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 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’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.18 SPECIALTY CENTER ROLES

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### 8.19 WAIVING EXCLUSIVITY

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *(INDICATE ‘meets minimum standard’ or ‘does not meet minimum standard’)*

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)