

**Orange County**

**Emergency Medical Services Agency**

# **EMS SYSTEM PLAN**

**(Update: 1999)**

## System Finance

1.16 Funding Mechanism		X	-	X	X
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## Medical Direction

1.17 Medical Direction*		X	-	X	X
1.18 QA/Q1		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X	-	X	X
1.21 Determination of Death		X	-		X
1.22 Reporting of Abuse		X	-	X	
1.23 Interfacility Transfer		X	-	X	X

## Enhanced Level: Advanced Life Support

1.24 ALS System		X	X		
1.25 On-Line Medical Direction		X	X		X

## Enhanced Level: Trauma Care System

	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
1.26 Trauma System Plan		X		X	X

## Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan		X		X	X
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## Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X		X	
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**TABLE 1: Summary of System Status**

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 is to be reported by agency.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does Not Currently Meet Standard</b>	<b>Meet Minimum Standard</b>	<b>Meet Recommended Goal</b>	<b>Annual Implementation</b>	<b>Long-Range Plan</b>
1.01 LEMSA Structure		X	-		X
1.02 LEMSA Mission		X	-		X
1.03 Public Input		X	-		X
1.04 Medical Director		X	X		X

**Planning Activities**

1.05 System Plan		X	-		X
1.06 Annual Plan Update		X	-	X	
1.07 Trauma Planning*		X	X	X	X
1.08 ALS Planning*		X	-		X
1.09 Inventory of Resources		X	-	X	
1.10 Special Population		X	X		X
1.11 System Participants		X	X		X

<b>Regulatory Activities</b>	<b>Does Not Currently Meet Standard</b>	<b>Meet Minimum Standard</b>	<b>Meet Recommended Goal</b>	<b>Annual Implementation</b>	<b>Long-Range Plan</b>
1.12 Review & Monitoring		X	-		X
1.13 Coordination		X	-		X
1.14 Policy & Procedures Manual		X	-	X	
1.15 Compliance w/ Policies		X	-		X

requested by hospitals. This service will need to be monitored closely for innovative approaches and possible changes.

- **Selected Response Components Of The Advanced Life Support System Will Need Evaluation**

We need better methods of monitoring the response times of ambulance and the accuracy and use of expanding emergency medical dispatch with prearrival instructions. This will be tied to the future interactions of managed care and emergency medical services.

- **Communications Continues To Be An Issue**

Scheduled replacement of the paramedic communication system has been delayed, impacting base hospitals and paramedics, and forcing the use of alternative technology such as cellular telephone.

- **The Trauma System Continues To Function At A High Level But Needs Collaboration**

Trauma center patient care is of high level, going into the twenty-fifth year of the trauma system. The trauma centers need, however, to work more collaboratively together.

- **Medical Disaster Planning Remains Important**

The current focus of disaster planning is preparations for possible use of Weapons of Mass Destruction. Preparedness for natural threats, such as earthquakes, needs to continue at a high level.

Among the most prominent are:

- **Facilitate Basic Life Support Level Innovations**

The Agency has been aggressive in facilitating the use of advanced techniques by basic level of providers when medically appropriate. This challenge will continue as the role of automated external defibrillators continues to be determined and other new technology becomes available, such as advanced breathing devices.

- **Improved Data Collection Systems**

Data used to evaluate the system and determine changes is only computerized to a small degree. We need to move in the direction of more computerized data entry at different levels of care.

- **Enhance Quality Improvement Activities**

While the Agency has aggressively used quality improvement studies to evaluate and promote change in the system. Quality improvement activities need to be more extensive among providers.

- **Hospital Services May Change**

We continue to evaluate the need for specialty pediatric emergency and critical care services and whether a more formal pediatric system would benefit patients. In addition, changes in medical science will be monitored to determine if patients with heart attacks can be identified more accurately in the field, and whether they should be transported to specialty cardiac centers with the capability of invasive cardiology services, such as angioplasty. Other clinical conditions will be monitored as well, such as stroke services.

- **Interfacility Transfer Is Becoming More Common**

The number of transfers between hospitals performed by paramedics is increasing as more transfers occur and the nurse-accompanied ambulance system is less able to respond within the timeframes

# ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN

## SECTION 1: EXECUTIVE SUMMARY

Section 1797.254 of the California Health and Safety Code requires that each local Emergency Medical Services agency submit an EMS plan annually to the state EMS Authority. While major changes are submitted annually, more comprehensive revisions are done in Five-Year Plan segments. The current state standards are based on the California Emergency Medical Services Authority publication "EMS System Standards and Guidelines," June, 1993. This document is an update of the Orange County Five-Year Plan.

The Emergency Medical Services Plan for the County of Orange is a framework for the planning and implementation of EMS programs designed to enhance the current System. The Orange County Emergency Medical Services Agency, in collaboration with multiple EMS System participants, completed a comprehensive review of the current System and revised the plan accordingly. The plan was then reviewed and approved by advisory committees including the Emergency Medical Care Committee. The Orange County Board of Supervisors approved the Plan June 22, 1999.

The Orange County Emergency Medical Services System meets all of the minimum recommended standards, with the exception of those in Section G "Public Information and Education." The plan recommends actions to improve that area. Importantly, the Orange County EMS System meets and usually exceeds minimum standards and recommended goals in all other areas, including staffing/training, response/transportation, and facilities/critical care, among others.

The need to strengthen public education and information will be balanced against competing needs in other areas of the EMS System. Recommendations include better coordination of community education programs with those performed both inside and outside the Health Care Agency, a plan to identify community needs unique to EMS System participants, and the development of a plan to deal with those needs that are not met by others in the healthcare system.

This Orange County EMS Plan not only addresses state-identified minimum standards and recommended goals, but attempts to anticipate future needs.

Orange County  
Emergency Medical Services Agency

**EMS SYSTEM PLAN**

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## B. STAFFING / TRAINING

Local EMS Agency	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
2.01 Assessment of Needs		X	-		X
2.02 Approval of Training		X	-	X	X
2.03 Personnel		X	-	X	X

### Dispatchers

2.04 Dispatch Training		X	X	X	X
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### First Responders (Non-Transporting)

2.05 First Responder Training		X	X	X	X
2.06 Response		X	-	X	X
2.07 Medical Control		X	-		X

### Transporting Personnel

2.08 EMT-1 Training		X	X		X
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### Hospital

2.09 CPR Training		X	-		X
2.10 Advanced Life Support		X	X		X

### Enhanced Level: Advanced Life Support

	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
2.11 Accreditation Process		X	-		X
2.12 Early Defibrillation		X	-		X
2.13 Base Hospital Personnel		X	-		X



### C. COMMUNICATIONS

Communications Equipment	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
3.01 Communication Plan*		X	X	X	X
3.02 Radios		X	X		X
3.03 Interfacility Transfer*		X	-	X	
3.04 Dispatch Center		X	-		X
3.05 Hospitals		X	X	X	
3.06 MCI/Disasters		X	-	X	

#### Public Access

3.07 9-1-1 Planning/Coordination		X	X		X
3.08 9-1-1 Public Education		X	-		X

#### Resource Management

3.09 Dispatch Triage		X	X	X	X
3.10 Integrated Dispatch		X	X		X

## C. RESPONSE / TRANSPORTATION

Universal Level	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
4.01 Service Area Boundaries*		X	X		X
4.02 Monitoring		X	X	X	X
4.03 Classifying Medical Requests		X	-		X
4.04 Prescheduled Responses		X			X
4.05 Response Time Standards*		X	X	X	X
4.06 Staffing		X	-	X	
4.07 First Responder Agencies		X	-	X	X
4.08 Medical & Rescue Aircraft*		X	-		X
4.09 Air Dispatch Center		X	-		X
4.10 Aircraft Availability*		X		X	
4.11 Specialty Vehicle*		X			X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response*		X			X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			X

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X	X	X
4.17 ALS Equipment		X		X	

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does Not Currently Meet Standard</b>	<b>Meet Minimum Standard</b>	<b>Meet Recommended Goal</b>	<b>Annual Implementation</b>	<b>Long-Range Plan</b>
4.18 Compliance		X		X	X

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X		X	X
4.20 Grandfathering		X		X	
4.21 Compliance		X		X	X
4.22 Evaluation		X			X

## E. FACILITIES / CRITICAL CARE

Universal Level	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
5.01 Assessment of Capabilities		X	X	X	X
5.02 Triage & Transfer Protocols*		X	-	X	X
5.03 Transfer Guidelines*		X	-		X
5.04 Specialty Care Facilities*		X	-	X	X
5.05 Mass Casualty Management		X	X	X	X
5.06 Hospital Evaluation*		X	-		X

### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X	-		X
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### Enhanced Level: Trauma Care System

5.08 Trauma System Design		X	-	X	X
5.09 Public Input		X			X

### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design		N/A			X
5.11 Emergency Departments		N/A		X	X
5.12 Public Input		N/A		X	X

### Enhanced Level: Other Specialty Care System

5.13 Specialty System Design		N/A			X
5.14 Public Input		N/A			X

## F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
6.01 QA/QI Program		X	X	X	X
6.02 Prehospital Records		X	-	X	X
6.03 Prehospital care Audits		X	X		X
6.04 Medical Dispatch		X	-	X	X
6.05 Management System*		X	-	X	X
6.06 System Design Evaluation		X	-	X	X
6.07 Provider Participation		X	-	X	X
6.08 Reporting		X	-		X

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		X
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X	-	X	X

## G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
7.01 Public Information Materials	X				X
7.02 Injury Control	X				X
7.03 Disaster Preparedness		X	X	X	X
7.04 First Aid & CPR Training	X				X

## H. DISASTER MEDICAL RESPONSE

Universal Level	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
8.01 Disaster Medical Planning*		X		X	X
8.02 Response Plan		X			X
8.03 HazMat Training		X		X	X
8.04 Incident Command System		X		X	
8.05 Distribution of Casualties*		X		X	
8.06 Needs Assessment		X		X	X
8.07 Disaster Communications*		X			X
8.08 Inventory of Resources		X	X	X	
8.09 DMAT Team		X			X
8.10 Manual Aid Agreements*		X			X
8.11 CCP Designation*		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X		X	X
8.14 Hospital Plan		X	X	X	
8.15 Interhospital Communications		X			X
8.16 Prehospital Agency Plans		X	X		X

### Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			X
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Enhanced Level: Specialty Care Systems	Does Not Currently Meet Standard	Meet Minimum Standard	Meet Recommended Goal	Annual Implementation	Long-Range Plan
8.18 Specialty Center Roles		X			X
8.19 Waiving Exclusively		X			X

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **Standard 1.01**

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

#### **Current Status:**

Pursuant to the California Health and Safety Code, the Orange County Board of Supervisors designated the Health Care Agency as the EMS Agency in February 1982. The formal organizational structure depicted in P/P #070.00 integrates both agency staff and non-agency technical and clinical support resources.

#### **Need(s):**

None. Standard is met.



## Standard 1.02

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

### **Current Status:**

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

### **Need(s):**

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

### Standard 1.03

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

#### **Current Status:**

A comprehensive network of professional and technical advisory groups exists in addition to the Emergency Medical Care Committee (EMCC) to provide consumer and health care provider input to the EMS System. In addition, citizen, and provider complaints/suggestions are solicited with formal follow-up to all complaints/suggestions.

#### **Need(s):**

None. Standard is met.

## Standard 1.04

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

### **Recommended Goal:**

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

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

### **Current Status:**

The Orange County Board of Supervisors has designated Bruce E. Haynes, M.D., a Board Certified Emergency Medicine Physician who is a nationally recognized and experienced State EMS Authority Director as the Orange County EMS Medical Director. The EMS Medical Director is a .75 FTE position. The Orange County Board of Supervisors has appointed Richard Kozak, M.D., an emergency room physician and paramedic liaison physician as Assistant Medical Director and chair of the Quality Assurance Board. A seven-member base hospital physician directors advisory board is advisory to the medical director. In addition, physicians with appropriate specialties and non-physician providers serve on the formal and informal technical advisory subcommittees.

### **Need(s):**

None. Standard is met.

## Standard 1.05

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall: a) assess how the current system meets these guidelines, b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and c) provide a methodology and timeline for meeting these needs.

### **Current Status:**

The EMS System Plan is in a dynamic state. On-going evaluation of EMS System performance by the EMS agency and system participants provides continuing direction. Overall, goals are established with EMS community involvement. Realistic time-frames are identified and an evaluation mechanism exists to modify the plan as needed.

### **Need(s):**

None. Standard is met.

## Standard 1.06

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

### **Current Status:**

The existing 1999 EMS System Plan has been evaluated and modified to reflect current implementation needs and goals. System review and annual updates will continue to be adopted for the EMS Plan 1999 - 2004.

### **Need(s):**

None. Standard is met

### **Objective:**

1.06.1 Submit annual EMS Plan updates to EMS Authority

Short-range Plan.

## Standard 1.07

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

### **Goal:**

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

### **Current Status:**

There is a well-established trauma care system in Orange County that fully meets the needs of Orange County residents at this time. Facilities are designated and there are agreements with trauma facilities and other jurisdictions. Please see Standard 5.08 for additional information.

### **Coordination With Other EMS Agencies:**

Intercounty agreements have been executed with all adjacent counties. Coordination with the appropriate EMS Agency occurs as needed in response to specific incidents or system issues.

### **Need(s):**

None. Standard is met.

## Standard 1.08

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

### **Current Status:**

ALS ground services are available throughout Orange County within approximately 5-8 minutes in urban/suburban areas. All ALS providers are fire departments.

### **Coordination With Other EMS Agencies:**

Engine companies carry ALS equipment with them during fire mutual aid responses, e.g., wild land fires. This allows them, under mutual aid provisions, to deliver unexpected emergency ALS care. Mutual aid coordination of ALS resources for multi-casualty or disaster situations is available and routinely used for Multi Victim Incidents as well as disaster situations (Policies 900.00 series). Issues/problems are resolved with neighboring providers and agencies.

### **Need(s):**

None. Standard is met.

## Standard 1.09

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

### Current Status:

The EMS agency maintains a comprehensive inventory of EMS resources including personnel, ambulance service providers, ALS providers, paramedic receiving centers, base hospitals, specialty centers and training programs. This inventory is updated routinely.

### Need(s):

None. Standard is met.



## Standard 1.10

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

### **Goal:**

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

### **Current Status:**

Services for a variety of special population groups are available throughout Orange County, provided by facilities, dispatch centers, ambulance service providers and ALS providers. All designated paramedic receiving centers in Orange County maintain JCAHO accreditation; consequently they meet the standard and goal. The County disaster response plans identify population groups such as elderly and handicapped requiring specialized services for evacuation by the prehospital system. Communications services for hearing impaired and mute are through the Orange County Communications.

### **Need(s):**

None. Standard is met.

### **Objective:**

1.10.1 Evaluate need for additional specialized services.

Long-range Plan.

## Standard 1.11

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

### **Goal:**

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

### **Current Status:**

Agreements have been developed and executed with system participants including base hospitals, paramedic receiving centers, trauma centers, ALS providers, ambulance service providers, EMT and EMT-P Training Programs. Roles and responsibilities are in formal policies and procedures for all EMS providers.

### **Need(s):**

None. Standard is met.

### **Objective:**

1.11.1 Determine role of managed care organizations.

Long-range Plan.

## Standard 1.12

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

### **Current Status:**

EMS Systems operations are reviewed and monitored by all EMS staff positions in their respective areas of responsibility including a full time Data/QI coordinator. There is a Quality Assurance Board (QAB) appointed by the Board of Supervisors specifically for reviewing and monitoring the system, and this board includes members from each component of the EMS delivery system. The Committee structure insures monitoring and review with subsequent recommendations developed based on input from the medical community and health care consumers. Existing agreements with EMS System participants include involvement with QA and data collection. Hospitals are actively involved in quality improvement, and fire departments have rudimentary programs. There is routine follow-up as needed of patient outcome at Paramedic Receiving Centers. Complaints and suggestions are followed up on.

### **Need(s):**

Standard is met.

### **Objective:**

- 1.12.1 Targeted areas for future in depth review and monitoring include dispatch, inter-facility transfers/critical care transports, basic life support, basic level providers such as automated external defibrillation and BLS advanced airway providers. In addition ALS providers are receiving many calls to urgent care clinics, probably an effect of managed care.

Please see Standard 6.01 for further information.

## Standard 1.13

Each local EMS agency shall coordinate EMS system operations.

### Current Status:

The organizational structure of the EMS agency provides for comprehensive coordination of EMS System operations through technical advisory subcommittees representing all EMS System participants. Continued participation of other provider committees such as the Orange County Fire Chiefs Association EMS Committee, Hospital Council Committees and others, are critical for system coordination.

### Need(s):

Standard is met.

## Standard 1.14

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

### Current Status:

A comprehensive policy and procedure manual is maintained, updated and distributed periodically to all EMS System participants. Revisions completed in response to recommended system operational needs and regulations adopted by the program and medical director are mailed in a timely manner to assure conformity and standardization.

### Need(s):

Standard is met.

### Objective:

1.14.1 Place the policy and procedure manual on the Health Care Agency web site.

Short-range Plan.

## Standard 1.15

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

### Current Status:

Formal (e.g., redesignation, recertification, etc.) and informal (e.g., complaints, CQI audits, etc.) review policies exist to provide the mechanism for ensuring compliance with system policies. The EMS Agency organizational structure provides oversight, review of areas of non-compliance and recommendations for corrective action.

### Need(s):

No needs identified. Standard is met.

## Standard 1.16

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

### Current Status:

Funding for EMS agency operations is partially derived from State Realignment funds (13%) and County General Fund (2%). The remaining 85% of the funding is generated from fees for designation, licensing, certification and/or authorization functions performed by the EMS agency and the county discretionary portion of the EMS Fund.

### Need(s):

Standard is met.

Periodic review of alternative funding sources.

### Objective:

1.16.1 Review alternative funding sources and future impact on current funding sources.

Short-range Plan.

## Standard 1.17

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

### **Current Status:**

Six base hospitals currently provide traditional (radio/telephone) medical direction to ALS providers in Orange County. We have an additional paramedic resource center that does off-line medical direction only, under a pilot project under way for several years. Clinical oversight is provided by the base hospital medical directors and pre-hospital care coordinators advisory committees. Roles, responsibilities and relationships are delineated in contractual agreements and policies and procedures.

Medical direction of BLS level skills such as automated external defibrillation, BLS level Combitube<sup>®</sup> and public safety bag-valve-mask use is being implemented.

### **Coordination With Other EMS Agencies:**

Policies and procedures are available as a resource. Interaction on medical direction occurs as needed.

### **Need(s):**

Standard is met.

Current base trial study should be completed and a determination made as how it applies to the rest of the system including the potential effect on the stability of the entire base hospital network. A determination must be made on how data will be collected without universal base contact. Medical direction for basic life support operations should be broadened and incorporate new alternative providers,



## Standard 1.17 - (Continued)

### Objective:

1.17.1 Complete current base contact trial.

Long-range Plan.

1.17.2 Develop and promulgate basic life support medical direction protocols.

Long-range Plan.

1.17.3 Determine level of medical direction for alternative providers such as automated external defibrillation/advanced airway and develop a system for each.

Short-range Plan.

## Standard 1.18

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

### **Goal:**

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

### **Current Status:**

A comprehensive QI program evaluating system performance exists. Provider based programs are included, and are encouraged through the Orange County Fire Chiefs Association EMS Sub-Committee. Please see Standard 6.01 also.

### **Need(s):**

Standard is met. Please see Standard 6.01.

### **Objective:**

- 1.18.1 Complete inventory QI needs.
  - Short-range Plan.
- 1.18.2 Establish more formal QI network for pre-hospital care providers.
  - Long-range Plan.
- 1.18.3 Enhance ALS in-house QI programs.
  - Short-range Plan.
  - Long-range Plan.
- 1.18.4 Institute BLS level QI plans.
  - Short-range Plan.
  - Long-range Plan.

## Standard 1.19

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

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

### **Goal:**

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

### **Current Status:**

OCEMS Policies and Procedures address all aspects of EMS operations. The EMS Agency is responsive to system needs and, in collaboration with system participants, routinely develops and updates policies pertinent to local EMS practice. Treatment Guidelines are revised at least annually. The majority of dispatch agencies utilize pre-arrival/post dispatch instructions.

### **Need(s):**

Standard is met.

## STANDARD 1.19 - (Continued)

### Objective:

- 1.19.1 Evaluate each dispatch agencies ability to provide pre-arrival instructions.
- Short-range Plan.
- 1.19.2 Implement pre-arrival/post dispatch instructions in all dispatch agencies.
- Long-range Plan.
- 1.19.3 Revise emergency medical dispatch protocols.
- Short-range Plan.
- 1.19.4 Develop additional interfacility transfer protocols.
- Short-range Plan.

## Standard 1.20

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

### Current Status:

OCEMSA has a DNR policy consistent with EMS Authority DNR guidelines. There has been system education in this issue. We receive frequent calls from the public to obtain DNR forms. A DNR policy (recognizing a green OCEMS arm band) was adopted countywide in August, 1991. Effective January 1, 1994, Orange County EMS implemented an expanded DNR policy in accordance with the EMS Authority's DNR guidelines. Education and/or consultation via a "DNR guidelines" video, lecture and an educational packet including the policy, copies of DNR request documents, course objectives and a post-test were provided to all prehospital personnel, acute care facilities, skilled nursing facilities, home health agencies and hospice programs. An overview has been widely distributed and published in the Orange County Medical Society's Bulletin.

### Need(s):

Standard is met, but there is a problem with information transfer at skilled nursing facilities.

### Objective:

120.1 Work with nursing facilities on rapid transmission of information from staff to EMS personnel.

Long-range Plan.

## Standard 1.21

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

### **Current Status:**

The EMS Agency Prehospital Determination of Death policy clearly defines situations appropriate for field pronouncement of death. Orange County Coroner review of this policy was solicited prior to implementation and communication exists to provide immediate feedback on individual cases when necessary.

### **Need(s):**

Increased pronouncement in the field.

### **Objective:**

1.21.1 Consider additional field pronouncement guidelines.

Long-range Plan.

## Standard 1.22

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

### Current Status:

EMS policies provide a mechanism for reporting child abuse and elder abuse. Currently, SIDS death is not formally reported by prehospital personnel. The Orange County Coroner is directly involved in each case, and paramedic receiving centers notify the Orange County Coroner of suspected SIDS deaths routinely as a "reportable death". There is a Health Department SIDS coordinator who does education and training regarding SIDS.

### Need(s):

None. Standard is met.

## Standard 1.23

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

### Current Status:

ALS providers perform selected emergent transfers when the patient's condition does not allow waiting for a nurse-accompanied transfer. During these transfers, paramedics adhere to OCEMSA Treatment Guidelines which, for interfacility transfers only, have added monitoring of blood infusions, neuromuscular blockade, and intravenous potassium infusions. BLS personnel are also allowed to transport patients with thoracostomy tubes in place, although this rarely occurs. BLS personnel adhere to EMT scope of practice per Title 22 during interfacility transfers. There are no OCEMSA policies and protocols for nurse-accompanied transfers, nor review of provider protocols.

### Need(s):

Standard is partially met. We need protocols for nurse-accompanied transfers.

### Objective:

- 1.23.1 Evaluate need for additional ALS scope and protocols.
  - Short-range Plan.
- 1.23.2 Develop policies and protocols for nurse-accompanied transfers.
  - Long-range Plan.



## Standard 1.24

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

### **Goal:**

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

### **Current Status:**

Fire departments currently provide all ALS services within their governmental borders pursuant to the grandfather clause Section 1797.201; Health and Safety Code and as approved by the State EMS Authority following recognition of the Orange County EMS Plan. Some ALS providers have signed written agreements with OCEMSA, and all adhere to policies and protocols.

### **Need(s):**

We do not regard the lack of written agreement as a problem in the system since all providers adhere to EMSA policies and procedures.

## Standard 1.25

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

### **Goal:**

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

### **Current Status:**

On line medical direction is available when required by EMS protocols or whenever medic desires consultation. Base hospital configuration has been stable until recently, when one base moved to off-line status as a paramedic resource center, not a base. We are continuing to experiment with this base and it's medics in refining mandatory contact criteria. The process for selecting base hospitals is in policy. There is no process for determining the need for in-house prehospital medical direction.

### **Needs:**

Standard is met. No needs identified.

### **Objective:**

125.1 Consider the need for a process to determine the need for in-house pre-hospital medical direction.

Long-range Plan.

## Standard 1.26

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

### **Current Status:**

A comprehensive trauma care system plan has been fully implemented with sufficient capacity to care for all designated trauma victims.

### **Need(s):**

None. Current system meets standard (see also Standard 5.08).

## Standard 1.27

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

### **Current Status:**

Pediatric emergency medical and critical care is integrated into the overall EMS System. Pediatric needs are addressed through specific equipment requirements for pre-hospital care providers and comprehensive staffing and equipment standards for paramedic receiving centers that include pediatric needs. Recent audits show that pre-hospital care providers have equipment generally meeting EMSC standards. Once a patient arrives at a PRC, determinations of the need for a higher level of care and/or coordination of patient transfers are the responsibility of the PRC physician. Pediatric trauma victims are taken to designated trauma centers. There are five pediatric intensive care units in the County and improved coordination with EMS is underway. A formalized pediatric emergency medical and critical care system plan has not been developed.

### **Need(s):**

The existing system adequately meets community needs. On-going reviews and audits will be performed. (Please see Standard 5.10).

### **Objective:**

1.27.1 Ensure that the existing EMS system provides adequate pediatric emergency medical and critical care.

- Short-range Plan
- Long Range Plan.

**Standard 1.28**

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

**Current Status:**

ALS services are currently provided exclusively by city and county fire departments for each city and all unincorporated areas. These ALS services are all grandfathered. Emergency ambulance service is provided by fire departments in several cities and/or private ambulance services. Selection of private ambulance services in most cities and unincorporated areas utilizes a competitive bid process administered by the local jurisdiction's fire chief.

**Need(s):**

Standard is met.

**Objective:**

1.28.1 Ensure that all areas of Orange County continue to be provided prompt, appropriate ambulance and ALS service of the highest quality. Review all requests-for-proposal for ambulance service areas.

Short-range Plan.

# STAFFING/TRAINING

## Standard 2.01

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

### Current Status:

The agency assesses personnel and training needs. This is done as follow-up to audits by the agency and the Quality Assurance Board (QAB) as well as other providers e.g., pre-hospital care coordinators, fire departments and others. The agency routinely interacts with providers to assess training needs and identify alternative methods for meeting these needs.

Recent examples include expanded automated external defibrillation, spinal immobilization training, Bag Valve Mask training for police officers, Combitube<sup>®</sup> for basic level providers and others.

### Need(s):

Standard is met however we need stronger evaluation of training needs.

### Objective:

2.01.1 Improve assessment of training needs.

Long-range Plan

## Standard 2.02

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

### Current Status:

A mechanism exists, with supporting policies and written agreements, for the EMS agency to approve EMS education programs every two to four years or as needed. Those approved programs include EMT-I, EMT-P, EMT-D, MICN, EMD and prehospital continuing education. The EMS staff monitors training programs.

### Need(s):

Current system exceeds the standard.

## Standard 2.03

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

### **Current Status:**

- Policies/procedures define accreditation of EMT-P personnel, authorization of MICNs, certification/licensure of EMT-I personnel and first responder accreditation for defibrillation, Combitube<sup>®</sup>, bag valve mask and police use of automated external defibrillators (AED). Informal base hospital review, EMS formal review policies and the Orange County Ambulance Ordinance and Ambulance Rules and Regulations provide mechanisms for reporting and investigating unusual occurrences.

### **Need(s):**

Current system meets the standard.



## Standard 2.04

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

### **Goal:**

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

### **Current Status:**

All dispatchers have basic emergency medical orientation and all are fully trained before they perform call prioritization or deliver pre-arrival/post dispatch instructions.

Not all PSAPs' operators with medical dispatch responsibility are formally trained in accordance with dispatch guidelines. Two departments use Medical Priority Dispatch and two use an Orange County based system. Three perform simple dispatch. Training is done in-house, through other Orange County dispatch agencies, or through national-level training personnel.

### **Need(s):**

Improve medical training for smaller dispatch agencies including the implementation of pre-arrival/post dispatch instructions.

### **Objective:**

2.04.1 Perform evaluation of dispatch needs for pre-arrival/post dispatch instructions.

Short-range Plan.

2.04.2 Investigate need for priority dispatch for all agencies.

Long-range Plan.

## Standard 2.05

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

### Goal:

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

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

### Current Status:

A vast majority of first responders are certified at the EMT-I level, although one large department uses some paid call firefighters trained as public safety first aid. All first responders are trained in first aid and CPR. Early defibrillation programs have been implemented by five fire departments and one police department, although these programs have not been tied specifically to ALS response times. Many departments are using paramedic assessment units that provide first response defibrillation and other ALS care. Lifeguards are generally EMT trained. Event providers have moved in a number of cases to provision of AED and in some cases will add Combitube<sup>®</sup>.

### Need(s):

Current system generally exceeds standard.

## Standard 2.05 - (Continued)

### **Objective:**

#### 2.05.1 Regionalize distribution of AED.

- Long-range Plan.

#### 2.05.2 Analyze need for universal EMT-1 responders.

- Long-range Plan.

#### 2.05.3 Facilitate other first responders (e.g., police, event medical services, employers) to provide AED, Combitube® and other advanced skills, when beneficial.

- Short-range Plan.
- Long-range Plan.

## Standard 2.06

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

### **Current Status:**

Public safety agencies have been encouraged to respond effectively to medical emergencies by adding additional skills e.g., bag-valve mask. Agencies e.g., police departments and lifeguards are beginning use of advanced skills like AED and Combitube®. Some organized first aid teams exist and respond to incidents within major industries. Specialty event providers are interested in advanced procedures and have added, in some cases, AED and Combitube®. First aid teams exist and routinely respond to incidents within many major industries. Specialty event responders have increased interest in advanced procedures.

### **Need(s):**

Standard is met.

Further encouragement of public safety agencies, industrial first aid teams and specialty event providers is planned.

### **Objective:**

2.06.1 Encourage and facilitate first responders use of AEDs  
Combitube® and bag-valve mask.

Short-range Plan.

Long-range Plan.

2.06.1 Investigate other innovative uses of first responders

Long-range Plan.

## Standard 2.07

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

### Current Status:

Currently policies exist regarding first responder defibrillation, insertion of the Combitube<sup>®</sup>, use of bag valve mask and determination of death. BLS engine companies and PAU's use ALS treatment guidelines and operational policies and procedures. There are no BLS treatment guidelines.

### Need(s):

BLS treatment guidelines.

### Objective:

2.07.1 BLS treatment guidelines should be developed and implemented.

Long-range Plan.

## Standard 2.08

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

### Goal:

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

### Current Status:

All emergency medical transport vehicle personnel are certified at the EMT-I level. The current EMS response provides advanced life support responders when needed. ALS personnel should be present if a patient needs defibrillation.

### Need(s):

Standard is met.

Evaluate need for BLS transport AED capability requirement.

### Objective:

2.08.1 Evaluate need for transport AED capability.

Long-range Plan.

**Standard 2.09**

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

**Current Status:**

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

**Need(s):**

The current EMS System exceeds this standard.

## Standard 2.10

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

### Goal:

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

### Current Status:

Current criteria require training in advanced life support for physicians and registered nurses providing direct emergency patient care. This requirement is waived for those E.D. physicians who are certified by the American Board of Emergency Medicine. Most E.D. physicians are ABEM certified (e.g.: all are qualified in emergency medical practice. OCEMS policy requires ABEM, or Internal Medicine, Family Practice boards or 7000 plus hours in emergency medical practice). ACLS is required for those not board certified. Many Registered Nurses are certified in PALS. PRC physicians are required to be ABEM certified although other qualifications are accepted with residency training in primary care and substantial emergency department experience as an alternative.

### Need(s):

System meets the standard.

### Objective:

- 2.10.1 All physicians certified by ABEM.
  - Long-range Plan.
- 2.10.2 Investigate role of other training, e.g., PALS.
  - Long-range Plan.



## Standard 2.11

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

### **Current Status:**

A comprehensive accreditation policy for EMT-P personnel defines system and optional scope of practice, orientation, training and participation in the quality improvement process.

### **Need(s):**

System meets the standard.

## Standard 2.12

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

### **Current Status:**

A policy exists for local accreditation in early defibrillation.

### **Need(s):**

Current policy meets the standard.

## Standard 2.13

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

### Current status:

The base hospital designation policies describe orientation and/or training regarding EMS operations, policies, procedures and radio communications for base hospital personnel providing medical direction to prehospital personnel. A formal MICN educational program is also defined in policy.

### Need(s):

System meets the standard.

# COMMUNICATIONS

## Standard 3.01

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

### Goal:

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

### Current Status:

Policies and/or written agreements exist which specify medical communications capability and requirements for the prehospital setting. The ReddiNet Central Point has been relocated to the Orange County Sheriffs Department Emergency Communications center. The HEAR/ReddiNet, Med-10 and biomedical frequencies are utilized for day-to-day EMS and medical disaster communications coordinated by Orange County Sheriffs Department Emergency Communications. Cellular communication is used during exercises and actual emergencies. Amateur radio and satellite telephone services are options used by the EMS agency.

### Coordination with Other EMS Agencies:

Mutual aid and disaster communications are coordinated by the Orange County Sheriffs Department with other EMS Agencies as needed.

### Need(s):

System meets the standard.

### Standard 3.01 - (Continued)

**Objective:**

**3.01.1 Transfer medical communication frequencies to an 800 megahertz system.**

Short-range Plan.

Long-range Plan.

## Standard 3.02

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

### Goal:

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

### Current Status:

Direct two-way bio-med channel radio equipment is utilized between paramedic accompanied emergency medical transport units and base hospitals. ALS and non-transporting (paramedic assessment units) ALS responders are dispatched via fire service. Paramedics do not communicate directly with the receiving hospital, although they have the ability to do so with cellular telephone. BLS ambulance-to-hospital, and vehicle-to-vehicle communication is accomplished via Med-10 and/or the fire channel and the provider's dispatch. Cellular telephones are also utilized by some ALS and BLS units.

### Need(s):

System meets the standard. Continued promotion of the use of backup communication resources, such as cellular/digital telephone.

### **Standard 3.03**

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

#### **Current Status:**

Emergent interfacility transfers with (9-1-1) paramedics utilize base hospital medical direction via biomedical communications. Most interfacility transfers with an RN utilize cellular phone or radio relay through ambulance dispatch for necessary communications. All emergency medical transport vehicles may utilize indirect two-way radio communications when appropriate to relay information to both sending and receiving facilities through Med-10, Orange County Communications, their dispatch center and/or the base hospital.

#### **Coordination With Other EMS Agencies:**

Current radio communication options can be adapted to accommodate communication needs with out-of-county resources via Orange County Sheriffs Department Communications.

#### **Need(s):**

System meets the standard. Promote the use/availability of cellular/digital telephones on all ALS interfacility transports.

### Standard 3.04

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

#### Current Status:

All emergency medical transport vehicles have the ability to communicate directly with Orange County Sheriffs Communications via radio (Med-10) or landline for disaster coordination. These communications may also be relayed directly to a command post or alternate site. The fire service channels are also directly accessible to the disaster command post.

#### Need(s):

Current system meets this standard.



## Standard 3.05

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

### Goal:

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

### Current Status:

The ReddiNet/HEAR network provides two-way radio communication and hard copy capability between participating hospitals. Facility resources can be accessed by phone or ReddiNet/HEAR system.

### Need(s):

System meets the standard.

### Objective:

3.05.1 Enhance current communications system with the implementation of ReddiNet II.

Short-range plan.

## Standard 3.06

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

### Current Status:

A centrally coordinated EMS communications system exists for Pre-hospital and hospital providers to communicate during a multi-casualty incident or disaster. This system utilizes hospital, ambulance and fire department radio system, which may be interconnected by Orange County Sheriff's Emergency Communications. Hospital/disaster communications are evaluated monthly for problem identification. Amateur radio operator coverage is coordinated to provide radio communication coverage to medical facilities, and pre-hospital resources.

### Need(s):

System meets the standard.

### Objective:

3.06.1 An updated inter-hospital radio system (ReddiNet II) is being installed in 1999.

Short-range plan.

### Standard 3.07

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

#### **Goal:**

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

#### **Current Status:**

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

#### **Need(s):**

Current system meets standard.

#### **Objective:**

3.07.1 Include EMS Agency in coordination of 9-1-1 telephone service.

Long-range Plan.

## Standard 3.08

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

### Current Status:

Public safety agencies provide widespread public education regarding 9-1-1 telephone service. More could be done, however, to attempt more appropriate use of 9-1-1. The EMS agency reinforces the appropriate use of 9-1-1 service through printed brochures and, when appropriate, in communications with other agencies and individuals.

### Need(s):

System meets standard; but more should be done as many calls do not require emergency medical response or ALS.

### Objective:

3.08.1 Improve public education regarding 9-1-1.

Long-range Plan.

## Standard 3.09

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

### **Goal:**

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

### **Current Status:**

A policy exists defining the EMD training program to be utilized by public safety agencies providing emergency medical dispatch. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Two agencies use Medical Priority Dispatch while another two use an Orange County system aimed largely at pre-arrival instructions. Three agencies simply dispatch without pre-arrival instructions. The Ambulance Ordinance directs a basic life support ambulance service receiving requests for emergency medical services from other than a public safety agency to immediately notify a public safety agency to respond to the request.

### **Need(s):**

Have universal availability of pre-arrival instructions. Consider need for priority dispatch and follow-up on audits of priority dispatch use. See also Standard 6.04.

**Standard 3.09 - (Continued)**

Standard 3.09

**Objectives:**

**3.09.1 Institute universal pre-arrival instructions, at least in selected clinical conditions.**

Long-range Plan.

**3.09.2 Study expansion of priority dispatch.**

Long-range Plan.

**3.09.3 Institute triage of selected calls to Regional Poison Center.**

Short-range Plan.

### Standard 3.10

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

#### **Goal:**

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

#### **Current Status:**

Orange County has seven separate emergency medical dispatch centers that are responsible for dispatch of ALS and BLS resources. Mutual aid agreements and direct communication lines between dispatch centers provide for systemwide coverage during period of peak demand. Ambulances are generally provided by individual fire departments or private providers and there is no routine system-wide coordination of coverage during peak demand. All field and dispatch center communications are integrated through Orange County Sheriff's Department Emergency Communications (OCC).

Law, fire and BLS transport communicate on designated assigned frequencies. However, all voice communications can be "patched" together to communicate directly with each other through OCC. All medical transportation units and fire units in Orange County are equipped to communicate on the standardized Med-10 channel.

#### **Need(s):**

Current system meets standard.

#### **Objective:**

3.10.1 Evaluate need for system-wide ambulance peak demand coverage.

Long-range Plan.

# RESPONSE/TRANSPORTATION

## Standard 4.01

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

### Goal:

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

### Current Status:

The Orange County Ambulance Ordinance defines an emergency response area as a geographical location specified by the fire chief within which emergency services may be provided under a license. The Ambulance Ordinance has been adopted by 23 out of 31 cities in Orange County. In the remaining 9 cities, the boundaries are also established by the fire chief

### Need(s):

None. Standard is met. The ambulance ordinance is available as a resource to other EMS agencies. Coordination occurs with other EMS agencies, as needed for specific incidents, mutual aid or disaster situations.



## Standard 4.02

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

### **Goal:**

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

### **Current Status:**

The ambulance ordinance, and associated Rules and Regulations, provide a mechanism for monitoring compliance with local and state regulations. All private ambulance services are licensed to operate within Orange County. Separate EMS policies exist for public safety emergency medical transportation services. Occasional audits are performed on service issues. In recent years these have focused on ambulance response times. There is no good method for monitoring ambulance response times.

### **Need(s):**

Effective methods for monitoring response times. There are various systems in use for classifying a medical request and for determining appropriate levels of medical response. Please see Standards 3.09 and 6.04 for additional information.

### **Objective:**

- 4.02.1 Continue audits of response times.
  - Short-range Plan.
  
- 4.02.2 Develop system for accurately measuring ambulance response times.
  - Long-range Plan.

## Standard 4.03

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

### Current Status:

A policy exists defining approved Emergency Medical Dispatch (EMD) training program requirements. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Emergency medical dispatching has been implemented by a majority of public safety agencies providing 9-1-1 service. Several agencies utilize priority dispatching. Many agencies continue to respond Code 3 to all responses. There are various levels of classifying medical requests and a number of systems for determining appropriate levels of medical response. Please see Standards 3.09 and 6.04 for additional information.

### Need(s):

System meets the standard.

### Objective:

4.03.1 Encourage universal use of classifying medical requests.  
Please see Standards 3.09 and 6.04.

Long-range Plan.

### Standard 4.04

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

**Current Status:**

Pre-scheduled patient transports or interfacility transports are routinely performed by private ambulance services which does not impact emergency medical response capability. These types of transports are agreed upon mutually between the ambulance provider and the party requesting transport.

**Need(s):**

Existing system meets this standard.

## Standard 4.05

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

### **Goal:**

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

- a.) the response time for a basic life support and CPR capable first responder does not exceed: Metro/urban--5 minutes, Suburban/rural--15 minutes and Wilderness--as quickly as possible.
- b) the response time for an early defibrillation-capable responder does not exceed: Metro/urban--5 minutes, Suburban/rural--as quickly as possible and Wilderness--as quickly as possible.
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed: Metro/urban--8 minutes, Suburban/rural--20 minutes and Wilderness--as quickly as possible.
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes, Suburban/rural--20 minutes and Wilderness--as quickly as possible.

### **Current Status:**

Emergent responses are defined by requesting an ambulance and/or engine company Code 3. The Orange County Fire Chiefs Association EMS Master Plan sets a goal of BLS engine companies within 5 minutes of dispatch at least 90% of the time, and ALS units within 8 minutes of dispatch 90% of the time.

Ambulance response time requirements in the Orange County Rules and Regulations for Code 3 response of 10 minutes, 90% of responses; and, for Code 2 responses, 15 minutes for 90% of responses. All these response times are from notification of the provider until arrival on scene. We have no way to determine the time the call was received at the primary PSAP. We have considered the system guidelines EMS "transportation unit" goal for Metro/urban area for 8 minutes and feel that it is not medically indicated from a system point of view.

## Standard 4.05 - (Continued)

### Coordination With Other EMS Agencies:

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

### Need(s):

Determine compliance with response times and develop techniques for measuring total time from PSAP.

### Objective:

- 4.05.1      Develop techniques for on-going measurements or audits of PSAP processing time.
  - Long-range Plan.
  
- 4.05.2      Develop standardized definition of emergency response time.
  - Long-range Plan.
  
- 4.05.3      Establish provider in-house response time audits.
  - Long-range Plan.
  
- 4.05.4      Develop method for accurately measuring ambulance response times.
  - Long-range Plan.

## Standard 4.06

(continued)

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

### Current Status:

Orange County Ambulance Rules and Regulations and California Code of Regulations Title 13 specify staffing and equipment requirements for emergency medical transport vehicles. Both private and public safety ambulances are inspected on an annual basis.

### Need(s):

No needs identified. System meets the standard.

## Standard 4.07

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

### **Current Status:**

All ALS providers also provide first response, some at the ALS level. Police agencies are integrated at the city level. Other first responders who have been integrated into the system include lifeguards and those using advanced skills under OCEMSA policies. These include event providers. Industrial first aid teams and fixed location providers (e.g., theme parks) are integrated into the response system. They have different levels of integration into the system in terms of training and other issues. This is especially true if they use Registered Nurses as providers.

### **Need(s):**

Better integration of non-public safety first responders.

### **Objective:**

4.07.1 Formally catalogue non-public safety first responders and develop plan for enhanced integration.

Long-range Plan.

## Standard 4.08

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

### **Current Status:**

Private rotary-wing air ambulance services are licensed to operate in Orange County and comply with the Ambulance Ordinance and Rules and Regulations. EMS agency policies address the categorization and coordination of prehospital air ambulance services including requests, dispatch, patient destination and data collection. System orientation is left to providers.

### **Coordination With Other EMS Agencies:**

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

### **Need(s):**

Formalize orientation of pilots and medical flight crews.

### **Objective:**

4.08.1 Assure system orientation of pilots and medical flight crews.

Long-range Plan.



## Standard 4.09

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

### **Current Status:**

Each dispatch center is responsible for coordination of air ambulance responses.

### **Need(s):**

System meets the standard.

## Standard 4.10

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

### Current Status:

There is one air ambulance provider that has one aircraft based in Orange County, generally with a mixed registered nurse/paramedic crew. This service has back up aircraft available although with longer response times. Fire service rescue aircraft are available for rescue missions as well as emergency patient transport in the event the air ambulance is not available. Each of these responses is reviewed. There is an on-going audit system for the appropriateness of air transport. It has resulted in a marked decrease in the number of air transports. The air ambulance is licensed annually.

### Coordination With Other EMS Agencies:

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

### Need(s):

System meets this standard.

## Standard 4.11

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

### **Goal:**

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

### **Current Status:**

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

### **Coordination With Other EMS Agencies:**

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

### **Need(s):**

Existing system meets the standard.

## Standard 4.12

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

### Current Status:

A comprehensive EMS disaster plan exists including a mechanism for mobilizing response and transport vehicles. Private ambulances are coordinated by the Ambulance Association of Orange County and fire resources would be obtained through Fire Mutual Aid. This system works in concert with the Operational Area emergency response plan. All participants work under Standardized Emergency Management System (SEMS) guidelines.

### Need(s):

Current system meets this standard.

## Standard 4.13

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

### **Goal:**

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

### **Current Status:**

Within the existing system there are informal as well as formal mechanisms (i.e., RDMHC system) in place to permit and facilitate intercounty response of emergency medical transport vehicles and EMS personnel when requested. Orange County ALS engine companies are allowed to carry their equipment and supplies with them during inter-county mutual aid responses, including fires. Financial responsibility is determined by the scope of the incident and/or level of disaster.

### **Coordination With Other EMS Agencies:**

Intercounty coordination as indicated by the incident.

### **Need(s):**

Determine financial responsibility for mutual aid responses, to remove obstacle for development of mutual aid agreements.

### **Objective:**

4.13.1 Identify financial responsibility for mutual aid responses.

Long-range Plan.

## Standard 4.14

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

### Current Status:

Fire service multi-casualty response plan for scene management is in place utilizing the Incident Command System. The operational area Emergency Operation Center EOC and EMS Department Operations Center (DOC) both operate under Standardized Emergency Management System (SEMS/ICS) guidelines

### Need(s):

None. System meets this standard.

## Standard 4.15

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

### **Current Status:**

The Orange County multi-casualty response plan utilizes state standards and guidelines directing a coordinated response.

### **Need(s):**

System meets this standard.

## Standard 4.16

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.

### **Goal:**

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

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

### **Current Status:**

Currently ALS ambulances are staffed with two paramedics. Paramedic Assessment Units utilize one paramedic and most often do not provide transport. Providers are currently utilizing alternate configurations in the provision of ALS care, e.g., one field paramedic on an engine meeting a single ambulance paramedic to complete the team. The number of paramedics in transport, is tailored to patients needs. The number of paramedics has expanded considerably in recent years through the addition of Paramedic Assessment Units (PAUs) and to a lesser extent by additional ALS units. This has led to dilution of the experience of paramedics, especially on PAUs. The EMT drives on a transporting unit with a single paramedic. The transport in general does not arrive on scene as the initial responder to treat the patient so that defibrillation skill is not as important as in other systems.

### **Need(s):**

Current system meets the standard.



## Standard 4.16 - (Continued)

### Objective:

4.16.1 Evaluate needs of patients and standards for ALS unit staffing.

Long-range Plan.

4.16.2 Maintain skill level of paramedics.

Short-range Plan.

Long-range Plan.

4.16.3 Evaluate EMT need for defibrillation skill.

Long Term Goal.

## Standard 4.17

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

### Current Status:

Advanced life support units maintain ALS inventory mandated by EMS Agency Policy/Procedure. Paramedic Assessment Units are currently equipped with the same ALS inventory as the ALS units with the following exceptions: a) automated external defibrillator modified for manual override may be used, b) adenosine, diazepam and morphine are optional items.

### Need(s):

Current policies meet standard.

## Standard 4.18

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

### **Current Status:**

The County of Orange Codified Ordinance 3517 allows the OCEMS Agency to establish rules and regulations to regulate and license ambulance services. This applies to ambulance services operating in any unincorporated area of Orange County and also in each city which has adopted the ambulance ordinance. Public safety agencies providing emergency medical transportation services are exempted by Ordinance but voluntarily adhere to the Ambulance Ordinance pertaining to system operations. We have policies in place for public safety ambulances.

### **Need(s):**

System meets the standard.

## Standard 4.19

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

### **Current Status:**

Although exclusive operating areas are not designated but have been grandfathered by the EMS Agency, the Ambulance Ordinance and Rules and Regulations address minimum standards and system effectiveness pertaining to EMS transportation services. In 1998, twenty-three cities plus the unincorporated areas in the county selected exclusive ambulance transport providers through a competitive bid process.

### **Need(s):**

System meets the standard.

## Standard 4.20

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

### **Current Status:**

The EMS agency has implemented a local plan that continues the use of existing providers operating with the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Most public safety emergency service providers use a formal competitive process to select transport services for its community.

### **Need(s):**

System meets the standard.

## Standard 4.21

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

### **Current Status:**

The Ambulance Ordinance, Ambulance Rules and Regulations and OCEMSA policies and procedures provide a mechanism for ensuring compliance with applicable policies and procedures regarding system operations in patient care.

### **Need(s):**

System meets the standard.

## Standard 4.22

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

### **Current Status:**

Exclusive operating areas are not designated or granted by the EMS Agency. Response areas are the city and/or unincorporated areas each fire department serves based on city/unincorporated area boundaries.

### **Need(s):**

Current system meets the standard.

### **Objective:**

- 4.22.1 Evaluate need for periodic evaluation of design of exclusive operating areas.
- Long-range Plan.

## FACILITIES/CRITICAL CARE

### Standard 5.01

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

**Goal:**

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

**Current Status:**

Paramedic receiving hospitals (PRCs) are assessed by OCEMSA for designation every three years and there are written agreements with PRCs. Receiving hospitals are informally assessed for capabilities in the areas of hyperbaric oxygen, labor and delivery, burn, reimplantation and sexual assault treatment. There is currently a major focus on the assessment of pediatric capabilities of receiving hospitals.

**Need(s):**

System meets the standard.

Medical literature is changing and we need to reassess what kind of receiving centers we need (see Standard 5.04). Continue pediatric assessment.

**Objective:**

5.01.1 Assess pediatric capabilities.

Short-range Plan.

Long-range Plan.



**Standard 5.02**

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

**Current Status:**

Prehospital triage and patient destination policies exist to assure patients are transported to the closest most appropriate facility or specialty center. Transfer protocols for emergent interfacility transports exist to provide for appropriate utilization of paramedics (9-1-1) or critical care ambulance transports. Orange County EMSA policies mandate the establishment of transfer agreements/plans between paramedic receiving centers and specialty centers, including major trauma victims. Retriage review is done by base hospitals.

**Coordination with Other EMS Agencies:**

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

**Need(s):**

Current system meets the standard. Consider new triage destinations and a need for additional transfer protocols.

**Objective:**

5.02.1 Evaluate need for new triage and destination and transfer protocols.

Long-range Plan.

### **Standard 5.03**

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

#### **Current Status:**

Paramedic receiving centers are required to establish transfer agreements/plans with specialty centers. Specialty centers are required to quickly accept valid trauma patients.

#### **Coordination With Other EMS Agencies:**

Trauma triage and transfer agreements may result in intercounty patient triage or transfer.

#### **Need(s):**

Current system meets the standard. Consider establishment of additional transfer agreements.

#### **Objectives:**

- 5.03.1 Consider establishment of transfer agreements for non-traumatic neurological emergencies.
  - Long-range Plan.
  
- 5.03.2 Consider establishment of transfer agreements for selected patients examples might include cardiac emergencies, stroke, and pediatrics.
  - Long-range Plan.

## Standard 5.04

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

### Current Status:

There is formal designation of paramedic receiving hospitals and trauma centers. Resurvey occurs every three years. Policies/procedures and written agreements provide the mechanism for designation and monitoring of paramedic receiving centers and trauma centers. Paramedic neuro receiving centers are no longer designated. Trauma centers have agreed to take non-traumatic neurological emergencies. There have been suggestions for additional designations, possibly including patients with cardiac emergencies, strokes and pediatric patients.

### Coordination With Other EMS Agencies:

Long Beach Memorial Hospital in LA County has been designated a trauma center for Orange County. The Orange County recognition of designation of a trauma center in Los Angeles County requires EMS inter-agency coordination. Riverside has designated Children's Hospital of Orange County (CHOC) for pediatric critical care and one or more Orange County pediatric receiving centers have been designated by LA EMS as approved for pediatrics.

### Need(s):

Current system meets standard, but we are continuing to consider additional designation of facilities. (See Standard 5.11).

### Standard 5.04 - (Continued)

**Objective:**

5.04.1 Assess pediatric capabilities of receiving hospitals

Short-range Plan.

Long-range Plan.

5.04.2 Assess need for pediatric critical care centers.

Short-range Plan.

Long-range Plan.

5.04.3 Assess need for specialized stroke centers.

Long-range Plan.

5.04.4 Assess need for cardiac centers e.g., primary angioplasty

Long-range Plan.

5.04.5 Ongoing assessment of the need for the specialized centers.

Short-range Plan.

## Standard 5.05

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

### **Goal:**

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

### **Current Status:**

A comprehensive mass casualty plan exists. Formal drills are performed multiple times annually and coordinated with hospitals, fire service, ambulance companies and police departments. All paramedic receiving centers operate a ReddiNet System, which allow them to interface with other hospitals, and the Emergency Operation Center (EOC) during disasters. The Orange County EMS Agency recently gave a seminar on weapons of mass destruction aimed mainly at the hospitals. Background information and treatment protocols for weapons of mass destruction were distributed to all medical directors of the paramedic receiving centers. The Hospital Emergency Incident Command System (HEICS) disaster plan is utilized by > 75% of acute care facilities. The remaining facilities are being urged to adopt the HEICS. All HEICS training has been performed by the EMS Agency disaster response coordinator.

### **Need(s):**

Current system meets the standard and goal. Continue to promote hospital disaster preparedness. Cooperate with dissemination of Weapons of Mass Destruction (WMD) training.

## Standard 5.05 - (Continued)

### Objective:

5.05.1 Install Reddinet II.

Short-range Plan.

5.05.2 Put in place treatment guidelines for potential weapons of mass destruction.

Short-range Plan.

5.05.3 Encourage hospital preparation on Weapons of Mass Destruction (WMD).

Long-range Plan.

5.05.4 Encourage improved hospital decontamination ability for chem/bio events.

Short-range Plan.

Long-range Plan.

## Standard 5.06

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

### **Current Status:**

A comprehensive EMS disaster plan includes a plan for hospital evacuation. The plan includes a resource inventory of all hospitals, specifically patient capacity for patients arriving from an evacuated hospital with medical personnel.

This plan is tested annually during the San Onofre Nuclear Generating Station (SONGS) exercise.

### **Coordination With Other EMS Agencies:**

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

### **Need(s):**

System meets the standard.

### Standard 5.07

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

**Current Status:**

The base hospital designation criteria and process are clearly delineated in policy. Six designated base hospitals provide medical direction, continuing education and quality improvement activities for prehospital personnel. One hospital serves as a resource hospital and performs quality assurance, data entry and education.

**Coordination With Other EMS Agencies:**

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

**Need(s):**

System meets the standard.



## Standard 5.08

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

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

### Current Status:

A well-established trauma system addresses all aspects of trauma care. There are three designated trauma centers in Orange County, two Level II and one Level I, and one Los Angeles designated hospital is also recognized. There are approximately 3,200 trauma triages each year. Catchment areas are not specifically defined, but are roughly geographic by closest center to the incident. Patients are divided into critical trauma victims (CTV) and moderate trauma victims (MTV) with all CTVs and most MTVs transported to a trauma center. Burns, reimplantation and other issues are considered. Non trauma hospitals play an integral role in the system through the PRC system in caring for MTVs, transferring walk-in patients and participating in monitoring and evaluation of the system. In the past, some monitoring and evaluation was done by OCEMSA but most quality improvement took place at the trauma center level. The Regional Trauma Operations Committee has begun meeting again and coordinated projects are underway.

### Needs:

System meets the standard, although would benefit from more coordinated monitoring and evaluation, and more cooperative ventures between centers. Continued monitoring of current system with focus on reimbursement and transfer issues identified by EMS System participants are areas of priority concern.

## Standard 5.08 - (Continued)

### **Objective:**

- 5.08.1 More coordinated QI with all participants.
- Short-range Plan.
- 5.08.2 Standardize clinical innovations between centers, e.g., neuro trauma care guidelines.
- Short-range Plan.
  - Long-range Plan.
- 5.08.3 Institute same trauma software at OCEMSA as existing trauma centers (See also Standard 6.11).
- Short-range Plan.
- 5.08.4 Monitor financial viability of the system in reimbursement issues.
- Long-range Plan.
- 5.08.5 Monitor system implications of the relationship between trauma centers and managed care organizations.
- Long-range Plan.
- 5.08.6 Establish criteria for cost effective changes.
- Long-range Plan.

## Standard 5.09

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

### **Current Status:**

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

### **Need(s):**

System meets the standard.

## Standard 5.10

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

### Current Status:

Not applicable

### Need(s):

We are investigating whether we need pediatric centers. The agency has evaluated how pediatric intensive care units in Orange County meet State EMSC ICU guidelines.

### Objective:

5.10.1 Assess the need for designation of pediatric centers.

Long-range Plan.

## Standard 5.11

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

### Goal:

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

### Current Status:

Pediatric patients are transported either to a paramedic receiving center or a trauma center. PRCs must meet EMSA staffing and equipment standards for both adults and children, although specific equipment sizes, etc. are not always delineated. All PRCs have been audited and generally meet EMSC emergency department standards, especially for equipment in the emergency department. There are some pediatrics' guidelines, although they do not have certain components such as requirements for Pediatric Advanced Life Support (PALS), Pediatric Nurse Coordinator, or a defined pediatric QI system, etc. Patient care audits have been done that show, based on implicit review, that the care is good.

In addition, virtually all children who require intensive care are transported to a hospital with a pediatric intensive care unit. A few children are hospitalized at hospitals with the pediatric ward but no PICU. There are no EMS guidelines for consultation regarding patients appropriate for a PICU, although our physicians say that this works quite well informally without published guidelines. There are no EMS-defined pediatric QI/Data Reporting requirements.

OCEMSA recently performed site visits to four of the five PICUs in the county and found that they generally met the Los Angeles standard for designated PICUs. (The fifth underwent PICU designation process for the EMSC System in another county and was designated). All children suspected of major injury go to an existing trauma center. This has been reviewed specifically for pediatric components by American College of Surgeons Review Team.

## Standard 5.11 - (Continued)

### Need(s):

System partially meets the standard.

We should determine if any specific components of EDAP/PCCC criteria should be added to Orange County PRC requirements and whether specific pediatric QI and data are needed. It should be determined if a form of designation of PICUs would be helpful to patients.

### Objective:

- 5.11.1 Determine if specific pediatric staffing should be required, e.g., requirement for PALS or pediatric-experienced RNs.
- Short-range Plan.
- 5.11.2 Determine if specific pediatric equipment lists are necessary.
- Short-range Plan
- 5.11.3 May determine the necessity for consultation guidelines.
- Short-range Plan.
- 5.11.4 Develop possible pediatric-specific QI and Data Reporting points or propose audits by OCEMSA/QAB.
- Short-range Plan.
- 5.11.5 Continue evaluation and comparison of existing PRCs to EMSC standards for emergency departments.
- Long-range plan.
- 5.11.6 Determine desirability of recognition of PICUs.
- Long-range Plan.

## Standard 5.12

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

### Current Status:

The Emergency Medical Care Committee and technical subcommittee structure includes broad representation by EMS System providers and consumers.

### Need(s):

Current committee representation meets this standard. Pediatric specialties are not well represented in the existing organizational structure.

### Objective:

5.12.1 Improve participation by pediatric specialists.

Short-range Plan.

Long-range Plan.

## Standard 5.13

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

### Current Status:

Since 1996, we no longer have designated paramedic neuro trauma centers. All trauma, including head trauma is sent to the trauma centers. Trauma centers also receive non-trauma neurosurgical cases that may need immediate neurosurgery.

### Need(s):

Current system meets the standard and the needs of the community.



## Standard 5.14

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

### **Current Status:**

The Emergency Medical Care Committee and technical advisory subcommittee structure includes broad representation by EMS System participants, providers, and consumers.

### **Need(s):**

Current system meets this standard.

# DATA COLLECTION/SYSTEM EVALUATION

## Standard 6.01

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

### Goal:

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

### Current Status:

A comprehensive QI program is operational. The Board of Supervisors has designated the Quality Assurance Board (QAB) to review and recommend studies to the EMSA in Orange County. Monitoring and evaluation of overall system operations is coordinated by the EMS Agency. All EMS system providers, (Base Hospitals, Paramedic Receiving Centers, and Trauma Centers) participate in QI activities. Patient outcome data is reported to the EMS agency by Trauma Centers, Base Hospitals, and Paramedic Receiving Centers. Fire providers participate in Fire Chief CQI activities with EMS participation.

### Need(s):

System meets the standard.

Ambulance/BLS service providers, PSAPs and fire Provider-Agencies need to improve participation in fire and countywide QI activities. QI activities need to focus on patient outcomes. Paramedic Receiving Centers need to provide patient outcomes to providers on a timely basis.

**Standard 6.01 - (Continued)**

**Objective:**

6.01.1 Each Fire Provider-Agencies will develop and adopt a basic CQI plan.

Long-range Plan

6.01.2 Each Fire Provider-Agencies will participate in CQI activities.

Short-range Plan

6.01.3 Ambulance/BLS service providers will participate in CQI activities.

Long-range Plan

## Standard 6.02

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

### Current Status:

Completion of prehospital records is defined by the local EMS agency for all patient responses. Currently, EMS receives hard copies of Base Hospital Reports and Prehospital Care Records. In addition, the Base Hospitals submit on disk the electronic base hospital data that is downloaded into EMS database.

### Need(s):

System meets the standard.

Prehospital record completion and distribution for BLS, ALS, Interfacility Transfers, and Critical Care Transports need to be clearly defined and functional. The uniform use of a BLS record for all BLS patients needs implementation.

### Objective:

- 6.02.1 Adopt and use a standardized BLS prehospital patient record.
- Long-range Plan.
- 6.02.2 Investigate and plan integration of the BLS and ALS record to one computer database.
- Long-range Plan.
- 6.02.3 Include the following records to be completed and forwarded to EMS:
- *BLS record.*
  - *Critical care transport calls.*
  - *Cancelled or non-escorted ALS calls.*
  - *Air ambulance PCR's.*
- Long-range Plan.

### **Standard 6.03**

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

#### **Goal:**

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

#### **Current Status:**

Prehospital care audits are performed by EMS and a variety of provider agencies, such as the Pre-hospital Care Coordinators (PCC's) under the direction of the EMS Agency. Audits are conducted such as utilization of morphine for the control of pain, utilization of adenosine for supraventricular tachycardia, and the utilization of Lasix in the congestive heart failure/acute pulmonary edema patient. Audit results are reviewed and recommendations are made by the Quality Assurance Board (QAB).

#### **Need(s):**

System meets the standard and the goal.

#### **Objectives:**

- 6.03.1 Institute relational computerized data system.
  - Long-range Plan.
- 6.03.2 Update current database system to include Base Hospital, Trauma, Paramedic Receiving Center Discharge Data, and Prehospital Care data.
  - Long-range Plan.

## Standard 6.04

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

### Current Status:

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

### Need(s):

Improve QI of medical dispatch.

### Objective:

- 6.04.1 Strengthen quality improvement of medical dispatching.
- Short-range Plan.
  - Long Term Plan.
- 6.04.2 Institute provider QI on levels of medical response.
- Short-range Plan.
- 6.04.3 Consistent monitoring of appropriateness of dispatch instructions.
- Long Term Plan.
- 6.04.4 Implement QI studies on dispatch delays resulting from call processing and impact on response times for selected clinical conditions.
- Short-range Plan.
  - Long Term Plan.

See also (Standards 2.04, 3.09, 4.03).

## Standard 6.05

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

### **Goal:**

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

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

### **Current Status:**

An integrated data management system exists with comprehensive monitoring of all aspects of patient care performed. The Quality Assurance staff routinely evaluates patient registry data as it relates to patient care.

### **Coordination With Other EMS Agencies:**

Designation criteria mandates reporting of system response and clinical data by the Orange County designated trauma center in Los Angeles County receiving trauma victims from Orange County.

### **Need(s):**

System meets the standard, and the goals.

### **Objective:**

6.05.1 Continue to participate with other EMS agencies on trial studies, such as the Pediatric Airway Study.

Short-range Plan.

6.05.2 Collaborate with Fire Agencies in developing alternative data collection methods that allow smooth transition/integration into County EMS data base, such as the scannable Prehospital Care Record (PCR).

Long-range Plan.

## Standard 6.06

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

### **Current Status:**

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

### **Need(s):**

Current system meets the standard. Prevention strategies consistent with community needs are not currently addressed due to limited resources.

### **Objective:**

- 6.06.1 Provide data to other HCA programs for developing prevention strategies.
- Short-range Plan.
- 6.06.2 Identify populations with special needs, such as falls in the elderly population or traffic and pedestrian accidents in the pediatric population.
- Short-range Plan.



## Standard 6.07

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

### Current Status:

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

### Need(s):

The current system meets the standard.

## Standard 6.08

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

### Current Status:

The EMS agency produces quarterly administrative reports, which are distributed for review to all system participants. The EMS agency and the QAB evaluate overall operations; results are reported to the Emergency Medical Care Committee and the Board of Supervisors.

### Need(s):

Current system meets the standards.

### Objective:

6.08.1 Provide in depth, analytical reports in addition to data reporting.

Long-range Plan.

## **Standard 6.09**

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

### **Goal:**

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

### **Current Status:**

Prehospital, base hospital and receiving hospital data is submitted to the EMS agency. The data management system integrates prehospital and hospital activities in the audit process. An example is the comprehensive standing orders project with Anaheim Fire and Anaheim Memorial Medical Center.

### **Need(s):**

Current system meets the standard and the goal, however, data is submitted as hard copies to be entered into the EMS database. There is a need to move to computerized and electronic submission of data from all of the provider agencies.

### **Objective:**

6.09.1 See Standard 6.05.

## Standard 6.10

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

### **Current Status:**

The current trauma system provides for comprehensive evaluation of clinical and operational aspects. Data reporting requirements are clearly defined in policy and written agreements. Currently, trauma centers submit hard copy, trauma registry forms to EMS for review and entry into the EMS data base. Individual trauma centers conduct internal patient care reviews using specific audit filters.

### **Need(s):**

Current system meets the standard but there is a need to update the EMS database with the Trauma One Regional database system. Trauma centers and EMSA need to identify regional issues that can be studied by all Trauma Centers (TC's) to improve the overall care of the trauma patients and improve outcomes.

### **Objective:**

- 6.10.1 Study alternatives to predicting survival, currently TRISS is used to predict survival, alternatives would use ICD9 coding.
- Long-range Plan.
- 6.10.2 Define goals for Trauma OPS Committee. Currently death reviews are done by trauma medical directors.
- Long-range Plan.
- 6.10.3 Out of trauma center trauma deaths are reviewed by EMSA from coroner's reports. EMSA will conduct in-hospital chart reviews to ascertain appropriateness of care.
- Short-range Plan.

**Standard 6.11**

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

**Goal:**

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

**Current Status:**

Trauma system evaluation includes data reporting requirements for designated trauma centers and non-trauma centers providing trauma care. Coroner reports on traumatic deaths at non-trauma centers are reviewed by EMSA and reported to QAB, and Trauma OPS Committee.

**Need(s):**

System meets the standard.

Capture outcome data for EMS data base.

**Objective:**

6.11.1 Conduct audits similar to trauma centers at non-trauma centers receiving patients that meet those criteria. Example would be pediatric trauma patients that are transported to CHOC.

Long-range Plan.

## PUBLIC INFORMATION AND EDUCATION

### Standard 7.01

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

#### Goal:

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

#### Current Status:

The EMS agency does not formally provide EMS prevention education. However, hospitals, fire departments and other programs within the Orange County Health Care Agency provide a variety of educational activities and/or materials pertaining to Emergency Medical Services such as drowning prevention, injury prevention involving teenagers and alcohol and a 911 reference for the public and physicians.

#### Need(s):

Current EMS agency resources are not adequate to formally address this goal. Additional staff, dedicated to EMS community education, would be required to promote the development of EMS educational programs. Targeted EMS agency staff should liaison with community agencies such as CalOptima (the County Operated Health Plan for Medi-Cal enrollees), American Red Cross, and the American Heart Association to provide EMS consultation for community education.

### Standard 7.01 - (Continued)

**Objective:**

7.01.1 The EMS agency shall dedicate a staff member to EMS community education.

Long-range Plan.

7.01.2 Compile a list of community education programs on the use of emergency medical services.

Long-range Plan.

## Standard 7.02

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

### **Goal:**

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

### **Current Status:**

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

### **Need(s):**

Current system does not meet this standard or goal.

To adequately meet the goal additional EMS staff would be required and assigned direct responsibility for developing and coordinating EMS community education programs.

### **Objective:**

7.02.1 Significant staff time shall be assigned to develop and coordinate EMS community education programs.

Long-range Plan.

7.02.2 Complete a plan to identify needs of the community and what is being done.

Long-range Plan.



## Standard 7.03

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

### **Goal:**

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

### **Current Status:**

The EMS agency is assigned the role of medical disaster management and preparedness. This includes assisting hospitals, BLS transport companies and the Orange County Health Care Agency in efforts related to medical disaster education and preparedness. This is accomplished by aiding with plan development Hospital Emergency Incident Command System (HEIC), MASICS, etc., mass casualty exercise coordination, information dissemination (bulletins, advisories, newsletters, etc.) and educational presentations. Most activities occur within the medical/health-related community; however, newsletters and presentations are delivered to non-medical community groups, when requested and appropriate. The Orange County Sheriffs Department (local OES function) is often involved or aware of these activities, and routinely shares in the activity.

### **Need(s):**

System meets the standard.

## Standard 7.03 - (Continued)

### **Objective:**

Continue and reinforce public and medical community education related to disaster preparedness through:

7.03.1 Continued presentations and newsletters to the medical community and, when appropriate, the public.

Short-range Plan.

7.03.2 Expand public and medical education regarding disaster preparedness through EMS Agency web pages.

Short-range Plan.

## Standard 7.04

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

### **Goal:**

The local EMS agency should adopt a goal for training 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:**

Community first aid and CPR training has been formally promoted by the EMS agency and the Board of Supervisors through the purchase and donation of CPR training manikins for all public schools in Orange County. No community training goals have been adopted for the general public.

### **Need(s):**

Current system does not meet this standard or goal.

Current EMS agency resources are not adequate to further address this standard or goal. Additional staff, assigned community education coordination responsibilities would be required to adequately meet this need.

### **Objective:**

7.04.1 Compile a resource list of those providing CPR training.

Long-range Plan.

7.04.2 Adopt a plan for increasing the amount of CPR training.

Long-range Plan.

7.04.3 Target high-risk groups for CPR training.

Long-range Plan.

# DISASTER MEDICAL RESPONSE

## Standard 8.01

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

### Current Status:

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

### Coordination With Other EMS Agencies:

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

### Need(s):

System meets standard.

### Objective:

- 8.01.1 Integrate weapons of mass destruction procedures into current Operational Area Haz Mat response plan.
  - Short-range plan
  
- 8.01.2 Conduct additional medical exercise using earthquake scenario.
  - Long-range plan

## Standard 8.02

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

### **Goal:**

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

### **Current Status:**

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

### **Needs:**

System meets this standard.

## Standard 8.03

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

### Current Status:

Fire departments have primary responsibility for scene management of hazardous materials incidents. Currently, there are five (5) hazardous material response teams in the county, all operated by fire departments. All fire personnel have been trained to a minimum level of "Haz Mat First Responder Awareness". Private BLS transport personnel receive training as required by OSHA.

### Need(s):

System meets the standard.

Private BLS transport personnel need to be minimally trained to the same level as all fire personnel. Hospital personnel need reinforced training in areas of personal protective equipment. Sources for pharmaceutical antidotes need to be identified.

### Objective:

8.03.1 The EMS agency will work with private BLS transport providers in assessing training for personnel with the goal of having all field personnel trained to the Haz Mat First Responder Awareness level, although private BLS transport providers are not intended to be first responders in Haz Mat incidents.

Short-range plan

8.03.2 Continued dissemination of hazardous material information and training (Defense Preparedness WMD training) to hospital personnel.

Short-range plan

8.03.3 Work with EMS Authority and Regional Disaster Medical/Health Coordinator to identify pharmaceutical antidotes.

Long-range plan

### Standard 8.04

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

**Goal:**

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

**Current Status:**

The Orange County EMS Agency Mass Casualty Incident disaster plan and supporting operational plan utilize the Incident Command System (ICS) as the basis for incident management in compliance with State law. Incident Command System is routinely employed by the fire departments in Orange County. All assisting agencies fall under this management system.

**Need(s):**

System meets the standard.

## Standard 8.05

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

### **Goal:**

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

### **Current Status:**

There is a defined mechanism for the triage and transportation of disaster casualties to appropriate facilities based on patient status and facility capabilities. Special facilities have been identified for the receipt and treatment of patients with radiation contamination and injuries. The fire department Haz Mat teams are directed to complete field decontamination prior to transport.

### **Coordination with Other EMS Agencies:**

Many EMS agencies demonstrate interagency coordination during the annual San Onofre Nuclear Generating Station drills evaluated by the Nuclear Regulatory Commission.

### **Need(s):**

System meets this standard. Educational efforts continue to enhance hospital capabilities in response to a chemical contamination emergency.



## Standard 8.06

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

### Goal:

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

### Current Status:

A mechanism exists for needs/resource assessment and the communication of this information through the Regional Disaster Medical/Health Coordinator program. The EMS agency participates in annual drills evaluating this capability. Existing policies meet the standard and the goal.

### Need(s):

System meets this standard.

## Standard 8.07

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

### **Current Status:**

Specific frequencies have been designated for disaster communications and coordination between the EMS Agency and other responders. These communications involve the use of the ReddiNet hospital communication system and emergency amateur radio.

### **Coordination with Other EMS Agencies:**

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

### **Need(s):**

System meets this standard.

## Standard 8.08

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

### Goal:

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

### Current Status:

The EMS agency maintains a disaster medical resource directory including EMS responders which, when utilized, would provide resource inventory data. The EMS agency promotes the execution of written agreements between health care facilities and their vendors as a component of Hospital Emergency Incident Command System implementation.

### Need(s):

Current system meets this standard.

## Standard 8.09

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

### **Goal:**

The local EMS agency should support the development and maintenance of Disaster Medical Assistance Teams (DMAT) in its area.

### **Current Status:**

Local DMAT teams are federally organized and funded. The EMS agency promotes and supports local DMAT teams. A role for these medical disaster responders has been identified in the county's Mass Casualty Medical Response Plan.

### **Need(s):**

System meets this standard.

## Standard 8.10

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

### **Current Status:**

Intercounty EMS agreements for medical mutual aid have been executed with adjacent counties through the Regional Disaster Medical/Health Coordinator System. A mechanism exists to obtain relevant emergency resources during significant medical incidents.

### **Coordination With Other EMS Agencies:**

Coordination with other EMS agencies includes the execution of intercounty agreements and routine interaction as needed.

### **Need(s):**

System meets this standard.

## Standard 8.11

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

### **Current Status:**

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

### **Coordination With Other EMS Agencies:**

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

### **Need(s):**

System meets this standard.

**Standard 8.12**

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

**Current Status:**

The operational area disaster plan includes a mechanism for considering the use of CCPs. Multiple options for CCP communications have been identified, e.g., amateur radio, Med-10, cellular and satellite telephones.

**Need(s):**

System meets the standard.

## Standard 8.13

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

### Goal:

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

### Current Status:

The Orange County EMS Agency actively promotes and supports education and preparedness activities related to mass casualties resulting from exposure to toxic or radioactive substances. This is accomplished through the dissemination of printed reference materials, conducting educational seminars and participation in exercises. EMS Agency response plans, and those of the Operational Area, are SEMS based and compatible with those operational plans utilized by fire department and hazardous material teams. Orange County also participates in annual SONGS drills.

### Need(s):

System meets the standard. The goal is to ensure training opportunities for BLS transport providers and hospital emergency department staff.

### Objective:

8.13.1 Provide for the safe and appropriate management of all disaster casualties including patients requiring special handling and care due to exposure to or contamination by hazardous substances.

Short-range Plan.

8.13.2 Present and promote hospital/prehospital educational opportunities related to the management of patients contaminated with chemical, biological or radioactive material.

Short-range Plan.

Long-range Plan.



## Standard 8.14

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

### Goal:

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

### Current Status:

All acute care hospitals participate with the EMS Agency in at least one system wide exercise each calendar year. These exercises involve local OES, fire departments, law enforcement, private BLS transport agencies and other prehospital participants. Emergency communications utilizing the ReddiNet and amateur radio systems are also employed in these full functional exercises.

### Need(s):

System meets the standard.

## Standard 8.15

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

### Current Status:

The ReddiNet/HEAR system provides a coordinated emergency interhospital communication network. Policies and procedures direct participation and emergency and non-emergency operations. The Hospital Disaster Support Communications System (amateur radio) provides a dependable alternative to the ReddiNet System.

### Need(s):

System meets the standard.

## Standard 8.16

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

### **Goal:**

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

### **Current Status:**

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

### **Need(s):**

System meets the standards.

### **Objective:**

8.16.1 While disaster drills provide overall system education, there is a need for formalized disaster medical response training for fire and BLS transportation providers.

Long-range Plan.

**Standard 8.17**

Standard 8.17

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

**Current Status:**

Current policies and medical aid agreements provide for ALS personnel and mutual aid responders from other EMS systems to be utilized as needed during major medical incidents.

**Need(s):**

Current system meets the standard.

## **Standard 8.18**

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

### **Current Status:**

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

### **Need(s):**

Current system meets the standard.

## Standard 8.19

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

### **Current Status:**

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

### **Need(s):**

Current system meets standard.

## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

EMS System: \_\_\_\_\_ Reporting Year: 1998/99

**NOTE: Number one 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: \_\_\_\_\_

- |                                         |             |
|-----------------------------------------|-------------|
| a. Basic Life Support (BLS)             | <u>100%</u> |
| b. Limited Advanced Life Support (LALS) | <u>0%</u>   |
| c. Advanced Life Support (ALS)          | <u>100%</u> |

**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: \_\_\_\_\_

B

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

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other: \_\_\_\_\_

B

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

- |                                                                     |          |
|---------------------------------------------------------------------|----------|
| Implementation of exclusive operating areas (ambulance franchising) | _____    |
| Designation of trauma centers/trauma care system planning           | <u>✓</u> |
| Designation/approval of pediatric facilities                        | _____    |
| Designation of other critical care centers                          | _____    |
| Development of transfer agreements                                  | _____    |
| Enforcement of local ambulance ordinance                            | <u>✓</u> |
| Enforcement of ambulance service contracts                          | _____    |
| Operation of ambulance service                                      | _____    |

Table 2 - System Organization & Management (cont.)

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing (CISD) team	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EMS agency budget for FY 98/99 (Proposed)**

**A. EXPENSES**

Salaries and benefits (all but contract personnel)		<u>\$ 559,231</u>
Contract Services (e.g. medical director)		<u>142,685</u>
Operations (e.g. copying postage, facilities)		<u>295,010</u>
Travel		<u>7,320</u>
Fixed assets		<u>Ø</u>
Indirect expenses (overhead)		<u>Ø</u>
Ambulance subsidy		<u>Ø</u>
EMS Fund payments to physicians/hospital		<u>Ø(1)</u>
Dispatch center operations (non-staff)		<u>Ø</u>
Training program operations		<u>Ø</u>
Other: <u>Base radio replacement</u>		<u>540,000</u>
Other: <u>ReddiNet II equipment</u>		<u>283,003</u>
Other: _____		_____
<b>TOTAL EXPENSES</b>		<u><b>\$1,827,249</b></u>

(1) EMS Fund not administered by Orange County EMS Agency



**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE (Adopted Budget) Run date**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>Ø</u>
Office of Traffic Safety (OTS)	<u>Ø</u>
State general fund (NPP & Realignment)	<u>419,604</u>
County general fund	<u>147,885</u>
Other local tax funds (e.g., EMS district)	<u>Ø</u>
County contracts (e.g. multi-county agencies)	<u>Ø</u>
Certification fees (EMT and Hospitals)	<u>64,122</u>
Training program approval fees	<u>Ø</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	<u>Ø</u>
Base hospital application fees	<u>Ø</u>
Base hospital designation fees	<u>Ø</u>
Trauma center application fees	<u>Ø</u>
Trauma center designation fees	<u>Ø</u>
Pediatric facility approval fees	<u>Ø</u>
Pediatric facility designation fees	<u>Ø</u>
Other critical care center application fees	<u>Ø</u>
Type: _____	
Other critical care center designation fees	<u>Ø</u>
Type: _____	
Ambulance service/vehicle fees	<u>76,000</u>
Contributions	<u>Ø</u>
EMS Fund (SB 12/612)	<u>716,638</u>
Other grants: _____	<u>Ø</u>
Other fees: _____	<u>Ø</u>
Other (specify): <u>7670 Act</u>	<u>403,000</u>
<b>TOTAL REVENUE</b>	<b><u>\$1,827,249</u></b>

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

**Table 2 - System Organization & Management (cont.)**

**6. Fee structure for FY 1998/99**

We do not charge any fees

Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	25
EMT-I recertification	25
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	350
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	60
MICN/ARN recertification	60
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	20,061
Pediatric facility approval	0
Pediatric facility designation	0



**Table 2 - System Organization & Management (cont.)**

EMS System: HCA/Emergency Medical Services

Reporting Year: 1999

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	HCA Program Manager II	1.0	\$26.54 (PH)	18.02%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Coordinator	1.0	\$25.80 (PH)	18.02%	
Program Coord./Field Liaison (Non-clinical)	EMS Coordinator	1.0	\$25.80 (PH)	18.02%	
Trauma Coord.					
Medical Director	EMS Med Director	Contracted	\$56.93	N/A	
Other MD/Med. Consult./Trng. Med. Dir.	EMS Assist Med Director	Contracted	\$51.57	N/A	
Disaster Med. Planner	EMS Coordinator	1.0	\$25.80 (PH)	18.02%	

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

**\*Note:** 1 EMS Division Manager oversees EMS & MSI Salary Budgeted in MSI Program  
Hourly Rate \$38.78 18.02% benefits.

**Table 2 - System Organization & Management (cont.)**

EMS System: HCA/Emergency Medical Services

Reporting Year: 1999

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator	EMS Coordinator	1.0	\$25.80 (PH)	18.02%	
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Office Supervisor B	1.0	\$16.02 (PH)	18.02%	
	Secretary II	1.0	\$15.16 (PH)	18.02%	
	Office Specialist	1.0	\$14.80 (PH)	18.02%	
	Inform. Processing Techn.	3.0	\$14.01 (PH)	18.02%	
Data Entry Clerk	Data Entry Specialist	1.0	\$14.80 (PH)	18.02%	
Other					

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

### TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

Revision #4 (3/99)

EMS System: HCA/Orange County Emergency Medical Services Agency

Reporting Year: 1998

NOTE: Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-Ps	MICN	EMS DISPATCHER
Total Certified	1,208	N/A	699	107	
Number newly certified this year	653		83	6	
Number recertified this year	555		120	46	
Total number of accredited personnel on July 1 of the reporting year			655		
Number of certification reviews resulting in:					
a) formal investigations	10		0	0	
b) probation	1		0	0	
c) suspensions	0		0	0	
d) revocations	1		0	0	
e) denials	6		0	0	
f) denials of renewal	0		0	0	
g) no action taken	0				

1. Number of EMS dispatchers trained to EMSA standards: 118
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 1,307
  - b) Number of public safety (defib) certified (non-EMT-I) Unknown
3. Do you have a first responder training program?  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: HCA/Orange County Emergency Medical Services Agency  
 County: Orange  
 Reporting Year: 1998

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

1. Number of primary Public Service Answering Points (PSAP) 21
2. Number of secondary PSAPs 7
3. Number of dispatch centers directly dispatching ambulances 12
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes  no 
  - a. Radio primary frequency 146.56
  - b. Other methods various( i.e., telephone, fax)
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes  no
  - d. Do you participate in OASIS? yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
 yes  no 
    - 1) Within the operational area? yes  no
    - 2) Between the operational area and the region and/or state? yes  no





**TABLE 5: SYSTEM RESOURCES AND OPERATIONS—Response/Transportation (cont'd)****SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	3-5 minutes*	3-5 minutes*	0	0
2. Early defibrillation responder.	3-5 minutes*	3-5 minutes*	0	0
3. Advanced life support responder.	5-7 minutes*	5-7 minutes*	0	0
4. Transport Ambulance.	< 10 minutes*	< 10 minutes*	0	0

**\*These are estimates. Ambulance companies and fire departments are not required to report.**

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

EMS System: Health Care Agency/Orange County Emergency Medical Services Agency  
 Reporting Year: 1998

**Note:** Table 6 is to be answered for each county.

### Trauma

Trauma patients:

- |                                                                                        |              |
|----------------------------------------------------------------------------------------|--------------|
| a) Number of patients meeting trauma triage criteria                                   | <u>2,369</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance |              |
| <u>1,962</u>                                                                           |              |
| c) Number of major trauma patients transferred to a trauma center                      | <u>19</u>    |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>388</u>   |

### Emergency Departments

- |                                               |           |
|-----------------------------------------------|-----------|
| Total number of emergency departments         | <u>26</u> |
| a) Number of referral emergency services      | <u>Ø</u>  |
| b) Number of standby emergency services       | <u>Ø</u>  |
| c) Number of basic emergency services         | <u>25</u> |
| d) Number of comprehensive emergency services | <u>1</u>  |

### Receiving Hospitals

- |                                                          |           |
|----------------------------------------------------------|-----------|
| 1. Number of receiving hospitals with written agreements | <u>26</u> |
| 2. Number of base hospitals with written agreements      | <u>7</u>  |

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster

### Medical

EMS System: HCA/Orange County Emergency Medical Services Agency  
County: Orange  
Reporting Year: 1999

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

#### 1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? 10 recommended, 10 alternate sites
- b. How are they staffed? In-County DMAT, volunteers
- c. Do you have a supply system for supporting them for 72 hours?      yes             no ✓

#### 2. CISD

Do you have a CISD provider with 24 hour capability?      yes ✓      no       

#### 3. Medical Response Team

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

#### 4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes ✓      no
- b. At what HazMat level are they trained? On-scene incident commander
- c. Do you have the ability to do decontamination in an emergency room?      yes ✓      no
- d. Do you have the ability to do decontamination in the field?      yes ✓      no

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes ✓      no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with a disaster?      32 (Approx.)

3. Have you tested your MCI Plan this year in a:

- a. real event?      yes \_\_\_\_\_ no
- b. Exercise?      yes  no \_\_\_\_\_

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

\_\_\_\_\_

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 formal agreements with community clinics in your operational area to participate in disaster planning and response?      yes \_\_\_\_\_ no

7. Are you part of a multi-county EMS system for disaster response?      yes  no \_\_\_\_\_

8. 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: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Anaheim Fire Department</b> 201 S. Anaheim Blvd., #301 Anaheim CA 92805			Primary Contact: <b>Jeff Bowman (Chief)</b>  (714) 765-4000		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>150</u> BLS ____ LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____  <u>71</u> ALS

Name, address & telephone: <b>Brea Fire Department</b> 1 Civic Center Circle Brea CA 92821			Primary Contact: <b>William R. Simpkins (Chief)</b>  (714) 990-7644		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>33</u> BLS ____ LALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____  <u>11</u> ALS

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: Costa Mesa Fire Department 77 Fair Drive (PO Box 1200) Costa Mesa CA 92626			Primary Contact: Frank Fantino (Chief)  (714) 754-5106		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 37 BLS ____ LALS ____ PS-Defib 99 EMT-D 33 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

Name, address & telephone: Fountain Valley Fire Department 10200 Slater Fountain Valley CA 92708			Primary Contact: Bernard Heimos (Chief)  (714) 593-4436		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 21 BLS ____ LALS ____ PS-Defib ____ EMT-D 18 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: Fullerton Fire Department 312 E. Commonwealth Fullerton CA 92832			Primary Contact: Stephen Magliocco (Chief)  (714) 738-6502		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS _____ PS-Defib _____ 45 BLS _____ EMT-D _____ LALS _____ 27 ALS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

Name, address & telephone: Garden Grove Fire Department 11301 Acacia Parkway Garden Grove CA 92840			Primary Contact: Warren Hartley (Chief)  (714) 741-5600		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS _____ PS-Defib _____ 60 BLS _____ EMT-D _____ LALS _____ 29 ALS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Huntington Beach Fire Department</b> 2000 Main Street Huntington Beach CA 92648 (714) 536-5411			Primary Contact: <b>Michael Dolder (Chief)</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 141 BLS ____ LALS ____ PS-Defib ____ EMT-D 53 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone: <b>Laguna Beach Fire Department</b> 501 Forest Avenue Laguna Beach CA 92651 (949) 497-0700			Primary Contact: <b>William Edmundson (Chief)</b>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 39 BLS ____ LALS ____ PS-Defib 39 EMT-D 12 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: La Habra Fire Department PO Box 377 La Habra CA 90633-0377		Primary Contact: Michael McGroarty (Chief)			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 14 BLS ____ LALS ____ PS-Defib ____ EMT-D 22 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

Name, address & telephone: Newport Beach Fire Department 3300 Newport Blvd. Newport Beach CA 92663		Primary Contact: Tim Riley (Chief)			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 67 BLS ____ LALS ____ PS-Defib 90 EMT-D 23 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Orange City Fire Department</b> 176 South Grand Orange CA 92866			Primary Contact: <b>Vincent Bonacker (Chief)</b>  (714) 288-2500		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>75</u> BLS ____ LALS ____ PS-Defib ____ EMT-D <u>45</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone: <b>Orange County Fire Authority</b> 180 S. Water Street Orange CA 92866			Primary Contact: <b>Charles Prather (Chief)</b>  (714) 289-7410		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>1291</u> BLS ____ LALS ____ PS-Defib <u>1291</u> EMT-D <u>223</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" 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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency County: Orange Reporting Year: 1999

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

Name, address & telephone: Santa Ana Fire Department 1439 S. Broadway Santa Ana CA 92707			Primary Contact: Marc Martin (Chief)  (714)647-5700		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ 150 BLS      ____ EMT-D ____ LALS      ____ 50 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

Name, address & telephone: American Medical Response 17918 Crusader Cerritos, CA 90703-2631			Primary Contact: Dave Austin  (562) 653-2000		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ 105 BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>56</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>AmeriCare Ambulance Service</b> 501 North Cypress Orange CA 92867				Primary Contact: <b>Michael Summers</b> (714) 997-4123	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>6</u>

Name, address & telephone: <b>Bowers Ambulance Service</b> 446 E. Pacific Coast Highway Long Beach CA 90806				Primary Contact: <b>Robert Bowers</b> (562) 591-3371	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: Care Ambulance Service 8932 Katella Avenue Anaheim CA 92804			Primary Contact: Rick Richardson (714) 828-7750		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS _____ PS-Defib _____ 57 BLS _____ EMT-D _____ LALS _____ ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>32</u>

Name, address & telephone: Doctors Ambulance Service 23091 Terra Drive Laguna Hills CA 92653			Primary Contact: Eric Nelson (949) 951-1668		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS _____ PS-Defib _____ 39 BLS _____ EMT-D _____ LALS _____ ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>14</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Emergency Ambulance Service</b> 495 S. Brea Blvd. Brea CA 92822-9506			Primary Contact: <b>Phil Davis</b>  (714) 990-1742		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 27 BLS ____ LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>12</u>

Name, address & telephone: <b>Emergency Services, Inc.</b> 8724 Millergrove Santa Fe Springs, CA 90742			Primary Contact: <b>Robert Risher</b>  (562) 692-6775		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 2 BLS ____ LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Huntington Ambulance Service</b> PO Box 145 Sunset Beach CA 90742		Primary Contact: <b>Stacey O'Brien</b>  (562) 904-1550			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>5</u> BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

Name, address & telephone: <b>Lynch Ambulance Service</b> 2950 La Jolla Street Anaheim, CA 92806		Primary Contact: <b>Walter Lynch</b>  (714) 670-8307			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>39</u> BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>14</u>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: <b>Medix Ambulance Service</b> 26021 Pala Drive Mission Viejo CA 92691			Primary Contact: <b>Michael Dimas</b>  (949) 470-8921		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>106</u> BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>38</u>

Name, address & telephone: <b>Mercy Air Service, Inc.</b> 8190 Mango (PO Box 2532) Fontana CA 92334-2532			Primary Contact: <b>Mary Davis, R.N.</b>  (909) 357-9006		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D <u>19</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: HCA/Orange County Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: Schaefer Ambulance Service 2215 South Bristol Santa Ana CA 92704			Primary Contact: Jim Karras  (714) 545-8486		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      _____ PS-Defib <u>37</u> BLS      _____ EMT-D ____ LALS      _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

Name, address & telephone: Priority One Medical Transport 8520 Archibald Street Rancho Cucamonga CA 91780			Primary Contact: Michael Parker  (800) 600-3370		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      _____ PS-Defib <u>6</u> BLS      _____ EMT-D ____ LALS      _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

**TABLE 9 RESOURCES DIRECTORY — Approved Training Programs**

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name: Capistrano Laguna Beach ROP  
 Address: 31522 El Camino Real  
San Juan Capistrano, CA 92673

Contact Person/telephone number: Cliff Bramlette, EMT-P  
(949) 496-3118

Student Eligibility:*  Open to the public. Must be 16 years old.	Cost of Program:  Basic: <u>\$45.00</u> Refresher: <u>\$75.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>123</u> Refresher: <u>62</u> Continuing Education: <u>10</u> Expiration Date: <u>July 2002</u>  Number of courses: <u>13</u> Initial training: <u>7</u> Refresher: <u>3</u> Continuing Education: <u>3</u>
---------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Training Institution Name: North Orange County ROP  
 Address: 1617 E. Ball Road  
Anaheim, CA 92805

Contact Person/telephone number: Marian Braun, R.N.  
(714) 635-1281

Student Eligibility:*  Open to the public.	Cost of Program:  Basic: <u>\$40.00</u> Refresher: <u>\$75.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>180</u> Refresher: <u>60</u> Continuing Education: _____ Expiration Date: <u>May, 2000</u>  Number of courses: <u>10</u> Initial training: <u>7</u> Refresher: <u>3</u> Continuing Education: _____
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\*Open to general public or restricted to certain personnel only.

\*\*Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9 RESOURCES DIRECTORY — Approved Training Programs**

**EMS System:** HCA/Emergency Medical Services Agency

**County:** Orange

**Reporting Year:** 1999

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

**Training Institution Name:** Orange Coast College  
**Address:** 2701 Fairview Road  
Costa Mesa, CA 92628

**Contact Person/telephone number:** Ann Boughey, R.N.  
(714) 432-5089

<b>Student Eligibility:*</b>  Open to the public.	<b>Cost of Program:</b> Basic: <u>\$ 72.00 plus additional cost</u> Refresher: <u>\$140.00</u>	<b>**Program Level:</b> <u>EMT-I</u> <b>Number of students completing training per year:</b> Initial training: <u>180</u> Refresher: <u>80-100</u> Continuing Education: <u>varies</u> Expiration Date: <u>January, 2000</u>
		Number of courses: <u>9</u> Initial training: <u>6</u> Refresher: <u>3</u> Continuing Education: _____

**Training Institution Name:** Santa Ana College  
**Address:** 1530 W. 17th Street  
Santa Ana, CA 92706

**Contact Person/telephone number:** Elaine Dethlefsen, R.N.  
(714) 564-6837

<b>Student Eligibility:*</b>  Open to the public.	<b>Cost of Program:</b> Basic: <u>\$78.00</u> Refresher: <u>\$13.00</u>	<b>**Program Level:</b> <u>EMT-I</u> <b>Number of students completing training per year:</b> Initial training: <u>150</u> Refresher: <u>50</u> Continuing Education: _____ Expiration Date: <u>May, 1998</u>
		Number of courses: <u>7</u> Initial training: <u>5</u> Refresher: <u>2</u>

\*Open to general public or restricted to certain personnel only.

\*\*Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9 SOURCES DIRECTORY — Approved Training Program**

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Continuing Education: \_\_\_\_\_

Training Institution Name: Saddleback College  
 Address: 28000 Marguerite Parkway  
Mission Viejo, CA 92692

Contact Person/telephone number: Barbara Penland, R.N.  
(949) 582-4385

Student Eligibility:*  Open to the public. 8 independents 22 firefighters	Cost of Program: Basic: <u>\$423.00 plus additional cost</u>  Refresher: <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>32</u> Refresher: <u>N/A</u> Continuing Education: <u>N/A</u> Expiration Date: <u>N/A</u>  Number of courses: <u>1.5 (1140 hrs + 660 hrs)</u> Initial training: <u>1</u> Refresher: <u>N/A</u> Continuing Education: <u>N/A</u>
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Training Institution Name: Saddleback College  
 Address: 28000 Marguerite Parkway  
Mission Viejo, CA 92692

Contact Person/telephone number: Barbara Penland, R.N.  
(949) 582-4385

Student Eligibility:*  Open to the public.	Cost of Program: Basic: <u>\$72.00 plus additional cost</u> Refresher: <u>\$12.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>240</u> Refresher: <u>30-50</u> Continuing Education: _____ Expiration Date: <u>August, 2000</u>  Number of courses: <u>10</u>
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\*Open to general public or restricted to certain personnel only.

\*\*Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9 RESOURCES DIRECTORY — Approved Training Programs**

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Initial training: <u>8</u>
Refresher: <u>2</u>
Continuing Education: _____

Training Institution Name: Coastline ROP  
 Address: 1001 Presidio Square  
Costa Mesa, CA 92626

Contact Person/telephone number: Francine Serynek, R.N.  
(714) 979-1955

Student Eligibility:*  Open to the public.	Cost of Program:  Basic: <u>\$40.00 plus additional cost</u> Refresher: <u>\$40.00 plus additional cost</u>  <i>Program approved in 1997</i>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Continuing Education: _____ Expiration Date: _____  Number of courses: _____ Initial training: _____ Refresher: _____ Continuing Education: _____
	_____ _____ _____	_____ _____ _____

\*Open to general public or restricted to certain personnel only.

\*\*Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLF RESOURCES DIRECTOR—Facilities**

Revisor 02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Anaheim General Hospital 3350 W. Ball Road Anaheim, CA 92804		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 827-6700		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Anaheim Memorial Medical Center 1111 West La Palma Ave Anaheim, CA 92801		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 774-1450		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>Paramedic Resource Center</i>	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 1: RESOURCES DIRECTOR—Facilities**

Revisor (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Brea Community Hospital 380 W. Central Avenue Brea, CA 92821		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 671-5424		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Chapman Medical Center 2601 E. Chapman Avenue Orange, CA 92869		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 633-0011		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE RESOURCES DIRECTOR—Facilities**

Revised 12/11/99

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Children's Hospital of Orange County 455 S. Main Street Orange, CA 92868		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 532-8405	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
<b>EDAP:**</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>PICU:***</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>If Trauma Center what Level:****</b>			

<b>Name, address &amp; telephone:</b> Coastal Communities Hospital 2701 S. Bristol Santa Ana, CA 92704		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 754-5454	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>If Trauma Center what Level:****</b>			

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.



**TABLE 9: RESOURCES DIRECTOR—Facilities**

Revised (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Huntington Beach Medical Center 17772 Beach Blvd. Huntington Beach, CA 92647		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 842-1473		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> San Clemente Hospital & Medical Center 654 Camino De Los Mares San Clemente, CA 92672		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 496-1122		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE C. RESOURCES DIRECTOR—Facilities**

Revisor (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> West Anaheim Medical Center 3033 West Orange Anaheim, CA 92804		<b>Primary Contact:</b> Emergency Department Supervisor		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Fountain Valley Regional Hospital 17100 Euclid Street Fountain Valley, CA		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 966-7200		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 9: RESOURCES DIRECTOR—Facilities**

Revisio (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Garden Grove Hosp. & Medical Center 12601 Garden Grove Blvd. Garden Grove, CA 92843		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 537-5160	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		<b>If Trauma Center what Level:****</b>	

<b>Name, address &amp; telephone:</b> Hoag Memorial Hospital Presbyterian 1 Hoag Drive Newport Beach, CA 92658		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 645-8600	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		<b>If Trauma Center what Level:****</b>	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE RESOURCES DIRECTOR—Facilities**

Revised (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Irvine Medical Center 16200 Sand Canyon Irvine, CA 92718		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 753-2000		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Kaiser Permanente Medical Center 441 Lakeview Anaheim, CA 92807		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 978-4000		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 3: RESOURCES DIRECTOR—Facilities**

Revision: (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> La Palma Intercommunity Hospital 7901 Walker St. La Palma, CA 90623		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 670-7400	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>If Trauma Center what Level:****</b>			

<b>Name, address &amp; telephone:</b> Los Alamitos Medical Center 3751 Katella Avenue Los Alamitos, CA 90720		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 826-6400	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>If Trauma Center what Level:****</b>			

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

# TABLI **RESOURCES DIRECTOR—Facilities**

Revisio (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Martin Luther Hospital 1830 W. Romneya Anaheim, CA 92801		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 491-5200		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Mission Hospital Regional Medical Center 27700 Medical Center Road Mission Viejo CA 92691		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 364-1400		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Trauma Center what Level:****</b> II

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABL 1): RESOURCES DIRECTOR—Facilities**

Revisio (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Orange Coast Memorial Medical Center 8820 Talbert Avenue Fountain Valley, CA 92708		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 962-4677		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Placentia Linda Hospital 1301 North Rose Drive Placentia, CA 92870		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 993-2000		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE : RESOURCES DIRECTOR—Facilities**

Revisio (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Saddleback Memorial Medical Center 24451 Health Center Rd. Laguna Hills, CA 92653		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 837-4500		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> St. Joseph Hospital 1100 W. Stewart Drive Orange, CA 92868		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 633-9111		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.



**TABLE 1: RESOURCES DIRECTOR—Facilities**

Revised: (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> St. Jude Medical Center 101 East Valencia Mesa Drive Fullerton CA 92835		<b>Primary Contact:</b> Emergency Department Supervisor (714) 871-3280		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> South Coast Medical Center 31872 Coast Highway South Laguna, CA 92677		<b>Primary Contact:</b> Emergency Department Supervisor (714) 499-2002		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE RESOURCES DIRECTOR—Facilities**

Revised: 2/11/99

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> University of California, Irvine Medical Center 101 The City Drive South Orange CA 92868		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 456-6011		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Trauma Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Trauma Center what Level:****</b> I

<b>Name, address &amp; telephone:</b> Western Medical Center/Anaheim 1025 S. Anaheim Blvd. Anaheim, CA 92805		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 533-6220		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 1: RESOURCES DIRECTOR—Facilities**

Revised (02/11/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Western Medical Center/Santa Ana 1001 North Tustin Avenue Santa Ana CA 92705		<b>Primary Contact:</b> Emergency Department Supervisor  (714) 835-3555		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>PICU:***</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Trauma Center what Level:****</b> II

<b>Name, address &amp; telephone:</b> Long Beach Memorial Medical Center 2801 Atlantic Avenue Long Beach CA 90801		<b>Primary Contact:</b> Emergency Department Supervisor  (562) 933-2000		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
<b>EDAP:**</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>PICU:***</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Trauma Center what Level:****</b> II

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Department Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE RESOURCES DIRECTORY—Dispatch Agency**

Revised: (05/07/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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

Name, address & telephone: Orange County Fire Authority 180 South Water Street Orange, CA 92866		Primary Contact: David Pierce (Battalion Chief)  (714) 289-7410	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: Yes EMD Training 1291 EMT-D 223 ALS 1291 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Santa Ana Fire Department 1439 South Broadway Santa Ana, CA 92707		Primary Contact: Anna Olivarez  (714) 647-5700	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training EMT-D 47 ALS 150 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: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 1. RESOURCES DIRECTORY—Dispatch Agency**

Revision (05/07/99)

EMS System: HCA/Emergency Medical Services Agency

County: Orange

Reporting Year: 1999

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Name, address & telephone: Metro Net Fire 201 S Anaheim Blvd. Suite 332 Anaheim, CA 928056			Primary Contact: Jean Ferrell  (714) 765-4077
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training <u>266</u> EMT-D <u>266</u> ALS 588 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: American Medical Response 17918 Crusader Cerritos, CA 90703-2631			Primary Contact: Dave Austin  (562) 653-2000
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS 105 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Name, address & telephone: AmeriCare Ambulance Service 501 North Cypress Orange, CA 92867		Primary Contact: Michael Summers  (714) 997-1423	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Bowers Ambulance Service 446 E. Pacific Coast Hwy. Long Beach, CA 90806		Primary Contact: Robert Bowers  (562) 591-3371	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Revised (05/07/99)

EMS System: HCA/Emergency Medical Services Agency

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Name, address & telephone: Care Ambulance Service 8932 Katella Avenue Anaheim, CA 92804		Primary Contact: Rick Richardson  (714) 828-7750							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">EMD Training</td> <td style="text-align:center;">EMT-D</td> <td style="text-align:center;">ALS</td> </tr> <tr> <td style="text-align:center;"><u>57</u> BLS</td> <td style="text-align:center;"><u>        </u> LALS</td> <td style="text-align:center;"><u>        </u> Other</td> </tr> </table>	EMD Training	EMT-D	ALS	<u>57</u> BLS	<u>        </u> LALS	<u>        </u> Other
EMD Training	EMT-D	ALS							
<u>57</u> BLS	<u>        </u> LALS	<u>        </u> 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

Name, address & telephone: Doctor's Ambulance Service 23091 Terra Drive Laguna Hills, CA 92653		Primary Contact: Eric Nelson  (949) 951-1668							
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">EMD Training</td> <td style="text-align:center;">EMT-D</td> <td style="text-align:center;">ALS</td> </tr> <tr> <td style="text-align:center;"><u>39</u> BLS</td> <td style="text-align:center;"><u>        </u> LALS</td> <td style="text-align:center;"><u>        </u> Other</td> </tr> </table>	EMD Training	EMT-D	ALS	<u>39</u> BLS	<u>        </u> LALS	<u>        </u> Other
EMD Training	EMT-D	ALS							
<u>39</u> BLS	<u>        </u> LALS	<u>        </u> 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal						

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Name, address & telephone: Emergency Ambulance Service 495 South Brea Blvd. Brea, CA 92822-9506		Primary Contact: Phil Davis  (714) 990-1742	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 27 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Emergency Services, Inc. 8724 Millergrove Santa Fe Springs, CA 90670		Primary Contact: Robert Risher  (562) 692-6775	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 2 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal



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Name, address & telephone: <b>Huntington Ambulance Service</b> PO Box 145 Sunset Beach, CA 90742		Primary Contact: <b>Stacey O'Bryan</b> (562) 904-1550	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 5 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: <b>Lynch Ambulance Service</b> 2950 La Jolla St. Anaheim, CA 92806		Primary Contact: <b>Walter Lynch</b> (714) 670-8307	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 39 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Name, address & telephone: <b>Medix Ambulance Service, Inc.</b> 26021 Pala Drive Mission Viejo, CA 92691		Primary Contact: <b>Michael Dimas</b>  (949) 470-8921	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 106 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: <b>Mercy Air Service</b> 8190 Mango (PO Box 2532) Fontana, CA 92334-2532		Primary Contact: <b>Mary Davis, R.N.</b>  (909) 357-9006	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 19 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Name, address & telephone: Priority One Medical Transport 8520 Archibald St. Rancho Cucamonga, CA 91780		Primary Contact: Michael Parker (714) 600-3370	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS _____ 6 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Schaefer Ambulance Service 2215 South Bristol Santa Ana, CA 92704		Primary Contact: Jim Karras (714) 545-8486	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training _____ EMT-D _____ ALS _____ 37 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Name, address & telephone: City of Brea 1 Civic Center Circle Brea, CA 92821		Primary Contact: Deborah Keyworth  (714) 990-7774	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training 42 EMT-D 11 ALS 45 BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" 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

Name, address & telephone: City of Costa Mesa 77 Fair Drive (P O 1200) Costa Mesa, CA 92626		Primary Contact: Tom Nunn  (714) 754-5060	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: Yes EMD Training EMT-D 33 ALS 37 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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Name, address & telephone: City of Laguna Beach 501 Forest Avenue Laguna Beach, CA 92651		Primary Contact: Jim White  (949) 497-0399	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training <u>42</u> EMT-D <u>11</u> ALS <u>39</u> BLS <u>        </u> LALS <u>        </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" 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

Name, address & telephone: City of La Habra 201 E. La Habra Blvd. (PO Box 377) La Habra, CA 90633-0377		Primary Contact: Isabel Mario  (562) 905-9769	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: EMD Training <u>        </u> EMT-D <u>22</u> ALS <u>14</u> BLS <u>        </u> LALS <u>        </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" 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

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET

SACRAMENTO, CALIFORNIA 95814-7043

t) 322-4336 FAX: (916) 324-2875



December 10, 2002

Darlene Isbell, EMS Administrator  
Orange County EMS Agency  
405 West Fifth Street, Suite 301A  
Santa Ana, Ca 92701

Dear Ms. Isbell:

We have completed our review of *Orange County's 1999 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
4.01 Service Area Boundaries	Thank you for completing the ambulance zone forms for each of your ambulance zones. We recognize the significant amount of effort required and appreciate your assistance. Pursuant to your discussion with staff, we understand that EOA 9 - Huntington Beach, EOA 12 - La Habra, EOA 15 - Newport Beach, EOA 16 - City of Orange, and EOA 18 - San Clemente are nonexclusive zones.
5.01 Facilities/Critical Care	Orange County is to be commended for maintaining a contractual agreement with Paramedic Receiving Facilities, ensuring the appropriate level of care provided to patients transported via the 9-1-1 system.
5.10 Pediatric System Design	The EMSC Technical Advisory Committee encourages Orange County to establish an EMSC program and offers any assistance that may be needed to accomplish this goal.

These comments are for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive that reads "Daniel R. Smiley for".

Richard E. Watson  
Interim Director

REW:SS