

Major Changes in the Merced County EMS System

FY 2002-2003 was an extremely busy year for this EMS system, with both major changes in the healthcare system and a first ever request for proposals for a county-wide exclusive ground ambulance and secondary public safety answering point provider. In addition, activity surrounding disaster preparedness increased several fold, with numerous meetings, plan development, grant preparations, etc. which taxed the Agency staff. I have highlighted these issues in that which follows.

➔ Hospital Emergency Department Closures

On June 1, 2002 Dos Palos Memorial Hospital (DPMH) closed their emergency department, due to a variety of factors including reduced emergency volume and financial losses. As required by law, the EMS agency conducted an impact evaluation regarding this closure. While this closure had a very modest impact on the EMS system, as DPMH was only receiving 10 – 12 ambulance transports per month, it did increase the volume of patients being seen at Memorial Hospital Los Banos (MHLB). With only four main treatment stations, MHLB can become impacted quickly, which can become a serious system issue due to their isolated location on the west side of the County. The West side of Merced County has limited resources and ambulance transports to Merced, Turlock or other destinations removes those resources from the system for extended periods of time. Backup units must move thirty to forty miles to provide coverage, causing potential delays in 911 responses. Agency staff closely monitor the response times in this area of the County to ensure adequate coverage is being provided.

On April 2, 2003 Mercy Medical Center Merced, Dominican Campus, closed their emergency department and converted that area to an urgent care. Unlike the above closure, the loss of the Dominican Campus ED had major implications for both the EMS system and the community. While most of the recommendations contained in the Impact Evaluation Report prepared by the EMS Agency have been addressed by the hospital, there remain many concerns in this community about the quality and consistency of care being provided at the one ED at Community Campus. This closure had a substantial impact on the EMS Agency staff time, and we continue to work closely with the hospital to improve the delivery of services at the remaining ED. The closure of this ED brought the total number of ambulance receiving facilities in this county to two, from a maximum of six ambulance receiving hospitals in 1991.

➔ Ground Ambulance Request for Proposals (RFP)

Ground ambulance service in this County has historically been provided by three separate providers. Riggs Ambulance Service (RAS) began operations in 1948 and served about 80% of the geography and 85% of the population of the County. Turlock Ambulance Service began operations in Merced County in 1962, and served the north-central portion of the County until they sold to American Medical Response (AMR) in 1996. The West Side Healthcare District initiate an ambulance service for its district taxpayers in 1983. Both RAS and AMR were grandfathered into exclusive operating areas in 1991, during a formal organization of ambulance services in this county, under performance-based contracts.

There was disagreement between the State and Merced County regarding the applicability of the grandfather provision (Health and Safety Code, Section 1797.224) for these two providers for several years, and in 2000 the State EMS Authority, in response to the County's 1999 five year EMS Plan submission, took formal objection to the manner in which this grandfathering process took place. Merced County acquiesced to the state's position, and during 2002 and 2003 conducted a competitive RFP process. Eleven ambulance

providers submitted letters of interest, with four providers attending the mandatory Bidder's Conference. Of these four providers, only AMR and RAS submitted proposals to serve the county. The Evaluation Committee, made up of EMS system experts from outside the county and/or state; with no conflict of interest in this procurement process and established by the County's consultant, reviewed these proposals in depth. After an exhaustive analysis and verbal presentation by each bidder, this committee recommended RAS to the County as the best qualified bidder. An exclusive contract for service for the entirety of Merced County with RAS was approved by the Board of Supervisors and went into effect on September 1, 2003. The EMS agency and its Contract Compliance Committee will monitor the performance standards required of this contractor and regularly report those findings to the Emergency Medical Care Committee.

➔ Disaster Planning – Homeland Security

Enormous focus for both the EMS agency and the Health Department has turned to planning and preparation for a disaster event, either from a terrorist source or another, more probable source, such as a transportation-related incident. A great deal of energy and funding has been allocated to the development of threat assessment, contingency planning and resource acquisition as a result of the events surrounding September 1, 2001. To the County's benefit, this focus has resulted in a variety of enhancements to the County's ability to respond to a natural, man-made or terrorist-sponsored disaster event.:

➔ The 800 mhz radio system has been augmented and is available to all response agencies for disaster communications. Three separate frequencies have been established by the County specifically for this purpose. Radios have been purchased for all agencies, their respective dispatch centers and supervisor vehicles to ensure interoperability between all response agencies.

➔ Four disaster caches have been established throughout the County, and contain both necessary medical equipment and supplies as well as decontamination equipment and supplies; lighting systems, portable respirators and various other supplies.

➔ Substantial disaster equipment and supplies have been purchased for the hospitals within this system, which will greatly increase their ability to manage both chemical and/or biological events.

➔ Both the development of a bio-terrorism plan and refinements to the Medical/Health Disaster Plan are under development by the Department and should be completed within the next 3 – 4 months.

➔ Summary

The dramatic changes in the delivery of basic healthcare services seen throughout California and the nation continue to plague Merced County, and affect the ability of the hospitals to provide services to patients in a timely and effective fashion. On-call specialty physician services are very limited, requiring transfers of patients that could otherwise be seen and cared for locally. With similar circumstances elsewhere in the valley, these transfers can take several hours to complete which ties up limited personnel and bed space. This backup at the emergency department can and does result in longer ambulance turn-around times at the hospital, affecting the prehospital system's ability to respond immediately to 911 requests for service.

The above issues affect agency staff time, assisting with resolving day to day operational issues. This, coupled with the greatly increased oversight responsibilities of the new ground ambulance service contract and the

increased disaster preparedness activities, has affected our ability to focus on addressing other lower priority objectives in the EMS Plan. Nonetheless, it is our intent this year to review the objectives table; prioritize a list of those objectives that have not been fully addressed and focus all available staff time to meeting the higher priority objectives from that list. We are confident that as the new oversight responsibilities become more familiar and routine, adequate staff time will be available to accomplish this goal.

EMSA TABLE 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	NA		
1.02 LEMSA Mission		X	NA	X	
1.03 Public Input		X	NA		
1.04 Medical Director		X	X		

Planning Activities

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

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA		
1.13 Coordination		X	NA		
1.14 Policy & Procedures Manual		X	NA		
1.15 Compliance w/Policies		X	NA		

System Finances

1.16 Funding Mechanism		X			X
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Medical Direction

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

Enhanced Level: Advanced Life Support

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

	Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26	Trauma System Plan		X	NA		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

1.28	EOA Plan		X	X		
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA	X	
2.02 Approval of Training		X	NA		
2.03 Personnel		X	NA		

Dispatchers

2.04 Dispatch Training		X	X		
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First Responder (non-transporting)

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

Transporting Personnel

2.08 EMT-1 Training		X	X		
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Hospital

2.09 CPR Training		X	NA		
2.10 Advanced Life Support		X	NM		X

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	NA		
2.12 Early Defibrillation		X	NA		
2.13 Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer		X	NA		
3.04 Dispatch Center		X	NA		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	NA		

Public Access

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

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	NA		
4.04 Pre-scheduled Responses		X	NA		
4.05 Response Time Standards		X	X		
4.06 Staffing		X	NA		
4.07 First Responder Agencies		X	NA		X
4.08 Medical & Rescue Aircraft		X	NA		
4.09 Air Dispatch Center		X	NA		
4.10 Aircraft Availability		X	NA		
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X	NA		
4.13 Intercounty Response		X	NM		X
4.14 Incident Command System		X	NA		
4.15 MCI Plans		X	NA		

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	NA		

Enhanced Level: Ambulance Regulation

4.18 Compliance		X	NA		
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**Enhanced Level:
Exclusive Operating
Permits**

4.19	Transportation Plan		X	NA		
4.20	Grand fathering		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	X		X
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X	NA		X
5.04	Specialty Care Facilities*		X	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*	X		NA	X	

Enhanced Level: Advanced Life Support

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

5.08	Trauma System Design		X	NA		
5.09	Public Input		X	NA		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design	X		NA		X
5.11	Emergency Departments	X				X
5.12	Public Inputs		X	NA		

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		NA	NA		X
5.14	Public Input		NA	NA		X

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01	QA/QI Program		X	X		X
6.02	Prehospital Records		X	NA		
6.03	Prehospital Care Audits		X	NM		X
6.04	Medical Dispatch		X	NA	X	
6.05	Data Management System*		X	X		X
6.06	System Design Evaluation		X	NA		X
6.07	Provider Participation		X	NA	X	
6.08	Reporting		X	NA		

Enhanced Level: Advanced Life Support

6.09	ALS Audit		X	NA		
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Enhanced Level: Trauma Care System

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	NA		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	NA		
8.04	Incident Command System		X	NM		X
8.05	Distribution of Casualties*		X	NM		X
8.06	Needs Assessment		X	NM	X	
8.07	Disaster Communications		X	NA		
8.08	Inventory of Resources		X	NM		
8.09	DMAT Teams	X				X
8.10	Mutual Aid Agreements*	X		NA		X
8.11	FTS Designation*		X	NA		
8.12	Establishment of FTSs		X	NA		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	NM		X
8.15	Inter-hospital Communications		X	NA		
8.16	Prehospital Agency Plans	X		NA		X

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies		X	NA		

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X	NA		
8.19 EOA/Disasters		X	NA		

Table 1 – System Standards & Guidelines

SECTION A. SYSTEM ORGANIZATION AND MANAGEMENT

ALTHOUGH THEY ARE USUALLY INDEPENDENT ORGANIZATIONS, PROVIDERS WITHIN THE LOCAL EMS SYSTEM HAVE HIGH DEGREES OF INTERDEPENDENCE. THE EMERGENCY MEDICAL SERVICES SYSTEM SHOULD BE COORDINATED IN ORDER TO ENSURE CLOSE COOPERATION, TO LIMIT CONFLICT, AND TO ENSURE THAT THE INTERESTS OF THE PATIENTS ARE PRIMARY IN THE SYSTEM.

UNIVERSAL LEVEL

MINIMUM STANDARDS - AGENCY ADMINISTRATION

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:

The Merced County Board of Supervisors designated the Public Health Department as the local EMS agency. The EMS Agency is a program within the Department of Public Health Administration. Merced County EMS Agency has the agency staff required for the technical and clinical expertise to plan, implement and evaluate the local EMS system. The agency is already active as an advocate with governmental entities and system participants, and routinely utilizes committees and task forces made up of system participants to construct various procedures, plans and policies for the system.

NEED(S):

None at this time.

OBJECTIVE:

Objective 1.01 met.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

The agency has established a system-wide CQI process in collaboration with the ground ambulance contractor and other system participants. This CQI committee meets on a monthly basis to review reports generated using standardized system indicators, and plans for system education based on the results of that report review.

NEED(S):

This system-wide CQI process needs to be consistent with the state model (new *Chapter 12 – EMS System Evaluation and Quality Improvement*) currently out for review in draft form.

OBJECTIVE:

Using the new state regulations, once finalized, conduct meetings with the system participants to review and amend our local process and policies to reflect the new state model.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The EMS Agency utilizes the Emergency Medical Care Committee (EMCC) and multiple advisory committees to garner input and provide advice for the EMS system. While committees and task forces are routinely used in this system for review and input on agency programs, input from the physician community has been limited, and their regular review and input to the agency would be welcome. We will continue to seek their involvement on a regular basis. Linkage between the EMCC and the various advisory committees is presently in place.

NEED(S):

None.

OBJECTIVE:

Continue to seek qualified physician representation on standing and ad hoc committees and task forces.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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 agency has contracted for an EMS medical director that is residency-trained and Board Certified in Emergency Medicine.

NEED(S):

See 1.03 above.

OBJECTIVE:

See 1.03 above.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Minimum Standard - Planning Activities

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:

This EMS Plan is the foundation for a process of ongoing planning and implementation for Merced County EMS. The plan was developed with broad system input and approved through the EMCC. Many of the activities directed by this plan will focus on target issues and evaluation of the system's performance outcomes.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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 second five (5) year plan was submitted in 1999 and approved by the EMS Authority in 2000. This is the second update to that five year plan.

NEED(S):

None.

OBJECTIVE:

Provide annual reports to the County Board of Supervisors and update the EMS plan each year.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Merced County initiated a trauma system on January 1, 1999, and contracts for Major Trauma Patient Receiving Centers (Level II) for this system in Modesto. In addition, the County executed a contract with Children's Hospital of Central California (CHCC) in July, 2003, recognizing the Level II Pediatric Trauma Center Designation from the Fresno, Kings, Madera EMS Agency. CHCC now receives patients under 15 years of age, that meet specific triage criteria, directly from the field, typically via helicopter.

COORDINATION WITH OTHER EMS AGENCIES:

The Agency was intimately involved with the Mountain-Valley EMS Agency (MVEMSA) during the development of their trauma plan, and we continue to coordinate with them during the implementation phase. Merced County will have a formal agreement with MVEMSA which articulates the relationship, expectations, designations and policy issues regarding our involvement with that trauma system.

NEED(S):

Continue to monitor and revise the trauma system standards as deemed appropriate through the Trauma Audit Committee and system-wide CQI process.

OBJECTIVE:

Continue to coordinate with the Mountain-Valley EMSA for the eventual completion of a trauma system within that jurisdiction.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Merced County routinely provides ALS services through ground ambulance providers and has contracts with Medi-Flight, Air Med Team, CALSTAR and Skylife of Central California for air medical transports.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County has an agreement with the Mountain-Valley EMS Agency regarding shared providers, personnel accreditation, certification, incident investigation, etc.

NEED(S):

No needs identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Inventories exist for personnel, vehicles (air and ground), facilities, and agencies within the jurisdiction of Merced County.

NEED(S):

No needs identified.

OBJECTIVE:

Provide for routine update to resource database.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met

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

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).

Recommended Guideline

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:

The agency has, in coordination with Public Health Services, developed and is implementing an injury prevention program for the elderly. The agency is also involved with the "Every 15 Minutes" program which is targeted at high school children. Translation services are available through the Enhanced 911 system for the non-English speaking population.

NEED(S):

Continue to collaborate with Public Health and other stakeholders in identifying special populations in need of specific services.

OBJECTIVE:

Assure appropriate access to the EMS system by all individuals and groups, and coordinate for the development of enhancements for the special populations.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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:

Procedures, policies and performance standards have been developed for the system participants. Formal agreements exist between the agency and the ALS providers, First Responders and receiving facilities. As will be detailed elsewhere in this plan, the County conducted a comprehensive Request for Proposals process during 2002 and 2003 to designate a single ground ambulance provider for the entirety of the County as an exclusive provider.

NEED(S):

Review, update responsibilities, EMS system linkages and performance standards for all system participants. Reassess the roles of system participants to optimize the services available to the communities served.

OBJECTIVE:

Perform periodic evaluation of the system standards and update as a need is identified or technology facilitates.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

Regulatory Activities

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

CURRENT STATUS:

The agency routinely monitors and reviews system operations and reports through the EMCC and other public venues.

NEED(S):

None.

OBJECTIVE:

On-going review and revision to oversight activities, as appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

All system activities are coordinated through the EMS agency. Various committees function to provide feedback and input for the system participants, and provide a forum for continuing collaboration on system activities.

NEED(S):

Update committees and task forces of the EMCC as needed to accomplish the goals of this plan.

OBJECTIVE:

On-going improvement to coordination activities.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

EMS Agency policies and a prehospital care manual are available to all the EMS system providers within the system. These are reviewed on a regular basis. The Manual has been recently converted to Adobe Acrobat format and is available on the Agency website.

NEED(S):

No needs identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

The County of Merced currently has an ordinance in place and formal agreements which provide the framework for enforcement of the established system standards. The Agency has established the Merced County Contract Compliance Committee to assist the Agency with oversight of the provider performance standards and provide recommendations regarding their activities.

NEED(S):

None.

OBJECTIVE:

Continue to utilize committee structures for feedback on oversight activities.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

System Finances

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

CURRENT STATUS:

The EMS Agency receives the majority of its revenue through the EMS Fund, licensing and County General Fund. Training and dispatch is financed by individual agencies. The prehospital area is financed and resources purchased by individual providers.

NEED(S):

The existing funding sources are subject to substantial annual variation, due primarily to the complexities of the penalty assessment process. The EMS Agency needs to have secure funding, and should investigate new finance methods including the establishment of an EMS Tax District within Merced County. The agency should also quantify the impact of revenue reductions on the system participants.

OBJECTIVE:

Develop a comprehensive EMS system financial plan and continue ongoing monitoring of EMS funding needs. Ensure the financial viability of EMS services within Merced County through the establishment of an EMS Tax District.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Medical Direction

THE LOCAL EMS SYSTEM SHALL INCLUDE APPROPRIATE MEDICAL DIRECTION. THIS IMPLIES INVOLVEMENT OF THE MEDICAL COMMUNITY AND ENSURES MEDICAL ACCOUNTABILITY IN ALL STAGES OF THE SYSTEM.

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:

The County has one designated base hospital. The roles and responsibilities of the base hospital, Base Physicians and the Mobile Intensive Care Nurses (MICNs) are identified in the County's policies, procedures and protocols manual. ALS providers and first responder agencies participating in the first responder defibrillation program are required to report on medical issues to the County EMS Medical Director. Medical control occurs with EMS personnel through written protocols and on-line communications.

COORDINATION WITH OTHER EMS AGENCIES:

A formal agreement with Mountain-Valley EMS Agency articulates the use of Base Hospitals by our shared providers. In addition, Mariposa County uses the Merced County Base Hospital for disaster coordination.

NEED(S):

The role and responsibilities of base hospitals are being reviewed state-wide. The diminishing needs for day to day oversight may allow for a revision in the mission, scope and configuration of the base hospital.

OBJECTIVE:

Conduct an evaluation on the base hospital mission, scope and configuration and alternate vehicles for ensuring medical control.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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

CURRENT STATUS:

See Section 1.02.

NEED(S):

The County has taken the lead in the establishment and on-going evaluation of a system-wide quality improvement program. With the new EMS Evaluation and Quality Improvement Program (EQIP) state regulations out for review, the Agency will adopt that program format, once established.

OBJECTIVE:

Establish a comprehensive system-wide CQI plan that is consistent with the new state EQIP standards, once finalized.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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

CURRENT STATUS:

The EMS dispatch center operates as a Level 2 EMD center, using the "Clausen" national standard EMD program and performs tiered response based on the priority system established within that dispatch program. All areas are addressed by written policies, procedures and/or protocols.

NEED(S):

None. Objective met.

OBJECTIVE:

Continue to provide comprehensive guidelines, policies, procedures and protocols for all individuals and agencies functioning within the EMS system. Incorporate specific policies and procedures to address commonly occurring circumstances. Perform a study to evaluate different models of responding and treating emergency requests.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

A do-not-resuscitate policy exists within the EMS system and has so since 1991.

NEED(S):

None

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

A policy regarding determination of death exists. Occasional issues surface with law enforcement agencies regarding pronouncement.

NEED(S):

Provide for revision of existing policy as the need is identified. Coordinate a CQI review of this policy for possible reduction of issues related to its application. Stated objective met.

OBJECTIVE:

As noted above.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

A mechanism for reporting child and elder abuse currently exists. Child and elder abuse reporting forms are available for all personnel with forwarding information to the appropriate agency. Suspected SIDS cases are reported to the receiving facility, if transported. If the child is not transported, then the findings are reported to the Coroner's office. The Health Department responds to all homes of confirmed SIDS cases within 72 hours of confirmation.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers.

NEED(S):

Review the performance and application of interfacility transfers in coordination with the recommendations of the State Interfacility Task Force, once their process is complete.

OBJECTIVE:

Coordinate revision to the practice of interfacility transfers consistent with the recommendations from the State Interfacility Task Force, once released.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Advanced Life Support

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.

Recommended Guideline

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

CURRENT STATUS:

During 2002 – 2003, the County conducted a request for proposals process to select a ground ALS transport provider for the entirety of Merced County. That process concluded in May, 2003 with the selection of Riggs Ambulance Service (RAS) as the successful bidder. RAS has signed

a performance-based contract with the County and that new contract for service went into effect on September 1, 2003.

NEED(S):

Continue to monitor contractual compliance of RAS with the performance standards established within that service contract.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

The base hospital within the County is providing on-line medical control by physicians or certified mobile intensive care nurses. The role of the base hospital staff will need to be updated as will the policies and procedures as more facilities offer more services. The standards for and process of selecting base hospitals has been established.

NEED(S):

Assess medical direction oversight and how it can be best utilized.

OBJECTIVE:

Study the base hospital system to validate its mission, scope and configuration as per 1.17.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Trauma Care System

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:

Merced County implemented a trauma system in 1999. The trauma plan calls for the future participation of local hospitals within Merced County at the Level III, IV or Trauma Receiving Facility designation. The optimal design has been established in the plan, and the process for facility application and designation exists.

In 2003, the Mountain-Valley EMS Agency conducted an RFP for trauma centers, in conjunction with their state-approved trauma plan. Merced County was an active participant in that process, and once their trauma centers are established, Merced County will recognize those centers and coordinate our trauma review and oversight with Mountain-Valley EMSA.

NEED(S):

None.

OBJECTIVE:

Coordinate with all hospitals for the capture of trauma data to ensure a comprehensive picture of injury in Merced County.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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:

Currently, most seriously injured children are transferred to a designated trauma center. Pediatric treatment, advanced airway and other prehospital procedures for children have been implemented in the county. While the seriously injured child component has been partially addressed, the EMS Agency has not fully addressed the total pediatric emergency medical and critical care system needs. With the implementation of the trauma system plan, participants

have patient transfer policies and protocols, agreements with specialty centers, and agreements with rehabilitation centers for pediatric patients. In August, 2003, Merced County entered into an agreement with Children's Hospital of Central California (CHCC) to receive critical trauma for patients 0 – 14 years of age. CHCC is a designated Level II Pediatric Trauma Center, and participates in the Merced County Trauma Audit Committee process.

NEED(S):

A comprehensive pediatric emergency medical and critical care system plan was completed at the end of 2001. Full implementation of the plan and its attendant components has not occurred and it will be several years for full implementation, due to other higher priority issues.

OBJECTIVE:

Implementation of a comprehensive pediatric emergency medical and critical care system plan for Merced County, consistent with the standards promulgated by the Emergency Medical Services for Children project.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Exclusive Operating Areas

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:

See Section 1.24.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION B. STAFFING/TRAINING

THE LOCAL EMS SYSTEM SHOULD INCLUDE AN ADEQUATE NUMBER OF HOSPITAL AND PREHOSPITAL HEALTH PROFESSIONALS TO PROVIDE EMERGENCY MEDICAL SERVICES ON A TWENTY-FOUR HOUR PER DAY BASIS.

PROVISION SHOULD BE MADE FOR THE INITIAL AND ONGOING TRAINING OF THESE PERSONNEL UTILIZING CURRICULA CONSISTENT WITH STATE AND NATIONAL STANDARDS.

Universal Level

Local EMS Agency - Minimum Standards

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

CURRENT STATUS:

The EMS Agency has implemented regularly scheduled C.E. training based upon the findings of the CQI process. We are conducting quarterly training addressing areas identified through CQI.

NEED(S):

The Agency should develop a written process to receive input from the various providers with regard to personnel shortages and training needs including prehospital (ground and air) and hospital participants.

OBJECTIVE:

Update the CQI process consistent with the new EQIP regulations, once finalized.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Procedures and mechanisms are in place to approve and monitor EMS education programs. All training programs are encourage to adopt the national standard curriculum to ensure standardization.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Procedures, policies and requirements are in place to authorize EMT-I, EMT-P personnel, and MICNs. Provisions are included for the Agency to be notified in the event of unusual occurrences that could impact EMS certification. Staff of the agency have been trained and certified in conducting investigations in accordance with nationally recognized programs.

NEED(S):

No definable needs other than ongoing monitoring are necessary.

OBJECTIVE:

Continue to develop policies and procedures that assure that qualified personnel are operating within the system and link needs to the outcomes identified in the CQI plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Dispatchers

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.

Recommended Guideline

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:

First responders are dispatched by designated dispatch agencies. There are currently six primary PSAPs, all of which are law enforcement-based. There are two secondary PSAPs for Medical calls that prioritizes calls, determine need and provide on-line instructions to calling

parties. Both medical dispatching agencies are Level II EMD centers. All EMD personnel are trained and certified in the Medical Priorities (Clausen) dispatch system.

NEED(S):

No needs have been identified.

OBJECTIVE:

There are no needs other than ongoing monitoring.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

First Responders (non-transporting)

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.

CURRENT STATUS:

The first responders within the county are trained, at a minimum in first aid and CPR. Not all first responders are EMT-D. All first responders are required to having training to administer first aid and CPR within the previous three years.

NEED(S):

All four first response agencies, covering the entire county, are early defibrillation providers and all citizens have access to this critical service. No needs identified relative to this standard.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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. 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.

Recommended Guideline

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

CURRENT STATUS:

All areas of the County are covered by early defibrillation-enhanced first responder services. No formal coordination or liaison exists with regard to industrial response teams.

NEED(S):

In conjunction with the first response agencies, coordinate and establish liaison with industry to enhance the pre-arrival services provided to the industrial sites.

OBJECTIVE:

Establish a linkage between the industrial community and EMS through a task force to develop guidelines for industrial responses.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

The County EMS Agency has a policy and procedure manual that provides BLS medical protocols for EMS first responders.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Transport Personnel

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

Recommended Guideline

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:

ALS service is provided throughout Merced County. ALS vehicles are staffed at the paramedic level.

NEED(S):

There are no needs relative to this standard.

OBJECTIVE:

Continue to monitor staffing efficiency.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Hospital

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

CURRENT STATUS:

All first responders, ambulance personnel and hospital personnel who provide direct emergency patient care are trained in CPR.

NEED(S):

None identified.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

At this time, all base hospital emergency physicians and MICNs are required to maintain current ACLS certification, and Board eligibility or certification with the American Board of Emergency

Medicine (ABEM) is strongly encouraged. All hospitals require that licensed critical care nursing staff possess current ACLS certification.

NEED(S):

Encourage ABEM certification for all emergency physicians.

OBJECTIVE:

Ensure that adequate numbers of emergency department physicians and registered nurses who provide direct emergency patient care will be trained in advanced cardiac life support (if not ABEM) and encourage emergency physicians to be ABEM.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Advanced Life Support

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:

Procedures have been implemented for the credentialing and licensing 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, and evaluation and testing (if needed) of optional scopes of practice.

NEED(S):

Revise and update current orientation process.

OBJECTIVE:

Link advanced life support personnel and their providers to the proposed CQI program and the goal of 1.02.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Authorization policies and procedures for early defibrillation service providers and the development of first responder defibrillation programs are in place. All first response agencies perform early defibrillation.

NEED(S):

Integration of the first responder program, including early defibrillation, into the CQI program.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

All base hospital personnel who provide medical direction to prehospital personnel are informed of local EMS agency policies and procedures and trained in radio communications techniques.

NEED(S):

None.

OBJECTIVE:

Establish and conduct a formal orientation for all hospital personnel with direct EMS patient responsibilities.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION C. COMMUNICATIONS

THE LOCAL EMS SYSTEM SHOULD MAKE PROVISION FOR TWO-WAY COMMUNICATIONS BETWEEN PERSONNEL AND FACILITIES WITHIN COORDINATED COMMUNICATIONS SYSTEM(S).

THE COMMUNICATIONS SYSTEM SHOULD INCLUDE PUBLIC ACCESS TO THE EMS SYSTEM, RESOURCE MANAGEMENT, AND MEDICAL DIRECTION ON BOTH THE BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT LEVELS.

Universal Level

Communications Equipment

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.

Recommended Guideline

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

CURRENT STATUS:

The Med-Net radio system was upgraded during 2002, and all components of the system (including repeaters) were replaced. Through the Homeland Security Preparedness program grants, 800 mhz radios have been purchased for all response agencies in this system, and the County has allocated three additional frequencies for inter-operability use between agencies.

COORDINATION WITH OTHER EMS AGENCIES:

The existing system is used in coordination with Mariposa County, part of the Mountain-Valley EMS System.

NEED(S):

None, at present.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

All transport vehicles and ALS first response supervisor units are equipped with both Med-Net and 800 mhz radios.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

All licensed ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through the VHF radio frequencies. Additionally, all units have cellular capability.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

County-wide EMS radio communication capabilities already exists, and communications occurs with the EMS Dispatch Center and the Disaster Control Facility.

NEED(S):

None.

OBJECTIVE:

Ongoing assessment of EMS communication needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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 hospitals within the system have direct communications with one another via the MedNet radio system and land-line.

NEED(S):

The Med-Net radio system hardware was updated (replaced) during 2002.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Through the Homeland Security grant process, 800 mhz radios have been purchased and should be delivered to the County in the Fall of 2003. This will allow all providers to communicate with one another during disasters. All PSAP and Secondary PSAPs will have this

frequency available for system-wide communications. In addition, through the HRSA grant, hospitals, the EMS Dispatch Center and the EMS Agency will be connected via an internet-based communications system / status monitoring system.

NEED(S):

On-going communications evaluation.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Public Access

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

Recommended Guideline

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

CURRENT STATUS:

The EMS agency actively participates on the 911 PSAP Committee and is involved with planning activities for the 911 system. All of Merced County is served by enhanced 911.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

All field providers conduct 911 awareness classes and public awareness of the 911 system and its access is well known.

NEED(S):

On-going public information in multiple languages to inform the public regarding appropriate use of the 911 system.

OBJECTIVE:

Assist with the provision of public information regarding appropriate use of 9-1-1. Link with statewide and/or regional 9-1-1 cellular access planning. Coordinate and promote access to the 911 system with managed care organizations.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Resource Management

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

Recommended Guideline

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

CURRENT STATUS:

Both medical dispatch centers serving Merced County utilize the Medical Priorities (Clausen) EMD system.

NEED(S):

No needs identified relative to the stated goal.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

See Section 3.06.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION D. RESPONSE/TRANSPORTATION

THE LOCAL EMS SYSTEM SHOULD INCLUDE ADEQUATE GROUND, AIR, AND WATER VEHICLES MEETING APPROPRIATE STANDARDS REGARDING LOCATION, DESIGN, PERFORMANCE, EQUIPMENT, PERSONNEL, AND SAFETY.

Universal Level

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

Recommended Guideline

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:

An enabling ambulance ordinance has been enacted. Consistent with the Ground Ambulance RFP, the County has been designated as an exclusive operating area, with appropriate response time compliance zones established for the monitoring of response time compliance.

NEED(S):

None.

OBJECTIVE:

Evaluate and revise compliance zones as indicated in the CQI review process.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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 County currently monitors emergency medical transportation services through ordinance, contract requirements and quality improvement mechanisms. All emergency transportation services are licensed by the agency.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

See Section 3.09.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

County Ordinance and contractual language require providers to maintain minimum standards for 911 response. Prescheduled transports are conducted in a manner to avoid reducing the necessary level of 911 response services.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met

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

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.

Recommended Guideline

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

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

CURRENT STATUS:

The EMS Agency specifies that response times comply with contractually established standards. These standards are based on underlying demographics, tracked within one mile grids and are consistent with the response time guidelines provided herein.

COORDINATION WITH OTHER EMS AGENCIES:

Response times for shared providers are coordinated with surrounding jurisdictions.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Regulations, policies and procedures exist to assure that ambulances are staffed and equipped according to current state and local standards. ALS services are available throughout the county and have at least one paramedic on each unit.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The EMS Agency has been integrally involved with first responder agencies in both first responder coordination, training, and elevation of programs to the first responder defibrillation level of care. All four first response agencies within the County are active participants in the system at the early defibrillation level.

NEED(S):

Develop processes by which first responders can participate in the CQI program of the EMS Agency including the establishment of outcome expectations and measurements. Evaluate first responder ALS needs.

OBJECTIVE:

Integrate first responder agencies and functions within the framework of the county EMS CQI program.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The County currently contracts with four outside air ALS ambulance providers. Key policies are already in place that monitor each of the areas noted above.

COORDINATION WITH OTHER EMS AGENCIES:

As no air ambulance services reside within Merced County, the Agency coordinates with the LEMSA of jurisdiction for air ambulance classification purposes.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

The Merced County Designated EMS Dispatch Center dispatches for air medical emergencies.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The EMS Agency has contracts with each of the four air ambulance operations serving the County.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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 County has addressed applicable areas.

COORDINATION WITH OTHER EMS AGENCIES:

None.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The County has established an Operational Area Medical/Health Disaster Plan, in coordination with OES and the system participants.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Back-up and mutual aid coverage exists within Merced County for the various EMS provider agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not formally addressed in agreement with surrounding agencies. Mutual aid is addressed in each provider agreement.

NEED(S):

Clarification of the financial obligations and responsibilities must be addressed. There is great reluctance to enter into open-ended contracts with other counties regarding yet-to-be-determined areas of financial obligation.

OBJECTIVE:

Clarify mutual aid issues (including financial considerations) with the State and Region V.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

A revised Multi-Casualty Incident plan has been incorporated into the Medical/Health Disaster Plan and is based on the ICS standards. A Multi-casualty Incident Policy has been established to ensure consistency with ICS.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Existing state guidelines are utilized as a basis for the county's multi-casualty procedure.

NEED(S):

Addressed in 4.14.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Advanced Life Support

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.

Recommended Guideline

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 members. 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 all ALS ambulances are staffed with at least one paramedic.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped for the scope of practice of its level of staffing.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Ambulance Regulation

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:

Current ordinance and provider contracts require compliance with various requirements, including LEMSA policy and procedures.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Exclusive Operating Permits

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:

Riggs Ambulance Service was awarded a contract for service following a two year process, which culminated in the release of an RFP for ground ambulance and secondary PSAP services. The entirety of Merced County was established as an exclusive operating area, and a performance-based contract established and service initiated on September 1, 2003.

NEED(S):

Monitor compliance of providers with contractual standards.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

See 4.19 above.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

Contracts are in place requiring compliance with all policies, procedures and other requirements.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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

CURRENT STATUS:

See 4.19.

NEED(S):
None.

OBJECTIVE:
NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION E. FACILITIES/CRITICAL CARE

THE LOCAL EMS SYSTEM SHOULD HAVE PROVISION FOR AN APPROPRIATE NUMBER AND LEVEL OF HEALTH FACILITIES TO RECEIVE AND TREAT EMERGENCY PATIENTS. IT SHALL HAVE A SYSTEM OF IDENTIFYING, UNDER MEDICAL DIRECTION, THE MOST APPROPRIATE FACILITY TO MANAGE A PATIENT'S CLINICAL PROBLEM AND ARRANGING FOR TRIAGE AND/OR TRANSFER OF THE PATIENT TO THIS FACILITY.

Universal Level

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

Recommended Guideline

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

CURRENT STATUS:

Criteria has been developed by the EMS Agency regarding trauma receiving hospitals evaluations, and the same process needs to be developed for medical patients. All acute care facilities have written agreements in place with the EMS Agency.

NEED(S):

Prepare and review criteria for each emergency receiving hospital with the participation of the hospital and prehospital providers. Develop a self-assessment tool to assure capability of receiving hospitals. Include the receiving hospitals in the EMS Agency's quality improvement program and data collection activities. Assess the quality and location of receiving facilities.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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 protocols have been established that direct trauma patients appropriately.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County was an active participant with the Mountain-Valley EMS Agency trauma plan development process.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Se 5.02.

NEED(S):

See 5.02.

OBJECTIVE:

See 5.02.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Such evaluation occurs for trauma patients, however no formal process is in place for general receiving facilities or other specialty care centers.

NEED(S):

Consistent with the finding of the California Vision Project, develop and review criteria for receiving hospital designation and conduct needs analysis on specialty designation needs. In developing the criteria, procedures and policies, incorporate activities into the quality improvement program for Merced County EMS.

OBJECTIVE:

To establish a formal process for the designation and evaluation of both receiving and specialty care centers.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

All local facilities were engaged with the agency in the development of the Medical/Health Disaster Plan. Their roles and expectations have been delineated, and all hospitals are encouraged to adopt the HEICS standard.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

A draft hospital evacuation plan has been developed and is going through internal review.

COORDINATION WITH OTHER EMS AGENCIES:

Has not occurred to date. Will coordinate with surrounding systems once the draft evacuation plan is released for stakeholder review.

NEED(S):

See above.

OBJECTIVE:

Finalize the hospital evacuation plan in coordination with the hospitals and other stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

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:

A policy regarding the application, requirements and designation of Base Hospitals exists.

COORDINATION WITH OTHER EMS AGENCIES:

See previous reference to MVEMSA agreement.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

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:

Merced County initiated a trauma system in 1999, including contracts for major trauma patient centers in Modesto, at essentially the Level II level. The plan calls for the identification of patients triaged, transferred, role of trauma and non-trauma centers, and monitoring of the

system. It also calls for the future participation of Level IV (and possibly Level III) centers within Merced County. As identified previously, Merced County actively participated in the development of the trauma plan for the Mountain-Valley EMSA, and continues to coordinate with them for the implementation of that plan.

NEED(S):

Coordinate trauma activities with the MVEMSA.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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 current plan and system was developed using a broad-based task force which had representatives from all disciplines at the table.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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:

Prehospital treatment guidelines have been implemented specifically for the treatment of pediatric patients. The Agency has implemented pediatric triage protocols and an agreement with CHCC for receiving critical pediatric trauma patients directly from the field.

NEED(S):

Continue working toward full implementation of the EMSC plan.

OBJECTIVE:

Address each of the pediatric recommendations above through completion of the EMSC plan.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

The EMS Agency has developed criteria and standards for pediatric capability in emergency departments. We have finalized the EMSC Plan for the County which established a voluntary process for recognizing or designating EDAPs or emergency departments with enhanced services. With only two basic EDs in the County, trying to force designation is of limited value.

NEED(S):

See 5.10 above.

OBJECTIVE:

See 5.10 above.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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 EMS Agency has included all providers in the EMSC Steering Committee, and the various disciplines are active on the EMSC Focus Groups.

NEED(S):

None at this time.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

Enhanced Level: Other Specialty Care Systems

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:

The agency has not developed a formal process for the systematic evaluation or designation of specialty centers, other than the existing trauma system and the pediatric plan. Due to the relative distance of other specialty care centers, patients requiring specialty services such as burn care, replantation, etc. are transported locally and transfers arranged to specialty care centers by the local hospitals. This allows them to ensure available bed space and other coordination activities.

NEED(S):

Until such time as specialty care for these populations exists locally (or much more proximal to this county), we will continue to coordinate with the local hospitals for stabilization and transfer of these patient populations.

OBJECTIVE:

None at this time.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

It is a standard practice in Merced County to involve all interested stakeholders in any planning activity. All interested individuals will be invited to participate when such planning occurs.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION F. DATA COLLECTION/SYSTEM EVALUATION

THE LOCAL EMS SYSTEM SHOULD HAVE MECHANISMS TO COLLECT DATA REGARDING OPERATIONAL AND CLINICAL ASPECTS OF THE SYSTEM, COVERING ALL STAGES OF THE SYSTEM. BOTH DAY-TO-DAY QUALITY ASSURANCE/QUALITY IMPROVEMENT AUDITS AND OVERALL EVALUATIONS OF SYSTEM OPERATIONS ARE NECESSARY.

Universal Level

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.

Recommended Guideline

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

CURRENT STATUS:

Continuous quality improvement programs are in place within Merced County.

NEED(S):

Revise the current CQI process for consistency with the EQIP regulations, once finalized.

OBJECTIVE:

See needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Prehospital records are compiled electronically (via Palm Pilot-based report program) and submitted to the EMS Agency and base hospital regularly.

NEED(S):

A standardized first responder patient intervention form needs to be integrated into the ALS paperwork and disseminated among the first responder agencies.

OBJECTIVE:

Integration of dispatch, first responder, transport and emergency department data needs to be developed within this system.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Current audits of prehospital care are done at the base hospital, provider level and at the agency. The only mechanism to link prehospital records with dispatch and emergency department inpatient and discharge records is a case-by-case request for information.

NEED(S):

See 6.02.

OBJECTIVE:

See 6.02.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Monitoring by Merced EMS Agency occurs to review medical dispatching and is conducted on a monthly basis. In addition, the EMS dispatch center uses the Aqua QI system to perform routine dispatch evaluation.

NEED(S):

The Aqua system QI process needs to be integrated into the EMS Agency CQI process.

OBJECTIVE:

Include medical dispatch monitoring in the CQI program.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The previous paper-based logs maintained by the receiving facilities were replaced by a computer-based ambulance receiving database, which allows for much greater access to comparative data for quality improvement purposes. An integrated data management system exists, but its linkage is cumbersome and time-consuming for agency staff.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination in this area will involve adoption of statewide data and CQI standards, once completed through the Vision project and implemented.

NEED(S):

Develop a comprehensive MIS which supports the EMS Agency CQI program. The system should be compatible with the EMS providers so that information can be electronically transferred to the system. It will be necessary to establish a common patient identifier and data set for the transportation providers, receiving hospitals, base hospitals, dispatch centers and trauma centers. All will have to be developed in compliance with HIPAA.

OBJECTIVE:

Establish a comprehensive MIS that integrates data from various EMS system participants.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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 EMS Agency consistently evaluates its program components, and reports on overall system activities on an annual basis. This system will adopt the EQIP standards once established in regulation, which should aid in the regular evaluation of clinical quality standards, above that which is currently accomplished through the CQI program.

NEED(S):

A standardized process for evaluating the community's needs and the EMS System's success at meeting those needs should be developed.

OBJECTIVE:

Adopt the EQIP standards, once finalized.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Merced County has the resources and authority for a system-wide evaluation program.

NEED(S):

Not all components of the system are routinely incorporated into the CQI process.

OBJECTIVE:

Expand CQI efforts to include all appropriate system stakeholders and adopt EQIP standards once finalized.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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 reports to the Board of Supervisors, the EMCC and the advisory committees on a regular basis. These reports define milestones and measurable EMS Agency and provider performance.

NEED(S):

Provide ongoing information regarding performance of the Merced County EMS system's performance with coordination to the CQI program.

OBJECTIVE:

Provide regular reports on the performance and accomplishments of the Merced County EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Advanced Life Support

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.

Recommended Guideline

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

CURRENT STATUS:

The base hospital and the CQI program routinely reviews both provider and base hospital activities.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Trauma Care System

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 trauma system is established and the collection of trauma registry data is occurring. The Trauma Audit Committee monitors all processes for improvement opportunities and provides feedback to facilities and providers.

NEED(S):

Coordinate TAC process with MVEMSA, once that trauma system is established.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

As part of the trauma and receiving facility contracts, all non-designated hospitals are required to collect a minimum data set to ensure the ability to track over and under triage.

NEED(S):

Continue to monitor the quality of trauma data from non-designated facilities and incorporate changes as necessary.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

SECTION G. PUBLIC INFORMATION AND EDUCATION

THE LOCAL EMS SYSTEM SHOULD PROVIDE PROGRAMS TO ESTABLISH AN AWARENESS OF THE EMS SYSTEM, HOW TO ACCESS THE SYSTEM AND HOW TO USE THE SYSTEM. PROGRAMS TO TRAIN MEMBERS OF THE PUBLIC IN FIRST AID AND CPR SHOULD BE AVAILABLE.

Universal Level

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.

Recommended Guideline

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 is involved with the development of information and materials for dissemination to the public. Staffing limitations and program priorities have limited the efforts in this area. The agency frequently speaks at a variety of community forums, e.g. Rotary, Kiwanis's, etc.

NEED(S):

Develop target needs, public information materials, and coordinate and assist the various provider groups in developing information for the public regarding EMS activities.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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 EMS Agency has promoted public education for targeted populations (senior falls, etc.) and intends to continue those activities through collaborative efforts with other agencies. The Agency regularly coordinates the "Every 15 Minutes" program with local high schools. The local ambulance provider conducts numerous "Junior Paramedic" programs within the elementary schools and conducts public CPR training.

NEED(S):

The EMS Agency needs to work with the local resources and Public Health, in order to support programs developed by other facilities and agencies within the County to promote preventive medicine and to continue the injury control efforts.

OBJECTIVE:

Coordinate with Public Health and system participants in the development and distribution of public education information.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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 local EMS Agency has worked in a limited capacity to assist OES in the dissemination of medical disaster information, and is currently a member of the Citizen Corps Council developing guidelines for public participation during major disasters.

NEED(S):

Ongoing participation in promoting citizen awareness of emergency preparedness activities.

OBJECTIVE:

Through the disaster planning process, develop a public awareness program in coordination with the Office of Emergency Services.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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:

There are public CPR classes at a variety of locations throughout the county. They are sponsored by hospitals, community college, ambulance and fire services, as well as the American Heart Association and the American Red Cross. Merced County has endorsed Citizen CPR, which is a two-hour multi-media CPR and First Aid class.

NEED(S):

None.

OBJECTIVE:

Continue to evaluate the CPR and first aid classes and determine if high risk groups are receiving the training. Coordinate with established programs to include mass training such as the "CPR Saturday" program.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

SECTION H. DISASTER MEDICAL RESPONSE

THE LOCAL EMS SYSTEM MUST BE CAPABLE OF EXPANDING ITS STANDARD OPERATIONS TO MEET THE NEEDS CREATED BY MULTI-CASUALTY INCIDENT AND MEDICAL DISASTERS, INCLUDING INTEGRATION OF OUT-OF-AREA RESOURCES.

Universal Level

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:

The Public Health Department and EMS Agency participated with the Local OES office in the preparation of the new Operational Area Disaster Plan. In addition, we have completed a disaster medical / health plan, under a grant from the State EMS Authority. Both plans took an "all-hazards" approach in their development and are applicable to disasters of any origin.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with the OES Region V RDMHC and RDMHS will occur as part of the SEMS process.

NEED(S):

On-going exercise, critique and revision to SOPs.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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:

See Section 8.01

NEED(S):

See Section 8.01

OBJECTIVE:

See Section 8.01

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

The Agency conducted training for the private ambulance personnel regarding hazardous materials, WMD and the ICS system. Level C protective equipment is available for ambulance personnel. Higher levels of protection are provided to the fire service as the initial assault personnel who will be working at or near the "hot" zone in such incidents. Through the Homeland Security grants, radios, on-scene lighting and numerous other pieces of medical equipment have been purchased and four disaster caches have been established, housed at fire stations throughout the County.

NEED(S):

None at present.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

Recommended Guideline

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

CURRENT STATUS:

Training in ICS has been accomplished and ICS is the basis for all disaster plans in Merced County.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

Disaster patient distribution procedures are established, using the County Base Hospital as the Disaster Control Facility. As most disaster victims self-transport to area hospitals, field treatment sites have been organized at the hospitals to assist with triage, initial care and distribution.

COORDINATION WITH OTHER EMS AGENCIES:

Procedures have been established for communication with OES Region V RDMHS for distribution to facilities outside of Merced County.

NEED(S):

Continue to revise procedures as dictated by exercise critique or actual events.

OBJECTIVE:

Core guideline met. We will continue to coordinate with OES Region V in the identification of and transport procedures for specialty care centers for patients exposed to various hazardous materials.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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

CURRENT STATUS:

Job action sheets and assessment tools have been included in the medical/health plan. Both tabletop and functional exercises are planned in the near future, with funding provided through the Homeland Security grant program.

NEED(S):

The needs assessment and communication tools for disaster resource identification and acquisition need to be tested and refined.

OBJECTIVE:

As part of the disaster planning process, test and revise needs assessment tool, as deemed necessary.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

See Section 3.06.

COORDINATION WITH OTHER EMS AGENCIES:

Merced County shares MedNet hardware with Mariposa County (MVEMSA jurisdiction) and coordinates the use of that equipment.

NEED(S):

See Section 3.06.

OBJECTIVE:

See Section 3.06.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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.

Recommended Guideline

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:

As part of the County disaster planning process, numerous disaster resources were identified and catalogued. There are no formal written agreements with these various vendors. Four medical disaster caches have been established and are distributed appropriately for response to disasters.

NEED(S):

While there may be an advantage to executing formal agreements for disaster resources, the County has not chosen to pursue such contracting. Each of these vendors has worked well with the County in the procurement of specific disaster resources for past events.

OBJECTIVE:

Continue to update the resource lists and monitor our ability to procure needed supplies, equipment, etc.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area. The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

Formal relationships have not been established with DMAT sponsoring agencies.

NEED(S):

The EMS Agency should establish a more formal linkage with DMAT teams as needed and support their activities.

OBJECTIVE:

Establish EMS Agency involvement with and support of DMAT teams.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency

medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

CURRENT STATUS:

Inter-county medical mutual aid planning is occurring, however, no agreements have been forwarded by the RDMHC.

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Continue to develop and negotiate mutual aid contracts with surrounding counties. Develop policies and procedures to address provider mutual aid response from outside the County. Continue to monitor and develop, if necessary, standardized procedures to be followed during a multi-casualty incident which require more resources than are immediately available locally.

OBJECTIVE:

Establish agreements and procedure to acquire adequate response resources in the event of significant medical incidents and extraordinary system demand.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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:

Field Treatment Sites have been identified with the area hospitals and co-located on their campuses. The practicality of these locations and their effectiveness will be tested once OES conducts tabletop and functional exercises during 2003 – 2004..

COORDINATION WITH OTHER EMS AGENCIES:

None to date.

NEED(S):

Assess the Field Treatment Sites established at the hospital campuses and revise, as needed.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)

Long-range Plan (more than one year)

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:

See 8.11 above. 800 mhz handheld radios will be available for the FTS, as needed.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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.

Recommended Guideline

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:

See Section 8.03.

NEED(S):

See Section 8.03.

OBJECTIVE:

See Section 8.03.

TIME FRAME FOR MEETING OBJECTIVE:

Objective Met

Short-range Plan (one year or less)

Long-range Plan (more than one year)

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).

Recommended Guideline

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 hospitals are encouraged to ensure that their internal disaster plans are consistent with ICS (HEICS). All hospitals participated with the development of the Medical/Health Disaster Plan.

NEED(S):

A formal review of hospital disaster plans needs to be conducted to ensure their consistency with the Medical/Health Disaster Plan.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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

CURRENT STATUS:

Typically, during a disaster the hospital uses phone lines to keep the radio free to receive on-scene updates on patient counts, etc. There is no immediate conference calling capability and the Base Hospital must contact each hospital one at a time. An Internet-based communications system will be established at the hospitals, dispatch center and Agency which will also allow for a backup form of communications.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

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. 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:

Hospitals have developed guidelines for the management of medical incidents, however training has not been consistent. HEICS has been endorsed as the management strategy for local hospitals. Training in medical disasters has occurred, as described previously.

NEED(S):

The EMS Agency should actively support and encourage multi-agency disaster drills.

OBJECTIVE:

Conduct periodic multi-agency disaster drills. The Hospital Emergency Incident Command System (HEICS) should be actively pursued as the hospital EMS command structure in the county.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Advanced Life Support

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 waive restrictions on responders during disasters.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Specialty Care Systems

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

CURRENT STATUS:

The role of the trauma hospitals is clearly defined. No other specialty care facilities have been formally designated. Day to day triage procedures are not valid at the time of a large scale medical event, and the Multi-casualty incident procedures for patient distribution would be utilized.

NEED(S):

On-going evaluation of the effectiveness of established patient distribution process.

OBJECTIVE:

See Needs.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

* * * * *

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation

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:

Current policies and the County's contract with ambulance providers allow an exclusivity waiver in the event of disaster and mutual aid requests.

NEED(S):

None.

OBJECTIVE:

NA.

TIME FRAME FOR MEETING OBJECTIVE:

- Objective Met
- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Merced County

Reporting Year: 02-03

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

1. Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County:

a. Basic Life Support (BLS) %	<u>0</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	<u>X</u>
b - County Health Services Agency	<u> </u>
c - Other (non-health) County Department	<u> </u>
d - Joint Powers Agency	<u> </u>
e - Private Non-profit Entity	<u> </u>
f - Other: _____	<u> </u>
3. The person responsible for day-to-day activities of EMS agency reports to	
a - Public Health Officer	<u> </u>
b - Health Services Agency Director/Administrator	<u> </u>
c - Board of Directors	<u> </u>
d - Other: <u>Deputy Public Health Director</u>	<u>X</u>
4. Indicate the non-required functions which are performed by the agency	
Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u> </u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

Continuing education		<u>X</u>
Personnel training		<u>X</u>
		<u>X</u>
Non-medical disaster planning		
Administration of critical incident stress debriefing (CISD) team		<u>X</u>
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 02-03		
A. EXPENSES		
Salaries and benefits (all but contract personnel)		\$ <u>288,084</u>
Contract Services (e.g. medical director)		\$ <u>39,500</u>
Operations (e.g. copying, postage, facilities)		\$ <u>19,120</u>
Travel		\$ <u>9,875</u>
Fixed assets		\$ <u>0</u>
Indirect expenses (overhead)		\$ <u>0</u>
Ambulance subsidy		\$ <u>0</u>
EMS Fund payments to physicians/hospital		\$ <u>0</u>
Dispatch center operations (non-staff)		\$ <u>0</u>
Training program operations		\$ <u>0</u>
Other:	<u>Insurance</u>	\$ <u>2,067</u>
Other:	<u>Special Department Expense</u>	\$ <u>23,000</u>
Other:		\$ <u>0</u>
TOTAL EXPENSES		<u>\$ 381,646</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ 14,400
Preventative Health and Health Services (PHHS) Block Grant	\$ 0
Office of Traffic Safety (OTS)	\$ 0
State general fund	\$ 0
County general fund	\$ 147,219
Other local tax funds (e.g., EMS district)	\$ 0
County contracts (e.g. multi-county agencies)	\$ 0
Certification fees	\$ 5,900
Training program approval fees	\$ 0
Training program tuition/Average daily attendance funds (ADA)	\$ 0
Job Training Partnership ACT (JTPA) funds/other payments	\$ 0
Base hospital application fees	\$ 0
Base hospital designation fees	\$ 0
Trauma center application fees	\$ 0
Trauma center designation fees	\$ 25,000
Pediatric facility approval fees	\$ 0
Pediatric facility designation fees	\$ 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees		\$ <u>0</u>
Type: _____		
Other critical care center designation fees		\$ <u>0</u>
Type: _____		
Ambulance service/vehicle fees		\$ <u>60,000</u>
Contributions		\$ <u>0</u>
EMS Fund (SB 12/612)		\$ <u>89,647</u>
Other grants:		\$ <u>0</u>
Other Fees:	<u>Fines/Forfeits</u>	\$ <u>5,000</u>
Other (specify):	<u>Communications fees</u>	\$ <u>9,480</u>
Other (specify):	<u>Encumbrance FY02-03</u>	\$ <u>25,000</u>
Other (specify):	_____	\$ <u>0</u>
TOTAL REVENUE \$		\$ <u>381,646</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 02 - 03

We do not charge any fees

Our fee structure is:

X

First responder certification	\$ <u> </u> 0
EMS dispatcher certification	\$ <u> </u> 30
EMT-I certification	\$ <u> </u> 30
EMT-I recertification	\$ <u> </u> 30
EMT-defibrillation certification	\$ <u> </u> 0
EMT-defibrillation recertification	\$ <u> </u> 0
EMT-II certification	\$ <u> </u> 0
EMT-II recertification	\$ <u> </u> 0
EMT-P accreditation	\$ <u> </u> 75
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$ <u> </u> 40
MICN/ARN recertification	\$ <u> </u> 40
EMT-I training program approval	\$ <u> </u> 250
EMT-II training program approval	\$ <u> </u> 0
EMT-P training program approval	\$ <u> </u> 0
MICN/ARN training program approval	\$ <u> </u> 0
Base hospital application	\$ <u> </u> 0
Base hospital designation	\$ <u> </u> 0
Trauma center application	\$ <u> </u> 12,500
Trauma center designation	\$ <u> </u> 12,500
Pediatric facility approval	\$ <u> </u> 0
Pediatric facility designation	\$ <u> </u> 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	\$ <u>0</u>
Type: _____	
Other critical care center designation fees	\$ <u>0</u>
Type: _____	
Ambulance service license	\$ Variable*
Ambulance vehicle permits	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>
Other: _____	\$ <u>0</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 03-04.

* based on County Cost System calculation, (e.g. number of staff hours dedicated to provider oversight and coordination)

Table 2 - System Organization & Management (cont.)

EMS System: Merced County

Reporting Year: 02-03

EMS System:		FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ¹	BENEFITS (% OF SALARY)	COMMENTS
Reporting Year:	EMS Administrator	1	55.08	47.9%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	1	29.52	47.9%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Specialty Services Operations Nurse	0.65	42.27	47.9%	
Med. Director		0.15	70		
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Specialist ²	1	See footnote		

1 Dollar amount includes salary and benefits package

2 Disaster Planning EMS Specialist within new Bioterrorism Program budget unit

Table 2 - System Organization & Management (cont.)

Revision #1 [2/16/95]

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT ¹	BENEFITS (% OF SALARY)	COMMENTS
EMS System:					
Reporting Year:	Support Services Analyst	1	30.64	47.9%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other					

¹ Dollar amount includes salary and benefits package

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.

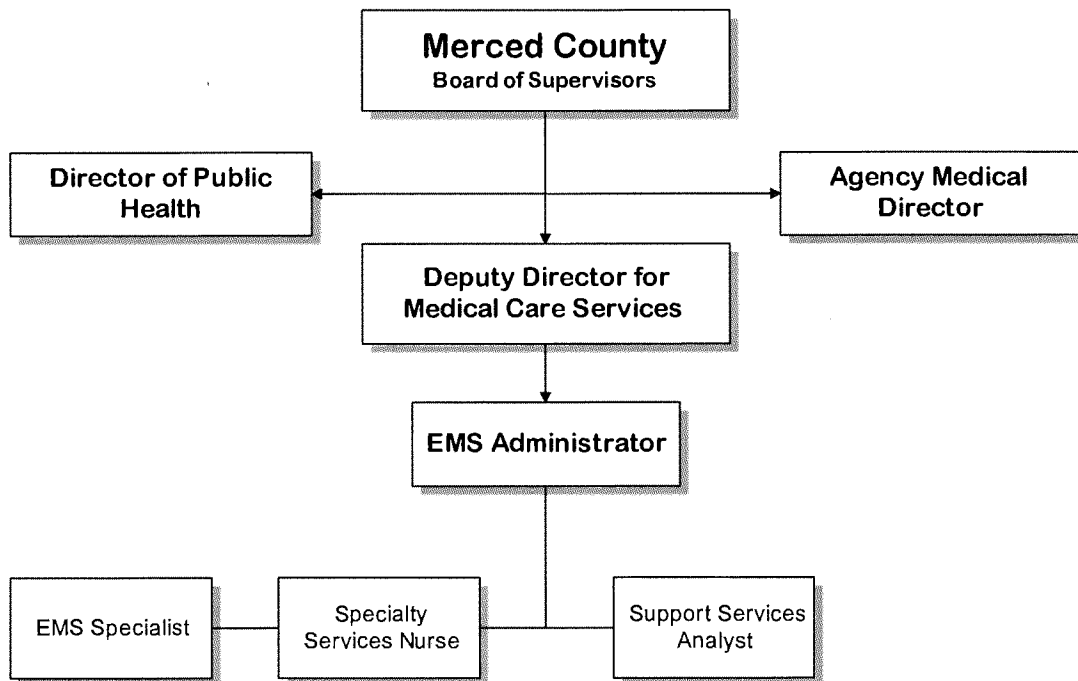


TABLE 3: SYSTEM RESOURCES AND OPERATIONS

EMS System: **Merced**

Reporting Year: **02-03**

NOTE: Table 3 is to be reported by agency.

	EMT-I	EMT-II	EMT-P	MICN	EMS Dispatcher
Total number of certified personnel on June 30th of the reporting year	218	N/A	N/A	33	13
Number newly certified this year	31	N/A	N/A	9	4
Number recertified this year	52	N/A	N/A	6	2
Total number of accredited personnel on June 30th of the reporting year	N/A	N/A	40	N/A	N/A
Number of certification reviews resulting in formal investigations (results below):			2		
a) pending (State Review)			1		
b) probations					
c) suspensions					
d) revocations			1		
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 13
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified: N/A
 - b) Number of public safety (defib) certified (non-emt-I): N/A
3. Do you have a first responder training program? Yes No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Merced County

County: Merced

Reporting Year: 02-03

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

- 1. Number of primary Public Service Answering Points (PSAP) 6
- 2. Number of secondary PSAPs 1 (in county)
- 3. Number of dispatch centers directly dispatching ambulances 3
- 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: Trunked 800 mhz system
 - b. Other methods: MedNet 9 for dispatch, MedNet 8 for hospitals
 - 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**

EMS System: Merced County

Reporting Year: 02-03

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>4</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>90%</u>
3.	Total number responses	
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>15,900</u>
	b) Number non-emergency responses (Code 1: normal)	<u>4,710</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>11,056</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>4,288</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	
	a) Automated	<u>4</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation providers	
	a) Automated	<u>0</u>
	b) Manual	<u>0</u>

Air Ambulance Services

7.	Total number of responses	
	a) Number of emergency responses	<u>1,688</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	
	a) Number of emergency (scene) transports	<u>204</u>
	b) Number of non-emergency transports	<u>0</u>

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

EMS System: Merced County

Reporting Year: 02-03

Note: Table 6 is to be reported by agency.

TRAUMA

Trauma Patients

a) Number of patients meeting trauma triage criteria	<u>239</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>188</u>
c) Number of major trauma patients transferred to a trauma center	<u>51</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>15</u>

EMERGENCY DEPARTMENTS

Total number of emergency departments

a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>2</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>2</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: Merced County

County: Merced

Reporting Year: 02-03

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

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? At Hospital Campuses
 - b. How are they staffed? Initially by Hosp. – backup from private and public
 - 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 response teams? Yes No
 - b. At what HazMat level are they trained? Technician
 - c. Do you have the ability to do decontamination in an emergency department? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

Operations

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 6

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.

None

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? **Health Dept. - Not Applicable**

Yes No

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Riggs Ambulance Service</u>		Primary Contact: <u>Greg Bonifay, Exec. VP</u>			
Address: <u>100 Riggs Ave., Merced, Ca. 95340</u>					
Telephone: <u>(209) 725-7032</u>					
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 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 _____ 27 BLS _____ EMT-D _____ LALS _____ 38 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 18

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>American Medical Response</u>		Primary Contact: <u>Cindy Woolston</u>			
Address: <u>P.O. Box 4397, Modesto, Ca. 95352</u>					
Telephone: <u>(209) 524-8001</u>					
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 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 _____ 10 BLS _____ EMT-D _____ LALS _____ 12 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>West Side Community Ambulance</u> Address: <u>151 South Highway 33, Newman, Ca. 95360</u> Telephone: <u>(209) 862-2951</u>						Primary Contact: <u>Chuck Coelho</u>					
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 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 _____ 10 BLS _____ EMT-D _____ LALS _____ 14 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: _____ 2						

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Medi-Flight (c/o Memorial Medical Center)</u>		Primary Contact: <u>Frank Erdman</u>			
Address: <u>P.O. Box 942, Modesto, Ca. 95353</u>					
Telephone: <u>(209) 572-7050</u>					
Written Contract: <input checked="" type="checkbox"/> Yes <input 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 _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 32 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Air Med Team</u>		Primary Contact: <u>Graham Pierce, Program Manager</u>			
Address: <u>1441 Florida Ave., Modesto, Ca. 95350</u>					
Telephone: <u>(209) 576-3986</u>					
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 _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 32 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>SkyLife/ROAM</u>		Primary Contact: <u>Lisa Epps, Program Manager</u>	
Address: <u>P.O. Box 4, Clovis, Ca. 93613</u>			
Telephone: <u>(559) 346-1025</u>			
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 _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 11 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 1

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>CALSTR</u>		Primary Contact: <u>Steve Foster, Program Manager</u>			
Address: <u>590 Cohansey Ave., Gilroy, Ca. 95020</u>					
Telephone: <u>(408) 848-2075</u>					
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 _____ PS-defib _____ BLS _____ EMT-D _____ LALS _____ 10 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input 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: _____ 1 _____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Los Banos City Fire Department</u>		Primary Contact: <u>Tim Marrison, Asst. Chief</u>			
Address: <u>333 7th Street, Los Banos, Ca 93635</u>					
Telephone: <u>(209) 827-7025</u>					
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 (paid only): 1 PS 9 PS-defib 8 BLS EMT-D LALS 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>0</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Merced City Fire Department</u>		Primary Contact: <u>Bryan Donnelly, Battalion Chief</u>			
Address: <u>99 East 16th. Street, Merced, Ca. 95340</u>					
Telephone: <u>(209) 385-6891</u>					
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 (paid only): 16 PS 46 PS-defib 27 BLS EMT-D LALS 3 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: _____ 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Merced County Fire</u> Address: <u>735 Martin Luther King Jr. Way, Merced, Ca. 95340</u> Telephone: <u>(209) 385-7450</u>						Primary Contact: <u>Pat Kerrigan, Chief</u>					
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 (paid only): 19 PS 51 PS-defib 31 BLS EMT-D LALS 1 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 type="checkbox"/> city; <input checked="" 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: _____ 0						

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Atwater City Fire Department</u>		Primary Contact: <u>Ed Banks, Asst. Chief</u>			
Address: <u>699 Broadway, Atwater, Ca. 95301</u>					
Telephone: <u>(209) 357-6745</u>					
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 (paid only): 12 PS 16 PS-defib 4 BLS EMT-D LALS 0 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>0</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Merced County County: Merced Reporting Year: 02-03

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

Training Institution Name Merced College Contact Person Telephone no. JoAnn Wyatt 384-6130

Address 3600 M Street, Merced CA 95348

Student Eligibility:* Open to the Public EMT-1	Cost of Program Basic <u>\$90.00</u> Refresher <u>\$90.00</u>	**Program Level Number of students completing training per year: Initial: <u>40</u> Refresher: <u>14</u> Cont. Education: <u>6</u> Expiration Date: <u>6/30/2007</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. education: <u>1*</u>
--	---	---

* CE offered concomitantly with primary class

Training Institution Name _____ Contact Person Telephone no. _____

Address _____

Student Eligibility:*	Cost of Program Basic _____ Refresher _____	**Program Level Number of students completing training per year: Initial: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. 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 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Mercy Medical Center Merced, Community Campus</u>		Primary Contact: <u>Lorraine Vance, RN, MICN</u>			
Address: <u>301 East 13th Street Merced, Ca 95340</u>					
Telephone: <u>(209) 385-7201</u>					
Written Contract	<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"/>	Base Hospital <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:**	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Memorial Hospital of Los Banos</u>		Primary Contact: <u>Renee Teague, RN</u>			
Address: <u>520 West I Street., Los Banos, Ca. 93635</u>					
Telephone: <u>(209) 826-0591</u>					
Written Contract	<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"/>	Base Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center:* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:**	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU:*** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level:****

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Merced County: Merced Reporting Year: 02-03

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

Name: <u>Merced County EMS Communication Center</u>		Primary Contact: <u>Kevin Daniel</u>	
Address: <u>100 Riggs Ave. Merced, Ca. 95340</u>			
Telephone: <u>(209) 725-7011</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 13 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 checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> other;

Private Company under contract with County - County rents physical space at center to allow Positron to be located there.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

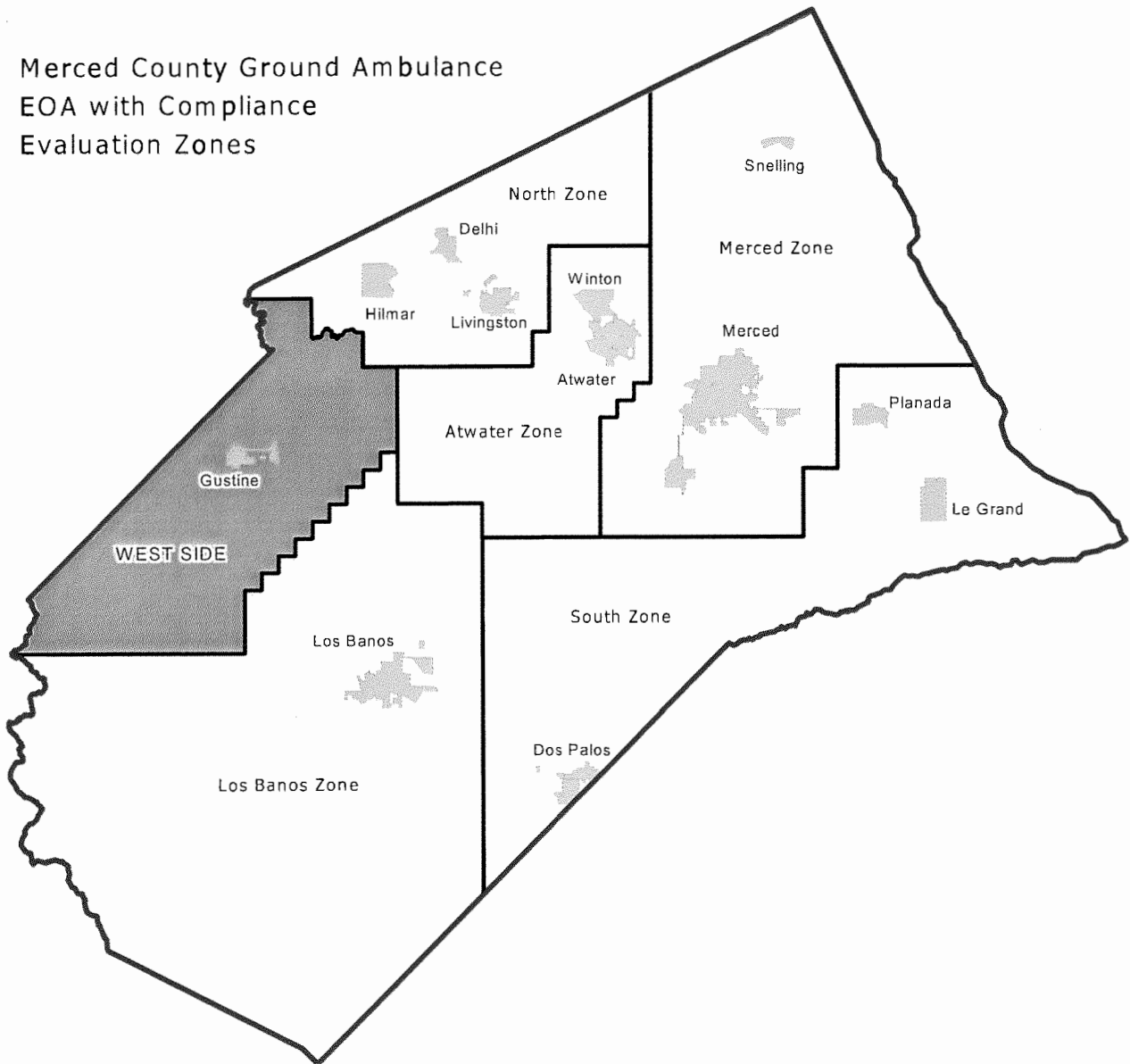
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Merced County</p>
<p>Area or subarea (Zone) Name or Title: Merced County Exclusive Operating Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Riggs Ambulance Service. Began operations under new County-wide EOA on September 1, 2003. Riggs has served the majority of Merced County since 1948.</p>
<p>Area or subarea (Zone) Geographic Description: The Merced County EOA incorporates all cities and townships of Merced County as well as all unincorporated areas . Sub-zones within the EOA are not separately contracted, but established for the purpose of response time compliance only.*</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – established by Board action at regularly schedule meeting.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ground ambulance service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive Bid process. Request for Proposals document submitted to EMSA with 10/9/02 update. Initial five (5) year contract with two (2), two year extensions possible. An evaluation committee was established by the County’s consultant. This committee was made up of three EMS system experts, two from out of state, that had no conflict of interest with this process nor any of the parties involved. Their recommendation was carried forward to the Board of Supervisors for final action.</p>

* The West Side Healthcare District continues to serve their district zone under sub-contract with Riggs Ambulance Service. That arrangement is further described on the following page.

The map below displays the compliance zones within the Merced County EOA. The entire county is a single EOA, with these zones created only for the purpose of grouping individual response time grids together for monthly response time compliance evaluation. The area shaded in light blue is the West Side District Ambulance Service area. Riggs Ambulance Service sub-contracts with West Side to provide service to this area of Merced County, however, Riggs retains responsibility for the sub-contractor's performance. This was a requirement in the RFP and all bidders were required to commit to this sub-contract arrangement.

Merced County Ground Ambulance
EOA with Compliance
Evaluation Zones



EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
 SACRAMENTO, CA 95814-7043
 (916) 322-4336 FAX: (916) 324-2875



February 4, 2004

Chuck Baucom
 Merced County EMS Agency
 260 East 15th Street
 Merced, CA 95340

Dear Mr. Baucom:

We have completed our review of *Merced EMS Agency's 02/03 Emergency Medical Services Plan Update*, 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
5.04 Specialty Care Facilities	Need to establish a formal process for the designation and evaluation of both receiving and specialty care centers.
5.06 Hospital Evacuation	Need to implement a plan for hospital evacuation.
8.09 DMAT Teams	Need to develop a formal relationship and involvement with DMAT teams.
8.10 Mutual Aid Agreements	Need to continue to develop mutual aid agreements with surrounding counties.
8.16 Prehospital Agency Plans	Need to consistently support training in multi-agency disaster drills.

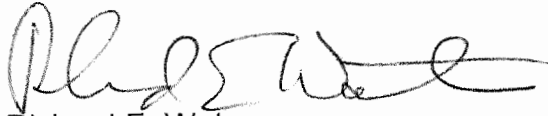
In addition, the EMS Authority encourages Merced County to continue to work towards completing the following sections:

SECTION	COMMENT
1.27 Pediatric System Plan	Continue to work towards implementation of a comprehensive pediatric emergency medical and critical care system plan.
5.10 Pediatric System Design	Continue to work towards full implementation of the EMSC plan.

Chuck Baucom
February 4, 2004
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Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard E. Watson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard E. Watson
Interim Director

REW:ss