STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

August 22, 2016

Mr. Bruce Barton, EMS Administrator
Riverside County EMS Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505

Dear Mr. Barton:

This letter is in response to Riverside County's 2013 EMS Plan submission to the EMS Authority, dated October 17, 2013.

I. Introduction and Summary:

The EMS Authority has concluded its review of Riverside County's 2013 EMS Plan and is approving the plan as submitted.

II. History and Background:

Riverside County received its last full plan approval for its 2009 plan submission, and its last annual plan update for its 2010 plan submission.

Historically, we have received EMS Plan submissions from Alameda for the following years:

- 1995
- 1999
- 2005
- 2009
- 2010
- 2012

California Health and Safety Code (H&SC) § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&SC § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions,

an ongoing assessment of the EMS system in Riverside County has been difficult and, therefore, has delayed this review.

III. Analysis of EMS System Components:

Following are comments related to Riverside County's 2013 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, H&SC § 1797.254, and the EMS system components identified in H&SC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation
E.	☒	☐	Facilities/Critical Care
F.	☒	☐	Data Collection/System Evaluation

D. Response/Transportation

1. Ambulance Zones

   - Based on the documentation provided by Riverside County, please find enclosed the EMS Authority's determination of the exclusivity of Riverside County's EMS Agency's ambulance zones.

F. Data Collection/System Evaluation

1. CEMSIS EMS Data

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

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Riverside County's 2013 EMS Plan is approved.

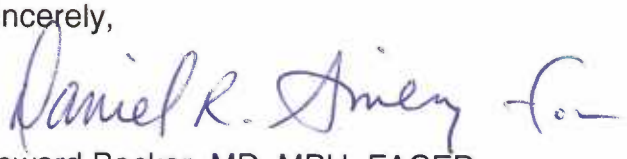
Pursuant to H&SC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Riverside County's next annual EMS Plan Update will be due on or before August 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Cathedral City	X														
Central Zone		X	Non-Competitive	X				X							
Cove Communities		X	Non-Competitive	X				X							
Desert Zone		X	Non-Competitive	X				X							
Idyllwild FPD		X	Non-Competitive	X				X							
Indio City Zone	X														
Mountain Plateau	X														
Northwest		X	Non-Competitive	X				X							
Palo Verde Valley Zone		X	Non-Competitive	X				X							
Pass Area	X														
San Jacinto/Hemet Valley		X	Non-Competitive	X				X							
Southwest		X	Non-Competitive	X				X							

RIVERSIDE COUNTY

EMS

EMERGENCY MEDICAL SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

October 17, 2013

Sandy Salaber
California Emergency Medical Services Authority
10901 Gold Center Drive. Suite 400
Rancho Cordova, CA 95670-6073

Re: Riverside County EMS Plan Annual Update

Dear Ms. Salaber:

Included with this letter is Riverside County's 2013 EMS Plan Update. This Update renews the previous version sent to the EMS Authority on November 1, 2012. The changes have been made in red font for easy identification.

On July 17, 2013, following a 30-day comment period, the Riverside County Board of Supervisor's appointed Emergency Medical Care Committee approved of the submission of this 2013 update to the State EMS Authority. Please accept this update for your records and review. This report includes an update to the Executive Summary which focuses on accomplishments and future challenges.

If you have any questions or need further assistance regarding this matter, please contact me at (951) 358-5029.

Sincerely,

Brian MacGavin MS, EMT-P
Riverside County EMS Agency (REMSA) Assistant Director

cc: Bruce Barton REMSA Director

Enclosure: 2013 EMS Plan Update

RIVERSIDE COUNTY EMS PLAN
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SECTION I - EXECUTIVE SUMMARY

The initial EMS plan and its updates have been completed with the input from Riverside County EMS stakeholder organizations. The Plan reveals how our system measures up to established standards and guidelines as well as identifying accomplishments and needs to keep our EMS system current and poised for future growth.

Major Accomplishments / Changes to the EMS System since 2011

- In 2012 Riverside County Fire Department established an EMD program
- Completion of AMR County Fire Emergency Command Center (ECC) Computer Aided Dispatch (CAD interface
- Twenty-six ambulance providers were permitted for the 2012/2013 permit year
- Development of the Paramedic Receiving Center (PRC) Policy
- Begin development of stoke system program
- Approval of 12 Continuous Quality Improvement (CQI) provider programs
- Increased ReddiNet use compliance
- Established the participation on the State's EMS Core Measures Task Force

Future Challenges

- On-going updates to the Policy and Procedure Manual
- Implementation of a New County Registry and Certification / Accreditation/ Authorization Database
- Prehospital Receiving Center Agreements and Audits
- Updating of the CQI Program
- Completing of the Medical Health Surge Plan
- Collection of Outcome Data from Hospitals to Better Direct EMS Patient Care Strategies
- The formulation of agreements with all EMS providers and prehospital receiving hospitals
- Continued development of the Countywide Quality Improvement Program
- Keeping REMSA documents and reports current and electronically accessible under the REMSA.US domain name
- Securing exclusive and non-exclusive operating area agreements
- Comprehensive Countywide evaluation of the EMS System
- ePCR to be used by all EMS providers Countywide by 2015
- Response time standards for all EMS responders
- Agreements with HEMS providers
- Completion of EMS communications system infrastructure
- Stroke Receiving Center Program
- Continued development of EMD programs for all Public Service Answering Points (PSAP)s
- Implementation of National Ambulance Certification as a requirement for all permitted ambulance providers in Riverside County
- Establish a best practices summit with California Department of Public Health Licensing and Certification
- Implementation of EMS system evaluation project's recommendations and strategic plan

SECTION V – DESCRIPTION OF PLAN DEVELOPMENT PROCESS

The EMS Plan was completed though the collaborative efforts from representatives from the following organizations: American Medical Response (AMR), Cathedral City Fire Department, Corona Fire Department, Eisenhower Medical Center, Emergency Medical Care Committee (EMCC), Idyllwild Fire Protection District, Hemet Fire Department, Riverside County Fire Chiefs' Association, Hospital Association of Southern California (HASC), Mercy Air, Murrieta Fire Department, Prehospital Medical Advisory Committee (PMAC) Riverside County Fire Department, Riverside County Ambulance Association, Riverside County Regional Medical Center and REMSA.

This EMS Plan 2013 update has been reviewed and approved by the Riverside County Emergency Medical Care Committee (EMCC) and other stakeholders before submission to the State EMS Authority for review and action.

SECTION II - ASSESSMENT OF SYSTEM

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X	N/A	X	
1.02 LEMSA Mission		X	N/A		X
1.03 Public Input		X	N/A		
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X	N/A		
1.06 Annual Plan Update	X		N/A		~~X~~
1.07 Trauma Planning		X	X	X	
1.08 ALS Planning		X	N/A		
1.09 Inventory of Resources		X	N/A		X
1.10 Special Populations		X	X		X
1.11 System Participants		X	X		X
Regulatory Activities:					
1.12 Review & Monitoring		X	N/A		X
1.13 Coordination		X	N/A		X
1.14 Policy & Procedures Manual		X	N/A		
1.15 Compliance w/Policies		X	N/A		
System Finances:					
1.16 Funding Mechanism		X	N/A		~~X~~

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction		X	N/A		
1.18 QA/QI		X	X	X	
1.19 Policies, Procedures, Protocols		X	X		X
1.20 DNR Policy		X	N/A		
1.21 Determination of Death		X	N/A		
1.22 Reporting of Abuse		X	N/A		
1.23 Interfacility Transfer		X	N/A	X	
Enhanced Level: Advanced Life Support					
1.24 ALS Systems	X			X	
1.25 On-Line Medical Direction		X			X
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X	N/A		~~X~~
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X	N/A		~~X~~
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X	N/A		X

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	N/A		
4.04 Prescheduled Responses		X	N/A		
4.05 Response Time Standards	X				X
4.06 Staffing		X	N/A		
4.07 First Responder Agencies		X	N/A		X
4.08 Medical & Rescue Aircraft		X	N/A		
4.09 Air Dispatch Center		X	N/A		
4.10 Aircraft Availability	X		N/A		X
4.11 Specialty Vehicles		X			X
4.12 Disaster Response		X	N/A	X	
4.13 Intercounty Response		X			X
4.14 Incident Command System		X	N/A	X	
4.15 MCI Plans		X	N/A	X	
Enhanced Level: Advanced Life Support:		X			
4.16 ALS Staffing		X			
4.17 ALS Equipment		X	N/A		

D. RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X	N/A		X
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X	N/A	X	
4.20 "Grandfathering"		X	N/A	X	
4.21 Compliance		X	N/A		X
4.22 Evaluation		X	N/A		

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

MINIMUM STANDARDS AND RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

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:

Meets the standard. REMSA has a formal organizational structure which includes a Director, an Assistant Director, one Senior EMS Specialist, one Trauma -Program Coordinator~~System Manager~~, ~~three~~ four EMS Specialists, one Secretary, one ~~Staff~~ Contacts and Grants Analyst, one Administrative Services Assistant, ~~two~~ four Office Assistants and a part time contracted Medical Director. EMS Specialists are required to possess either an EMT certificate, paramedic license, ~~or be licensed as an~~ R.N. license or have an appropriate Bachelor's degree from an accredited college or university with experience in EMS. REMSA was designated by the Riverside County Board of Supervisors to be a division of the Riverside County Department of Public Health. REMSA's affiliation with the Department of Public Health (DOPH) allows for sharing of resource from other DOPH affiliate organizations. ~~gives it~~ ~~many non-agency resources, including injury prevention, bioterrorism, environmental health, health statistics, and epidemiology.~~

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

The Agency will continue to: Identify staffing needs, review and modify job descriptions and employee classifications; evaluate non-agency resources and establish relationships that would enhance the technical and clinical expertise available to REMSA. An ~~I~~immediate staff need is for another EMS Specialist. ~~certification/enforcement position to implement and maintain new statutory requirements for back ground checks and administrative law proceedings.~~

OBJECTIVE:

1 Continue to align staffing positions, finances, and tasks to meet the purpose of the standard.
2 Hire a~~n new~~ EMS Specialist during the 2013 calendar year.~~position for certification/enforcement commensurate with responsibilities for implementing EMT 2010. Target Date July, 2010.~~

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

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:

Meets the standard. REMSA facilitates a system-wide Continuous Quality Improvement (CQI) Plan to monitor, review, evaluate and improve the delivery of prehospital care services using prospective, concurrent, retrospective and reporting/feedback activities. In addition, performance-based contract reviews provide comprehensive oversight and control of EMS providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To continue to enhance the EMS system, REMSA will work with all EMS participants to update current CQI efforts to ensure compliance with October 2004 EMSA CQI requirements.

OBJECTIVE:

1. Continue contract review and provide appropriate feedback to individual providers and system participants.
2. Continue to work with providers to update CQI programs.
3. Use the information developed in the above processes to identify and implement needed system changes.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

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:

Meets the standard. The EMS Agency currently utilizes the Emergency Medical Care Committee (EMCC), and the Prehospital Medical Advisory Committee (PMAC) to receive consumer and health care provider input and advice. The EMCC is made up of representatives from Riverside County Supervisory Districts and representatives from other stakeholder organizations. The EMCC prepares annual reports to the Board of Supervisor on the current and anticipated conditions of emergency medical services within Riverside County.

PMAC membership consists of representatives from: provider agencies, hospitals, medical directors and EMS training institutions within Riverside County. Representatives from this committee provide advice on various system activities based on their expertise and direct interaction with the public.

Riverside County's EMS system is currently going through a comprehensive evaluation to be completed in 2014. REMSA is utilizing a contractor to perform a qualitative approach to obtain input from EMS system stakeholders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Continue to seek out public input from various sources and venues.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

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

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

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

CURRENT STATUS:
Meets Standard and Recommended Guidelines. The EMS Agency's medical director is engaged by contract. The terms of the contract specify and require that the medical director's qualifications, roles and responsibilities meet this standard and the recommended guidelines. The criteria require the EMS Medical Director to be;

1. A licensed physician board certified in emergency medicine with a minimum of 5 years ED experience or;
2. A licensed physician that has completed an emergency medicine residency, is board certified with a minimum of 5 years of practice in emergency medicine, trauma surgery, internal medicine, pediatrics or other EMS related field, has a minimum of 10 years' experience as an EMS Medical Director (LEMSA or EMS Provider Agency) within the last 15 years and can demonstrate substantial knowledge of emergency medicine and EMS subject matter.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
Meets standards

OBJECTIVE:
To assure a minimum of half-time hours for the medical director.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.05 System Plan

STANDARD:

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

CURRENT STATUS:

Meets the standard. This is a Countywide EMS Plan developed by Riverside County for submission to the State EMS Authority. The plan assesses how the County EMS system meets the State guidelines, identifies system needs and provides clearly identified objectives with timeframes for addressing identified needs.

Riverside County's EMS system is currently going through a comprehensive evaluation to be completed in 2014. REMSA is utilizing a contractor to perform a qualitative approach to obtain input from EMS system stakeholders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Utilize the EMS Plan as a basis for providing objectives and time lines for meeting EMS system needs.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.06 Annual Plan Update

STANDARD:

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:

Does not meet the standard. Riverside County's EMS Plan has received multiple updates since its original submission in 1994, however updates have not been provided to or approved by EMSA annually on a consistent basis. The Chapter 13 workgroup is currently developing regulations that will clarify and codify definitions that have been problematic for timely completion of EMS plan updates, such as what constitutes a change to manner and scope for grandfathered EOAs, type, level and scope of EMS services, acquisitions and merges for emergency ambulance services, geographical changes related to annexations and their effect on manner and scope, etc.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Provide annual updates and collaborate more closely with EMSA for timely approval of the EMS Plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 Trauma Planning

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

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

CURRENT STATUS:
Meets Standard and Recommended Guidelines. The Riverside County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority. This is inclusive of MOU's with the specialty care centers provided by contiguous trauma centers for Level I pediatrics and regional burn center. The Trauma Audit Committee (TAC) is comprised of representatives from stakeholder organizations within these counties. These representatives provide for CQI, oversight and make recommendations that influence the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:
Coordination is accomplished through formal and informal communication with adjacent EMS agencies, as well as participation with the local Office of Emergency Services (OES) utilizing the Region VI Plan. The EMS Agency is playing a leadership role in the Southeast Regional Trauma Coordinating Committee (RTCC) which was formed in 2008.

NEED(S):
Continuously refine the trauma plan and complete initiatives begun by the RTCC.

OBJECTIVE:
Continue to utilize the approved, comprehensive Trauma Plan, and modify this plan as necessary to meet the systems needs and support RTCC goals.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 ALS Planning

STANDARD:

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

CURRENT STATUS:

Meets the standard. All emergency ambulances that respond to 9-1-1 calls within Riverside County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

By informal reciprocal agreement with adjacent counties, mutual aid is provided as well as received.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory Resources

STANDARD:
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:
Meets Standard and Recommended Guidelines. Our annual permit process requires EMS provider agencies to furnish detailed information regarding EMS personnel and vehicles. The EMS Agency maintains an inventory of receiving facilities, including their special care capabilities.

COORDINATION WITH OTHER EMS AGENCIES:
EMS resources available for multiple/mass casualty incidents (MCI) is catalogued and provided to the Regional Disaster Medical Health Specialist (RDMHS).

NEED(S):
REMSA needs to develop a coordinated mechanism to ensure timely updates of facility's special care capabilities and detailed plan for the rapid deployment of resources during large MCIs.

OBJECTIVE:
Survey all facilities on at least a bi-annual basis to determine if there have been any changes in special care capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

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

RECOMMENDED GUIDELINES

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

CURRENT STATUS:

Meets the standard. REMSA participates in programs that service special populations such as the Emergency Medical Services for Children (EMSC) program and Curtailing Abuse Related to the Elderly (CARE) program and we are partnering with PHEPR on the outreach program to the deaf community. The Trauma System Manager participates in the Child Death Review and Domestic Violence and Elder Abuse Death Review Teams. Additionally, paramedics working for contracted EMS providers are required to have a recognized pediatric program certification. REMSA facilitates exposure to specialized population training, such as Geriatric Emergency Medical Services. REMSA has served as a distribution point for literature that seeks to educate and assist EMS providers in serving special needs populations. The Trauma System Manager has developed a team for reviewing the concern of elder falls. Injury Prevention Branch participates in data collection and active preventive measures in near drowning and /drowning and co-sleeping events. In addition to the above, tools used by REMSA to identify special needs populations include the Department of Public Health Community Health Profile Report, the trauma data base, the REMSA data collection system (Sansio ePCR) and feedback from the Riverside County Office of Emergency Services (OES).

COORDINATION WITH OTHER EMS AGENCIES:

Currently REMSA incorporates a regional approach within the Trauma System.

NEED(S):

OBJECTIVE:

1. Identification and development of additional EMS training programs focusing on geriatric, handicapped and non-English speaking populations.
2. Coordination of delivery of training programs to EMS providers.
3. Present Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) changes and low mechanism injury in the geriatric population.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.11 System Participants

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

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

CURRENT STATUS:
Meets Standard and Recommended Guidelines. All participants in the EMS system have clear roles and responsibilities assigned to them through REMSA policies. Adherence to assigned roles and responsibilities is ensured through CQI processes which are also codified in system policies. Additionally, REMSA has written agreements in place with all ALS providers with the exception of two Fire Departments (Cathedral City and Indio) as well as agreements in place with all Base Hospitals and Specialty Care Hospitals (Trauma, Pediatrics, STEMI and Stroke). Base Hospitals assist REMSA with assuring policy compliance. All 9-1-1 emergency ambulance service areas of the County are identified as either exclusive on non-exclusive operating areas.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
Formal agreements need to be developed and put into practice with air ambulance service providers, prehospital receiving centers (those that are not included in Base, Trauma, Peds, STEMI or STROKE) and the remaining Fire Departments (Cathedral City and Indio).

OBJECTIVE:
Develop and execute agreements with aforementioned parties.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review and Monitoring

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

CURRENT STATUS:
Meets the standard. EMS system operations are routinely reviewed and monitored through EMS and trauma data surveillance, CQI reviews, and performance-based contract reviews. REMSA provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system; documents compliance with performance-based contracts; enforces penalties for noncompliance; communicates findings of system reviews to affected system participants; and facilitates programs to improve operations efficiency and effectiveness.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Future data collection efforts must be directed toward monitoring and reporting of 9-1-1 call intake and dispatch times so that the total time from initial call to arrival on scene of all EMS resources can be continuously evaluated, benchmarked and improved.

OBJECTIVE:
Develop and implement a comprehensive process for the organized capture, reporting, analysis and management of all response time data elements from initiation of a 9-1-1 call through on-scene arrival of all EMS resources.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:
Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:
Meets the standard. System operations are coordinated and refined on a continuous basis. REMSA accomplishes this by coordinating the development of EMS planning documents, policies and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance-based contracts and agreements.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The EMS Agencies capability to coordinate and manage the EMS system during day-to-day and Multiple/Mass Casualty Incidents must be improved. Infrastructure for the coordination of information and activities between Medical Health Operational Area Coordinator (MHOAC) and the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) must be implemented. Both internal OA and mutual aid systems for patient distribution require robust communication and information management capability.

OBJECTIVE:
Design, develop and implement a comprehensive communication and information management system that can be utilized by the EMS Agency to maintain countywide situational awareness, coordinate EMS patient destinations during large MCIs, interface with and support the Regional Disaster Medical/Health function and support day-to-day operation of the EMS interfacility transportation system.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy and Procedures Manual

STANDARD:
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:
Meets the standard. REMSA policies and procedures manual is a dynamic document that is under continuous review, development and revision, and will include input from ~~REMSA and advice and consent of~~ the Prehospital Medical Advisory Committee (PMAC).

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The Agency will continue to develop and refine the EMS policy and procedures manual to meet this standard.

OBJECTIVE:
Continue to maintain a comprehensive policy and procedure manual and make it available to all EMS system participants; review and modify on a regular basis.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 Compliance with Policies

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

CURRENT STATUS:
Meets the standard. REMSA has contracts and agreements in place with base hospitals and transportation providers to enforce compliance with local EMS policies and procedures. California State statutes and Riverside County Ambulance Ordinance compliance is monitored through regular quality assurance reviews and performance-based contract reviews. Unusual occurrences are reviewed by REMSA; corrective actions are taken when deemed appropriate.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:
Continue to monitor, review and enforce compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

System Finances:

1.16 Funding Mechanism

STANDARD:

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

CURRENT STATUS:

Meets the standard. REMSA is fully funded by a combination of dollars from various sources, including general funds, system fees and the EMS Fund. Occasionally, REMSA receives grant funds for specific projects. In the past decade, REMSA's budget has either grown or, at a minimum, maintained previous year funding levels. Funding received by REMSA is maximized by securing staff and technology improvements for improved system monitoring, expanding scope of services and implementation of EMS system enhancements. Additional staffing has provided the capabilities to enhance the system with the addition of specialty care programs and a two tiered duty officer program that monitors the system 24/7. Improved technologies include data collection systems (e.g. FirstWatch, trauma data base, ePCR) and the addition of a communications center (EMS COMM) that enables REMSA to collect and communicate information during day to day system monitoring and during MCI or disasters.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard

NEED(S):

OBJECTIVE:

Continue to seek out additional sources of EMS funding and ensure continued EMS Agency operations. Maximize the use of funding through the addition of capabilities to EMS COMM that will improve real time EMS system monitoring and MHOAC/RDMHC program support including 24/7 staffing.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 Medical Direction

STANDARD:

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:

Meets the standard. Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, Base Hospital agreements, and quality assurance reviews of service delivery. The EMS Medical Director exercises indirect medical control over the County EMS system. REMSA has designated Base Hospital roles and responsibilities identified in base hospital agreements and in the Base Hospital policy. Roles and relationships between prehospital and hospital providers are established in the EMS system protocols, policies and procedures, Base Hospital agreements, and provider agreements. Base Hospital Emergency Department physicians must now undergo an orientation and an EMS competency exam in order to function as a Base Hospital Physician.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 QA/QI

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. REMSA facilitates a system-wide CQI program to monitor, review, evaluate and improve the delivery of prehospital care services. This program involves all system participants and involves prospective, concurrent, retrospective, and reporting/feedback mechanisms. Each provider agency is required to submit a CQI program to REMSA for review and approval. Annual reviews and updates of each organization's CQI plans are to be submitted to REMSA for approval. REMSA coordinates the effort with all EMS participants to update CQI plans and procedures to comply with the October 2004 regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Lead the discussions and processes necessary for updating CQI plans at all levels of the EMS System. Continue to assist provider organizations to develop CQI plans and processes that meet the updated requirements of the October 2004 regulations. Continue to develop and update Performance Standards for all low-frequency / high-risk skills and develop labs to test the competency in these skills.

OBJECTIVE:

To continue the development of Performance Standards and Quality Improvement Plans

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures and Protocols

STANDARD:

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,
j) local scope of practice for prehospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. Policies, procedures and protocols are in place for all of the above listed system components, as well as other clinical and operational situations. REMSA has approved of ~~two~~ three dispatch agencies that give pre-arrival / post dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Continue to promote and encourage all Riverside County EMS dispatch agencies to use established Emergency Medical Dispatch (EMD) guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 DNR Policy

STANDARD:
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:
Meets the standard. A "Do Not Resuscitate" (DNR) ~~policy~~ form is in place in accordance with the EMS Authority DNR guidelines. Physicians Orders for Life Sustaining Treatment (POLST) form was implemented in 2009.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:
Continue to update DNR ~~policy~~ requirements to reflect changing legal precedents and advances in medical knowledge in conjunction with the EMS physician community.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

STANDARD:
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:
Meets the standard. A "Determination of Death" policy is in place.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:
Continue to update "Determination of Death" policy in conjunction with county coroner and ~~EMS physician community~~ medical direction/control to reflect changing legal precedents and advances in medical knowledge.

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 Reporting of Abuse

STANDARD:

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

CURRENT STATUS:

Meets the standard. Reporting of Abuse policy is in place. REMSA participates in the Coroner's Child Death Review Team and the Elder and Domestic Violence Death Review Team.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Interfacility Transfer

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

CURRENT STATUS:
Meets the standard. Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers (IFT).

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
~~Interfacility EMS care and transportation policies require updating.~~

OBJECTIVE:
~~Form a protocol development committee comprised of a broad group of IFT providers and medical facilities to update the IFT policies.~~

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.24 ALS Systems

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Does not meet standard. All but one (1) ALS services in Riverside County have written agreements with REMSA. Riverside County is divided into twelve (12) operational zones. All zones are served by ALS provider agencies. Exclusive operating area agreements are in place for nine (9) of the twelve (12) zones. In the remaining three (3) zones, ALS services are furnished by two (2) provider agencies that historically served those areas. The remaining ALS service provider that requires a written agreement is Cathedral City Fire Department. An agreement has been drafted and sent to the City but no further progress has occurred at this time. No progress has been made in securing written agreements with HEMS providers. All air ambulance providers are included the annual permitting process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

An ALS provider authorization agreement is needed with Cathedral City Fire Department be fully compliant with Title 22, Chapter 4, Article 7, 100167(b)(4). Agreements with HEMS providers are needed.

OBJECTIVE:

Obtain a written ALS agreement with Cathedral City Fire Department and HEMS providers.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.25 On-Line Medical Direction

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

RECOMMENDED GUIDELINES:
Each EMS system should develop a medical control plan 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:
Meets the standard. Seven (7) acute care facilities in Riverside County have been designated as base hospitals. They provide on-line medical control by physicians or certified mobile intensive care nurses. Base hospital agreements are in place.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:
Review and update agreements as needed. Update and formalize a process for selecting and reviewing base hospitals.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Trauma Care System

1.26 Trauma System Plan

STANDARD:

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:

Meets the standard. The Trauma Plan was approved by EMSA in July 13, 2015

COORDINATION WITH OTHER EMS AGENCIES:

Accomplished with input from the Regional (REMSA and ICEMA) Trauma Audit Committee (TAC), the Regional Trauma Program Managers (TPM) Committee and the Regional Trauma Coordinating Committee (RTCC)

NEED(S):

Riverside County's next Trauma Plan update is due July 2016

OBJECTIVE:

To update Riverside County's Trauma Plan for submission to EMSA by July 2016.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based upon 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:

Meets the standard. As a result of an EMSC review in 1995 and in 2008 using California Children's Services (CCS) standards, a determination was made that all receiving facilities and prehospital providers in the county met or exceeded the standards for basic pediatric emergency medical care. Regional facilities have been identified as destinations for critical pediatric patients. Riverside County Regional Medical Center (RCRMC) has provisional CCS approval for their PICU, at which point they will meet all requirements for full designation as a Level II pediatric Trauma Center.

COORDINATION WITH OTHER EMS AGENCIES:

Each Trauma Center has an MOU with Inland Counties Emergency Medical Authority (ICEMA)'s Level I Pediatric Trauma Center.

NEED(S):

~~Review and update all facilities in Riverside County for EMSC standards. Disaster/surge planning is needed for pediatrics~~

OBJECTIVE:

~~Continue to review and evaluate pediatric critical care commensurate with EMSC initiatives and recommendations.~~

~~To participate in the EMS-C Pediatric Readiness survey and in the Urban Area Security Initiative grant for pediatric surge capacity in Riverside County to ultimately designate Pediatric Emergency Departments.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

Exclusive Operating Areas

1.28 EOA Plan

STANDARD:

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:

Meets the standard. Riverside County is divided into twelve (12) operational zones. All zones are served by ALS provider agencies. Exclusive Operating Area (EOA) agreements are in place for ~~ten~~ nine (9~~10~~) of the twelve (12) zones. County ordinances require a competitive bidding process prior to the awarding of any exclusive operating agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Assess the need / public desire for a Mountain Zone Request for Proposal (RFP). The call volume in this zone does not support a fee for service model.

OBJECTIVE:

Continue to monitor all zones to determine any needed changes.
To obtain non-exclusive agreements for Cathedral City and Indio City zones.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.01 Assessment of Needs

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

CURRENT STATUS:
Meets the standard.
Initial training and continuing education programs for prehospital providers are approved, monitored and reviewed regularly. Additional training needs are identified by CQI processes.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
Uniform field performance standards and objective evaluation tools that can be utilized through the CQI process to benchmark core competencies of field providers. State adoption of National Registry (NREMT) standards has established baseline core competencies for initial/entry level EMTs and Paramedics, however no consistent standard currently exists at either the State or Local Emergency Medical Services Agency (LEMSA) level for benchmarking continuing core competencies. This is of critical importance to maintain proficient patient care particularly for paramedic skills defined as low frequency and high risk. Development of standards by which personnel can be objectively and consistently assessed will enable all agencies to ensure optimal patient care and implement focused and cost effective continuing EMS education/training.

OBJECTIVE:
The CQI Technical Advisory Group (TAG) will evaluate, design, develop and implement field performance standards and objective evaluation processes for low frequency/high risk skills to be included into the Countywide CQI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

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:

Meets the standard. REMSA has systems in place to approve and monitor EMS training and prehospital continuing education (CE) programs. EMS training programs are reviewed regularly to ensure compliance with standards. REMSA collects and analyzes data to determine educational needs and compliance with regulations pertaining to program availability.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA coordinates with ICEMA to provide Mobile Intensive Care Nurse (MICN) training and shares governance and curriculum for one of Inland Counties Emergency Medical Agency's (ICEMA) outlying EMS programs.

NEED(S):

More frequent monitoring of actual classrooms and clinical sites to determine effective implementation of the new Educational Guidelines.

OBJECTIVE:

All programs to maintain at least a 60% National Registry pass rate or at least not drop more than 15% points below their current pass rates. To continuously monitor curriculums to ensure they meet the objective

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency
2.03 Personnel

STANDARD:
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:
Meets the standard. Policies and personnel are in place for REMSA to accredit, authorize and certify prehospital emergency medical personnel, according to State regulations. Specific policies are in place requiring that unusual occurrences which could impact EMS personnel certification be reported to REMSA.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA routinely works with other LEMSAs and the EMSA on accreditation and certification issues for purposes of information sharing and to ensure consistency with respect to certification decisions.

NEED(S):
~~All re-certification, re-verification and re-authorization policies must be evaluated and updated based upon changes to the Countywide Quality Improvement Plan (QIP), State regulations, and current local practices.~~ REMSA needs to become more efficient in utilizing technology to support the credentialing program. This includes online credentialing and allowing for real time payments of credentialing fees.

OBJECTIVE:
~~Update all re-certification, re-verification and re-authorization policies based upon changes to the Countywide Quality Improvement Plan (QIP), State regulations, and current local practices.~~ REMSA will have an online credentialing program by July 1, 2014.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

B. STAFFING / TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Not all PSAPs that receive 9-1-1 EMS requests have implemented an EMD program. 92% of the County 9-1-1 EMS requests for service are processed through PSAPs that have implemented a REMSA approved EMD program. This level of service has not been mandated within the County but a goal of Countywide implementation is included in the EMS System Strategic Plan. EMS resource triage and response utilizing Medical Priority Dispatch Protocols (MPDS) has been implemented minimally (omega only) in the City of Riverside only (approximately 15% of total County 9-1-1 EMS call volume). Through the EMD program approval process, medical dispatch personnel are oriented and receive training according to REMSAs EMD policies. Existing REMSA policies for EMD program approval, operations, training and CQI have been developed incorporating EMSA EMD guidelines. (ref. REMSA Policies 1101, 2101 and 7101)

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable with this Standard.

NEED(S):

REMSA will continue to work collaboratively with all organizations that operate PSAPs to ensure that appropriate orientation and emergency medical dispatch training has been provided to all emergency medical dispatch personnel in accordance with EMSA EMD guidelines.

OBJECTIVE:

Expand the Countywide EMD program to 100% of the PSAPs that receive 9-1-1 EMS requests for service and dispatch EMS resources.

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

Meets the standard and Recommended Guideline. All non-transporting EMS first response personnel are required to maintain current first aid and CPR certification. All non-transporting EMS first response units are staffed with a minimum of an EMT with commensurate equipment and training according to REMSA policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Monitor and ensure the training levels for current and new personnel.

OBJECTIVE:

B. STAFFING / TRAINING

First Responders (non-transporting)

2.06 Response

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

RECOMMENDED GUIDELINES:
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:
Does Not Meet Standard. "Public safety agencies" are not defined in the Standard. Currently Fire Departments are the only agencies fitting into a "public safety agency" description that respond as part of the organized EMS system. Industrial first aid teams are not identified or utilized as part of the organized EMS system.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
REMSA needs to further review the definition of public safety agencies and industrial first aid teams within the context of appropriateness and regulatory authority for including those entities in the organized EMS system. Once they have been identified, additional efforts are needed to incorporate public safety agencies and industrial first aid teams into the overall EMS system response mechanism where such coordination does not currently exist.

OBJECTIVE:
1. Build relationships with entities providing first responders that may be operating outside the current sphere of the formal EMS system.
2. Encourage all such entities to request recognition by REMSA and to operate in a manner that is consistent with all local EMS agency policies..
3. Develop and enter into written agreements with such entities as deemed appropriate.
4. Update AED Polices to polices to make public safety AED and public AED more reasonable to obtain and maintain

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

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

CURRENT STATUS:

Meets the standard. All non-transporting EMS first responder organizations recognized by REMSA operate under medical direction policies specified by the Agency Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

~~The Agency will continue to develop and refine the medical direction policies to meet this standard.~~

OBJECTIVE:

~~Continue to maintain the medical direction policies and make these available to all EMS system participants; review and modify on a regular basis.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Transporting Personnel

2.08 EMT Training

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

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

CURRENT STATUS:
Meets Standard. All emergency medical transport vehicles have personnel currently certified at the EMT level. While all emergency medical transport personnel have basic CPR / AED training, most transport provider agencies have not sought AED Provider approval from REMSA.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable with this Standard.

NEED(S):
~~Defibrillation capability on all EMS transport vehicles.~~

OBJECTIVE:
~~Promote defibrillation capability on all EMS transport vehicles by encouraging BLS transport provider agencies to seek approval as AED providers.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Hospital

2.09 CPR Training

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

CURRENT STATUS:
Meets the standard. Current CPR certification is required for all personnel who provide direct emergency patient care.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Hospital

2.10 Advanced Life Support

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

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

CURRENT STATUS:
Meets the standard. All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
Encourage all emergency department physicians to become certified by the American Board of Emergency Medicine.

OBJECTIVE:
Develop written agreements with all receiving facilities to promote standards for training and certification of physicians and nurses.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.11 Accreditation Process

STANDARD:

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:

Meets the standard. ~~By current policy, all~~ Based on a REMSA outline, ALS provider organizations are required to provide orientation to advanced life support personnel regarding system policies and procedures, ~~and~~ roles and responsibilities of providers ~~within the local EMS,~~ and ~~including~~ the ~~Continuous Quality Improvement (~~CQI~~)~~ process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

~~ALS accreditation and re-verification policies must be evaluated and updated based upon changes to the Countywide CQI Plan.~~

OBJECTIVE:

~~Update ALS accreditation and re-verification policies based upon changes to the Countywide CQI Plan~~.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.12 Early Defibrillation

STANDARD:

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

CURRENT STATUS:

Meets the standard

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

B. STAFFING / TRAINING

Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

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:

Meets the standard. Local EMS Agency policies and contracts with base hospitals require base hospital personnel who provide medical direction to prehospital personnel to be knowledgeable in local EMS Agency policies and procedures and radio communications techniques. Base Hospital ED physicians are now required to have orientation and show competency on REMSA policies. MICNs are now required to practice and review hi-risk low-frequency EMS skills.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

~~MICN authorization policy must be evaluated and updated based upon changes to the Countywide Quality Improvement Plan (QIP).~~

OBJECTIVE:

~~Update the MICN authorization policy based upon changes to the Countywide Quality Improvement Plan (QIP).~~

TIME FRAME FOR MEETING OBJECTIVE:

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

Communications Equipment

3.01 Communications Plan

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and the Recommended Guidelines. In 2008 REMSA updated its communication policies to require all entities listed in the standard to have communications capabilities among themselves. The purpose of these policies is to define standard radio frequencies for ALS providers and guidelines to be observed by prehospital and hospital personnel operating in Riverside County during normal and multi-casualty and disaster operations. The standard includes requirements for provider communications centers for dispatch, support and tactical (car-to-car) operations. A universal Countywide radio frequency annex was also implemented. REMSA policy 2201 with its associated frequency annex constitutes the County EMS Communications plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

The current infrastructure has components that are over 30 years old. REMSA is meeting with the Countywide communications group in order to accomplish current and future EMS communications needs. Current reviews have shown that the EMS communications infrastructure is inadequate to support EMS management requirements during disaster operations. The following needs have been identified:

1. A single point of contact for field providers to receive patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Communications infrastructure and a staffing within a centralized venue to support the single point of contact model.
3. An operational area EMS/ambulance dispatch center.
4. An EMS Communications Plan for coordinated Countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies as not rely on cell phones.

OBJECTIVE:

Through the Countywide Communications group we will assess, design, develop and implement improved radio communications infrastructure and a Countywide EMS communications plan.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

Communications Equipment

3.02 Radios

STANDARD:

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

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment 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:

Meets the standard. REMSA requires that all of the entities listed in the standard have two-way radio equipment that comply with the communications policy/plan and provide for off-the-hip and vehicle to vehicle communication.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To upgrade all radio communications infrastructure to meet growing coverage and traffic needs.

OBJECTIVE:

To assess, design, develop and implement an improved radio communications infrastructure and a Countywide EMS communications plan through the Countywide Communications group.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less)	[X] Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.03 Interfacility Transfer

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

CURRENT STATUS:
Meets the standard. REMSA requires that all ALS emergency medical transport vehicles and BLS ambulances have two-way communications capabilities with all sending and receiving facilities.

COORDINATION WITH OTHER EMS AGENCIES:
See below.

NEED(S):
REMSA needs to enhance communications for interfacility transfers

OBJECTIVE:
To cooperate with other LEMSAs in order to design and develop a single source of contact for arranging interfacility transfers such as they do in Los Angeles County with their Medical Alert Center (MAC).

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

Communications Equipment

3.04 Dispatch Center

STANDARD:

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:

Meets standard. REMSA has implemented a communication policy/plan that standardizes the criteria for frequency use and provider requirements for radio interoperability. This policy/plan provides the capability for any EMS unit in the field to be able to communicate on the same Countywide disaster communications system or talk to any communications center or incident command post in the County, however command and control of EMS system resources does not occur under a single dispatch center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To upgrade all radio communications infrastructure to meet growing coverage and traffic needs. Air medical providers currently do not have sufficient communications capability with a designated in-County communications center or receiving Hospitals.

OBJECTIVE:

To assess, design, develop and implement an improved radio communications infrastructure and a Countywide EMS communications plan through the Countywide Communications group.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less)

[X] Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.05 Hospitals

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

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

CURRENT STATUS:
Meets the Standard and the Recommended Guidelines. All Riverside County hospitals are on the ReddiNet system which allows for them to have real-time communications with each other in the event of a disaster or to ascertain services from another hospital.
800 MHz radios have been installed in all acute care hospitals. ReddiNet will be upgraded in 2011 to include satellite and internet redundancies.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
1. Training is needed for users of the 800 MHz radio system.
2.

OBJECTIVE:
To improve efficiency of using the 800 MHz radio and ReddiNet systems through the use of focused exercises and drills.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.06 MCI / Disasters

STANDARD:

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:

Meets the standard. REMSA reviews its communication capabilities on a regular basis through county wide disaster drills and review of communications policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

A current review indicates that the EMS communications infrastructure is inadequate to support EMS command and control requirements during disaster operations. The following needs have been identified:

1. A single point of contact for field providers to receive patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Communications infrastructure and a staffing within a centralized venue to support the single point of contact model.
3. An operational area EMS/ambulance dispatch center.
4. An EMS Communications Plan for coordinated Countywide command and control of EMS assets during mass casualty events.

OBJECTIVE:

1. Establish a task force to consider all communications issues relating to non 9-1-1 BLS ambulances within our system.
2. REMSA shall consider the recommendations of the task force in making determinations about necessary updates to our County's Ambulance Ordinance and communications policies.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

Public Access

3.07 9-1-1 Planning / Coordination

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard. Enhanced 9-1-1 system is already in place in Riverside County. REMSA participates in the Riverside County Public Safety Communications Workgroup that is currently completing the transition of all cellular phone 9-1-1 calls from CHP to the County Communications Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less)

☐ Long-range plan (more than one year)

Public Access

3.08 9-1-1 Public Education

STANDARD:

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

CURRENT STATUS:

Meets the standard: REMSA is not directly involved in 9-1-1 public education. However, other offices within Riverside County Public Health Department (REMSA's parent agency) provide age-and language-appropriate education. Additionally, REMSA has developed and implemented public education requirements that have been included in the County ambulance agreement for the appropriate use of 9-1-1.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

REMSA recognizes that the public misuse of the 9-1-1 system for EMS is a growing problem in Riverside County. Efforts must be made to continue with programs that educate the public on the proper use of 9-1-1. Additionally, the use of EMD by PSAPs would help to alleviate this problem.

OBJECTIVE:

To ascertain the effectiveness and feasibility of 9-1-1 public educational programs.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less)

[X] Long-range plan (more than one year)

Resource Management

3.09 Dispatch Triage

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard. All EMS dispatch centers adhere to REMSA guidelines for EMS response. Currently there is no mandate for organizations to be EMD provider agencies and utilize priority resource triage or modified resource response. This is a very expensive undertaking of which may providers have no funding to implement. Organizations requesting approval of their EMD program must submit a request to REMSA which must include a complete set of protocols to be utilized, program performance objectives, and other program and quality assurance information. Our BLS Utilization Guidelines assist BLS ambulance providers to determine appropriate level of medical response. In 2008 the City of Riverside, the largest City in the County, implemented an EMD program. In August 2012 Riverside County Fire Department implemented their EMD program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To establish EMD as the standard for all PSAPs and EMS/Ambulance dispatch centers. Mass casualty dispatch triage protocols need to be developed for implementation during disaster events.

OBJECTIVE:

1. To establish a Countywide plan to include all PSAPs and EMS/Ambulance dispatch centers to be EMD approved.
2. Develop and implement dispatch triage protocols for disaster response.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

Resource Management

3.10 Integrated Dispatch

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guideline. REMSA's communication standard policy establishes a system-wide integrated dispatch for all EMS providers and is integrated with countywide emergency services using standardized communication frequencies. Contracts with major ALS providers address adequate coverage during periods of peak demand in all areas of the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

REMSA needs to further examine the communications needs for non 9-1-1 BLS ambulances and interoperability between EMS provider agencies.

OBJECTIVE:

Assess, design, develop and implement an improved radio communications infrastructure and a Countywide EMS communications plan through the services of a communications consultant.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. Riverside County is divided into twelve (12) operational zones. All zones are served by ALS provider agencies. Exclusive operating area agreements are in place for nine (9) of the twelve (12) zones. In the remaining three (3) zones, ALS services are furnished by provider agencies that historically served those areas. The boundaries of emergency medical transportation service areas were established by the Riverside County Board of Supervisors in coordination with the Western Riverside Council of Governments and the Coachella Valley Association of Governments.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.02 Monitoring

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. REMSA's policies and licensing measures provide for retrospective, concurrent, and prospective quality assurance to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

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:

Meets the standard. Our BLS Utilization Guidelines assists BLS ambulance providers to determine appropriate level of transport. Policies are in place providing EMS responders with appropriate response and transport criteria. Such policies include, but are not limited to: EMD Provider Agency Guidelines, Cancellation/Reduction of Ambulance Equipment at Scene, and Determination of Death criteria. General BLS Treatment Guidelines provide direction to BLS providers for requesting ALS response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.04 Prescheduled Responses

STANDARD:
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 EMS agency policy.

CURRENT STATUS:
Meets the standard. Pre-scheduled ambulance transports can only be done by permitted providers and vehicles.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.05 Response Time Standards

STANDARD:

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 GUIDELINES:

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:

Does not meet the standard. REMSA has adopted a standard of ALS Ambulance response within 9 minutes and 59 seconds for at least 90% of 9-1-1 responses. Current written agreements require that contracted ALS Ambulance providers arrive at the scene within 9 minutes and 59 seconds for at least 90% of 9-1-1 responses. No such agreements are currently in place with respect to BLS first response or for other non-contracted ALS Ambulance providers. Countywide response time criteria has not been established for first responder services.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Agreements need to be developed to establish response time criteria for all EMS providers. Metrics need to be developed to track the time interval from receipt of call at the primary PSAP to receipt by the agency dispatch center that can complete the response. With this being said, REMSA recognizes that tracking response times can be used as an insufficient substitute for measuring EMS performance. EMS performance measurements based on clinical outcomes and Continuous Quality Improvement (CQI) indicators are superior for evaluating EMS performance.

OBJECTIVE:

1. Identify appropriate response time standards for Riverside County.
2. Develop and enact written agreements that ensure compliance with the adopted response time standards.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less)

[X] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

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:

Meets the standard. Policies, procedures, contracts, and county ordinance establish staffing and equipment requirements. All emergency medical transports vehicles currently meet state and local regulations for staffing and equipment.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:
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:
Meets the standard. All fire department first responders are integrated into the EMS System. A First Responder AED policy is in place. Industrial first aid teams are integrated though our disaster preparedness programs.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
REMSA needs to continue to increase its efforts in incorporating Public Safety agencies and industrial first aid teams into the overall EMS system response mechanism where such coordination does not currently exist.

OBJECTIVE:
1. Build relationships with entities providing first responders that have been determined to be operating outside the current sphere of the formal EMS system.
2. Encourage all such entities to operate in a manner that is consistent with all local EMS agency policies.
3. Develop and enter into written agreements with such entities as deemed appropriate.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

STANDARD:

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:

Meets the standard. Current policies make provisions for the authorization of aircraft operations, including requesting of EMS aircraft, dispatching of EMS aircraft and patient destination. Air Ambulances operating in Riverside County are permitted by REMSA, so they have familiarity with the local EMS system standards.

All EMS providers are required to report unusual occurrences, and REMSA collects all PCRs relating to patients transported by air.

Air utilization CQI review and policy level guidance has been placed under the auspices of the Trauma Audit Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES:

TAC is a Regional committee that includes the Inland Counties EMS Agency (ICEMA).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Universal Level

4.09 Air Dispatch Center

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

CURRENT STATUS:
Meets the standard. Current policy mandates that all EMS aircraft requests shall be made through Riverside County Fire Department's Emergency Command Center.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The permit process will assure that providers are utilizing the National Transportation Safety Board (NTSB) recommended formalized dispatch and flight following procedures.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

Universal Level

4.10 Aircraft Availability

STANDARD:

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:

Does not meet the standard. Current policies require aeromedical services operating within the EMS area to notify REMSA when there is an interruption in their availability. Agreements are in development with out-of-state providers. No progress has been made on establishing written agreements with aeromedical providers. All HEMS providers are subject to the annual permitting process with 100% compliance achieved.

COORDINATION WITH OTHER EMS AGENCIES:

Out of state and regional EMS organizations

NEED(S):

To formulate contracts with all air providers.

OBJECTIVE:

All permitted air providers will be required to have a contract with REMSA.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less)

[X] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.11 Specialty Vehicles

STANDARD:
Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and other transportation vehicles.

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

CURRENT STATUS:
Meets the standard. REMSA is made aware of specialized vehicles for EMS response through our association with our providers. We do not currently maintain a formal inventory of this equipment. Such equipment is available throughout the EMS system via mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:
Establish and maintain a formal inventory of this equipment.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.12 Disaster Response

STANDARD:
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:
Meets the standard. All permitted ambulance provider organizations must agree to respond during disaster situations. The multi-hazard, functional Emergency Operation Plan (EOP), maintained by the County's Office of Emergency Services, addresses and plans for sufficient capacity of resources in the event of disaster situations.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
To develop a more prescriptive disaster medical response plan inclusive of a Multiple Patient Management / MCI Plan.

OBJECTIVE:
To write an all hazards disaster medical health response plan inclusive of patient distribution protocols as a function of the Multiple Patient Management Plan /MCI Plan that aligns with the California Disaster Medical Operations Manual.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.13 Inter-county Response

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

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

CURRENT STATUS:
Meets the standard. ~~REMSA is working with State of Arizona on trauma data that will enhance the working relationship for development of MOU's.~~ Riverside County EMS resources and adjacent county resources will respond into each others' jurisdiction as the closest EMS resource under the auspices of a medical mutual aid. There are no agreements between LEMSAs for inter-county responses.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA needs to coordinate with surrounding LEMSAs to review and update written agreements as deemed necessary.

NEED(S):
To ensure updated written agreements for all jurisdictions contiguous to Riverside County.

OBJECTIVE:
REMSA will coordinate with surrounding LEMSAs and the State of Arizona to review and update written agreements as deemed necessary.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:
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 (ICS).

CURRENT STATUS:
Meets the standard. Currently this standard is met by a singular policy that establishes a flexible medical management and documentation strategy for multi-casualty incidents to improve medical management and decrease scene time. REMSA policy is incorporated into the County's overall disaster plans. ICS is included in all levels of operational planning.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs.

OBJECTIVE:
Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.15 MCI Plans

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

CURRENT STATUS:
Meets the standard. The multi-casualty policy was developed through a multi-disciplinary Task Force. The policy follows applicable state standards and guidelines.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical~~ Emergency Operations Manual (E~~CDM~~OM), is needed to address system wide MCIs.

OBJECTIVE:
Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.16 ALS Staffing

STANDARD:

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 level.

RECOMMENDED GUIDELINES:

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

Meets the standard. Minimum staffing for an ALS ambulance is one certified EMT and one Riverside County accredited paramedic.

REMSA has made the determination that this staffing configuration meets the needs of our local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.17 ALS Equipment

STANDARD:

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

CURRENT STATUS:

Meets the standard. Current Local EMS Agency policies ensure that all emergency ALS ambulances are appropriately equipped for the ALS scope of practice.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

D. RESPONSE AND TRANSPORTATION

Ambulance Regulation

4.18 Compliance

STANDARD:

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:

Meets the standard. County Ordinance and written agreements ensure compliance by EMS transportation agencies. Policies and procedures govern other elements of clinical care and system operations. In 2008 the EMS Agency added a compliance officer position to the staff. The compliance officer works with the ambulance permit officer to ensure provider agency compliance with policies. In 2010 the County of Riverside contracted with Sansio for the use of HealthEMS, the vendor's electronic patient care report (ePCR) software which is National Emergency Medical Services Information System (NEMSIS) and California Emergency Medical Services Information System (CEMSIS) compliant. HealthEMS data will be used for system-wide enhancements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To establish metrics in order to measure compliance criteria.

OBJECTIVE:

1. To develop system performance standards and benchmarks.
2. To develop a standardized set of metrics for measuring compliance.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

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:

Meets the standard. Pursuant to the statute, exclusive operating areas have been awarded to certain EMS provider organizations. Through contracts, permits and the County Ambulance Ordinance, the above standards for transportation services are met.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

REMSA received a letter for the State EMS Authority (EMSA) stating they could not approve of the Transportation Plan until their concerns have been addressed.

OBJECTIVE:

The Transportation Plan has been modified to address EMSA's concerns.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

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 ("grand fathering") under Section 1797.224, H&SC.

CURRENT STATUS:

Meets the standard. ~~Eleven~~ Nine of the 12 ambulance operating areas have been awarded under the grandfathering clause of Section 1797.224 of the H&SC.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

REMSA received a letter for the State EMS Authority (EMSA) stating they could not approve of the Transportation Plan until their concerns have been addressed.

OBJECTIVE:

The Transportation Plan has been modified to address EMSA's concerns indicating that Cathedral City, Indio and Mountain Plateau zones are not eligible to be grandfathered pursuant to H&SC Section 1797.224. Further explanation was provided to show why the Pass Zone should be considered grandfathered.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.21 Compliance

STANDARD:

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:

Meets the standard. By County Ordinance and written agreements, all EMS transportation and/or ALS agencies with exclusive operating permits must comply with applicable policies and procedures regarding system operations and patient care. In 2008 the EMS Agency added a compliance officer position to the staff. The compliance officer works with the ambulance permit officer to ensure provider agency compliance with policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To establish metrics in order to measure compliance criteria.

OBJECTIVE:

1. To develop system performance standards and benchmarks.
2. To develop a standardized set of metrics for measuring compliance.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.22 Evaluation

STANDARD:

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

CURRENT STATUS:

Meets the standard. Through review of mandated performance reports, REMSA continually evaluates the design of exclusive operating areas and the performance of each area's permit holder. Modifications to the exclusive operating areas have been made on a periodic basis as a result of this review. Riverside County's EMS system is currently going through a comprehensive evaluation. Recommendations will be submitted to the Riverside County Board of Supervisors by March 2014.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

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

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

CURRENT STATUS:
Meets the Standard: REMSA regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities as well as patient capacity. REMSA maintains ongoing communications with all acute care facilities through various means, including direct polling and reports through advisory committees.

REMSA maintains written agreements with all Base Hospitals and Trauma Centers in the county. There are no current written agreements with the remaining acute care receiving facilities. However, on April 1, 2013 REMSA implemented its Prehospital Receiving Centers (PRC) policy. REMSA has successfully implemented written agreements with 14 of 17 acute care hospitals.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
To have written agreements with the remaining 3 acute care facilities in the county.

OBJECTIVE:
To develop, negotiate and enter into agreements with the remaining acute care facilities.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.02 Triage & Transfer Protocols

STANDARD:

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

CURRENT STATUS:

Meets the standard. Prehospital triage protocols are established by policy. REMSA maintains an inventory of specialty care facilities to assist hospitals in making determinations about patient transfer destinations. Trauma Centers have agreements in place for transfer of care to higher levels of capability. Patients identified as having STEMIs in the field are routed to STEMI Receiving Centers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Universal Level

5.03 Transfer Guidelines

STANDARD:

The local EMS agency, with the 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:

Meets the standard. REMSA maintains an inventory of specialty care facilities to assist hospitals in making determinations about patient transfer destinations. REMSA assisted Trauma Centers in developing agreements for transfer of care to higher levels of capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

Universal Level

5.04 Specialty Care Facilities

STANDARD:

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

CURRENT STATUS:

Meets the standard. Riverside County EMS Policy includes an inventory of all receiving and specialty care facilities currently recognized by REMSA. REMSA policy has designated all 17 acute care hospitals as prehospital receiving centers (PRC), four (4) of those hospitals are level II Trauma Centers, one (1) is a level II Pediatric Trauma Center, six (6) are designated STEMI centers. All hospitals are monitored through periodic on-site audits, retrospective data collection, incident reporting and communication between the hospitals, EMS providers and REMSA's 24/7 duty officer program. REMSA is currently working on establishing a Stroke Receiving Center program in Riverside County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To establish a Stroke Receiving Center program in Riverside County.

OBJECTIVE:

To establish a Stroke Receiving Center program in Riverside County.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less)

[ ] Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.05 Mass Casualty Management

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. Regularly scheduled drills test readiness for the management of mass casualties, communications and patient flow. REMSA monitors the ReddiNet System on a daily basis to facilitate hospital communications and to monitor diversion status. Through the PHEPR Branch, the Hospital Emergency Incident Command System training is provided. Personal protective equipment and training is supplied to hospitals. Decontamination training is included.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs.

OBJECTIVE:
Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.06 Hospital Evacuation

STANDARD:

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

CURRENT STATUS:

Meets the standard. Individual hospitals have their own disaster and multi-casualty plans and periodically conduct drills to assess their plan(s). Existing diversion criteria is in place for potentially affected hospitals. PHEPR maintains a liaison with the Riverside County Office of Emergency Services in reviewing and updating the multi-hazard functional Emergency Response Plan. This plan includes consideration and planning for hospital evacuations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Advanced Life Support

5.07 Base Hospital Designation

STANDARD:

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:

Meets the standard. REMSA has designated base hospitals and alternative base stations throughout the county, using an application process that is non-exclusionary. REMSA monitors the EMS system to determine if ample medical direction of prehospital personnel exists.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.08 Trauma Care System Design

STANDARD:

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;
e) and a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Meets the standard. The Riverside County Trauma Plan addresses all of the listed elements. REMSA is working with Inland Valley Medical Center for them to become a Level II Trauma Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S): Currently the southwestern part of Riverside County does not have a Level II trauma center.

OBJECTIVE: To designate a Level II trauma center in southwestern part of Riverside County by 2013~~2~~.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.09 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the standard. A ~~public~~ written comment period was provided before finalization of the county's Trauma Plan. The Trauma Audit Committee provides quality assurance and feedback from providers on an ongoing basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.10 Pediatric Design

STANDARD:

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 critical 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 critical care hospitals including those which are outside of the primary triage area;
g) and a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Meets the standard.

a) Providers have been surveyed and the number and role of system participants have been determined.
b) No catchment areas have been designed for pediatric patients.
c) Pediatric trauma patients are triaged and/or secondarily transferred to a pediatric trauma center.
d) Standards are in place for ensuring adequate staffing and equipment for care and transfer of pediatric trauma patients.
e) Tertiary care centers have been established for pediatric trauma patients.
f) Lacking designation of any such facilities, all receiving hospitals treat and transfer critical pediatric patients as indicated by clinical presentation.
g) Pediatric Trauma care is monitored and evaluated by the Trauma Audit Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Our Trauma Audit Committee (TAC) is comprised of representatives from ICEMA and Loma Linda University Medical Center.

NEED(S):

Assess the system to develop additional pediatric emergency medical and critical care systems plans as necessary.

OBJECTIVE:

1. Develop methods to evaluate the need for non-traumatic pediatric critical care systems
2. Establish tertiary care centers as needed for other emergency medical and critical care pediatric patients.
3. Establish catchment areas as needed for such patients.
4. Establish triage and transport criteria as needed such patients.
5. Develop methods to evaluate and monitor any additional pediatric critical care systems established.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.11 Emergency Departments

STANDARD:

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 GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. REMSA participates in the bi-annual EMSC NEDARC survey for EMSC. REMSA encourages hospital participation in the Pediatric Readiness Survey and in the development of EMSC regulations. REMSA is the lead agency for the Dept of Public Health's UASI grant to assess pediatric surge capacity in Riverside and San Bernardino Counties.

COORDINATION WITH OTHER EMS AGENCIES:

REMSA coordinates with ICEMA in the UASI grant.

NEED(S):

REMSA needs to perform a periodic review of the pediatric care capabilities of receiving facilities.

OBJECTIVE:

REMSA ~~will Designate Emergency Departments by the level and load of patients per the EMSC regulations~~ will develop contractual language to require PRCs to resuscitate and admit of transfer patients for higher level of care.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.12 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. ~~Public~~ written comment periods are provided before substantial modifications are made to the county's EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.13 Specialty System Design

STANDARD:

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;
e) A plan for monitoring and evaluation of the system.

CURRENT STATUS:

Meets the standard. Specialty care plans have been developed for trauma, burn and STEMI patients. REMSA is ~~currently exploring the possibility of~~ working on establishing a Stroke Receiving Centers program.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with ICEMA for pediatric trauma transports to Loma Linda University Medical Center and to Arrowhead Regional Medical Center for burns patients. San Antonio Community Hospital and Loma Linda University Medical Center in San Bernardino County are recognized as Riverside County STEMI Receiving Centers. Palomar Medical Center is recognized in San Diego County is recognized as a Riverside County STEMI Receiving Center.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.14 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. ~~Public~~ written comment periods are provided before substantial modifications are made to the county's EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.01 QA/QI Program

STANDARD:

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 QI/QA programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. An entire section of REMSA policy and procedures manual is dedicated to the county's EMS CQI program. The program addresses the entire EMS system and includes all of its participants. The program evaluates incident specific data as well as aggregate system data REMSA coordinated with EMS system participants to develop the EMS QI plan which in compliance with the October 2004 EMSA regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

All EMS providers to have REMSA approved CQI plans

OBJECTIVE:

1. To assist all EMS system participants in Riverside County in developing EMS CQI plans which are compliant with the October 2004 EMSA regulations.
2. REMSA will continue to spearhead the Technical Advisory Group (TAG) which represents all EMS system participants to assess and promote necessary updates in the CQI plans.
3. REMSA will utilize the data derived from approved CQI plans for system improvements.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

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

CURRENT STATUS:

Meets the standard. Per REMSA policy, Patient Care Records are completed on all patient responses and are maintained by the EMS provider organizations. They are made available to REMSA as needed. The goal is to have all patient care records electronically submitted and immediately accessible by REMSA staff by July 1, 2015~~3~~.

Policy 7701: "All Advanced Life Support (ALS) first response and ground transport programs will transition to the REMSA contact ePCR system by July 1, 2015."

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

~~Development of an improved patient care report and documentation policy.~~To fully implement Policy 7701, as found in the 2013 Policy Manual.

OBJECTIVE:

1. Countywide electronic data collection system should be fully implemented by all paramedic providers in Riverside County by ~~December~~ of July 1, 2015~~3~~.
2. ~~An improved REMSA policy for PCR documentation consistent with the Countywide QIP will be implemented in 2012.~~

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard. Base Hospitals are required by county policy and written agreement to provide review and evaluation of system response and clinical performance through prehospital care audits. Through our CQI efforts, REMSA regularly reviews system response and clinical data, and takes appropriate action as necessary. The county's EMS data system is nearing its next stage of development with the goal of linking all but the hospital data by July 1, 2015 ~~the end of 2013~~. The county's Trauma Registry includes all of the listed elements, including hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To fully implement Policy 7701 (2013 REMSA Protocol, Policy and Procedure Manual). ~~complete the current stage of development to the county's EMS data system~~. To foster further development of the county's EMS data system to include the ability to link prehospital records with emergency department, in-patient and discharge records.

OBJECTIVE:

1. Finalize acquisition of necessary hardware and software to upgrade prehospital providers.
2. Continue to ~~A~~assess the status and capabilities~~y~~ of the prehospital data ~~registry~~ collection system.
3. Fully implement Policy 7701, as found in the 2013 Policy Manual, by July 1, 2015.
4. ~~3~~. Expand the ~~registry~~ data collection system to link prehospital records with emergency department, in-patient and discharge records.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.04 Medical Dispatch

STANDARD:

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:

Meets the standard. Currently, Emergency Medical Dispatch (EMD) is not mandated in the County of Riverside. However, through existing EMD policies, REMSA has the mechanism to obtain medical dispatching activities and appropriateness of pre-arrival and post dispatch directions for CQI purposes from agencies that choose to participate as EMD provider agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To establish a timeline for Countywide adoption of EMD by all EMS PSAPs and EDCs.

OBJECTIVE:

To establish a timeline for Countywide adoption of EMD by all EMS PSAPs and EDCs

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.05 Data Management System

STANDARD:

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 (when they are available).

RECOMMENDED GUIDELINES:

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:

Meets the standard. Using the California Emergency Medical Services Information System (CEMSIS) Data set as a core, REMSA has implemented a county-wide CEMSIS DATA system for reporting prehospital data. Trauma Registry is utilized for capturing hospital data. STEMI data has been collected from STEMI Receiving Centers since 2008.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To fully implement Policy 7701 (2013 REMSA Protocol, Policy and Procedure Manual)~~complete the current stage of development to the county's EMS data system~~. To foster further development of the county's EMS data system to include the ability to link prehospital records with emergency department, in-patient and discharge records.

OBJECTIVE:

1. Finalize acquisition of necessary hardware and software to upgrade prehospital providers.
2. Continue to assess the status and capabilities of the data collection system and patient registries.
3. Fully implement Policy 7701, as found in the 2012 Policy Manual, by July 1, 2015.
~~2~~4. Expand the data collection system ~~Assess the status and ability of the prehospital data registry.~~
~~3. Expand the registry~~ to link prehospital records with emergency department, in-patient and discharge records.

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

STANDARD:

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:

Meets the standard.

System design is evaluated by review of response times, patient outcomes and other operational performance standards. Riverside County's EMS system is currently going through a comprehensive evaluation. Recommendations will be submitted to the Riverside County Board of Supervisors by March 2014.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

Re-evaluate Riverside County EMS system for future design.

OBJECTIVE:

Hire a consulting firm to perform a complete EMS system design and operations evaluation.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD:

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

CURRENT STATUS:

Meets the standard. Written agreements, the County's Ambulance Ordinance and CQI policies require provider participation. Additionally, County EMS policies require all system participants to provide data and, REMSA is providing financial assistance, software licensing and / or technical direction to all EMS providers for the purposes of ensuring their participation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.08 Reporting

STANDARD:

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:

Meet the standard. REMSA provides reports on a quarterly basis to the Board of Supervisors through the Emergency Medical Care Committee that includes a standing report on the EMS system. Existing advisory committees are utilized to share information to provider agencies and solicit their input.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

F. DATA COLLECTION SYSTEM EVALUATION

Advanced Life Support

6.09 ALS Audit

STANDARD:

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 GUIDELINES:

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

CURRENT STATUS:

Meets the standard. Current QA/QI processes are in place to evaluate base hospital and prehospital activities. Available data currently includes transport agency dispatch and prehospital elements. Emergency Department and in-hospital data are available upon request.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

1. Continue to work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital registry.
2. Establish timelines for the inclusion of ALS First Responder data submission

OBJECTIVE:

1. To develop linkage to acute care facilities.
2. To continue to enter into agreements with hospitals for data sharing.
3. Establish timelines for the inclusion of ALS First Responder data submission

TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-range plan (one year or less) ☒ Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

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;
c) and a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

Meets the standard. In 2012, REMSA implemented a new CEMSIS and NTDB compliant trauma patient registry. ~~REMSA's current trauma registry does not conform to the CEMSIS requirement.~~

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Update County registry with regional elements.

OBJECTIVE:

~~Update the trauma registry with one that is CEMSIS compliant through a Request for Proposal (RFP) process.~~

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.11 Trauma Center Data

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

CURRENT STATUS:
Meets the standard. Designated Trauma Centers are required to submit data to the county's Trauma Registry. The County's Trauma Audit Committee uses this data for CQI and system evaluation. TAC also reviews trauma cases where care originates at non-trauma centers for purposes of evaluating triage decisions and transfers to higher levels of care. Non trauma centers are required to complete a minimum data set and submit to REMSA.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):
REMSA needs to continue the enforcement of data submission by non-trauma centers.

OBJECTIVE:
Incorporate the requirement for submission of trauma data into written agreements with receiving facilities.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

The local EMS agency shall promote the development and dissemination of informational 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;
f) and appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. The primary contractor for ALS ambulance service in the county is required by contract to perform monthly activities related to public information, education and awareness. The Department of Public Health's Injury Prevention program is responsible for increasing the public's awareness of causes and methods to prevent trauma.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.02 Injury Control

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. The Department of Public Health's Injury Prevention Program is the lead agency for promoting public awareness related to car seats, bicycle safety, helmet use, home safety, drowning prevention, and other safety hazards. Each trauma center, as part of their designation, is required to offer injury prevention programs.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. REMSA and PHEPR staff are routinely involved in disaster preparedness education activities in the community by participating in health fairs, requests to speak at engagements, an active website with informational brochures available for downloading by the public and through requests from the Health Education Branch within the Department of Public Health or by the Office of Emergency Services (OES). Additionally, REMSA and PHEPR staff regularly participates in multiple monthly community based disaster preparedness meetings.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA and the PHEPR routinely coordinates with multiple public safety agencies including fire departments, law enforcement agencies, and first responder/ EMS providers for training, education dissemination and preparedness activities.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The Riverside County Department of Public Health, Health Education Branch supports and offers ~~community PAD/~~CPR courses. Additionally, ~~the American Red Cross and the American Heart Association offer community based CPR programs on a regular basis supported by REMSA and PHEPR.~~ REMSA supports and participates in the Sidewalk CPR program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning

STANDARD:

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:

REMSA and PHEPR participate in multiple meetings that have multi-agency and multi-disciplinary representation. In addition, planning efforts are presented at multiple committees, including the PHEPR Steering Committee; the Operational Area Planning Committee (OAPC); Terrorism Early Warning Group (TEWG); Riverside County Committee on Terrorism (RCCOT); Terrorism Oversight Committee (TOC); Western Regional Emergency Council (WREC); Coachella Communications Committee; Prehospital Medical Advisory Committee (PMAC); and the Emergency Medical Care Committee (EMCC). These committees continue to meet regularly and are committed to the ongoing development of overall Operational Area preparedness, response, and training for Weapons of Mass Destruction/ Hazardous Material incidents, natural disasters, or mass casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs.

NEED(S):

The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the ~~California Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs.

OBJECTIVE:

Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.02 Response Plans

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. Riverside County has a well-developed multi-hazard functional Emergency Operations Plan (EOP) and that is maintained by the County's Office of Emergency Services (OES). The EOP provides for the coordination of all County departments, volunteer organizations, individuals and other political jurisdictions within Riverside County in the performance of emergency tasks.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs.

NEED(S):

The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs.

OBJECTIVE:

Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.03 Haz Mat Training

STANDARD:

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:

Meets the standard. Riverside County Fire Department has a FIRESCOPE Type 1 Hazardous Materials Team. Cathedral City Fire Department, Corona City Fire Department and Riverside City Fire Department have Hazardous Materials Level-A Teams. Hemet City Fire Department has a Level-B team. Riverside County Department of Environmental Health (DEH) also responds to all Hazardous Material incidents with the County Fire Department. DEH is the regulatory agency for business and household hazardous material waste management, environmental safety. DEH ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary ALS ambulance provider in Riverside County. AMR has personnel trained in WMD/Haz Mat Operations and participate in training offered throughout the County on a regular basis. All AMR personnel are trained to Department of Transportation standards for first responders' awareness level~~. EMS providers throughout the county are being provided with Escape Hoods. The EMS Policy and Procedures Manual has been updated to reflect the use of this equipment.~~

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

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

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

CURRENT STATUS:
Meets the standard. All agencies involved in terrorism and disaster preparedness follow the Standardized Emergency Management System (SEMS) during a WMD incident, natural disaster or mass casualty incident. The Incident Management System (IMS) is well developed and practiced within Riverside County. An IMS provides a common language for agencies and lends focus and direction during an incident. The Incident Command System (ICS) is used at the field level, the Hospital Emergency Incident Command System (HEICS) is used within the hospitals, and SEMS is utilized at the Operational Area level. Within the Emergency Operations Center (EOC) unified command is utilized, with participating command staff being determined by the nature of the incident. Use of an IMS creates integration with both the County and State Emergency Operations Plans. The use of these standardized systems across response entities ensures that all responder agencies are able to communicate effectively and that response plans are written with these standard systems as a base.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):
The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs.

OBJECTIVE:
Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard. ReddiNet allows communication between REMSA, the local EMS providers and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. Local base stations will initiate an MCI on the ReddiNet and will coordinate the distribution of casualties to the closest most appropriate facility. If the local base station becomes overwhelmed, REMSA or PHEPR Branch is available to assist with coordination activities.

COORDINATION WITH OTHER EMS AGENCIES:

The PHEPR Branch and ReddiNet offer training on a regular basis to all local hospitals, fire departments, and AMR personnel to ensure staff is familiar with ReddiNet usage.

NEED(S):

1. To identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.
2. The current MCI policy has been updated to be consistent with FIRESCOPE. However, a Countywide multiple patient management / MCIs plan, that is consistent with the California ~~Disaster Medical Operations Manual (CDMOM)~~ EOM, is needed to address system wide MCIs

OBJECTIVE:

1. To establish a patient distribution plan supported by an operational area distribution center (OARDC) that coordinates the movement of patients during MCIs. This OATDC will be based upon the Los Angeles County Medical Alert Center (MAC) model.
2. Develop and implement a multiple patient management / MCI plan.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The local base station hospital will initiate an MCI program on the ReddiNet System and will coordinate the distribution of casualties to the closest most appropriate medical facility. If the local base station becomes overwhelmed, REMSA or PHEPR Branch is available to assist with coordination activities.

The HRSA Hospital Bioterrorism Preparedness Program provides states with funding via cooperative agreements for hospital and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. To ensure that all preparedness activities are coordinated and integrated at the state and local levels, the CDC and HRSA cooperative agreements have several cross-cutting activities. To date, equipment purchased through this funding stream has been relatively standardized among response entities. Given that DOPH is the lead in medical disaster planning, equipment for the medical, public health and EMS communities has been standardized and is interoperable across the CDC, HRSA, DHS and MMRS programs.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications

STANDARD:

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

CURRENT STATUS:

Meets the standard. Riverside County has several alert and notification systems in place, including Rapid Emergency Digital Data Information Network (ReddiNet), a collaborative system with Riverside County Medical Association (RCMA), and the California Health Alert Network (CAHAN). Each of the sixteen hospitals, fire dispatch centers, and AMR are all linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on a microwave frequency and/or via the Internet. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system is designed to broadcast key health, medical, disaster, or terrorism related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability, and is based on the "find me, follow me" technology. Users are able to set their own profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative on-line environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Sixty-one 800 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between DOPH, EMS, fire departments, law enforcement and hospitals. Of the sixty-one 800 MHz radios purchased, 25 are portable radios and 36 are fixed-base radios. Nineteen portable radios will be issued to DOPH and 6 will be issued to American Medical Response. Each of the 16 hospitals within the County will receive 2 fixed-base radios and DOPH will receive 4 fixed-base radios. The radios will be linked to three talk groups including a DOPH group, an Emergency Group comprised of hospitals and emergency medical service providers, and a general group. Areas of operation will include the 5 regions of the County (West, Central, Valley, Desert, and Blythe).

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the Counties 16 hospitals, DOPH, and OES have RACES capabilities.

Riverside County DOPH has developed a Crisis and Emergency Risk Communication Plan (CERC) for public health emergencies. A public relations firm has been contracted by the department to develop crisis and risk communication messages for dissemination to the public during a public health emergency, including information about the establishment of quarantine/isolation areas.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources

STANDARD:
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 the service area.

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

CURRENT STATUS:
Meets the standard. Through numerous grants funding Riverside County has gained many necessary resources to mitigate natural or man-made disasters, or mass casualties due to weapons of mass destruction. Each Grant specifies what type of equipment or preparedness efforts are appropriate. The PHEPR Branch has inventory lists per grant, and has allocated equipment to agencies and specific locations such as hospitals and caches dispersed throughout the County. The DOC, Branch and REMSA have a current list of all resources available to the community, public safety, first responders and or hospital/clinic systems. Protocols are being established to discern levels or response and the distribution of resources. When a request is made it will then be coordinated and appropriate to the event at hand.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable to this standard.

NEED(S):
PHEPR Branch is currently establishing protocols revolving around the request and distribution of resources appropriate to any potential event in Riverside County. The resource protocol will be made available to all healthcare related agencies or providers.

OBJECTIVE:
To develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in the service area.

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.09 DMAT Teams

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

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

CURRENT STATUS:
Meets the standard and recommended guidelines. Should an event occur in Riverside County, additional health care professionals would be needed to implement a local mass casualty/ surge care response. The National Disaster Medical System (NDMS) would be able to provide Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT) and Veterinary Medical Assistance Teams (VMAT). Members of these teams include nurses, physicians, pharmacists, emergency medical technicians (EMT), paramedics, and respiratory therapist. Additional health care providers that would be needed will depend on the scope and magnitude of the WMD incident. Although federal assets have been identified and incorporated into the planning process, Riverside County is preparing to be self-sustaining for 72 hours. Additionally, the Regional Disaster Medical and Health Specialists (RDMHS) are represented in planning and preparedness efforts within the County.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements

STANDARD:

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:

Meets the standard. The state of California has adapted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) in order to manage any disaster or large scale incident. California already has an established Master Mutual Aid Agreement that includes Fire, Law Enforcement, the EMS Authority and all state agencies, including the University of California (UC) system. California is well organized into six mutual aid regions. These regions assist with Mutual Aid requests and assistance. If an incident occurs at the local level, and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government. Resources are exhausted at each level prior to requesting at the next higher level. Region I (Los Angeles, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a Medical Assistance Agreement between the two Regions. A Health Officer in Region I or VI can call another Health Officer in Region I or VI and request medical assistance. This Medical Assistance Agreement is the only one of its kind in California, and has been signed by 11 Board of Supervisors in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:

Riverside County OES is the overall coordinator for disaster preparedness, response, and recovery. All agencies in Riverside County will follow SEMS for Mutual Aid requests. Coordination with other LEMSAs in monitoring agreements will continue.

NEED(S):

~~To maintain continuous ICS/SEMS training and education on the California Mutual Aid System.~~

OBJECTIVE:

~~REMSA 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.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.11 CCPs Designation

STANDARD:
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:
Meets the standard. Riverside County OES is the overall coordinator for disaster preparedness, response, and recovery. CCPs will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCPs will be established near hospitals to make use of their resources.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

APPENDIX B – PRIMARY SHELTER SITES (CCPs)

In Riverside County, CCPs are established when and where the disaster hits, none are specifically pre-designated at any site. CCP sites will include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCPs will be established at or near hospitals to make use of their resources.

H. DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

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:

Meets the standard. Riverside County OES is the overall coordinator for disaster preparedness, response, and recovery. CCPs will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. In all cases possible, CCP sites will be established at or near hospitals to make use of their resources, including the 800 MHz radio equipment the county has procured for establishing this communication link.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

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

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

CURRENT STATUS:
Meets the standard. The maintenance of trained personnel is a critical issue in ensuring a competent workforce that is ready to respond during an emergency. In order to address this issue, the DOPH strives to offer on-going training for the first responder, medical, public health and emergency management communities. DOPH routinely brings in the Weapons of Mass Destruction/EMS Operations and Planning class offered by Texas A&M to the County; enrollment in the class is open to all response entities. In addition, DOPH has brought in Unified Command and Threat and Vulnerability Classes for County agencies. All of these classes have been well attended and continue to be one part of our continuing education program. MMRS funding was used to provide Haz Mat specific training during the initial contract period.

The PHEPR Branch has a staff of health educators and community partners to provide training on topics such as the biological agents, chemical agents, radiological response, public health response to a terrorism incident, and mass prophylaxis distribution. This group can be requested by any agency in the County, free of charge, and is available for on-going training.

The California Emergency Medical Authority (EMSA) produced a Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Training CD-ROM with Year 1 of the HRSA Hospital Bioterrorism Preparedness Program. The CD-ROM has been sent to every hospital in the state, and includes continuing education information, training handouts, and a tiered training program that encompasses introductory information for administrators through four hour classes for hospital emergency/disaster managers. This curriculum is critical to ensuring a competent medical workforce and is standardized throughout the state of California.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.14 Hospital Plans

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the standard and recommended guidelines. Each of the 16 hospitals in Riverside County is accredited by The Joint Commission (TJC) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each of the 16 hospitals utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. Riverside County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures in place remains a critical component of preparedness efforts. Each year, the Hospital Association of Southern California (HASC), the DOPH and many of the hospitals in the County participate in the Statewide Disaster Drill, a Western Region Emergency Council (WREC) disaster drill or terrorism exercise, and an exercise coordinated by Coachella Communications for the east end of the county. Each hospital is required to participate in two disaster exercises per year in order to maintain TJC or other accreditation. The County Department of Public Health is developing a Medical Health Surge plan for the integration of surge plans from all hospitals in the County.

COORDINATION WITH OTHER EMS AGENCIES:

During disaster exercises, the DOPH DOC, County OES EOC, AMR, and local fire all participate encompassing every possible venue for disasters and to standardize a system-wide response.

NEED(S):

~~Hospital plans are integrated with the County's medical response plans and disaster drills are conducted bi-annually.~~

OBJECTIVE:

~~REMSA will ensure all hospitals plans for internal and external disasters are fully integrated with the county's medical response plan(s). At least one disaster drill per year is conducted by each hospital and involves other hospitals, REMSA, and prehospital medical care agencies.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.15 Interhospital Communications

STANDARD:

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

CURRENT STATUS:

Meets the standard. Each of the sixteen hospitals, fire dispatch centers, and AMR are all linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on a microwave frequency. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals in order to have interhospital communications during a disaster.

Sixty-one 800 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between DOPH, EMS, fire departments, law enforcement and local hospitals. Of the sixty-one 800 MHz radios purchased, 25 are portable radios and 36 are fixed-base radios. Nineteen portable radios will be issued to DOPH and six~~6~~ will be issued to American Medical Response (AMR). Each of the 15 hospitals within the County will receive ~~2~~ two fixed-base radios and DOPH will receive four ~~4~~ fixed-base radios. The radios will be linked to three talk groups including a DOPH group, an Emergency Group comprised of hospitals and emergency medical service providers, and one general group. Areas of operation will include the five regions of the County (West, Central, Valley, Desert, and Blythe).

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist. All ~~Each of the County's 15~~ hospitals, DOPH, and OES have~~s~~ RACES capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

Communications during a disaster will include all of the above agencies coordinating with the DOPH DOC and County OES EOC.

NEED(S):

~~Communications during a disaster are essential. Systems will be reviewed for interoperability and redundancy in order to ensure communications remain intact during a disaster.~~

OBJECTIVE:

~~REMSA shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.~~

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

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.

RECOMMENDED GUIDELINES:

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:

Meets the standard and recommended guidelines. As with the hospitals, each fire department and EMS provider in Riverside County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures in place remains a critical component of preparedness efforts. Through cooperative planning and exercising, the County is better prepared for a major emergency. The purpose exercising plans is to test the response and recovery plans of local first responder and emergency management agencies, the medical and public health communities, private sector agencies, and local government. Interagency coordination, cooperation and communication are strengthened as a result of disaster exercises. Disaster exercises also provided an opportunity to identify policy decisions that would need to be made during an event, and allow response agencies to orient employees to their likely role during the response and recovery phases. Exercises provide field experience in the response to an event for both public and private organization personnel, and satisfied JCAHO requirements for hospital emergency preparedness. Most importantly, exercises test inter-agency and intra-agency cooperation and communication. Exercising plans and response systems provides an invaluable learning experience, and the identification of lessons learned from each exercise enhances the probability that a jurisdiction will be operational when an event occurs. It has been said that people play like they practice; therefore practice often to ensure a fluid response.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of activities with other LEMSAs as applicable.

NEED(S):

~~REMSA and PHEPR Branch will continue to participate in exercises throughout the County to ensure that all prehospital and hospital personnel are familiar with their agency plans.~~

OBJECTIVE:

~~REMSA 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.~~

TIME FRAME FOR MEETING OBJECTIVE:

[ ] Short-range plan (one year or less) [X] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Advanced Life Support

8.17 ALS Policies

STANDARD:

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:

Meets the standard. Existing mutual aid agreements provide for response from other EMS systems. These agreements allow for ALS providers to perform according to their defined scope of practice as established by their county of origin.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination/reciprocity of accepted policies and procedures with surrounding LEMSAs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

H. DISASTER MEDICAL RESPONSE

Special Care Systems

8.18 Specialty Center Roles

STANDARD:

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

CURRENT STATUS:

Meets the standard. The Riverside County hospital system includes 16 facilities that provide basic emergency services. Of the 16 hospitals, three hospitals are Level II Trauma Centers and one is a Level III Trauma Center, all of which are base hospitals ~~stations~~. The current total licensed bed capacity is approximately 3373~~69~~ with 378 Emergency Department beds and approximately 132 Negative Pressure Isolation Rooms ~~within the 16 hospitals and Community Health Agency Clinics~~. Medical surge capacity is key to the response to a natural disaster or terrorism incident, surge capacity issues are being addressed from a regional approach. Surge capacity equipment will be a main component of seven proposed equipment caches that will be purchased with Year two HRSA funding and will be strategically located throughout the County. With Year three HRSA funds, each hospital will obtain surge capacity equipment. Each hospital in Riverside County is familiar with the START (Simple Triage and Rapid Treatment) Triage System and is utilized by fire and EMS first responders. During a disaster, all hospitals will utilize the START Triage system in conjunction with the first responders in the field. This will ensure continuity of care.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Riverside County is committed to the ongoing development of overall Operational Area preparedness, response, and training. Ongoing needs assessments will be done to ensure that Riverside County remains prepared.

OBJECTIVE:

The County Department of Public Health is developing a Medical Health Surge plan for the integration of surge plans from all hospitals in the County.

TIME FRAME FOR MEETING OBJECTIVE:

[X] Short-range plan (one year or less) [ ] Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Exclusive Operating Areas / Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

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:

Meets the standard. Contracts with providers holding exclusive operating areas require that the contractors participate in the county's mutual aid program and also require that the contractors develop their own mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SECTION III – SYSTEM RESOURCES AND OPERATIONS

TABLE 2:SYSTEM RESOURCES AND OPERATIONS-System Organization and Management

EMS System: Riverside County EMS Agency
Reporting Year 2012

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: Riverside County

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

2. Type of agency — a

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

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	No
Operation of oversight of EMS dispatch center	No
Non-medical disaster planning	No

TABLE 2-System Organization and Management (continued)

Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Other: _____	
Other: _____	
Other: _____	

A. EXPENSES	2011/2012
Salaries and benefits (All but contract personnel)	$1,157,963
Contract Services (e.g. medical director)	600,000
Operations (e.g. copying, postage, facilities)	677,811
Travel	34,500
Fixed assets	0
Indirect expenses (overhead)	345,099
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	125,000
Training program operations	0
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$2,940,373

* REMSA's working budget uses different categories from what is shown. This would account of a slight difference between total expenses and total revenues.

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

	2011/2012
Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	$0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	200,000
Other local tax funds (e.g., EMS district)	98,000
County contracts (e.g. multi-county agencies)	0
Certification fees	110,000
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
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	140,000
Contributions	
EMS Fund (SB 12/612)	650,000
Other grants: _____	0
Other fees: Misc. Revenues	0
Other (specify): Mental Health, Fines, Contract Monitoring, Data Base Oversight	1,743,310
TOTAL REVENUE	$2,941,310

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2012

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	$0
EMS dispatcher certification	$0
EMT-I certification	$25.00
EMT-I recertification	$25.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT-II certification	N/A
AEMT-II recertification	N/A
EMT-Paramedic accreditation	$75.00
EMT-Paramedic Re verification	$50.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	$75.00
MICN/ARN recertification	$50.00
EMT-I training program approval	$0
AEMT-II training program approval	$0
EMT-Paramedic training program approval	$0
MICN/ARN training program approval	$0
Base hospital application	$0
Base hospital designation	$0
Trauma center application	$0
Trauma center designation	$0
Pediatric facility approval	$0
Pediatric facility designation	$0

Other critical care center application

Type: None

Other critical care center designation

Type: None

ALS Ambulance service license	$6,000.00
BLS Ambulance service license	$3,000.00
Ambulance vehicle permits	$ 250.00
Complete policy manual	$ 50.00
Policy manual updates	$ 5.00

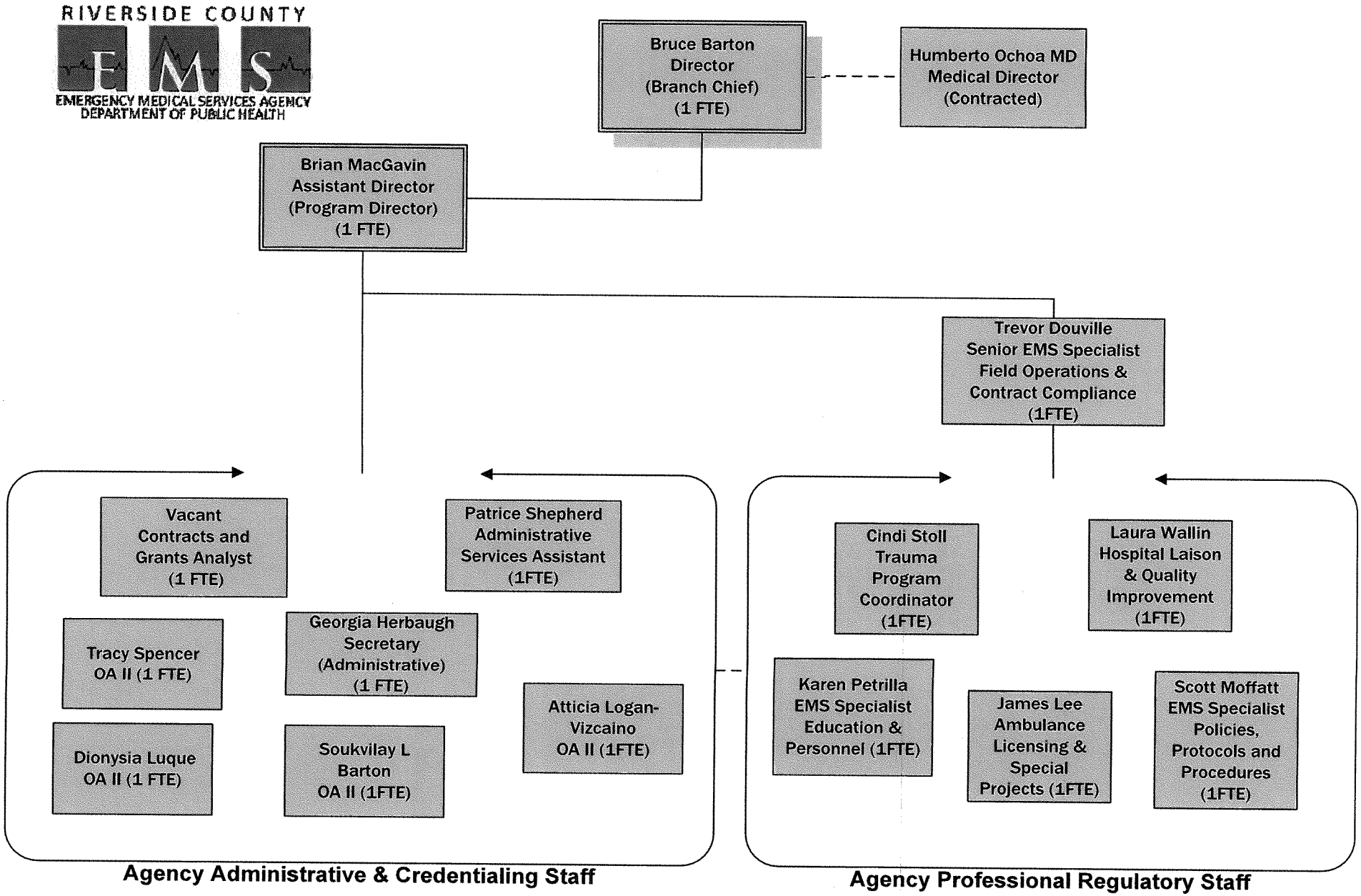
Table 2 - System Organization & Management (cont.)

EMS System: Riverside County EMS Reporting year: 2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	REMSA Director	1	$ 57.10~~5.05~~	45%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant REMSA Director	1	$ 49.32~~1.11~~	45%	
ALS Coord./Field Coord./ Training Coordinator	Senior EMS Specialist	1	$ 35.62~~34.65~~	45%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1	$ 33.78~~34.65~~	45%	
Trauma Coordinator	RN V	1	$ 40.73~~39.65~~	45%	
Medical Director	REMSA Medical Director	0.25	$100.00	N/A	Contracted
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1	$ 33.78~~32.89~~	45%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Administrative Services Assistant	1	$22.96~~35~~	45%	
	EMS Specialist	1	$33.78~~32.89~~	45%	
QA/QI Coordinator	EMS Specialist	1	$33.78~~32.89~~	45%	
Public Info. & Education Coordinator	EMS Specialist	1	$33.78~~32.89~~	45%	
Executive Secretary	Secretary I	1	$21.93~~35~~	45%	
~~Other Clerical~~	~~Office Assistant III~~	~~1~~	~~$18.08~~	~~45%~~	
Other Clerical	Office Assistant II	4~~2~~	$16.72~~28~~	45%	
Data Entry Clerk					
Other	Contacts & Grants Analyst	1	$36.46	45%	



Updated April 2013

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training
EMS System: Riverside County EMS
Reporting Year: 2012 Calendar year
NOTE: Table 3 is to be reported by agency.

	EMT s	AEMTs	Paramedics	MICN	EMS Dispatchers
Total Certified	1502	0	553	146	Unknown
Number newly certified this year	382	0	139	41	Unknown
Number recertified this year	1120	0	413	105	Unknown
Total number of accredited personnel on July 1 of the reporting year	2554	0	927	238	Unknown
Number of certification reviews resulting in:					
a) formal investigations/background reviews	52 open 33 closed	0	4	0	0
b) probation	9				
c) suspensions	4				
d) revocations	15				
e) denials	14				
f) denials of renewal	Not tracked				
g) no action taken	<10				

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation:
   a) Number of EMT (defib.) certified Unknown
   b) Number of public safety (defib.) certified (non-EMT) Unknown

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Riverside County EMS

County: Riverside County

Reporting Year: 2012

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

1. Number of primary Public Service Answering Points (PSAP) 16

2. Number of secondary PSAPs 3

3. Number of dispatch centers directly dispatching ambulances 4

4. Number of designated dispatch centers for EMS Aircraft 1

5. Do you have an operational area disaster communication system? Yes X No _____
   a. Radio primary frequency 156.075 CALCORD
   b. Other methods CAHAN, RACES
   c. Can all medical response units communicate on the same disaster communications system?
   Yes X No _____
   d. Do you participate in OASIS? Yes X No _____
   e. Do you have a plan to utilize RACES as a back-up communication system?
   Yes X No _____

   1) Within the operational area? Yes X No _____
   2) Between the operational area and the region and/or state? Yes X No ____

6. Who is your primary dispatch agency for day-to-day emergencies? Riverside County Fire Department

7. Who is your primary dispatch agency for a disaster? Riverside County Fire Department

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: Riverside County EMS

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES		2011	2012
1.	Number of exclusive operating areas	9	9
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	98%	98%
3.	Total number responses	241,257	241,524
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	164,200	172,700
	b) Number non-emergency responses (Code 1: normal)	77,057	74,824
4.	Total number of transports	192,781	198,024
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	118,805	125,160
	b) Number of non-emergency transports (Code 1: normal)	73,976	72,864

Early Defibrillation Provider Organizations

5.	Number of public safety defibrillation providers	1	1
	a) Automated	1	1
	b) Manual	0	0
6.	Number of EMT-Defibrillation providers	9	9
	a) Automated	9	9
	b) Manual	0	0

Air Ambulance Services

7.	Total number of responses	609	1206
	a) Number of emergency responses	402	639
	b) Number of non-emergency responses	207	567
8.	Total number of transports	394	585
	a) Number of emergency (scene) transports	258	237
	b) Number of non-emergency transports	136	348

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	-	-	-	No Standard
Early defibrillation responder	-	-	-	No Standard
Advanced life support responder	10 minutes			
Transport Ambulance	10 minutes*	14/20/30 minutes	30 Minutes 60 Minutes Best Effort	N/A

* Adjusted by 2 minutes per written agreements with cities of Corona, Norco and Riverside. In these settings Fire Department ALS resources provide first responder services.

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

EMS System: Riverside County EMS
Reporting Year: 2011 (2012 data not available)

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:	
a) Number of patients meeting trauma triage criteria	4618
b) Number of major trauma victims transported directly to a trauma center by ambulance (ground ambulance)	3708
c) Number of trauma patients transported by air ambulance	228
c) Number of major trauma patients transferred to a trauma center	571
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	16
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	16
d) Number of comprehensive emergency services	0

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	0
2.	Number of base hospitals with written agreements	7

TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: Riverside County EMS

County: Riverside County

Reporting Year: 2012 (No change)

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a) Where are your CCPs located? REMSA is completing a draft for Field Treatment Sites (FTS).
   b) How are they staffed? EMS Personnel
   c) Do you have a supply system for supporting them for 72 hours? yes

2. CISD
   Do you have a CISD provider with 24-hour capability? yes

3. Medical Response Team
   a) Do you have any team medical response capability? no
   b) For each team, are they incorporated into your local response plan? no
   c) Are they available for statewide response? no
   d) Are they part of a formal out-of-state response system? no
   Medical Reserve Corps is currently being formed under the Volunteer Center of Riverside County, however, this team is currently not operational.

4. Hazardous Materials
   a) Do you have any Haz Mat trained medical response teams? yes
   b) At what Haz Mat level are they trained? Type A Haz Mat Team
   c) Do you have the ability to do decontamination in an emergency room? yes
   d) Do you have the ability to do decontamination in the field? yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (continued)

3. Have you tested your MCI Plan this year in a:
   a) Real event? yes
   b) Exercise? yes

4. List all counties with which you have a written medical mutual aid agreement.
   San Diego, San Bernardino, Orange, Region I and Region VI have agreements

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
   An agreement between the Hospital Association of Southern California and the 15 hospitals in Riverside County has been developed and is currently under consideration

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes

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

8. Are you a separate department or agency? no

9. If not, to whom do you report? Department of Public Health

10. 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? N/A

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Alpha Ambulance **Response Zone:** N/A

Address: 425 South Fairfax, #205
Los Angeles, CA 90036

Number of Ambulance Vehicles in Fleet: 16

Phone Number: (800) 714-3984

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

NA Total number of responses
0 Number of emergency responses
NA Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Americare Ambulance **Response Zone:** N/A

Address: 1924 Commercial Street
Escondido, CA 92029

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (866) 430-5000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside

Provider: American Medical Response

Response Zone: Desert,Hemet, Mountain Plateau,Southwest, Northwest,Central, Pass

Address: 879 Marlborough Avenue
Riverside, CA 92507-2133

Number of Ambulance Vehicles in Fleet: 164

Phone Number: (951) 782-5200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 100

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

188,881 Total number of responses
150,201 Number of emergency responses
38,680 Number of non-emergency responses

148,204 Total number of transports
109,524 Number of emergency transports
38,680 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Blythe Ambulance Service **Response Zone:** Palo Verde Valley Zone

Address: 415 El Camino Way
Lake Havasu, AZ 86403

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (928) 855-4104

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

2,520 Total number of responses
2,152 Number of emergency responses
368 Number of non-emergency responses

1,958 Total number of transports
1,688 Number of emergency transports
270 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** California Highway Patrol **Response Zone:** N/A

Address: 56-850 Higgins Drive
Thermal, CA 92274

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 399-0085

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	❑ Fire X Law ❑ Other Explain:	❑ City X State ❑ Federal ❑ County ❑ Fire District	X Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance X ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

20	Total number of responses	5	Total number of transports
20	Number of emergency responses	5	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

✓ **Table 8: Resource Directory**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Cathedral City Fire Department **Response Zone:** Cathedral City

Address: 32-100 Desert Vista
Cathedral City, CA 92224

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (760) 770-8200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

3729 Total number of responses
3729 Number of emergency responses
0 Number of non-emergency responses

2479 Total number of transports
2479 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Cavalry Ambulance **Response Zone:** N/A

Address: 420 N. McKinley Street
Corona, CA 92879

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (888) 774-9900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

3848 Total number of responses
0 Number of emergency responses
3848 Number of non-emergency responses

3818 Total number of transports
0 Number of emergency transports
3818 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Cole-Schaefer Ambulance Svc, Inc. **Response Zone:** N/A

Address: 324 N. Towne Drive
Pomona, CA 91767

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (800) 582-2258

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

10 Total number of responses
0 Number of emergency responses
10 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Corona Fire Department **Response Zone:** N/A

Address: 400 S. Vicentia Avenue
Corona, CA 92882

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (951) 736-2460

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Desert CCT **Response Zone:** N/A

Address: 140 N. Broadway
Blythe, CA 92226

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 822-5911

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

386 Total number of responses
0 Number of emergency responses
386 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

✓ **Table 8: Resource Directory**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Gentle Care Transport, Inc. **Response Zone:** N/A

Address: 3539 Casitas Avenue
Los Angeles, CA 90039

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (323) 662-8777

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

22 Total number of responses
0 Number of emergency responses
22 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Hemet Fire Department **Response Zone:** N/A

Address: 510 E. Florida Avenue
Hemet, CA 92543

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (951) 765-2450

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Idyllwild Fire Protection District **Response Zone:** Idyllwild FPD

Address: 54160 Maranatha Drive
Idyllwild, CA 92549-0656

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (951) 659-2153

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County X Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

676 Total number of responses
676 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Lexxiom Medical Services **Response Zone:** N/A

Address: 11690 Pacific Avenue, Suite 301
Fontana, CA 92337

Number of Ambulance Vehicles in Fleet: 17

Phone Number: (800) 560-8547

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Liberty Ambulance **Response Zone:** N/A

Address: 9441 Washburn Road
Downey, CA 90242

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (877) 542-7773

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

307 Total number of responses
0 Number of emergency responses
307 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Lynch Ambulance **Response Zone:** N/A

Address: 1371 Red Gum Street
Anaheim, CA 92806

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (800) 347-3262

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

94 Total number of responses
0 Number of emergency responses
94 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Mercy Air Services, Inc **Response Zone:** N/A

Address: 1670 Miro Way
Rialto, CA 92376

Number of Ambulance Vehicles in Fleet: 5

Phone Number:

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	X Rotary ❑ Fixed Wing	❑ Auxiliary Rescue X Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

685	Total number of responses
221	Number of emergency responses
464	Number of non-emergency responses
425	Total number of transports
147	Number of emergency transports
278	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Mission Ambulance **Response Zone:** N/A

Address: 10555 Third Street
Corona, CA 92879

Number of Ambulance Vehicles in Fleet: 18

Phone Number: (800) 899-9100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

13994 Total number of responses
0 Number of emergency responses
13994 Number of non-emergency responses

13654 Total number of transports
0 Number of emergency transports
13654 Number of non-emergency transports

Air Ambulance Services

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

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

✓ **Table 8: Resource Directory**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Morongo Basin Ambulance **Response Zone:** N/A

Address: 6335 Park Boulevard
Joshua Tree, CA 92252

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (760) 366-8474

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❒ Other Explain:	❑ City ❑ State ❒ Federal ❑ County ❑ Fire District	❑ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❒ BLS Rescue

Transporting Agencies

9 Total number of responses
0 Number of emergency responses
9 Number of non-emergency responses

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

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Murrieta Fire Department **Response Zone:** N/A

Address: 41825 Juniper Street
Murrieta, CA 92562

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (951) 461-6162

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Pacific Ambulance **Response Zone:** N/A

Address: 23942 McWhorter Way
Lake Forest, CA 92630

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (866) 277-2727

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

0 Total number of responses
___ Number of emergency responses
___ Number of non-emergency responses

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

Air Ambulance Services

___ Total number of responses
___ Number of emergency responses
___ Number of non-emergency responses

___ Total number of transports
___ Number of emergency transports
___ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Palm Springs Fire Department **Response Zone:** N/A

Address: 300 N. El Cielo Road
Palm Springs, CA 92262

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (760) 323-8181

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Pechanga Fire Department **Response Zone:** N/A

Address: 48240 Pechanga Road
Temecula, CA 92592

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (951) 506-5332

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain: Tribal	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Premier Medical Transportation **Response Zone:** N/A

Address: 575 Maple Court, Suite A
Colton, CA 92234

Number of Ambulance Vehicles in Fleet: 13

Phone Number: (909) 433-3939

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

6050 Total number of responses
0 Number of emergency responses
6050 Number of non-emergency responses

6023 Total number of transports
0 Number of emergency transports
6023 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

✓ **Table 8: Resource Directory**

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Priority One Medical Transport **Response Zone:** N/A

Address: 8540 Archibald Avenue
Rancho Cucamonga, CA 91730

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (800) 600-3370

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

0 Total number of responses
___ Number of emergency responses
___ Number of non-emergency responses

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

Air Ambulance Services

___ Total number of responses
___ Number of emergency responses
___ Number of non-emergency responses

___ Total number of transports
___ Number of emergency transports
___ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** REACH Air Medical Services **Response Zone:** N/A

Address: 1097 Airport Road
Imperial, CA 92251

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (877) 644-4042

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

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	X Rotary ❑ Fixed Wing	❑ Auxiliary Rescue X Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

Air Ambulance Services

339 Total number of responses	73 Total number of transports
278 Number of emergency responses	36 Number of emergency transports
61 Number of non-emergency responses	37 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Riverside City Fire Department **Response Zone:** N/A

Address: 3085 St. Lawrence Street
Riverside, CA 92504

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (951) 486-4753

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	X City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Riverside County Fire **Response Zone:** Cove Cities and Indio

Address: 16902 Bundy Avenue
Riverside, CA 92518

Number of Ambulance Vehicles in Fleet: 17

Phone Number: (951) 486-4753

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❑ Private	X Fire ❑ Law ❑ Other Explain:	❑ City X County X State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

15303 Total number of responses
15303 Number of emergency responses
0 Number of non-emergency responses

10898 Total number of transports
10898 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Symons Ambulance **Response Zone:** N/A

Address: 18592 Cajon Boulevard
San Bernardino, CA 92427

Number of Ambulance Vehicles in Fleet: 24

Phone Number: (866) SAVE-LIVES

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

4541 Total number of responses
0 Number of emergency responses
4541 Number of non-emergency responses

3325 Total number of transports
0 Number of emergency transports
3325 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Riverside **Provider:** Valley Medical Transport **Response Zone:** N/A

Address: 43612 Jackson Street, Suite 4
Indio, CA 92201

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (760) 578-4748

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

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

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain:	❑ City ❑ State ❑ Federal; ❑ County ❑ Fire District	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

4573 Total number of responses
0 Number of emergency responses
4573 Number of non-emergency responses

4567 Total number of transports
0 Number of emergency transports
4567 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Desert Regional Medical Center, 1150 N. Indian Canyon Drive, Palm Springs, CA 92220			**Primary Contact:** **Shane McMurphy** RN, Prehospital Liaison Nurse (760) 449-5373	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** _____II_____

Name, address & telephone: Eisenhower Medical Center, 39000 Bob Hope Drive, Rancho Mirage, Ca 92270			**Primary Contact:** Shellee Fetters, RN, Prehospital Liaison Nurse (760) 773-1550	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Hemet Valley Medical Center, 1117 E. Devonshire Ave., Hemet, CA 92543			**Primary Contact:** Victoria Moor, RN, Nurse Manager (951) 652-2811 ext 5187	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Inland Valley Medical Center, 36485 Inland Valley Drive, Wildomar, CA 92595			**Primary Contact:** Daniel Sitar, RN, PLN (951) 200-8859	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** III

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

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

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: JFK Memorial Medical Center, 47111 Monroe St, Indio, CA 92201			**Primary Contact:** Sara Morning, RN, PLN (760) 775-2574	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Menifee Valley Medical Center, 28400 McCall Blvd, Sun City, CA 92586			**Primary Contact:** Janny Nelsen ED Manager (951) 679-8888 ext 7267	
Written Contract ☐yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Palo Verde Hospital, 250 N. 1st Street, Blythe, CA 92225			**Primary Contact:** Rachel Cortazar, RN, ED Manager (760) 921- 5235	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☒ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Riverside Community Hospital, 4445 Magnolia Ave, Riverside, CA			**Primary Contact** Sabrina Magallanes, RN, PLN (951) 788-3507	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** _____II_____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Riverside County Regional Medical Center, 26520 Cactus Ave, Moreno Valley, CA 92555			**Primary Contact:** Kay Schulz, RN, PLN (951) 486-5648	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☒yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☒ yes ☐no	Burn Center: ☐ yes ☒ no	Trauma Center: ☒ yes ☐ no	If Trauma Center what Level:**** II with Peds designation

Name, address & telephone: San Gorgonio Memorial Hospital, 600 N. Highland Springs Blvd, Banning, CA 92220			**Primary Contact:** Trish Ritarita, RN, ED Director (951) 769-2185	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Corona Regional Medical Center, 800 S. Main St, Corona, CA 92882			**Primary Contact:** Stephanie Jones, RN ED Nurse Director (951) 808-6730	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Kaiser Permanent-Riverside, 10800 Magnolia Ave, Riverside, CA 92505			**Primary Contact:** Victoria Montiel , ED Assistant Administrator (951) 353-3975	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Loma Linda University Medical Center Murrieta 28062 Baxter Road Murrieta, CA 92563 (951) 704-1945			**Primary Contact:** John McGowen, RN, ED Director	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Moreno Valley Community Hospital, 27300 Iris Ave., Moreno Valley, CA 92555 (951) 243-2022			**Primary Contact:** Diane Kahler-Bird, RN, ED Assistant Administrator	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

TABLE 9: RESOURCES DIRECTORY - Facilities

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Parkview Community Hospital, 3865 Jackson St, Riverside, CA 92503			**Primary Contact:** Antoinette Culver, RN, ED Director (951) 688-2211ext 2430	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

Name, address & telephone: Rancho Springs Medical Center, 25500 Medical Center Dr, Murrieta, CA 92562			**Primary Contact:** Laurie McCully, RN Director of Emergency Services (951) 686-6015	
Written Contract ☐ yes ☒ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐		Base Hospital: ☐yes ☒ no	Pediatric Critical Care Center:* ☐ yes ☒ no
EDAP:** ☒ yes ☐ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:**** _____

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

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

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

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

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

EMS System: Riverside County EMS **County:** Riverside **Reporting Year:** 2012
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	College of the Desert	**Contact Person telephone no.**	Carol Gianninni (760) 408-2952 or Chris Madigan
Address	44-500 Monterey Ave., Palm Desert, CA 92260-2499		(760) 408-2952 (760) 773-2578

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $228 (tuition only) Accelerated: $1275 (tuition only) Additional costs: $750 Refresher $ 76 (tuition only) Accelerated $199 (tuition only)	Number of students completing training per year: Initial training / Refresher: 59 / unknown Cont. Education N/A Expiration Date: 12/2015 Number of courses: Initial training: 4 Refresher: 1 Cont. Education: 0

Training Institution Name	Mt. San Jacinto College 28237 La Piedra Road Menifee, CA 92584	**Contact Person**	Art Durbin
Address		**Telephone no.**	(951) 672-6752 x2613

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $ 230 (tuition only) Refresher: $ 115 (tuition only) Additional Costs: $1100	Number of students completing training per year: Initial training / Refresher: 172/ unknown Cont. Education: 11 Expiration Date: 12/2015 Number of courses: Initial training: 9 Refresher: 2 Cont. Education: 6

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

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

EMS System: Riverside County EMS **County:** Riverside **Reporting Year:** 2012

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

Training Institution Name Moreno Valley Community College
Address Ben Clark Training Center
1688 Bundy Ave Building 3407
Riverside, CA 92518

Contact Person Chris Nollette
Telephone No. (951) 571-3692

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $ 322 (tuition only) Additional Costs: $1200 Refresher: $ 200	Number of students completing training per year: Initial training: / Refresher: 333 / 0 Cont. Education: 678 Expiration Date: 1/31/16 Number of courses: Initial training: 9 Refresher: 0 Cont. Education: 56

Training Institution Name Moreno Valley Community College
Address Ben Clark Training Center
1688 Bundy Ave Building 3407
Riverside, CA 92518

Contact Person Chris Nollette
Telephone No. (951) 571-3692

Student Eligibility: *	**Cost of Program**	**Program Level: Paramedic
General Public	Basic: $ 1782 (tuition only) Additional Costs: $ 1350 Refresher: $ N/A	Number of students completing training per year: Initial training: 23 Refresher: N/A Cont. Education: see above Expiration Date: 1/31/16 Number of courses: Initial training: 1 Refresher: 0 Cont. Education: see above

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

TABLE 10: RESOURCES DIRECTORY - Approved Training Programs

Riverside County EMS **County:** Riverside **Reporting Year:** 2012

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

Training Institution Name Palo Verde College **Contact Person** Sharron Burgeson

Address 1 College Drive, Blythe, CA 92225 **Telephone no.** (760) 921-5444

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $144 → $184 (tuition only) Additional Costs: $507 Refresher: $ 36 → $46	Number of students completing training per year: Initial training / Refresher: 12 / unk Cont. Education: N/A Expiration Date: January 2016 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: N/A

Training Institution Name Riverside County Office of Education **Contact Person** Jewel Cole

Address 3939 13th Street, Riverside, CA 92502-0868 **Telephone No.** (951) 826-6807

Student Eligibility: *	**Cost of Program**	**Program Level: EMT
General Public	Basic: $1200 (all costs included) Refresher: N/A	Number of students completing training per year: Initial training: / Refresher: 0 / 0 Cont. Education: N/A Expiration Date: 8/31/16 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: N/A

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

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact: Mark Karlin**
American Medical Response - Riverside: 879 Marlborough Ave., Riverside, CA 92507, (951)782-5234			
Written Contract: ☒ yes ☐no	Medical Director: ☒yes ☐no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 22 Other
Ownership: ☐Public ☒ Private		If public: ☐ Fire ☐Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Chelsea Youngblood, Dispatch Supervisor
Banning Police Department, 225 East Ramsey Street, Banning, CA 92220, (951) 922-3170			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 12 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact:** Kourtney O'Brien, Lead Dispatcher Kari Mendoza, Support Services Director
Beaumont Police Department, 660 Orange Street, Beaumont, CA 92223, (951) 769-8500			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 11 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒ Law ☐ Other explain:____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Pam Bush, Dispatch Supervisor
Blythe Police Department 240 Spring Street Blythe, CA 92225 (760) 722-6211			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 8 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒ Law ☐ Other explain:____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact:** Jim Wolf: Comm. Supervisor
River Medical/AMR: 415 El Camino Way, Lake Havasu City, AZ 86403 (928) 855-7777			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: __7__ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐Public ☒ Private		If public: ☐ Fire ☐ Law ☐ Other explain:____	If public: ☐city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Andy Anspauch, Dispatch Supervisor
Cathedral City 68-700 Avenida Lalo Guerrero, Cathedral City, CA 92234, (760) 770-0371			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS __14__ Other
Ownership: ☒ Public ☐ Private		If public: ☒ Fire ☒ Law ☐ Other explain:____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Corona City 730 Corporate Yard Way Corona, CA 92882, (951) 736-2394			**Primary Contact:** Hope Young, Dispatch Supervisor
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 19 EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☒ Public ☐ Private		If public: ☒ Fire ☒Law ☐ Other explain:____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: Hemet City 450 E. Latham Ave. Hemet, CA 92543 (951) 765-2400			**Primary Contact:** Dean Evans, Dispatch Supervisor
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 18 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Indio City 4680 Jackson Street Indio, CA 92201 (760) 347-8522 Ext.5		**Primary Contact:** Laurie Brown, Dispatch Supervisor	
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 13 Other
Ownership: ☒Public ☐ Private		If public: ☒ Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: Murrieta City 24701 Jefferson Street Murrieta, CA 92562 (951) 696-3615		**Primary Contact:** Cris Martinez, Lead Dispatcher	
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 21 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone: Palm Springs City PO Box 1830 Palm Springs, CA 92263 (760) 327-1441		**Primary Contact:** Dora Melanson, Comm. and Records Manager	
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 14 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone: Riverside County Sheriff, Blythe 260 Spring Street Blythe, CA 92225 (760) 921-7900		**Primary Contact:** Christine Wade, Dispatch Supervisor	
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒ no	☒Day-to-day ☐Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 4 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact:** Heather Woods, Com. Manager
Riverside County Sheriff, Palm Desert 73520 Fred Waring Dr. Palm Desert, CA 92260 (760) 836-1600			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☐Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 27 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Heather Woods, Com. Manager
Riverside County Sheriff, Riverside 4095 Lemon Street Riverside, CA 92501 (951) 776-1099			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 77 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact:** Jackie Williams, Battalion Chief
Riverside County Fire Department Emergency Communications Center (ECC) 210 W. San Jacinto Ave. Perris, CA 93570 (951) 940-6900			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☐Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 59 Other
Ownership: ☒Public ☐ Private		If public: ☒ Fire ☐Law ☐ Other explain:_____	If public: ☐ city; ☒county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact**: Steve Powell. Dispatch Supervisor
Riverside City 4102 Orange Street Riverside, CA 92510 (951) 787-7911			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 49 Other
Ownership: ☒Public ☐ Private		If public: ☒Fire ☒Law ☐ Other explain:_____	If public: ☒city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:		**Primary Contact:** Judy Lane, Dispatch Supervisor	
University of California-Riverside PD 3500 Canyon Crest Dr. Riverside, CA 92521 (951) 827-5212			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 8 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:** Toni Tyson, Dispatch Superevisor	
CHP Indio Dispatch Center 79-650 Varner Rd. Indio, CA 92203-9704 (760) 772-8900			
Written Contract: ☐ yes ☒ no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 25 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒ state; ☐ fire district; ☐ Federal

TABLE 11: RESOURCES DIRECTORY - Dispatch Agency

EMS System: RIVERSIDE COUNTY EMS **County**: RIVERSIDE **Reporting Year**: 2012

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

Name, address & telephone:			**Primary Contact:** Laura Sandoval, Dispatch Supervisor
CHP Border Communications Center 7183 Opportunity Rd. San Diego, CA 92111 (858) 637-3800			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 50 Other
Ownership: ☒Public ☐ Private		If public: ☐ Fire ☒Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:** Lt. Carrie Clark, Disp. Supervisor
CHP Inland Communications Center, 13892 Victoria Street, Fontana, CA 92336, (909)428-5400			
Written Contract: ☐ yes ☒no	Medical Director: ☐ yes ☒no	☒Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 53 Other
Ownership: ☒ Public ☐ Private		If public: ☐ Fire ☒ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☒ state; ☐ fire district; ☐ Federal

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS

AMBULANCE ZONE SUMMARY FORMS*

Riverside County has 12 ambulance zones. There has been no change in the geographic configuration of these zones nor has there been any change with respect to the providers for the respective zones since our last EMS Plan update. The language in the Pass Zone Summary Form has been changed to reflect that area as non-exclusive as determined by EMSA. Additionally, the ambulance zone summary form for the Mountain Plateau Zone reflects EMSA's determination that this zone needs to undergo a new competitive bid process and shall be considered non-exclusive until such a process is completed. Furthermore, we have modified the language in ambulance zone summary forms for the Cathedral City Zone and Indio City Zone to indicate that these are non-exclusive zones as they do not meet the criteria for exclusivity under 1797.224. REMSA has attempted to comply with EMSAs request to identify the type and level of exclusivity for the grandfathered EOAs. Zone Summary sheets for the Northwest, Central, Southwest, San Jacinto Valley/Hemet, Desert, Palo Verde Valley, Idyllwild Fire Protection District and Cove Cities Zones have been modified to comply with EMSAs' Levels of Exclusivity for Scope of Operations of Emergency Ambulance Services document. As requested, these zones have been designated as exclusive for emergency ambulance service and the scope of operations identified as 9-1-1 emergency ambulance services in the update.

In the Riverside County EMS system the following apply to the scope of operations for 9-1-1 emergency ambulance transports within the EOAs that meet grandfathering criteria under 1797.224:

- Seven (7) and ten (10) digit requests for emergency ambulance service that occasionally come into Public Safety Answering Points (PSAPs), these are treated as 9-1-1 calls and receive 9-1-1 system response if they are a medical emergency.
- REMSA has never authorized non-9-1-1 event medical stand-by service providers to transport patients from the prehospital environment to acute care hospital emergency departments. These are considered prehospital medical emergencies. As such they require response and transport by the 9-1-1 emergency ambulance EOA provider.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Central Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.)

American Medical Response (AMR) / Since 1997. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Moreno Valley and Perris and surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action.)

Exclusive. AMR is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to Achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. American Medical Response (AMR) or its predecessor companies have provided continuous, uninterrupted service in the same manner and scope before January 1, 1981. Goodhew Ambulance Service provided emergency ambulance services to the Central Zone since the 1970s. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Central Zone being one of them. On April 1, 2004, a new contract with AMR was established to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Desert Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Springs Ambulance Service from 1966 to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Palm Springs, Desert Hot Springs, La Quinta, Coachella, and surrounding unincorporated areas east to Desert Center.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Springs Ambulance Service provided emergency ambulance services to the Desert Zone from 1966 to 1996. In 1996, AMR purchased Springs Ambulance Service then merged with Laidlaw/MedTrans in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Desert Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Northwest Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1996. Goodhew Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Riverside, Corona, Eastvale, Jurupa Valley, Norco and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Goodhew Ambulance Service provided ALS ambulance services to the Northwest Zone from the 1970s to 1995. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service, and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Northwest Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance service to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Pass Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Lifecare Medical Transport from prior to 1981 to 1996. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Banning, Beaumont, Calimesa and surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive

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).

American Medical Response (AMR) or its predecessor companies have provided continuous, uninterrupted service in the same manner and scope since before January 1, 1981. Lifecare Medial Transport (LMT) provided ALS ambulance services to the Pass Zone from prior to 1981 to 1996. In 1995, the County began a Request for Proposal (RFP) process. However, a U.S District Court preliminary injunction was granted to LMT based on their contention that the RFP and the 1994 EMS Plan violated their rights to be Grandfathered pursuant to HS 1997.224 and the RFP process was halted at that time. In 1996 AMR purchased LMT with no interruption in service. Following the sale AMR agreed to drop the lawsuit if the Pass Zone would be Grandfathered under HS 1997.224, Therefore the RFP process was never completed.

In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Pass Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance service to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Mountain Plateau Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Hemet Valley Ambulance Service from the 1970s to 1995. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Mountain Plateau area except Idyllwild Fire Protection District.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Non-Exclusive

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).

Hemet Valley Ambulance Service provided ALS ambulance services to the Mountain Zone from the 1970s to 1995. Careline Ambulance won a competitive bid (RFP) in 1995. Careline was purchased by Laidlaw/MedTrans in 1995 which merged with AMR in 1997. In September 1998, Riverside County EMS Agency (REMSA) established its first agreement with AMR to provide emergency ambulance service to the Mountain Plateau Zone.
Currently AMR is serving this area pursuant to an agreement with Riverside County. It has been over 10 years since the last RFP and REMSA understands the Authority has established a position that "periodic interval" is defined as 10 years. Additionally, there were material changes to manner and scope for this area after the 1995 competitive bid and award that negated grandfathering pursuant to 1997.224. Pursuant to EMSA's determination of non-exclusivity REMSA will recognize this area as non-exclusive until a competitive process has been completed.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Southwest Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response (AMR) / Since 1997. Predecessor companies from the 1970s. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of Canyon Lake, Lake Elsinore, Menifee, Murrieta, Temecula, Wildomar and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. In 1984, Goodhew Ambulance Service bought John's Ambulance serving Lake Elsinore and parts of Murrieta. In 1985, Goodhew bought Sun City Ambulance Service serving unincorporated areas in the Southwest Zone. In 1995, Laidlaw/MedTrans purchased Goodhew Ambulance Service and then merged with AMR in 1997 with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Pass Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
San Jacinto Valley / Hemet Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

American Medical Response/ Since 1997. Hemet Valley Ambulance Service from the 1970s to 1997. See below under Method to Achieve Exclusivity for chronology of uninterrupted service.

Area or sub-area (Zone) Geographic Description:
Cities of San Jacinto, Hemet and the surrounding unincorporated areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. American Medical Response is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Hemet Valley Ambulance Service provided ALS ambulance services to the San Jacinto Valley Zone from the 1970s to 1997. In 1997, Laidlaw/MedTrans purchased Hemet Valley Ambulance Service and then merged with AMR with no interruption in service. In September 1998, Riverside County EMS Agency established its first contract with AMR for seven zones, the Mountain Plateau Zone being one of them. On April 1, 2004, a new contract was established with AMR to provide ALS emergency ambulance services to seven zones in Riverside County. On June 23, 2009, this agreement was modified and approved for a three year extension until June 30, 2012. On June 12, 2012 the agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Palo Verde Valley Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Blythe Ambulance Service / From 1979 to present.

Area or sub-area (Zone) Geographic Description:
Cities of Blythe and the surrounding unincorporated areas in the Palo Verde Valley region from state and county boundaries west to Desert Center.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. Blythe Ambulance Service is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Blythe Ambulance Service has been providing emergency ambulance services from 1979 to the present. On July 1, 2002, Blythe Ambulance Service entered into its first contract with Riverside County to provide emergency ambulance services for the Palo Verde Valley Zone. On January 1, 2011 AMR finalized it purchase of Blythe Ambulance Service with no interruption in services. The agreement for emergency ambulance services was extended until June 30, 2012. On June 12, 2012 agreement with AMR was approved of a three year extension until June 30, 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Idyllwild Fire Protection District (IFPD).

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Idyllwild Fire Protection District / ALS ambulance services from 1980 to present.

Area or sub-area (Zone) Geographic Description:
Idyllwild Fire Protection District.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive. IFPD is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
(Include type of exclusivity--Emergency Ambulance, ALS, LALS, or combination and operational definition of exclusivity--i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. IFPD has been providing uninterrupted ALS ambulance services since 1980. IFPD entered into its first contract with Riverside County for ALS ambulance services for Idyllwild Fire Protection District on July 1, 1997. On July 1, 2004, a new contract was formed between Riverside County and IFPD. On September 29, 2009 this agreement was modified and approved for a three year term ending June 30, 2012. On July 2012 the agreement with IFPD was approved for a three year extension until July 2015.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Cathedral City Zone.

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area.)

Cathedral City Fire Department / from June 1988 to present. Springs Ambulance Service provided emergency ambulance services to Cathedral City from 1966 to 1988.

Area or sub-area (Zone) Geographic Description:
Cathedral City.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Non-Exclusive. However, Cathedral City Fire Department is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors in 1994, 1999 and 2005. However, Cathedral City Fire started providing ALS Ambulances services after January 1, 1981 which constitutes a change in the scope and manner of services.

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.).

Non-Exclusive.

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).

Non-Exclusive.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Riverside County EMS Agency.
Area or sub-area (Zone) Name or Title: Indio City Zone.
Name of Current Provider(s): (Include company name(s) and length of operation (uninterrupted) in specified area or sub-area). Riverside County Fire/ CAL FIRE emergency ambulance services from 1997 to present.
Area or sub-area (Zone) Geographic Description: **Indio City.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): (Include intent of local EMS agency and Board action). Non-exclusive. Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Non-Exclusive.
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). Non-Exclusive.

AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Riverside County EMS Agency.

Area or sub-area (Zone) Name or Title:
Coves Cities Zone

Name of Current Provider(s):
(Include company name(s) and length of operation (uninterrupted) in specified area or sub-area).

Riverside County Fire Department/ CAL FIRE. Uninterrupted since before 1981.

Area or sub-area (Zone) Geographic Description:
Cities of Indian Wells, Palm Desert and Rancho Mirage

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
(Include intent of local EMS agency and Board action).

Exclusive without competitive bid process. Riverside County Fire/ CAL FIRE is an authorized part of the Riverside County EMS System promulgated by the approval of the EMS Plan by the Riverside County Board of Supervisors.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Type: Emergency Ambulance Service, Scope of Operations: 9-1-1 emergency ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
(If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers).

Grandfathered. Uninterrupted service with no changes in scope and manner since prior to 1981. The voters approved the fire tax measure on April 8 1980. The ambulance operation commenced prior to January 1, 1981, qualifying as Grandfathered under §1797.224.

Springs Ambulance Service provided emergency ambulance service to these areas prior to 1981. The cities of Rancho Mirage, Indian Wells and Palm Desert combined to form the Cove Communities Services Commission in order to provide municipal emergency ambulance to these three cities. Prior to 1981, the Cove Communities Services Commission contracted with Riverside County Fire Department/ CAL FIRE in order to provide municipal emergency ambulance services in these three cities. In 1984, Springs Ambulance Service filed a lawsuit claiming the Cove Communities Services Commission violated federal antitrust laws. Springs Ambulance Service lost the lawsuit.

APPENDIX C – DEFINITIONS AND ABBREVIATIONS

The following terms and abbreviations are utilized throughout this plan. The definitions are provided for clarification and enhanced understanding by the reader of the references to these terms and/or abbreviations.

AED – Automated External Defibrillation.

Advanced Life Support (ALS) – Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance – Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirm or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

Basic Life Support (BLS) – As defined in Health and Safety Code Section 1797.60.

Bio-Terrorism (BT) - The use, or threatened use, of biological agents to promote or spread fear or intimidation upon an individual, a specific group, or the population as a whole for religious, political, ideological, financial, or personal purposes.

CCP – Casualty Collection Points (Primary Shelter Sites) as defined by the California EMS Authority.

Computer-Aided Dispatch or CAD – Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

CPR – Cardiopulmonary Resuscitation.

CQI – Continuous Quality Improvement.

Emergency Medical Dispatch (EMD) – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician - I - or EMT-I – An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I(FS) and EMT-I.

Emergency Medical Services (EMS) - Emergency Medical Service is widely regarded as including the full spectrum of emergency care from recognition of the emergency, telephone access of the system, provision of prehospital care, through definitive care in the hospital. It often also includes medical response to disasters, planning for and provision of medical coverage at mass gatherings, and interfacility transfers of patients. It includes prehospital health care for patients with real or perceived emergencies from the time point of emergency telephone access until arrival and transfer of care to the hospital.

EMS Agency – Riverside County Emergency Medical Services Agency, established by the County Riverside, which monitors the medical control and standards of the county EMS system.

Emergency Medical Technician - Defibrillator (EMT-D) – Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Paramedic – Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid license issued pursuant to this division.

EOA – Exclusive operating area as provided for by Section 1797.224 of the Health and Safety Code.

DMAT – Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

Local EMS Agency (LEMSA) – An agency established and designated by a county or group of counties for the administration of emergency medical services as per Section 1797.200 of the Health and Safety Code.

MCI – Multi-Casualty Incident.

MICN or Mobile Intensive Care Nurse -- A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

OES – Office of Emergency Services.

PCR – Patient Care Report.

PSAP- Public Service Answering Point

QA – Quality Assurance.

QI – Quality Improvement.

ReddiNet®- Rapid Emergency Digital Data Information Network

SEMS – Standardized Emergency Management System as required by California State Statute.