

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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January 3, 2018

Mr. James Clark, EMS Administrator  
Merced County EMS Agency  
260 E. 15<sup>th</sup> Street  
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Dear Mr. Clark:

This letter is in response to Merced County's 2016 EMS Plan Update submission to the EMS Authority on November 29, 2017.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Merced County's 2016 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Merced County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2015 plan submission.

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

- 1993
- 1995
- 1999
- 2001
- 2002
- 2004
- 2006
- 2007
- 2009
- 2010
- 2012
- 2014
- 2015

Health and Safety Code (HSC) §1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC §1797.105(b).

### **III. Analysis of EMS System Components:**

Following are comments related to Merced County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC §1797.254, and the EMS system components identified in HSC §1797.103, are indicated below:

Approved  Not Approved

A.   System Organization and Management

B.   Staffing/Training

C.   Communications

D.   Response/Transportation

1. Ambulance Zones

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

E.   Facilities/Critical Care

F.   Data Collection/System Evaluation

1. EMS Data – California EMS Information System (CEMSIS)

- Using information submitted by the Local EMS Agency (LEMSA), 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).

Statewide there are 25 LEMSAs submitting EMS data. Our records indicate Merced County is not submitting EMS data at this time. In order for the EMS Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.

G.   Public Information and Education

H.   Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, Merced County's 2016 EMS Plan Update is approved.

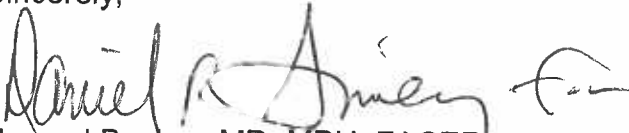
Pursuant to HSC §1797.105(b):

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

**V. Next Steps:**

Merced County's next annual EMS Plan Update will be due on or before January 31, 2018. 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



# Merced County EMS Agency



## EMS Plan Annual Update

2016



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# 2016 Merced County EMS Plan Annual Update

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## Merced County EMS Plan Annual Update 2016

### EXECUTIVE SUMMARY

*The delivery of emergency health care requires the participation of numerous independent individuals and organizations, including public safety agencies, ambulance services, physicians, and hospitals. Despite their autonomy, these organizations have high degrees of functional interdependence as they work to provide care, sometimes simultaneously, to individual patients. The emergency medical services system should be coordinated in order to ensure close cooperation, to limit conflict, and to ensure that the interests of the patients are primary in the system. Managing interdependence requires planning, standardization, and mutual adjustment. (From: [EMS System Guidelines, Part I, EMS System Planning Guidelines, June 1993, EMSA #101](#)).*

One of the primary tasks of a Local Emergency Medical Services Agency (LEMSA) in California is the development of an EMS System Plan. [Section 1797.254 of the California Health and Safety Code](#) requires each LEMSA to submit Annual EMS Plan Updates to the [California EMS Authority](#). The purpose of the Annual EMS Plan Update, however, is more than to merely satisfy legal requirements. The Plans should:

- Provide a framework for the planning and implementation of the local EMS system;
- Demonstrate that the local EMS system meets minimum state standards;
- Demonstrate that the local EMS system complies with applicable state laws and regulations;
- Demonstrate that the Local EMS Agency is planning, implementing, and evaluating a system which provides well-managed, patient-oriented emergency health care while coordinating resources with neighboring EMS systems; and
- Be useful to the Local EMS Agency in the development of long and short-range goals and annual work plans.

This EMS Plan Annual Update for the year 2016 identifies overall needs and objectives for the Merced County EMS System, in accordance with [California's EMS System Standards and Guidelines](#).

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS Plans. The Merced County local EMS System meets most of the Minimum Standards and Recommended Guidelines. However, even though the local EMS System may meet a particular Minimum Standard or Recommended Guideline, there may be room for improvement and objectives may therefore be identified and stated.



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

Merced County EMS Agency  
2016 EMS Plan Annual Update

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
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*		X	Not Met	N/A	N/A
4.06	Staffing		X	N/A		
4.07	First Responder Agencies		X	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		X	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	N/A		
4.13	Intercounty Response*		X	Not Met		X
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	N/A		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

4.22	Evaluation		X	N/A		
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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
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		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X	N/A		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	X		
5.12	Public Input		X	N/A		
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

# SYSTEM ASSESSMENT FORMS – 2016 ANNUAL UPDATE – MERCED COUNTY EMS AGENCY STAFFING/TRAINING

## 1.01 LEMSA STRUCTURE

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### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S): NONE

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE: OBJECTIVE MET. MERCED COUNTY EMS AGENCY INCLUDES A DETAILED ORGANIZATIONAL CHART IN TABLE 2 OF THIS PLAN.

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)