

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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January 4, 2018

Mr. Larry Karsteadt, Executive Director  
North Coast EMS Agency  
3340 Glenwood Avenue  
Eureka, CA 95501

Dear Mr. Karsteadt:

This letter is in response to North Coast EMS Agency's 2017 EMS Plan Update submission to the EMS Authority on November 16, 2017.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of North Coast EMS Agency's 2017 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

North Coast EMS Agency received its last full plan approval for its 1999 plan submission, and its last annual plan update for its 2016 plan submission.

Historically, we have received EMS Plan submissions from North Coast EMS Agency for the following years:

- 1999
- 2003
- 2005-2007
- 2009-2012
- 2014
- 2016

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 North Coast EMS Agency's 2017 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

1. Standard 1.10 - Planning Activities - Special Populations

- EMSA acknowledges your effort for assessing potential development of a regional Stroke program in your jurisdiction. EMSA is looking forward to hearing more on the progress of this endeavor.

2. Standard 1.24 – Enhanced Level: Advanced Life Support – ALS Systems

- In this section, you state, “refer to 1.11”, but 1.11 is not listed in this document. In the future, please add all standards to the EMS Plan.

3. Throughout the System Assessment Table, only section numbers are cited which makes it difficult for the reviewers as they have to keep referring back to the standards for clarification. In future EMS Plan submissions, please use the wording along with the section numbers.

B.   Staffing/Training

C.   Communications

D.   Response/Transportation

1. Ambulance Zones

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

2. Standards 4.08 & 4.09 – Medical and Rescue Aircraft – Air Dispatch Center

- CALFIRE is not classified, nor approved, as a rescue aircraft. Please do not utilize CALFIRE as an air rescue provider, as they have not completed their State process of classification.

3. Standard 4.18 – Enhanced Level – Ambulance Regulation

- This standard is missing from the Objective System Assessment table. In the future, please include this standard in the EMS Plan.

- E.   Facilities/Critical Care
- F.   Data Collection/System Evaluation
- G.   Public Information and Education
- H.   Disaster Medical Response

1. Standard 8.19 – Enhanced Level: Exclusive Operating Areas/Ambulance Regulations - Waiving Exclusivity

- On Table 2, Item 4, second line states, "Implementation of exclusive operating areas (ambulance franchising)". The wording "ambulance franchising" should be removed unless you will be complying with the "franchising" laws of California that require paying franchise fees and complying with applicable statutes on franchising (see California Franchise Relations Act, California Business and Professions Code, Section 20000 et seq.; Government Code, Title 5, Division 2, Part 1, Chapter 1, Article 4, Section 53066.01; Corporations Code, Title 4, Division 5, Part 1, Section 31011; Business and Professions Code, Division 8, Chapter 5.5, Article 1, Section 20007).

**IV. Conclusion:**

Based on the information identified, North Coast EMS Agency's 2017 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:**

North Coast EMS Agency's next annual EMS Plan Update will be due on or before December 30, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy Steiner-Keyson, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Amick" followed by a flourish.

Howard Backer, MD, MPH, FACEP  
Director

Enclosure



**Regional EMS Plan Annual Update  
Executive Summary  
October 31, 2016 (10-24-17 DRAFT)**

North Coast EMS has served as the EMS agency since 1974 and the local EMS agency for the Counties of Del Norte, Humboldt and Lake since 1981.

The North Coast EMS Joint Powers Governing Board will review and approve the enclosed Regional EMS Plan at the next meeting following review by regional EMS constituents.

Since the last EMS Plan was approved, the following key changes have occurred:

1. The 2016 Regional EMS Plan and 2016 Regional Trauma Plan was approved by EMSA.
2. Designated St. Joseph Hospital as a Level III and Mad River Community Hospital as a Level IV with Surgery trauma center in Humboldt County.
3. Prepared the Regional EMS 2017 Trauma Plan update for submission to EMSA.
4. Implemented new JPA Governing Board to help oversee the expanded Trauma System and Humboldt County Transportation Plan implementation process.
5. Contracted with a new Trauma and Emergency Department Approved for Pediatrics (EDAP) Nurse to assist with oversight and coordination of the expanded three-county Trauma System and the EMS for Children program.
6. Continued Base Hospital and EDAP designations at all seven hospitals and STEMI Receiving Center designation at St. Joseph Hospital.
7. Continued or activated certifications, accreditations or authorizations for a total of 737 EMTs, paramedics and MICNs.
8. Continued training program approvals for a total of 20 First Responder, EMT, Paramedic, FTO, EMD and MICN and 33 Continuing Education programs.
9. Continued approvals for 14 ALS providers, 9 transporting ALS providers, one fixed winged IFT provider. The region is served by 53 fire services.
10. Facilitated pediatric focused training in the region and at UCD-MC for North Coast EMS stakeholders.
11. Established the Humboldt County Trauma Advisory Committee (TAC), helped coordinate the Lake County TAC, convened the Humboldt County Cardiac Coordinating Committee meetings and participated in Medical Advisory and EMCC meetings.
12. Contracted with an Exclusive Operating Area and Quality Improvement Oversight Officer to assist with implementation of the state approved Humboldt County Transportation Plan to establish non-competitive Exclusive Operating Areas for ambulance services in Humboldt County.
13. Initiated development of EOA performance standards and other requirements including formalized EOA provider operational area disaster coordination responsibilities.

14. Assisted with development and of the 5150-medical clearance form and facilitated training throughout the region.
15. Participated in EMSA required EMSA/LEMSA meetings and submitted required General Fund Quarterly Reports.
16. Continued participation in the federal HRSA EMS for Children Regionalization grant with UC – Davis Medical Center (UCDMC) to continue in the north coast region and help expand the program to the S-SV EMS region.
17. Continued the CDPH HPP Disaster grant.
18. Submitted the North Coast EMS Quality Improvement Plan update and the Core Measures report to EMSA.
19. Continued use of Image Trend e-PCR program throughout the region; provisionally approved testing and utilization of two new e-PCR programs which have not yet been activated.
20. Submitted EMSA required CEMSIS-NEMSIS- EMS data and Core Measures report.
21. Received Trauma Registry data from Sutter-Lakeside and Sutter-Coast Trauma Centers and working on data transmission issues to the state Trauma registry.
22. Modified and expanded the STEMI Triage and Trauma Triage Destination Policies.
23. Expanded the Public Safety, First Responder and EMT scope of practice to include Naloxone and to include Epinephrine for anaphylaxis later this year.
24. Upgraded the First Responder training program.
25. Drafted a North Coast EMS Fiscal Restructuring Plan to help increase staff size and provide more competitive salaries for existing personnel. Received JPA Governing Board salary increases for all employees.
26. Participated in the Wellness Roadmap initiative in Lake County to reduce the number of repeat uses of the EMS system through data collection and sharing with of other county medical services.
27. Contracted with, and oriented new Del Norte and Lake County EMS Disaster Liaisons after the departure of their predecessors.

Please note the attached EMS Plan System Assessment update addresses all sections where progress has been made since the last submission and/or new objectives were identified. No changes occurred in any other Standard since the last update.



**A. SYSTEM ORGANIZATION AND MANAGEMENT**

xp = partially met

Last Updated 8/2016

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
<b>Agency Administration</b>					
1.01 LEMSA Structure		X		x	x
1.02 LEMSA Mission		X		x	x
1.03 Public Input		X		x	x
1.04 Medical Director		X		x	x
<b>Planning Activities</b>					
1.05 System Plan		X		x	x
1.06 Annual Plan Update		X		x	
1.07 Trauma Planning*		X		x	x
1.08 ALS Planning*		X		x	x
1.09 Inventory of Resource		X		x	x
1.10 Special Populations		X		x	x
1.11 System Participants		X		x	x
<b>Regulatory Activities</b>					
1.12 Review and Monitoring		x		x	x
1.13 Coordination		X			
1.14 Policy & Procedures Manual		x		x	x
1.15 Compliance w/ Policies		x		x	x
<b>System Financing</b>					
1.16 Funding Mechanism		X		x	x
<b>Medical Direction</b>					
1.17 Medical Direction*		X		x	x
1.18 QA/QI		X		x	x
1.19 Policies, Procedures, Protocols		x		x	x
1.20 DNR Policy		X			
1.21 Determin. of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X		x	x
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X		x	x
1.25 On-Line Med. Dir.		X		x	x
<b>Enhanced Level: Trauma Care System</b>					
1.26 Trauma System Plan		X		x	x
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System</b>					
1.27 Pediatric System Plan		X		x	x
<b>Enhanced Level: Trauma Care System</b>					
1.28 EOA Plan		X		x	x



**B. STAFFING/TRAINING**

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

**C. COMMUNICATIONS**

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

<b>3.10 Integrated Dispatch</b>		X		x	x
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**D. RESPONSE/TRANSPORTATION**

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
<b>Universal Level</b>					
4.01 Service Area Boundaries*		x		x	x
4.02 Monitoring		X		x	x
4.03 Classifying Medical Requests		x			
4.04 Prescheduled Responses		x			
4.05 Response Time Standards*		x			
4.06 Staffing		X		x	x
4.07 First Responder Agencies		x		x	x
4.08 Medical & Rescue Aircraft*		x		x	x
4.09 Air Dispatch Center		X		x	x
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X		x	x
4.13 Intercounty Response		X		x	x
4.14 Incident Command System		X		x	x
4.15 MCI Plans		X		x	x
<b>Enhanced Level: Advanced Life Support</b>					
4.16 ALS Staffing		X		x	x
4.17 ALS Equipment		X		x	x
<b>Enhanced Level: Ambulance Regulation</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits</b>					
4.19 Transportation Plan		X		x	x
4.20 "Grandfathering"		X		x	x
4.21 Compliance				x	x
4.22 Evaluation				x	x

**D. FACILITIES/CRITICAL CARE**

Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
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Universal Level					
	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
5.01 Assess. of Capabilities		X		x	x
5.02 Triage/Transfer Protocols*		X x		x	
5.03 Transfer Guidelines*		X		x	
5.04 Specialty Care Facilities*		X		x	x
5.05 Mass Casualty Management		X		x	x
5.06 Hospital Evacuation*		X		x	x
Enhanced Level: Advanced Life Support					
5.07 Base Hospital Designation		X		x	x
Enhanced Level: Trauma Care System					
5.08 Trauma System Design		X		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 Depts.		X		x	
5.12 Public Input		x		x	
Enhanced Level: Other Specialty Care Systems					
5.13 Specialty System Design		x		x	x
5.14 Public Input		x		x	x
5.15 Subsystem Evaluation and Data		x		x	x

**E. DATA COLLECTION/SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
Universal Level					
6.01 QA/QI Program		x		x	x
6.02 Prehospital Records		x		x	x
6.03 Prehospital Care Audits		x		x	x
6.04 Medical Dispatch		x		x	x
6.05 Data Management System*		x		x	x
6.06 System Design Evaluation		x		x	x

6.07	Provider Participation		x		x	
6.08	Reporting		x		x	x
<b>Enhanced Level: Advanced Life Support</b>						
6.09	ALS Audit		x			
<b>Enhanced Level: Trauma Care System</b>						
6.10	Trauma System Evaluation		x		x	x
6.11	Trauma Center Data		x		x	x

**F. PUBLIC INFORMATION AND EDUCATION**

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

**H. DISASTER MEDICAL RESPONSE**

	Does not meet standard	Meets minimum standard	Meets recommended standard	Short-range Plan	Long-range Plan
<b>Universal Level</b>					
8.01	Disaster Medical Planning	x		x	x
8.02	Response Plans	x		x	x
8.03	HazMat Training	x		x	x
8.04	Incident Command System	x		x	x
8.05	Distribution of Casualties*	x		x	x
8.06	Needs Assessment	x		x	x
8.07	Disaster Communications*	x		x	x
8.08	Inventory of Resources	x		x	x
8.09	DMAT Teams	x		x	x
8.10	Mutual Aid Agreements*	x		x	x
8.11	CCP Designation*	x		x	x
8.12	Establishment of CCPs	x		x	x
8.13	Disaster Medical Training	x		x	x
8.14	Hospital Plans	x		x	x