

EMERGENCY MEDICAL SERVICES AUTHORITY

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October 4, 2019

Mr. Lance Doyle, EMS Executive Director
Mountain-Valley EMS Agency
1101 Standiford Avenue, #D1
Modesto, CA 95350

Dear Mr. Doyle:

This letter is in response to Mountain-Valley EMS Agency's 2017 EMS Plan submission to the EMS Authority on March 29, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of Mountain-Valley EMS Agency's 2017 EMS Plan and is approving the plan as submitted.

II. History and Background:

Mountain-Valley EMS Agency received its last plan approval for its 2016 plan submission.

Historically, we have received EMS Plan submissions from Mountain-Valley EMS Agency for the following years:

- 1996
- 1999-2002
- 2004-2005
- 2007-2011
- 2015-2016

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, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Mountain-Valley EMS Agency's 2017 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Approved | Not Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

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

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Mountain-Valley EMS Agency's 2017 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

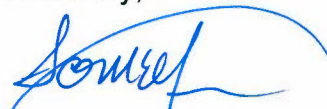
"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical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

Mr. Lance Doyle, EMS Executive Director
October 4, 2019
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V. Next Steps:

Mountain-Valley EMS Agency's next EMS Plan will be due on or before October 31, 2020. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure



2017 EMS Annual Plan Update

March 28, 2019



Executive Summary

The Mountain-Valley EMS Agency (MVEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSA to the MVEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties have been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, base hospitals and specialty centers.

The five counties encompass an area of some 5,300 square miles with a resident population of approximately 632,161 people. The region ranges from remote rural areas to large urban areas. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains and the heat of the San Joaquin Valley region. Highway 99, runs through Stanislaus County from Merced County border to San Joaquin County Boarder and Interstate 5 touches the Western portion of Stanislaus County. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Highway 49 runs through Alpine, Amador, Calaveras and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain-Valley EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost effective manner as an integrated part of the overall health care

system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

MVEMSA, to date, has designated two (2) Level II trauma centers, which are located in Stanislaus County, three (3) STEMI Receiving Centers and three (3) Stroke Receiving Centers. MVEMSA conducts quarterly Trauma Advisory Committees (TAC) and quarterly STEMI/Stroke QI meetings for all system participants. An objective for the Agency, as presented in the System Assessment Form, is to designate a Level III Trauma Center in one of our Mountain Counties.

Approval of CE Programs and EMT Training Programs continue throughout the region along with renewals of the programs every four years. MVEMSA is conducting audits of the approved CE Provider Programs throughout the region. Our providers are currently submitting ePCR data to FirstWatch as it complies with the EMSA statewide data system.

The agency has worked closely with the EMS providers to implement the electronic patient care reporting (ePCR) systems. The prehospital transport agencies utilize proprietary ePCR systems are compliant to the required CEMSIS/NEMSIS versions, which has permitted a more complete submittal of Core Measures data.

The agency work with all EMS ambulance and fire providers to conduct numerous community education programs and events throughout the year. Through the community education program we facilitated teaching 2506 citizens hands-only CPR; including schools, community organizations and a booth at the Stanislaus County Fair. In addition, providers have become active in the Stop the Bleed program in partnership with the 2 Trauma Centers in Stanislaus County. The agency conducted 2 cardiac arrest survivor celebrations attended by over 200 survivors, family members and responders. Lastly, the agency and EMS providers participate in public awareness/education initiatives led by area hospitals including, cardiac and trauma symposiums, Every 15 Minutes and Drug Store programs.

The Agency is working with member counties to complete the inventory of resources and hospital evacuation requirements listed in the System Assessment.

The MVEMSA Executive Director is the MHOAC designee in all 5 member counties secondary to each County Health Officer with county-specific policies to support this function. In addition, MVEMSA provides 24/7/365 EMS Duty Officer coverage to all 5 member counties and also supported by policy. The MVEMSA MHOAC designee and disaster committee actively work with all member counties to implement the 17 functions of CA Health and Safety Code, Division 2.3, Section 1797.153.

Specifics of the Mountain-Valley EMS Agency EMS Plan are contained within the annual EMS Plan update.

The System Assessment Forms to include current status, needs, objectives and time frames are essentially unchanged from the 2016 EMS Plan Update.



2017 EMS Plan Update

Table 1

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
Agency Administration:						
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		
Planning Activities:						
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		X
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
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		
System Finances:						
1.16	Funding Mechanism		X	N/A		
Medical Direction:						
1.17	Medical Direction*		X	N/A		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

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		
1.23	Interfacility Transfer		X	N/A		
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		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	N/A		
Enhanced Level: Exclusive Operating Areas:						
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
Local EMS Agency:						
2.01	Assessment of Needs		X	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		X	N/A		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	N/A		
2.07	Medical Control		X	N/A		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
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
Communications Equipment:						
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		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	N/A		
Resource Management:						
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
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*		X	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	X		
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	N/A		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		
4.22	Evaluation		X	N/A		

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
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		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*	X		N/A		X
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	N/A		
Enhanced Level: Other Specialty Care Systems:						
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
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	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		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
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
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		

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
Universal Level:						
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	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		
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		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	N/A		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	Yes	Long-Range	Communications started	Designate a LIII in Mountain Counties
1.09	Inventory of Resources	No	Long-Range	<p>Communications started. The process was to work with the Health Care Coalition to identify the Resource Inventory of the HPP purchases.</p> <p>Barriers - Alpine County, there are no ALS resources and the system relies on out of county mutual aid. Mariposa, new staff within public health management and emergency management has been reorganized under the direction of the Public Health Officer. The first identified priority was the revision of the EOP. So the disaster inventory documentation is pending until revision of plans.</p> <p>Alpine - The Agency will work with the Public Health Officer to catalog resources by 06/30/2021.</p> <p>Mariposa - The Agency reviewed and</p>	<p>Alpine & Mariposa – Completion of Resource Inventory by 06/30/2021</p>

				<p>revised the Mass Casualty response section of the EOP. The final completion of the EOP revision is solely dependent on OES. Based on the Agency review we will work with OES to catalog resources by 06/30/2021.</p>	
5.06	Hospital Evacuation	No	Long-Range	<p>The Stanislaus County Health Care Coalition has implemented the use of the ASPIR on-line evacuation tool as a needs assessment. An April 2018 table top is scheduled with coalition stakeholders. The after action report from the April 2018 tabletop will be presented to the mountain county coalitions (Amador, Calaveras & Mariposa) as the first step in county specific plan development.</p> <p>Stanislaus County – the first priority was to create a pediatric surge plan; this has been completed. Additionally, the ASPIR tool will be used at all five (5) acute care hospitals in Stanislaus county. We anticipate a time period of three (3) years, 07/31/2022 to complete a comprehensive evacuation plan. Short-term – gather five (5) acute care hospital</p>	<p>Develop Interim Guidance in FY 20/21 Develop Plan in FY 22/23</p>

disaster plans to create an interim guidance for the county, anticipate completion by 07/31/2020.

Amador, Calaveras & Mariposa Counties - The Coalition within each county will review the Stanislaus County guidance to determine if it is applicable for the rural mountain counties. Review and revisions to be completed by 12/31/2020.

Alpine County
N/A – no hospital.



2017 EMS Plan Update

Table 2

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: CY 2017

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: Alpine

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Amador

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Calaveras

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Mariposa

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Stanislaus

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

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

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	_____
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>858,840</u>
Contract Services (e.g. medical director)	<u>109,697</u>
Operations (e.g. copying, postage, facilities)	<u>552,994</u>
Travel	<u>8,127</u>
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	<u>2,141</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>1,531,799</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	<u>375,346</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>284,906</u>
Certification fees	<u>71,913</u>
Training program approval fees	<u>2,510</u>
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	<u>200,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	<u>171,000</u>
Type: <u>Stroke Receiving Center (\$75,000)</u>	
Type : <u>STEMI Receiving Center (\$96,000)</u>	
Ambulance service/vehicle fees	<u>337,744</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: <u>Hospital Preparedness Program (HPP)</u>	<u>65,670</u>
Other fees: <u>Training Fees</u>	<u>6,115</u>
Other (specify): <u>Local Interest</u>	<u>16,595</u>
 TOTAL REVENUE	 \$ <u>1,531,799</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>30</u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u>125</u>
EMT-I recertification	<u>87</u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
AEMT certification	<u>150</u>
AEMT recertification	<u>87</u>
EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>100</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	<u>2,500</u>
AEMT training program approval	<u> </u>
EMT-P training program approval	<u>10,000</u>
MICN/ARN training program approval	<u>750</u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Level I	<u>25,000</u>
Level II	<u>25,000</u>
Level III	<u>5,000</u>
Level IV	<u>5,000</u>
Trauma center designation	
Level I	<u>100,000</u>
Level II	<u>100,000</u>
Level III	<u>32,000</u>
Level IV	<u>32,000</u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	
Type: <u>STEMI Receiving Center</u>	<u>5,000</u>
Type: <u>Primary Stroke Center</u>	<u>5,000</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

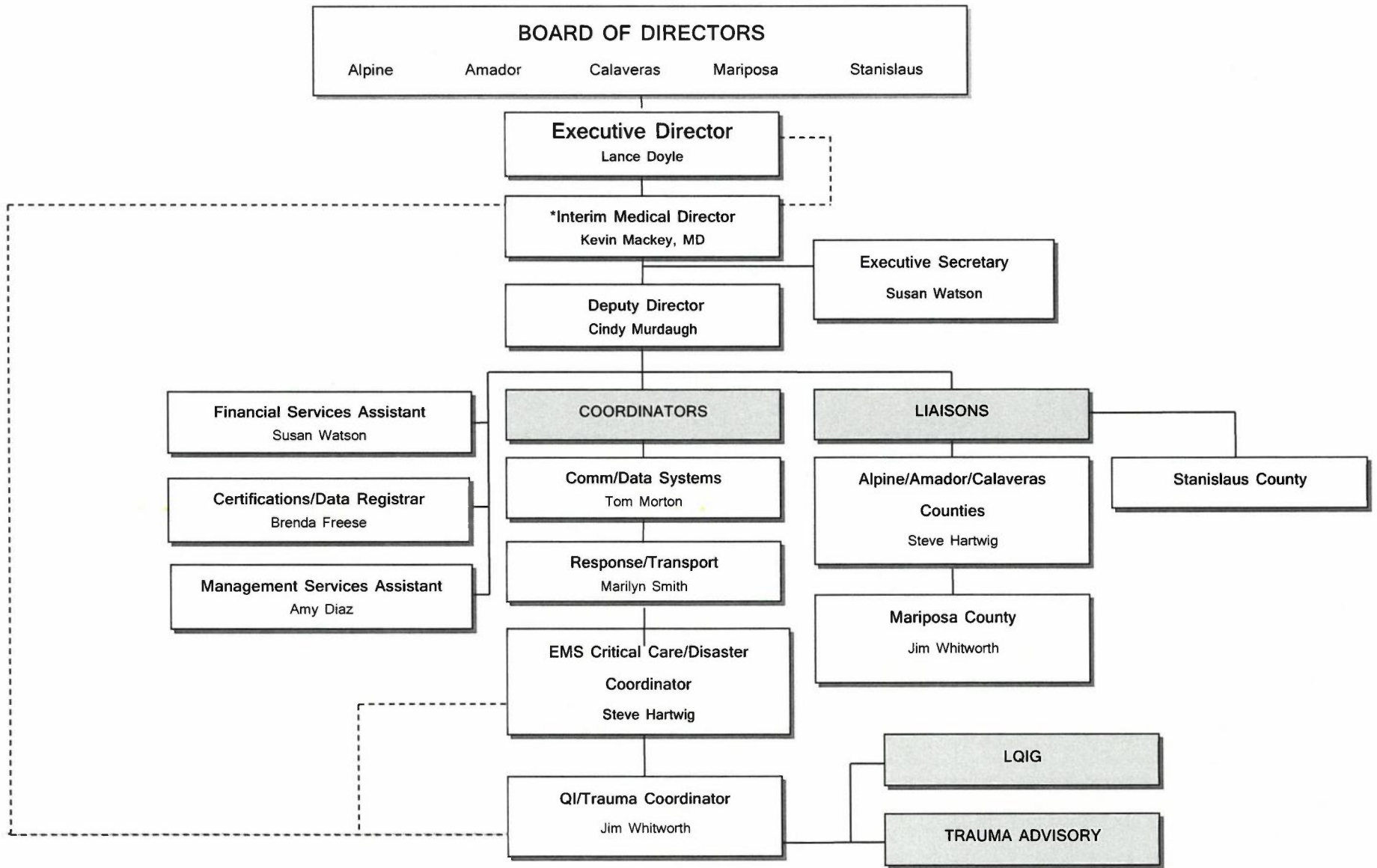
Other critical care center designation	
Type: <u>STEMI Receiving Center</u>	<u>32,000</u>
Type: <u>Primary Stroke Center</u>	<u>25,000</u>
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: <u>Air Ambulance Authorization (In-Region)</u>	<u>5,000</u>
Other: <u>Air Ambulance Authorization (Out-of-Region)</u>	<u>1,000</u>
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	\$54.76		
Asst. Admin./Admin.Asst./Admin. Mgr.	Deputy Director	1.0	\$42.61		
ALS Coord./Field Coord./Trng Coordinator	EMS Critical Care Coordinator	1.0	\$36.68		
Program Coordinator/Field Liaison (Non-clinical)	Response & Transport Coordinator	0.63	\$32.63		
Trauma Coordinator	Trauma Coordinator	0.5	\$45.85		
Medical Director	Medical Director		\$69,691		Independent Contractor
Other MD/Medical Consult/Training Medical Director	Assistant Medical Director		\$3,332		Independent Contractor
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Communications/Data Systems Analyst	1.0	\$30.95		
QA/QI Coordinator	QI Coordinator	0.5	\$45.85		
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5	\$24.79		
Other Clerical	Financial Services Assistant	0.5	\$24.79		
Data Entry Clerk	Management Services Assistant	1.0	\$22.47		

Other

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





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Table 3

TABLE 3: STAFFING/TRAINING

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1277			359
Number newly certified this year	154			56
Number recertified this year	422			132
Total number of accredited personnel on July 1 of the reporting year			329	
Number of certification reviews resulting in:				
a) formal investigations	4			
b) probation	2			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	2			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

1277

b) Number of public safety (defib) certified (non-EMT-I)

125

2. Do you have an EMR training program*

X yes no

*Agency does not host an EMR program but multiple CE providers have approved programs



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Table 4

TABLE 4: COMMUNICATIONS

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

County: Alpine County

Reporting Year: 2017

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Alpine County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Alpine County Sheriff Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.100/153.800</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

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

County: Amador County

Reporting Year: CY 2017

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Amador County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Amador County Sheriff Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>467.975/462.975</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 4: COMMUNICATIONS

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

County: Calaveras County

Reporting Year: CY 2017

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Calaveras County Sheriff's Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Calaveras County Sheriff's Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.950/462.950</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 4: COMMUNICATIONS

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

County: Mariposa County

Reporting Year: CY 2017

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>CalFire ECC</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>CalFire ECC</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>159.390/151.460</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 4: COMMUNICATIONS

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

County: Stanislaus County

Reporting Year: CY 2017

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>157.6125/463.00</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |



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Table 5

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: CY 2017

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 36

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

ALPINE COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

AMADOR COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12:00	20:00/30:00	ASAP	N/A

CALAVERAS COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	13:00/20:00	13:00/20:00	N/A	N/A

MARIPOSA COUNTY

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8:00	12:00/20:00	ASAP	N/A

STANISLAUS COUNTY

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A



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Table 6

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>N/A*</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>2262</u>
3. Number of major trauma patients transferred to a trauma center	<u>458</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>8</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>8</u>

*Trauma Centers do not capture this



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Table 7

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017 _____

County: Alpine _____

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Woodsfords Fire Dept and Turtle Creek _____
 - b. How are they staffed? County Staff and Mutual Aid _____
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No

- 3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? N/A _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1 _____

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
_N/A_____
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No