

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., 2ND FLOOR
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



May 10, 2023

Katie Andrews, EMS Administrator
Tuolumne County EMS Agency
20111 Cedar Road North
Sonora, CA 95370

Dear Mrs. Andrews,

This letter is in response to Tuolumne County Emergency Medical Services (EMS) Agency's 2018-2022 EMS, Trauma, and Quality Improvement (QI), plan submissions to the EMS Authority on January 30, 2023.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma and QI plans based on compliance with Chapters 7 and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Your 2023 EMS plan will be due on or before May 10, 2024. Concurrently with the EMS plan, please submit an annual Trauma and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or mark.olivas@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Tom McGinnis". The signature is written in a cursive, flowing style.

Tom McGinnis
Chief, EMS Systems Division

Enclosure:
AW: rd

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EMS Plan 2018-2022

TUOLUMNE COUNTY EMS AGENCY

Kimberly Freeman - EMS Medical Director

Katie Andrews - EMS Coordinator

20111 CEDAR RD N SONORA CA 95370

Executive Summary

The Tuolumne County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department with the Human Services Agency on July 1, 1997, to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, responsibility of the Tuolumne County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority.

In general, the EMS system for Tuolumne County is a stable system that provides efficient and timely prehospital emergency medical services to its residents and visitors through universal 9-1-1 access; county, special district and city first response agencies; Tuolumne County Ambulance, Petroleum Helicopters Inc. (PHI); out of county response from Mercy Ambulance; neighboring air ambulance providers; one acute care hospital located within the county; and tertiary medical centers located outside the county. The Tuolumne County EMS system constantly strives to improve and offer the best prehospital care available in our rural environment.

SUMMARY OF CHANGES SINCE 2017

SYSTEM ORGANIZATION AND MANAGEMENT

Hired Katie Andrews in October 2020 as a part time EMS Coordinator. Upon Clarence Teems retirement in August 2021, Katie Andrews became the Tuolumne County EMS Agencies full time EMS Coordinator responsible for assuring the effective delivery of emergency medical services within Tuolumne County; coordinating, managing, and administering the programs, functions, and activities of the EMS Agency; and ensuring compliance with related federal, state and county regulations.

MANPOWER AND TRAINING

1. Developed training modules for EMT administration of intra-nasal naloxone, intra-muscular epinephrine, and the use of glucometer.
2. Trained Law Enforcement Officers to use intra-nasal naloxone.
3. All first out ambulances have been equipped with a Lund University Cardiac Arrest System (LUCAS) device.

COMMUNICATIONS

Emergency Medical Dispatch was implemented in January 2019. The Tuolumne County EMS system utilizes the Tuolumne County Sheriff's Office (TCSO) dispatch as the single point of EMS communication and emergency medical dispatch (EMD) countywide. TCSO is a public safety agency and provides EMD services through utilization of the Medical Priority Dispatch System, approved by Tuolumne County EMS Agency, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (CCR) 100170. Additionally, TCSO dispatches EMS aircraft, who utilize countywide frequencies and standard hospital communication capabilities, in compliance with local EMS policies and procedures and CCR 100306.

Tuolumne County Dispatch Center implemented Next Generation 911.

In compliance with Title 22, CH4, 100170 has Tuolumne County EMS Agency Policy 501.00 Base Hospital Designation which includes the base hospital having and agreeing to utilize and maintain two way telecommunications equipment, as specified by the Tuolumne County EMS Agency, capable of direct two-way voice communication with ambulances in the Tuolumne County EMS System, having and agreeing to utilize and maintain a dedicated telephone line directly in the emergency department for medical control communications with prehospital emergency medical personnel, and agreeing to tape record all radio and telephone medical control communications, and maintain recordings for a minimum of 120 days, and use such recordings exclusively for auditing, continuing education and review by the Tuolumne County EMS Agency.

RESPONSE AND TRANSPORTATION

All treatment guidelines were updated in 2021.

Tuolumne County renewed the contract with Manteca District Ambulance through 2026.

FACILITIES AND CRITICAL CARE

Renewed contracts with Memorial Medical Center and Doctors Medical Center for trauma services.

DATA COLLECTION AND SYSTEM EVALUATION

In December 2020, ground ambulance with the assistance of TCEMSA implemented a new cloud based NEMSIS/CEMSIS compliant electronic Patient Care Report (ePCR) program.

Under California Health and Safety Code 1797.204, a local EMS Agency is required to evaluate EMS system readiness and response services. TCEMSA regularly reviews operational and clinical data impacting EMS services in Tuolumne County. The CQI plan is attached.

It was discovered that PHI did not have a CEMSIS number and ePCR's were not being submitted to CEMSIS. They have since received a CEMSIS number and it has been confirmed by EMSA that ePCR's are being reported to CEMSIS.

PUBLIC INFORMATION AND EDUCATION

N/A

DISASTER MEDICAL RESPONSE

In accordance with Section 1797.152 and 1797.153 of the Health and Safety Code the Tuolumne County Medical Health Mutual Aid Coordinator (MHOAC) position is assigned to the EMS Coordinator with the Public Health Officer and Public Health Director filling the role as needed. The MHOAC works closely with area healthcare partners through the Healthcare and Safety Coalition which includes Public Health, County Behavioral Health, Environmental Health, and the county Office of Emergency Services. The LEMSA does follow, in accordance with Section 1797.152 and 1797.153 of the Health and Safety Code, for response and utilizes all 17 functions of the MHOAC, their coordination in the creation of Medical and Health Disaster Plan, and their duties in coordination of resources during a disaster per HSC § 1797.153. Also, in accordance with HSC § 1797.152 the MHOAC coordinates with the RDMHC program, as well as local and state health officials and agencies.

In response to the COVID-19 pandemic, TCEMSA has acted as the MHOAC program lead and continues to coordinate all medical and health mutual aid resource requests within Tuolumne County. The MHOAC program was also active in requesting evacuation resources for the Washington Fire in August 2021.

In 2018, a Public Health Field Operations Guide (PH-FOG) was developed, to assist in integrating PH staff during a large Multi-Casualty Incident (MCI).

NEEDS AND PROGRAM SOLUTIONS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 Need: Review of plans to address the needs of special population.

Program Solution: Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring services.

1.07 Need: Ensure availability of trauma services for critically injured patients by written agreements with adjoining counties trauma designations.

Program Solution: Enter into agreements with Stanislaus County EMS, and San Joaquin County EMS to include San Joaquin General Hospital in the Tuolumne County EMS Trauma Plan.

1.11 Need: Update agreements with Base Station and BLS agencies

Program Solution: Work with Adventist Health Sonora to update the Base Hospital Agreement. Work with fire districts and agencies to update BLS service agreements.

1.27 Need: An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted. Former EMS-C policies need to be re-established.

Program Solution: The creation of an EMS-C systems within the Tuolumne County EMS

MANPOWER AND TRAINING

2.04 Needs: Develop a process to ensure the continued education/refresher training of EMS dispatch personnel. Establish local emergency medical dispatch policy for issuing EMD certification.

Program Solution: work with dispatch center on developing a process to ensure the continued education/refresher training of EMS dispatch personnel. Establish local emergency medical dispatch policy for issuing EMD certification.

2.05 Need: Implement Public Safety-First Aid Training and certification into EMS System, along with policies, procedures, and treatment guidelines.

Program Solution: Implement Public Safety-First Aid Training and certification into EMS System, along with policies, procedures, and treatment guidelines.

2.09 Need: Increase CPR training opportunities within Tuolumne County.

Program Solution: Develop and implement increased CPR training opportunities for the general public and responders.

2.13 Need: Increase training and orientation for base hospital physicians.

Program Solution: Develop a training procedure for base hospital physicians orienting them to TCEMSA.

COMMUNICATIONS

3.07 Need: Incorporate text to 9-1-1

Program Solution: work with TCSO dispatch to incorporate text to 9-1-1 into the enhanced 9-1-1 system

3.09 Need: Develop and implement an EMS agency policy for EMD.

Program Solution: Develop and implement an EMS agency policy for EMD.

3.10 Need: Implement Computer aided dispatch into ALS response units.

Program Solution: Implement Computer aided dispatch into ALS response units.

RESPONSE AND TRANSPORTATION

4.05 Need: Develop and implement response time standards.

Program Solution: With the addition of CAD's to ambulance transporting units, implement response time standards.

4.13 Need: Develop and implement mutual aid agreements with other neighboring counties/Region IV.

Program Solution: Develop and implement mutual aid agreements with other neighboring counties/Region IV.

4.15 Need: Improve system response and enhance efficiency of EMS System response to multi-casualty incidents.

Program Solution: Increase training opportunities and requirements.

- 4.17 Need:** Review and update policy for medication and equipment inventory on all in service ambulances and BLS response vehicles.

Program Solution: Review and update policy for medication and equipment inventory on all in service ambulances and BLS response vehicles.

FACILITIES AND CRITICAL CARE

- 5.01 Need:** Update hospital agreement.

Program Solution: Work with Adventist Health Sonora to update hospital agreement.

- 5.01 Need:** Develop and implement strategies to reduce off load delays of patients transported by EMS system ambulances to the counties receiving facility

Program Solution: Continue to engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times

- 5.10 Need:** Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

Program Solution: Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

DATA COLLECTION AND SYSTEM EVALUATION

- 6.05 Need:** The collection of data from the emergency department, medical dispatch and first response dispatch in an electronic format capable of import into ESO.

Program Solution: The collection of data from the emergency department, medical dispatch and first response dispatch in an electronic format capable of import into ESO.

- 6.05 Need:** complete ePCR data transfer from Outfielder to ESO

Program Solution: complete ePCR data transfer from Outfielder to ESO

- 6.05 Need:** Implement online application portal for certifications, accreditations, and authorizations.

Program Solution: Implement online application portal for certifications, accreditations, and authorizations.

6.09 Need: Fund and maintain a health data exchange (HDE) process to provide feedback to prehospital personnel on patient outcomes.

Program Solution: Fund and maintain a health data exchange (HDE) process to provide feedback to prehospital personnel on patient outcomes.

PUBLIC INFORMATION AND EDUCATION

7.04 Need: Increase CPR training for the general public post COVID-19 pandemic.

Program Solution: Increase CPR training for the general public post COVID-19 pandemic.

DISASTER MEDICAL RESPONSE

None currently.

AMBULANCE OPERATING ZONE SUMMARY FORM



Date: 2018-2022

Local EMS Agency or County Name: Tuolumne County

Area Description: (e.g., Zone 1, Zone A) Tuolumne County

Title: Tuolumne County

Geographic Description: (Also attach map) Tuolumne County has a total area of 2,274 square miles. Tuolumne lies on the western slope of the Sierra Nevada, bordered on the north by Calaveras and Alpine, on the east by Mono County, on the south by Mariposa County, and on the west by Stanislaus County. Three main highways traverse the county: State routes 49, 108, and 120. The northern half of Yosemite National Park is in the eastern part of Tuolumne County. The only incorporated city in Tuolumne County is Sonora. See map and Ambulance Response zone descriptions below.

Current Provider Name: (include legal, fictitious, and dba)

Tuolumne County Ambulance

☐ Exclusive

☒ Non - Exclusive

Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)

☐ Emergency Ambulance

☐ Advanced Life Support (ALS)

☐ Limited Advanced Life Support (LALS)

Scope of Operations: (Check one box)

☐ 9-1-1 Emergency Ambulance

☐ 7-Digit Emergency Ambulance

☐ ALS Ambulance

☐ All ALS Ambulance Services
(9-1-1, 7-Digit, IFT)

☐ All CCT/ALS Ambulance Services
(CCT, 9-1-1, 7-Digit)

☐ BLS Non-Emergency Services
(IFT)

☐ Critical Care Transport

☐ Standby Service with Transport Authorization

☒ All Emergency Services
(9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)

☐ Other

AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

☐ **No Competitive Process:**

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.
N/A non-exclusive

Provide a description of the system status management plan for the EMS area and subareas.
N/A non-exclusive

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

In the boundaries of Yosemite National Park, EMS is provided by the National Park Service..
Tuolumne County serves as the transporting EMS provider and rendezvous with National Park EMS at the park boundaries.

☐ **Competitive Process:**

List contract dates: N/A non-exclusive
(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

☐ **Yes** (Attach detailed explanation) ☒ **No**

Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete

1.	Operating Area Name and Description: See below <i>(Attach map including adjacent zones.)</i>
2.	Has a competitive process ever been conducted in this area? <input type="checkbox"/> Yes <i>(If yes, provide the following)</i> <input checked="" type="checkbox"/> No Provider: _____ Start Date: _____ Length of Agreement: _____
3.	Type of Service: <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS
4.	Organization Name: <i>(include legal, fictitious, and dba)</i> N/A no exclusivity
5.	Address: Headquarters: N/A non-exclusive _____ _____ Operational: _____ _____
6.	Type of Organization: N/A non-exclusive <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority
7.	Month/Year Service Began: N/A non-exclusive
8.	Breaks in Service, if applicable: <i>(Include length of each break, reason, and how zone(s) were serviced during the break.)</i> N/A non-exclusive
9.	Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following: N/A non-exclusive a) Describe and include population affected:

AMBULANCE OPERATING ZONE SUMMARY FORM



- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following: N/A non-exclusive

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
☐ Yes ☐ No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following: N/A non-exclusive

- a) Are the providers currently in operation?
☐ Yes ☐ No

List all providers and their level of service: *(emergency, ALS, BLS)*

- b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.



AMBULANCE OPERATING ZONE SUMMARY FORM

Ambulance Zone 1

Northern boundary: starting at the Highway 49 (Archie Stevenot) Bridge proceeding north along the Stanislaus River to the South Fork of the Stanislaus River; proceeding east along the South Fork of the Stanislaus River to Italian Bar Road (encompassing Italian Bar Road north to Rose Creek.)

Eastern Boundary: starting at the Italian Bar Road Bridge at the South Fork of the Stanislaus River proceeding south along an imaginary line (taking in all of Five Mile Creek Road, Redwood Way, Northridge Road and Gray Fox Road) crossing at a point on Big Hill Road between Borden Road and Old Oak Ranch Road; continuing south (taking in all of the Apple Valley community) to the north shore of Phoenix Lake; proceeding south along the eastern edge of Phoenix Lake crossing Phoenix Lake Road at the midpoint between Silver Dawn Drive and Avenida Del Sol; proceeding south (taking in Peaceful Oak Road) to the intersection of Standard Road and Highway 108; proceeding south down the middle of Standard Road to Tuolumne Road; proceeding east along Tuolumne Road to Morris Road; turning south on an imaginary line to the intersection of Yosemite Road and Wards Ferry Road; proceeding south along Wards Ferry Road to the Wards Ferry Road Bridge at the Tuolumne River.

Southern Boundary: starting the Wards Ferry Road Bridge proceeding west along the Tuolumne River to a point in the middle of the Stent-Jacksonville Bridge.

Western Boundary: starting in the middle of the Stent-Jacksonville Bridge proceeding north along the shoreline of Lake Don Pedro to Twist Rd, and proceeding along an imaginary line westerly to the junction of Highway 108 and Highway 120; proceeding north along to the shoreline of New Melones Reservoir, proceeding along the shoreline to the Highway 49 (Archie Stevenot) Bridge.

Major points:

Includes all of the lake surface area of New Melones Reservoir.

Includes the communities of: Columbia, Apple Valley, Scenic Brook, Mono Village, Sonora, Jamestown, Cuesta Serna, Lambert Lakes, Quail Hollow, Quail Ridge Ranch, Shaws Flat, Tuttletown, Richards Ranch and Jacksonville area including Park Ave.

Ambulance Zone 2

Northern Boundary: starting at the Middle Fork of the Stanislaus River and the border with Calaveras County proceeding east along the Middle Fork of the Stanislaus River to the eastern border of TN4-RI7E.

Eastern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the eastern border of TN4-RI7E proceeding south, crossing Highway 108 just west of Odd Fellows Road, to the Northern Boundary of T2N-RI7E; proceeding east to the western boundary of the Emigrant Wilderness.

Southern Boundary: The Southern Boundary is the Northern Boundary of zone 7.

Western Boundary: the eastside of Zone 1's Eastern Boundary.



AMBULANCE OPERATING ZONE SUMMARY FORM

Major Points:

Excludes Cherry Lake Boat Ramp.

Includes the communities of: Camp Sunshine, Mono Vista, Cedar Ridge, Crystal Falls, Jupiter, Sierra Village, Mi-Wuk, Sugarpine, Twain Harte, Willow Springs, Soulsbyville.

Ambulance Zone 3

Northern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the border of Calaveras County; proceeding northeast along the county line to the Alpine County border.

Eastern Boundary: starting at the intersection of the Tuolumne, Calaveras, Alpine county borders and proceeding southeast along the county line to the Mono County border; continuing south along the county line to the intersection of the county and the southern border of the Emigrant Wilderness.

Southern Boundary: starting at the intersection of the Tuolumne and Mono County border and the southern boundary of the Emigrant Wilderness proceeding west along the southern boundary of the emigrant wilderness to the north shore of Cherry Lake.

Western Boundary: the eastside of Zone 2's Eastern Boundary.

Major Points: Includes the communities of: Pinecrest, Long Barn, Strawberry, Leland Meadows, Brightman Flat, Kennedy Meadows. Dodge Ridge, Beardsley Reservoir, Stanislaus National Forest.

Ambulance Zone 4

Northern Border: starting in the middle of the Stent-Jacksonville Bridge proceeding east along the Tuolumne River to Cherry Lake Road; proceeding north along the Westside of Cherry Lake Road to Cherry Lake; proceeding along the western shoreline of Cherry Lake to the intersection of Cherry Lake and the southern border of the Emigrant Wilderness; proceeding east along the Emigrant Wilderness border to the Tuolumne County and Mono County Border.

Eastern Border: Starting at the intersection of the Tuolumne and Mono County borders and the southern border of the Emigrant Wilderness proceeding south along the Mono County Line to the intersection of the Tuolumne, Mariposa and Madera County lines.

Southern Border: starting at the intersection of the Tuolumne, Mariposa and Madera County lines and proceeding east along the Mariposa County line to a point just north of Highway 49; proceeding north approximately 12 mile turning west and crossing Highway 49 at Big Jackass Creek and continuing west along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and terminates at the shoreline of Lake Don Pedro.

Western Border: starting at the shore of Lake Don Pedro 2 miles south of the northern border of T2S-R15E proceeding north along the shoreline to the middle of the Stent-Jacksonville Bridge.

Major Points:



AMBULANCE OPERATING ZONE SUMMARY FORM

Excludes all of Cherry Lake Road, Cherry Lake and Cherry Lake boat ramp

Excludes Cherry Valley Campground.

Includes the Moccasin Marina and the lake surface area of Lake Don Pedro east of the Highway 49 bridge. Includes the communities of: Groveland, Big Oak Flat, Pine Mountain Lake, Camp Mather, Moccasin and Hetch Hetchy.

Ambulance Zone 5

Northern Boundary: starting at the northwest section of Tuolumne County where the Tuolumne, Calaveras and Stanislaus County lines intersect and proceeding east to the dam at New Melones Lake.

Eastern Boundary: starting at the dam at New Melones Lake and proceeding south along the shoreline to eastern boundary of T1N-R13E; continuing south along the eastern boundary of T1N-R13E to the Highway 108/120 junction; proceeding east along the northern boundary of T1S-R14E to the shore of Lake Don Pedro; proceeding along the shoreline of Lake Don Pedro to the Stent-Jacksonville Bridge.

Southern Boundary: starting at the Stent-Jacksonville bridge proceeding west along the Zone 4 boundary (southern shore of Lake Don Pedro) to the intersection of Lake Don Pedro and the northern border of T2S-R15E; proceeding west along the northern border of T2S-R15E across Lake Don Pedro to the north shore; proceeding west along the north shore of Lake Don Pedro to Don Pedro Road; following Don Pedro Road to La Grange Road (J59); proceeding west on La Grange Road to the Tuolumne - Stanislaus County Line.

Western Boundary: starting at the intersection of the La Grange Road and the Tuolumne-Stanislaus County line proceeding north to the intersection of the Tuolumne-Stanislaus-Calaveras County lines.

Major Points: Includes all of La Grange Road and the lake surface area of Don Pedro south of the Highway 49 Bridge. Includes the Highway 108/120 junction, Chinese Camp, Sierra Conservation Center, Lake Tulloch South shores, Sierra Pacific Industries and, Hatler Industrial Park.

Ambulance Zone 6

Northern Boundary: starting just south of the intersection of La Grange Road and the Tuolumne-Stanislaus County Line proceeding east to Bonds Flat Road; proceeding east along an imaginary line from the intersection of La Grange Road and Bonds Flat Road to the shore of Lake Don Pedro south of Don Pedro Road; proceeding south along the shoreline of Lake Don Pedro to a point 2 miles south of the northern border of T2S-R15E; proceeding east along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and continues on to cross Highway 49 at Big Jackass Creek; proceeding south approximately 12 mile terminating at the Tuolumne-Mariposa County line.

Eastern Boundary: County line

Southern Boundary: starting at the Tuolumne-Mariposa County line just east of Highway 49 proceeding west along the Tuolumne-Mariposa County line to the intersections of the Tuolumne-Mariposa-Stanislaus County lines. proceeding north to a point just south of La Grange Road.



AMBULANCE OPERATING ZONE SUMMARY FORM

Western Boundary: starting at the Tuolumne-Mariposa-Stanislaus County lines proceeding north to a point just south of La Grange Road.

Major points: Includes Fleming Meadows and Blue Oaks boat ramps.

Excludes the lake surface area of Lake Don Pedro.

Includes the communities of: Blanchard, Don Pedro subdivision, Don Pedro Elementary and Don Pedro High Schools and the Don Pedro Recreation Agency Headquarters.

Ambulance Zone 7

Southern Boundary: Shall intersect Zone 4 at Cottonwood Rd and Cherry Lake Rd (also known as Cherry Oil Rd). The Zone Boundary shall continue Southwest of Cherry Lake Rd to the intersection with the Tuolumne River at Early Intake. Proceed Westerly along the North bank of the Tuolumne River to the middle of the Wards ferry Bridge.

Western Boundary: From the Western Boundary of Wards Ferry bridge to Wards Ferry Rd, moving in a Northwest direction to the intersection of Route Five (5) Rd., following an imaginary line to Lambert Lake Rd. to the fire access gate

Northern Boundary: From Route Five (5) Rd to Mono Way to the East side of Sullivan Creek Bridge. From the Bridge proceed to Scenic Brook and Scenic View subdivisions. Proceed North on an imaginary line to Upper Hill View at Hill View, East along an imaginary line to upper Silver Dawn. Proceed Southeast along an imaginary line to Christy May Rd and Hwy 108. Continue along an imaginary line South of Argyle Rd, to Cornucopia Rd and Soulsbyville Rd. Proceeding on Soulsbyville Rd. to Tuolumne Rd, Then Northeast to the Northern most point of Wetumka Rd. South to intersection of North Tuolumne Rd and Sun Swept Rd. In an Easterly direction moving along an imaginary line over Mount Provo to Cottonwood Rd., proceeding on Cottonwood Rd to Cherry Lake.

Eastern Boundary: for Zone 7 is the Southern Boundary of zone 3.

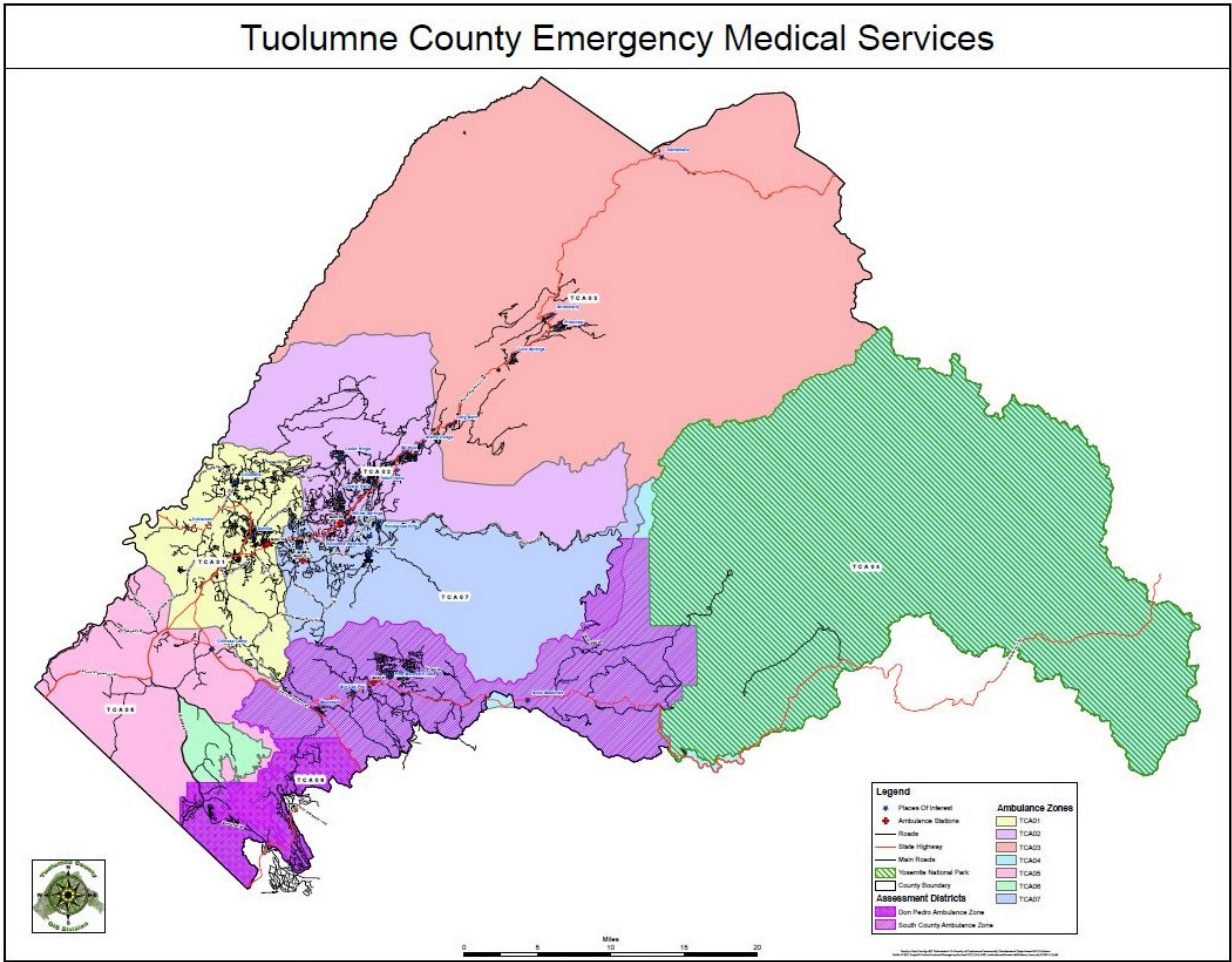
Major points:

Tuolumne township, Rancheria/ Black Oak Casino, Curtis Creek Ranch, Blue Bell, Lambert Lakes.

Junction shopping center, Indian rock prompt care, Mono Village.

Ponderosa Hills, Cherry Lake, East Tuolumne wilderness.

AMBULANCE OPERATING ZONE SUMMARY FORM



SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

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

The Tuolumne County EMS Agency is established within the County Health Department which is part of the Health and Human Services Agency (HHS). The EMS Agency is directly responsible to the Director of Public Health, who reports to the Director of the HHS who in turn is responsible to both the County Administrative Office and the Board of Supervisors. Agency staff is comprised of a Medical Director and an EMS Coordinator. Support services are provided by many other County departments including County Counsel, County Administration, HHS and Personnel.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A comprehensive emergency medical services system has been established and continuously evaluated by Tuolumne County through the oversight of the County's Emergency Medical Care Committee since 1981. The mission of the Tuolumne County EMS Agency is to ensure that quality emergency medical care is available in a coordinated, professional, and timely manner for all of the residents and visitors of Tuolumne County.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None

CURRENT STATUS: MEETS MINIMUM STANDARD

The County Emergency Medical Care Committee provides a forum for consumers and health care providers, both as members of the committee and as the general public, to comment on the development, utilization and evaluation of plans, policies and procedures. Additionally, members of the general public are always provided with the opportunity to comment on the EMS system directly to the Tuolumne County Board of Supervisors and the EMCC.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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 pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: MEETS MINIMUM STANDARD

Dr. Kimberly Freeman currently serves as the EMS Agency Medical Director. She possesses a current California Physician and Surgeon license and is board-certified in both emergency medicine and emergency medical services and has provided patient care in the prehospital and/or hospital environment since 1995.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and timeline for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Completion of this plan fulfills the requirements of this standard.

NEED(S): Ensure that the EMS system plan meets community needs and provides for the appropriate utilization of resources.

OBJECTIVE: Monitor and amend the EMS system plan, as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Completion of this plan fulfills the requirements of this standard.

NEED(S): Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

OBJECTIVE: Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers or other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento), and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County are established. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher-level facilities in the central valley.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency, San Joaquin County EMS Agency, and Sacramento County EMS Agency

NEED(S): Ensure availability of trauma services for critically injured patients by written agreements with adjoining counties trauma designations.

OBJECTIVE: Enter into agreements with Stanislaus County EMS, and San Joaquin County EMS to include San Joaquin General Hospital in the Tuolumne County EMS Trauma Plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in Tuolumne County.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Completion of this plan fulfills the requirements of this standard.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED 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 MINIMUM STANDARD

TCEMSA is working with the Local Office of Emergency Services (OES), Department of Social Services and other agencies that provide services to persons with access and functional needs to coordinate our response plans.

NEED(S): Review of plans to address the needs of special populations.

OBJECTIVE:

Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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 with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: MEETS MINIMUM STANDARD

Written contracts are in place for each ambulance provider (including air ambulance), base/receiving hospital, and fire department first response agency. Roles and responsibilities of all EMS system participants including dispatch, county search and rescue and the U.S. Forest Service have been established through policy, protocols, and training standards.

NEED(S): Update written agreements with BLS Agencies and Base Hospital.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system operations are routinely reviewed and monitored through on-site visits and a review of reports, records, and patient care reports by the EMS agency, the EMCC, the base hospital and the CQI Committee.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including monthly meetings between the EMS agency and the County ambulance service.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A policy and procedure manual has been developed and made available to all system providers.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Tuolumne County EMS Agency is funded through an ambulance enterprise fund revenue, and certification/accreditation fees. Tuolumne County has not created an EMS fund as described in H&S code section 1797.98.

NEEDS: None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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 pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Medical direction is delineated through agreements, treatment protocols and other medical policies.

COORDINATION WITH OTHER EMS AGENCIES:

Mountain Valley and San Joaquin County EMS Agencies

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

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:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

QA/QI is provided by real time evaluation of calls by base hospital staff and retrospectively through review performed by the base hospital, ambulance service and EMS agency.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies, protocols or policy statements regarding treatment, transport, on-scene times, standing orders and local scope of practice have been established. The policies for transfer of emergency patients, base hospital contact and scene physicians are in place.

Tuolumne County's dispatch center provides pre-arrival instructions per protocols established by priority dispatch ProQA and the Tuolumne County EMS Medical Director.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County continues to use the comprehensive Do Not Resuscitate policy adopted by the Emergency Medical Services Authority as the State Standard.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A policy allowing EMS personnel to determine death in the field has been established and implemented.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established. Several medications have been added to the local expanded Paramedic Scope of Practice to facilitate interfacility transfers, without requiring hospital staff to accompany the patient during transfers.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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: MEETS MINIMUM STANDARD

Currently, Tuolumne County is the sole provider of ALS services in the Tuolumne County EMS system. A County ordinance has been established for issuing permits for service.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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 that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

On-line medical control is provided by Adventist Health Sonora, the only general acute care hospital located in Tuolumne County. Policies have been established for base hospital configuration and designation.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers or other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento) and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County are established. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher-level facilities in the central valley.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been reestablished and implemented.

Tuolumne County will be implementing Handtevy in 2022.

NEED(S):

1. An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted.
2. Former EMS-C policies need to be re-established.

OBJECTIVE:

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA Plan

MINIMUM STANDARDS:

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, that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance ordinance adopted with ambulance permit process and there is no need or desire to implement exclusive operating area at this time.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

Staffing/Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Training needs are assessed through reports, meetings with EMS providers and training programs and the evaluation of training needs by the Emergency Medical Care Committee.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Procedures are in place to approve and monitor EMS personnel training programs and continuing education providers.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.03 PERSONNEL

MINIMUM STANDARDS:

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 that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies or mechanisms have been adopted for first responder and EMT certification, paramedic accreditation, and certification reviews.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

Staffing/Training

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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: MEETS MINIMUM STANDARD

All EMS dispatch personnel are required to be POST certified and required to attend an initial EMD training course. EMD was implemented in 2020, however an EMD policy is needed.

NEED(S): Develop a process to ensure the continued education/refresher training of EMS dispatch personnel. Establish local emergency medical dispatch policy for issuing EMD certification.

OBJECTIVE: Development of a process for the continued training of EMS dispatchers in EMD and the development of policies for issuing EMD certification.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

Staffing/Training

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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 level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: MEETS MINIMUM STANDARD

All first responder personnel are required to complete an initial 54-hour first responder medical course and an annual 12-hour first responder course update. Automatic External Defibrillator (AED) services are currently being conducted by all first response agencies.

NEED(S): Implement Public Safety-First Aid Training and certification into EMS System, along with policies, procedures and treatment guidelines.

OBJECTIVE: Implement Public Safety-First Aid Training and certification into EMS System, along with policies, procedures and treatment guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.06 RESPONSE

MINIMUM STANDARDS:

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:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All public safety agencies in Tuolumne County, including the U.S. Forest Service, the California Highway Patrol, County and City law enforcement agencies and County, Special District and City fire departments respond to medical emergencies commensurate with their primary mission.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All non-transporting first response agencies operate in accordance with the EMS agency's policies and procedures.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I 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 MINIMUM STANDARD

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. However, a BLS ambulance, staffed with a minimum of two EMT's may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

CPR training is provided by Tuolumne County Ambulance personnel to all interested agencies. The Tuolumne County Emergency Medical Care Committee is responsible for annually evaluating the CPR needs of the county. Additionally, most allied health personnel such as hospital, law enforcement, fire service and school personnel are required by state regulation to be trained in CPR within a year of employment.

NEED(S): Increase CPR training opportunities within Tuolumne County.

OBJECTIVE: Develop and implement increased CPR training opportunities for the general public and responders.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that 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 MINIMUM STANDARD

All emergency department registered nurses and physicians are ACLS certified. All emergency department physicians are board-eligible or board-certified in emergency medicine.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies and procedures exist to accredit and orient ALS personnel.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

[Staffing/Training](#)

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies and procedures exist to accredit personnel as early defibrillation technicians.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

Staffing/Training

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies and agreements specify that only base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

NEED(S): Increase training and orientation for base hospital physicians.

OBJECTIVE: Develop a training procedure for base hospital physicians orienting them to TCEMSA.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County Ambulances are dispatched by the Tuolumne County Sheriff's Office. Currently there are three repeaters for dispatch and two repeaters for field to hospital communications. The Tuolumne County Public Health Department has a repeater available for emergency backup if needed. Fire first response agencies are dispatched by Cal-Fire's Emergency Command Center in San Andreas. The two PSAPs and the CHP dispatch, located in Merced County, coordinate communication and response. Cellular phones are available as alternate or backup communications.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.02 RADIOS

MINIMUM STANDARDS:

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 that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: MEETS MINIMUM STANDARD

All emergency medical transport vehicles have two-way radio equipment capable of performing field-to-dispatch, field-to-field, and field-to-hospital communications.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Accomplished through cellular telephones and state med-net frequencies for radio communication.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley, San Joaquin, and Sacramento County EMS Agencies

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County Ambulances are dispatched by the Tuolumne County Sheriff's Office. Currently there are three repeaters for dispatch; these three repeaters cover the vast majority of Tuolumne County.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.05 HOSPITALS

MINIMUM STANDARDS:

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 MINIMUM STANDARD

There is currently only one acute care hospital in Tuolumne. Access to other relevant services is accomplished by telephones using specified telephone numbers.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The review of communication capabilities is reviewed during MCI exercises. Amateur radio operators are available on a volunteer basis to assist during disasters through the County Office of Emergency Services.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing 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 MINIMUM STANDARD

The Tuolumne County EMS agency is coordinating with the Tuolumne County Sheriff's department to improve coordination of the 9-1-1 telephone system. Enhanced 9-1-1 service is available throughout Tuolumne County. The Tuolumne County Sheriff's Department dispatch participated in the quarterly dispatch steering committee meetings.

NEED(S): Incorporate text to 9-1-1

OBJECTIVE: Incorporate text to 9-1-1 into the enhanced 9-1-1.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

9-1-1 public education is provided through programs sponsored by Tuolumne County Ambulance, the Tuolumne County Sheriff's Department school resource officers and through public speaking engagements.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that 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 pre-arrival instructions.

CURRENT STATUS: MEETS MINIMUM AND RECOMMENDED STANDARD

Tuolumne County Sheriff's Office dispatch currently uses the Priority Dispatch ProQA system. This system has an emergency medical dispatch priority reference system, systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

NEED(S): Develop and implement an EMS agency policy for EMD.

OBJECTIVE: Develop and implement an EMS agency policy for EMD.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a 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 MINIMUM STANDARD

All ambulances located within Tuolumne County are dispatched by the Tuolumne County Sheriff's Department. A system status plan has been developed and maintained by the ambulance provider.

NEED(S): Implement Computer aided dispatch into ALS response units.

OBJECTIVE: Implement Computer aided dispatch into ALS response units.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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 MINIMUM STANDARD

County ambulance ordinance completed with a mechanism for defining and re-defining service areas. Currently, the County consists of one service area assigned to Tuolumne County Ambulance with a small portion of that service in the southwest parts of the County being augmented by Mercy Ambulance based immediately across the border in Mariposa County.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

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 MINIMUM STANDARD

The minimum standard is met through written agreements, auditing/reporting, inspections, and investigation of unusual occurrences. The recommended guideline is met through the County's ambulance ordinance.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Tuolumne County Sheriff's Office Dispatch implemented EMD Establish system in 2019.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance availability in the county is maintained through operational standards specified by the ambulance service contract.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS response time standards have not been developed. The EMSA recommended guidelines are used as guidelines for Tuolumne County; currently, there are no local regulations mandating specific ambulance response times. Ambulance response times are routinely monitored by the EMS agency and the EMCC.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency - Mariposa County ambulances are routinely used to respond to the south-west portion of Tuolumne County due to their shorter response times

NEED(S): None

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. However, a BLS ambulance staffed with a minimum of two EMTs may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. BLS staffed ambulances are routinely used for non-emergent transfers and stand-by special events. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

All fire departments in the county have entered into an agreement with the county for participation in the EMS system. First response and rescue services in this area are provided by the City of Sonora, Special District, and County Fire Departments.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies regarding request, dispatch, patient destination and landing sites have been established. Policies regarding classifying and authorizing medical aircraft are in place.

COORDINATION WITH OTHER EMS AGENCIES: Services classified by other LEMSAs are used in the EMS System

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Tuolumne County Sheriff's Department Dispatch Center is responsible for coordinating the use of EMS aircraft in Tuolumne County.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Written agreements with aeromedical services are in place.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

All-terrain vehicles, snow mobiles, boats and water rescue vehicles are maintained by Tuolumne County Sheriff's Office, Tuolumne County Search and Rescue, and by many of the fire departments in the county. All specialty vehicles are available and respond as needed.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The OES Region IV MCI Plan has been adopted by the county Boards of Supervisors and has been implemented in the EMS system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel. Day-to-day mutual aid from neighboring providers is available as needed. Written mutual aid agreements with Mariposa County.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): Develop and implement mutual aid agreements with other neighboring counties/Region IV.

OBJECTIVE: Develop and implement mutual aid agreements with other neighboring counties/Region IV.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County. Additionally, all EMS and disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations developed by OES.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

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 member.

On an 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 MINIMUM STANDARD

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. All cardiac monitors can also be used as automatic external defibrillators.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The minimum medication and equipment inventory on all in-service ambulances is specified by EMS agency policy.

NEED(S): Review and update policy

OBJECTIVE: Review and update policy

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County's Ambulance Ordinance requires EMS transportation agencies to comply with applicable policies and procedures regarding system operations and clinical care.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, 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 bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no immediate plans for developing exclusive operating areas.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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 requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

County ordinance provides a mechanism for establishing exclusive operating areas. However, the county has no plans for developing exclusive operating areas.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: NOT APPLICABLE

The minimum standard is not applicable at this time.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: NOT APPLICABLE

The minimum standard is not applicable at this time.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

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 service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

Base and receiving hospital agreements for the general acute care hospital in the county are in place. The EMS related capabilities have been well established.

NEED(S): Update hospital agreements and develop and implement strategies to reduce off load delays of patients transported by EMS system ambulances to the counties receiving facility.

OBJECTIVE: Update hospital agreements and continue to engage stakeholders on developing, implementing and evaluating measures to reduce ambulance patient offload times and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Prehospital triage criteria have been developed and implemented for trauma, and STEMI patients. Transfer guidelines have been developed and agreements established for inter-facility transfers. Will continue to monitor the literature on stroke patients being sent directly to a comprehensive stroke center.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency, San Joaquin County EMS Agency, Alameda County EMS Agency and Sacramento County EMS agency

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County EMS agency has developed transfer guidelines that are compliant with State recommendations. Patients requiring specialized services, not available in Tuolumne County, are routinely transferred by ground or air to designated and non-designated specialty care centers in the central valley and bay area.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The hospital in Tuolumne County does not provide specialty services such as a burn unit, pediatric intensive care unit, or specialized trauma services. However, obstetric services are available at Adventist Health Sonora.

COORDINATION WITH OTHER EMS AGENCIES:

Tuolumne County routinely transport/transfers patients to specialty care facilities in northern and central California. Tuolumne county relies on the monitoring efforts of other LEMSAs to monitor the specialty care facilities in their jurisdictions.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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 MINIMUM STANDARD

The base hospital in Tuolumne County has implemented and operates in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

CURRENT STATUS: MEETS MINIMUM STANDARD

Plans for hospital evacuation have been developed by each hospital and would be managed in accordance with the Standardized Emergency Management System (SEMs) and the Multi-Causality Incident Plan.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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 pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A policy regarding base hospital designation has been established.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- 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,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Patients requiring specialized trauma or surgical services are routinely transported from the field by air ambulance to higher level facilities in Stanislaus County or transported by ground to local hospitals for stabilization and transfer to designated and non-designated facilities in Northern and Central California. Designation of trauma centers in Tuolumne County remains impractical.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County EMS Agency has designated and contracted with UC Davis Medical Center and Oakland Children's Hospital as pediatric trauma centers for pediatric patients originating within Tuolumne County. In conjunction with Adventist Health Sonora (formerly Sonora Regional Medical Center) to develop pediatric transfer guidelines. Transfer agreements have been developed for pediatric patients.

NEED(S): Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

OBJECTIVE: Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- 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 MINIMUM STANDARD

Tuolumne County EMS Agency has designated UC Davis Medical Center and Oakland Children's Hospital as pediatric trauma centers for pediatric patients originating within Tuolumne County.

NEED(S): Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

OBJECTIVE: Evaluate need to contract with Valley Children's hospital for pediatric trauma patients.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has developed field triage criteria for adult and pediatric trauma patient destinations and has assisted in the development guidelines for the inter-facility transfer of trauma patients. Trauma centers have been designated and agreements have been entered into. ST Elevation Myocardial Infarction (STEMI) field triage criteria has been developed and implemented. Agreements have been entered into with Mountain Valley EMS Agency, Memorial Medical Center (Modesto) and Doctor's Medical Center (Modesto) to receive STEMI patients.

Policy 531.20 defines the role of system participants, catchment area, triage criteria. The STEMI plan is monitored by the Ambulance Clinical Coordinator, EMS Medical Director, and EMS Coordinator through the QI process. Follow-up is provided by the PCI Centers that receive the patient. Quarterly reviews are hosted by MVEMSA.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

No specialty care planning is currently being considered. The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Currently the QA/QI, recently renamed Continuous Quality Improvement (CQI), program consists of base hospital review of calls, bi-monthly CQI Committee review of specific calls and, EMS agency and EMCC review of EMS data. Compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality is accomplished by chart review by the provider, Base Hospital Physician, and EMS Agency. Specific data is collected and studied as needed.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Electronic patient care records (ePCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider, and agency.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County has a long-established CQI committee that meets at least six times a year, more often if needed. There is no automated mechanism to receive dispatch, emergency department, inpatient and discharge records; these records are provided on request. Representatives from Advanced Life Support provider agencies, receiving facility, and the EMS Agency comprise the CQI committee. Sheriff's Coroner, Sheriff's Dispatch and BLS agencies are invited to review cases as appropriate.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County Ambulances are dispatched by the Tuolumne County Sheriff's Office. EMD was implemented in 2019. The dispatch steering committee meets quarterly to review and monitor response mode and pre-arrival/post-dispatch directions.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital 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 MINIMUM STANDARD

Tuolumne County EMS Agency has implemented NEMSIS/CEMSIS compliant software into our data collection system. ESO software and rugged laptops are used to generate patient care records and transmit the data to the appropriate agencies.

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): The collection of data from the emergency department, medical dispatch and first response dispatch in an electronic format capable of import into ESO.

Complete the electronic Patient Care Report (ePCR) transfer from old ePCR vendor to new.

Implement online application portal for certifications, accreditations, and authorizations.

OBJECTIVE: Develop a mechanism for the electronic collection of emergency department, medical dispatch and first response dispatch data into ESO.

Complete the electronic Patient Care Report (ePCR) transfer from old ePCR vendor to new.

Implement online application portal for certifications, accreditations, and authorizations.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The county Emergency Medical Care Committee reviews local operations, policies, practices and the overall design and effectiveness of the EMS system

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A mechanism for ensuring provider participation was established through the County's ambulance ordinance.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.08 REPORTING

MINIMUM STANDARDS:

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).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Reports on system design and operations are presented at every quarterly EMCC meeting and to the Board of Supervisors when requested or warranted.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.09 ALS AUDIT

MINIMUM STANDARDS:

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 MINIMUM STANDARD

The review of ALS prehospital and base hospital care is performed monthly.

NEED(S): Fund and maintain a health data exchange (HDE) process to provide feedback to prehospital personnel on patient outcomes.

OBJECTIVE: Fund and maintain a health data exchange (HDE) process to provide feedback to prehospital personnel on patient outcomes.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has implemented a trauma care system as of March 2004. Tuolumne County uses ESO to collect patient care data, including trauma data. CQI meetings are used to identify patients whose care fell outside of established criteria and identifying potential improvements to the system design and operation. Applicable trauma patients are reviewed with Mountain Valley EMS Agency's (MVEMSA) Trauma Advisory Committee (TAC).

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that 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 QA/QI and system evaluation program.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has implemented a trauma care system as of March 2004. Tuolumne County uses ESO to collect patient care data, including trauma data. CQI meetings are used to identify patients whose care fell outside of established criteria and identify potential improvements to the system design and operation. Applicable trauma patients are reviewed with Mountain Valley EMS Agency's (MVEMSA) Trauma Advisory Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES: Mountain Valley EMS Agency

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, 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 MINIMUM STANDARD

Tuolumne County EMS works in conjunction with public health, OES, local prehospital, hospital and other medical education providers to provide appropriate public information materials.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County EMS works in conjunction with local prehospital, hospital and other medical education providers to provide injury prevention and preventative medicine.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County EMS works in conjunction with the Public Health Department, OES, and local service clubs to promote public preparedness and volunteerism.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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: MEETS MINIMUM STANDARD

Tuolumne county EMS works in conjunction with Tuolumne County ambulance service and Columbia Community College to promote CPR and first aid training to the public.

NEED(S): Increase CPR training for the general public post COVID-19 pandemic.

OBJECTIVE: Increase CPR training for the general public post COVID-19 pandemic.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County EMS works in conjunction with the Public Health Department, OES, and other emergency services providers to develop and exercise medical response plans for catastrophic disasters.

COORDINATION WITH OTHER EMS AGENCIES: EMS Agencies within OES Region IV

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County has adopted the OES Region IV MCI Plan. All written response plans are NIMS/SEMS compliant.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County Health and Safety Coalition regularly provide Haz-Mat for healthcare training.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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 MINIMUM STANDARD

Tuolumne County has adopted the OES Region IV MCI Plan, which requires training basic ICS training for prehospital care providers.

COORDINATION WITH OTHER EMS AGENCIES: Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has adopted the OES Region IV MCI Plan, which include casualty distribution. The Tuolumne County EMS Agency has designated a Disaster Control Facility (DCF) in Tuolumne County to manage patient distribution during a multi-casualty incident. The DCF is also responsible for using EMResource to obtain a bed poll from neighboring hospitals in order to provide the best destination decision possible for patients from an MCI event.

COORDINATION WITH OTHER EMS AGENCIES: EMS Agencies Within OES Region IV

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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 MINIMUM STANDARD

The procedures are exercised annually during one or more Statewide or Regional Exercise.

COORDINATION WITH OTHER EMS AGENCIES: Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has identified and exercised disaster communications frequencies.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED 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 MINIMUM STANDARD

Tuolumne County has implemented an inventory management system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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 MINIMUM STANDARD

The minimum standard is not applicable currently.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has adopted the OES Region IV MCI Plan, 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.

COORDINATION WITH OTHER EMS AGENCIES: EMS Agencies within OES Region IV.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has developed FTS plans in the Health Emergency Preparedness and Response Plan.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has developed CCP plans in the Health Emergency Preparedness and Response Plan.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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 should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County Health and Safety Coalition regularly provide Haz-Mat for healthcare training.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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 prehospita! medical care agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County EMS participates with the Local Health & Safety Coalition. Member plans are reviewed to assure they integrate with the Tuolumne Operational Area Plan.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has deployed a medical and health radio system that allows communication between all system participants.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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 pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

The County's Operational Area Plan and the Region IV MCI plan provide guidance for significant medical incidents.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County has developed policies that allow for the integration of EMS Providers from other jurisdictions into the local system.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Tuolumne County EMS Agency identified and has entered into agreements with several specialty centers for major trauma patients and STEMI patients.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Does not currently apply.

NEED(S): None

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

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

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			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
1.05 System Plan		X			X
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning*		X		X	
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			X
1.11 System Participants		X		X	
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X			
1.19 Policies, Procedures, Protocols		X			

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			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan	X				X
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan	N/A				

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			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X		X	
First Responders (non-transporting):						
2.05	First Responder Training		X		X	
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X		X	
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X		X	

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			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			X
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X		X	
3.10	Integrated Dispatch		X		X	

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			
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			X
4.14 Incident Command System		X			
4.15 MCI Plans		X		X	
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X		X	
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan	N/A				
4.20 "Grandfathering"	N/A				
4.21 Compliance	N/A				
4.22 Evaluation	N/A				

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			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		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			
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			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

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			
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			X
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			X
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

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			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X		X	

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			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams	N/A				
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			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity	N/A				



SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency:	Tuolumne County
Plan Year:	2018-2022
EMS Director/Administrator:	Katie Andrews
EMS Medical Director:	Kimberly Freeman
Physical Address:	20111 Cedar Rd. N Sonora, CA 95370
Type of Agency:	<input type="checkbox"/> County Health Services Agency <input checked="" type="checkbox"/> Public Health Department <input type="checkbox"/> Joint Powers Agency <input type="checkbox"/> Non-Health County Department <input type="checkbox"/> Private Non-Profit Entity
Number of Counties in Local EMS Agency:	1
Counties within Regional Agency:	Tuolumne
Population of EMS system:	55,620 (2020 Census)
Local EMS Agency responsibility:	<input type="checkbox"/> Hospital Preparedness Program <input type="checkbox"/> Public Health Emergency Preparedness Program <input type="checkbox"/> Other: _____

EMS Agency Organization

Organizational Charts Attached: ☒ County Structure ☐ EMS Agency

EMS Agency Budget

Fiscal Year: 2017/2018

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$114,077.63
Contract Services	\$72,420.32
Services and Supplies	\$44,131.14
Total Expenses*	\$230,629.09

EMS Agency Budget (cont.)



SYSTEM ORGANIZATION AND MANAGEMENT

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$12,629.00
Grant Revenue	\$
Fees	\$14,601.75
Other:	\$203,398.34
Total Revenue*	\$230,629.09

Provide brief explanation if totals do not equal: _____

Fiscal Year: 2018/2019

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$122,429.76
Contract Services	\$47,577.08
Services and Supplies	\$20,380.44
Total Expenses*	\$190,387.28

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$12,421.00
Grant Revenue	\$
Fees	\$14,102.75
Other:	\$163,863.53
Total Revenue*	\$190,387.28

Provide brief explanation if totals do not equal: _____

Fiscal Year: 2019/2020

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$101,036.15



SYSTEM ORGANIZATION AND MANAGEMENT

Contract Services	\$52,361.86
Services and Supplies	\$16,559.30
Total Expenses*	\$169,957.31

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$11,541.00
Grant Revenue	\$
Fees	\$18,054.50
Other:	\$140,361.81
Total Revenue*	\$169,957.31

Provide brief explanation if totals do not equal: _____

Fiscal Year: 2020/2021

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$55,471.73
Contract Services	\$50,218.00
Services and Supplies	\$12,422.43
Total Expenses*	\$118,112.16

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$8,001.00
Grant Revenue	\$
Fees	\$14,926.00
Other:	\$95,185.16
Total Revenue*	\$118,112.16

Provide brief explanation if totals do not equal: _____



SYSTEM ORGANIZATION AND MANAGEMENT

Fiscal Year: 2021/2022

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$81,462.12
Contract Services	\$60,060.00
Services and Supplies	\$14440.71
Total Expenses*	\$155,962.83

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$8250
Grant Revenue	\$
Fees	\$14740.50
Other:	\$132,972.33
Total Revenue*	\$155,962.83

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: _____

	Item	Fee	Comment
Certifications	First responder certification	\$ 54.25	
	First responder re-certification	\$ 0	
	EMS dispatcher certification	\$ n/a	
	EMS dispatcher re-certification	\$ n/a	
	EMT certification	\$ 205.50	
	EMT recertification	\$ 89.75	
	EMT accreditation	\$ 0	
	EMT re-accreditation	\$ 0	
	AEMT certification	\$ n/a	
	AEMT recertification	\$ n/a	
	Paramedic accreditation	\$ 81.00	
	Paramedic re-accreditation	\$ 0	
	MICN/ARN certification	\$ n/a	

(09/2019)



SYSTEM ORGANIZATION AND MANAGEMENT

	MICN/ARN recertification	\$ n/a	
Program Approval	EMR training program approval	\$ 0	
	EMT training program approval	\$ 0	
	AEMT training program approval	\$ 0	
	Continuing education provider	\$ 0	
	Paramedic training program approval	\$ 0	
	EMS dispatch program approval	\$ 0	
	MICN/ARN training program approval	\$ 0	

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$ 0	
	Base hospital designation	\$ 0	
	Emergency receiving center designation	\$ 0	
	Pediatric facility approval	\$ n/a	
	Pediatric facility designation	\$ n/a	
	STEMI/Cardiac center application	\$ n/a	
	STEMI/Cardiac center designation	\$ n/a	
	Stroke center application	\$ n/a	
	Stroke center designation	\$ n/a	
	Trauma center application	\$ n/a	
	Trauma center designation	\$ n/a	
Other	Ambulance licensure	\$ 0	
	Ambulance vehicle permits	\$ 0	
	Ambulance franchise fee	\$ 0	
	Paramedic course tuition	\$ 0	
	Other: _____	\$ 0	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 1

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	n/a			\$	\$	%	\$
Asst./Deputy EMS Administrator	n/a			\$	\$	%	\$
EMS Medical Director	4% EMS	Yes	Y	\$245,479	\$	22.6%	\$55,412
EMS Coordinator	FTE	No	Y	\$87,383	\$	32.6%	\$28487
EMS Specialist	n/a			\$	\$	%	\$
CQI Coordinator	n/a			\$	\$	%	\$

(09/2019)



SYSTEM ORGANIZATION AND MANAGEMENT

Trauma Coordinator	n/a			\$	\$	%	\$
EMS Analyst	n/a			\$	\$	%	\$
Senior Procedures Analyst (IT)	n/a			\$	\$	%	\$
Administrative Assistant	n/a			\$	\$	%	\$
Office Assistant III	n/a			\$	\$	%	\$

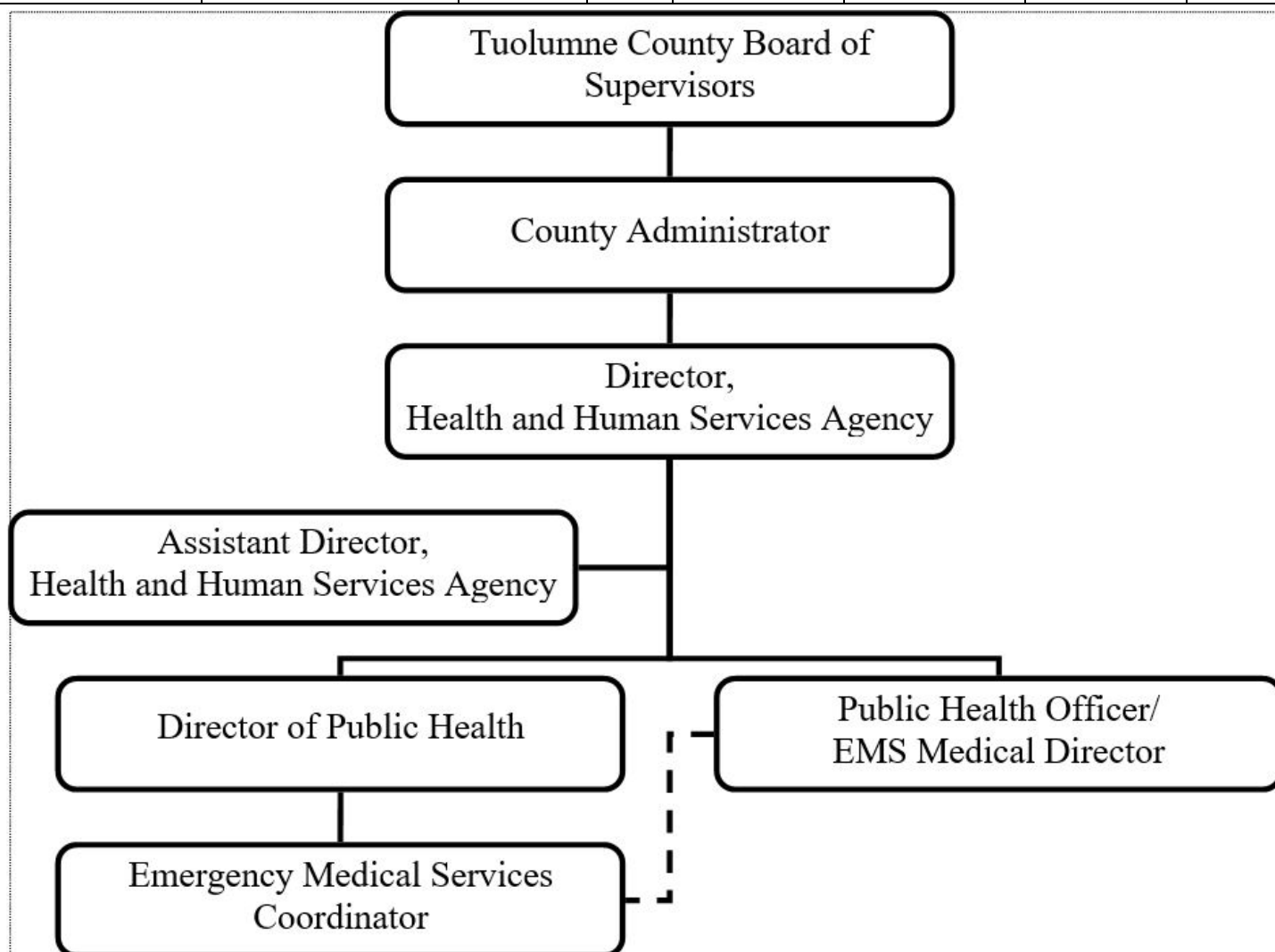


TABLE 3: STAFFING/TRAINING

Reporting Year: 2018

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	162	N/A		0
Number newly certified this year	14	N/A		0
Number recertified this year	49	N/A		0
Total number of accredited personnel on July 1 of the reporting year		N/A	40	0
Number of certification reviews resulting in:				
a) formal investigations	1	N/A		0
b) probation	1	N/A		0
c) suspensions	0	N/A		0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A		0

1. Early defibrillation:

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

162

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

81

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2019

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	244	N/A		0
Number newly certified this year	33	N/A		0
Number recertified this year	92	N/A		0
Total number of accredited personnel on July 1 of the reporting year		N/A	43	0
Number of certification reviews resulting in:				
a) formal investigations	2	N/A		0
b) probation	1	N/A		0
c) suspensions	0	N/A		0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	1	N/A		0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

244
110

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2020

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	186	N/A		N/A
Number newly certified this year	26	N/A		N/A
Number recertified this year	21	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	178	N/A	52	N/A
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		N/A
b) probation	0	N/A		N/A
c) suspensions	0	N/A		N/A
d) revocations	0	N/A		N/A
e) denials	0	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	0	N/A		N/A

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs 186
b) Number of public safety (defib) certified (non-EMT-I) 160

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2021

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	205	N/A		0
Number newly certified this year	19	N/A		0
Number recertified this year	99	N/A		0
Total number of accredited personnel on July 1 of the reporting year	194	N/A	55	0
Number of certification reviews resulting in:				
a) formal investigations	2	N/A		0
b) probation	0	N/A		0
c) suspensions	1	N/A		0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	1	N/A		0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs 205
b) Number of public safety (defib) certified (non-EMT-I) 113

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2022

NOTE: Table 3 is to be reported by agency. 113

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	113	N/A		0
Number newly certified this year	20	N/A		0
Number recertified this year	93	N/A		0
Total number of accredited personnel on July 1 of the reporting year	174	N/A	33	0
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs 174
b) Number of public safety (defib) certified (non-EMT-I) 94

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4: COMMUNICATIONS

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

County: Tuolumne

Reporting Year: 2018-2022

- | | |
|--|----------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</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?
Tuolumne County Sheriff's Department | |
| 7. Who is your primary dispatch agency for a disaster? | |
-
- | | |
|--|---|
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 462.2500 | |
| b. Other methods 463.0250 | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2018-2022

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 12

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	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Early defibrillation responder	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	Not Reported*	Not Reported*	Not Reported*	See Below

*No standardized response guidelines or data collection

System wide Transport Ambulance Average Annual Response Times:

2018	2019	2020	2021	2022
13.21	13.86	13.58	14.23	12:38

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2018-2022

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

	# of patients meeting trauma triage criteria	# of major trauma victims transported directly to a trauma center by ambulance	# of major trauma patients transferred to a trauma center	# of patients meeting triage criteria who weren't treated at a trauma center
2018	35	27	Not reported*	Not reported*
2019	15	13	Not reported*	Not reported*
2020	23	12	Not reported*	Not reported*
2021	64	33	4	27
2022	48	29	3	19

*Data prior to December 2021 was completed on EMS Outfielder and is in the process of being moved over to ESO.

Emergency Departments

Total number of emergency departments 1 _____

1. Number of referral emergency services _____

2. Number of standby emergency services _____

3. Number of basic emergency services 1 _____

4. Number of comprehensive emergency services _____

Receiving Hospitals

1. Number of receiving hospitals with written agreements 1 _____

2. Number of base hospitals with written agreements 1 _____

*Prior to new ePCR program and data management system

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018-2022

County: Tuolumne

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Motherlode Fairgrounds and Columbia Airport
 - b. How are they staffed? 1st responders, Ambulance staff, DHV members
 - 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? _____
 - 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? 5
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:
Tuolumne County is a signatory to the Region IV MCI Plan
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 agreement 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? Health Department
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

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Tuolumne**Provider:** California Department of Forestry and Fire Protection/
Tuolumne County Fire Department**Response Zone:** _____**Address:** 18440 Striker Court
Sonora, CA 95370**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (209) 533-5548**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	5521	4085
2019	5620	3951
2020	5190	3722
2021	6070	4097
2022	6157	4349

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource Directory

Reporting Year: 2018-2022

Response/Transportation/Providers

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

County: Tuolumne **Provider:** Columbia-Springfield Fire Dept. **Response Zone:** _____

Address: 11328 Jackson Street
Columbia, CA 95310

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (209) 532-3772

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	182	134
2019	160	121
2020	162	158
2021	199	158
2022	183	146

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tuolumne **Provider:** Groveland **Response Zone:** _____**Address:** Hwy 120
Groveland CA 95321**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** _____**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	453	324
2019	543	379
2020	595	403
2021	618	413
2022	573	408

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Tuolumne **Provider:** Jamestown Fire Department **Response Zone:** _____**Address:** 18249 4th Avenue
Jamestown, CA 95327**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (209) 533-5548**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	263	198
2019	294	219
2020	250	186
2021	280	208
2022	274	192

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Tuolumne **Provider:** Mi-Wuk Sugar Pine Fire Dept. **Response Zone:** _____**Address:** 24123 Pine Lake Drive
Sugar Pine, CA 95346**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (209) 586-5256**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	132	88
2019	133	71
2020	133	85
2021	178	71
2022	126	69

Response includes: medical response, fire, public assist, alarms, and standbys

Reporting Year: 2018-2022

County: Tuolumne **Provider:** PHI **Response Zone:** All

Address: 10713 Airport Rd
Columbia, CA 95310

Number of Ambulance Vehicles in Fleet: 1

Phone Number: _____

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p>	<p><u>If Air:</u></p> <p> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>

	Total # of responses	# of emergency responses (scene calls)
2018	274	96
2019	247	97
2020	187	89
2021	136	88
2022	115	115

Table 8: Resource Directory

Reporting Year: 2018-2022

Response/Transportation/Providers

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

County: Tuolumne **Provider:** Sonora City Fire Department **Response Zone:** _____

Address: 201 Shepherd Street **Number of Ambulance Vehicles in Fleet:** 0
Sonora, CA 95370

Phone Number: (209) 532-7432 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	1168	882
2019	1132	827
2020	1060	785
2021	1200	802
2022	1209	796

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Tuolumne **Provider:** Strawberry Fire Department **Response Zone:** _____**Address:** 37885 Old Strawberry
Strawberry, CA 95383**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (209) 965-3513**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	16	12
2019	21	16
2020	29	18
2021	23	17
2022	13	10

Response includes: medical response, fire, public assist, alarms, and standbys

TABLE 8: Response/Transportation/ProvidersReporting Year: 2018-2022**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Tuolumne **Provider:** Tuolumne County Ambulance **Response Zone:** All**Address:** 18440 Striker Ct
Sonora, CA 95370**Number of Ambulance Vehicles in Fleet:** 11**Phone Number:** 209-533-5100**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Third Service	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

	Total # of responses	# of emergency responses	# of non-emergency responses	Total # of transports	# of emergency transports	# of non-emergency transports
2018*	6317	3994	2323	6203	259	5944
2019*	6661	4094	2567	6302	278	6024
2020*	6113	3572	2541	5814	320	5494
2021	8575	5860	2715	6488	383	6105
2022	8598	5900	2698	6609	363	6246

*Data from old ePCR program with limited access.

Table 8: Resource Directory

Reporting Year: 2018-2022

Response/Transportation/Providers

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

County: Tuolumne **Provider:** Tribal Fire **Response Zone:** _____

Address: 19595 Mi-Wu St
Tuolumne, CA 95379

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 209-928-5315

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	154	137
2019	124	115
2020	103	92
2021	127	117
2022	101	94

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource DirectoryReporting Year: 2018-2022**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Tuolumne **Provider:** Tuolumne Fire District **Response Zone:** _____**Address:** 18960 Main Street
Sonora, CA 95370**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (209) 928-4505**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	230	175
2019	251	188
2020	238	161
2021	295	210
2022	216	168

Response includes: medical response, fire, public assist, alarms, and standbys

Table 8: Resource Directory

Reporting Year: 2018-2022

Response/Transportation/Providers

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

County: Tuolumne **Provider:** Twain Harte Fire District **Response Zone:** _____

Address: 18781 Cedar Drive
Twain Harte, CA 95383

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (209) 586-4800

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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	Total # of Responses	# of Medical Calls
2018	195	130
2019	272	146
2020	236	144
2021	347	199
2022	250	156

Response includes: medical response, fire, public assist, alarms, and standbys

TABLE 9: FACILITIES

County: Tuolumne (2018-2022)

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

Facility: Adventist Health Sonora Telephone Number: 209-536-5000
Address: 1000 Greenley Rd
Sonora CA 95370

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS**County:** Tuolumne County_____**Reporting Year:** 2018-2019_____**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Adventist Health Sonora		Telephone Number:	209-533-3475
Address:		1000 Greenley Rd			
		Sonora CA 95370			
Student Eligibility*:	Staff	**Program Level	CE 2018		
		Cost of Program:			
		Basic:	\$0	Number of students completing training per year:	
		Refresher:	\$0	Initial training:	
				Refresher:	
				Continuing Education:	
				44	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	
				4	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Adventist Health Sonora		Telephone Number:	209-533-3475
Address:		1000 Greenley Rd			
		Sonora CA 95370			
Student Eligibility*:	Staff	**Program Level	CE 2019		
		Cost of Program:			
		Basic:	\$0	Number of students completing training per year:	
		Refresher:	\$0	Initial training:	
				Refresher:	
				Continuing Education:	
				36	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	
				3	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne County_____

Reporting Year: 2020-2021_____

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Adventist Health Sonora		Telephone Number: 209-533-3475	
Address:		1000 Greenley Rd			
		Sonora CA 95370			
Student Eligibility*:	Staff	**Program Level	CE 2020		
		Cost of Program:			
		Basic:	\$0	Number of students completing training per year:	
		Refresher:	\$0	Initial training:	
				Refresher:	
				Continuing Education:	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Adventist Health Sonora		Telephone Number: 209-533-3475	
Address:		1000 Greenley Rd			
		Sonora CA 95370			
Student Eligibility*:	Staff	**Program Level	CE 2021		
		Cost of Program:			
		Basic:	\$0	Number of students completing training per year:	
		Refresher:	\$0	Initial training:	
				Refresher:	
				Continuing Education:	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Adventist Health Sonora		Telephone Number: 209-533-3475	
Address:		1000 Greenley Rd			
		Sonora CA 95370			

Student Eligibility*:	Staff		**Program Level	<u>CE 2022</u>
		Cost of Program:		
		Basic:	\$0	
		Refresher:	\$0	
		Number of students completing training per year:		
		Initial training:		
		Refresher:		
		Continuing Education:		<u>26</u>
		Expiration Date:		
		Number of courses:		
		Initial training:		
		Refresher:		<u>2</u>
		Continuing Education:		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMSCounty: Tuolumne

Reporting Year: 2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Columbia College		Telephone Number:		209-588-5186	
Address:		16000 Columbia College Dr.					
		Sonora, CA 95370					
Student Eligibility*:	Open	**Program Level		EMT-I			
		Cost of Program:					
		Basic: \$415.		Number of students completing training per year:			
		Refresher: \$93.		Initial training:		97	
				Refresher:		29	
				Continuing Education:		22	
				Expiration Date:		N/A	
		Number of courses:					
		Initial training:				3	
		Refresher:				2	
		Continuing Education:				2	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Columbia College		Telephone Number:		209-588-5186	
Address:		16000 Columbia College Dr.					
		Sonora, CA 95370					
Student Eligibility*:	Open	**Program Level		EMR			
		Cost of Program:					
		Basic: \$162.		Number of students completing training per year:			
		Refresher: \$93.		Initial training:		120	
				Refresher:		15	
				Continuing Education:		15	
				Expiration Date:		N/A	
		Number of courses:					
		Initial training:				5	
		Refresher:				4	
		Continuing Education:				4	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne

Reporting Year: 2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Columbia College</u>		Telephone Number:	<u>209-588-5186</u>
Address:		<u>16000 Columbia College Dr.</u>			
		<u>Sonora, CA 95370</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT-I</u>		
		Cost of Program:			
		Basic:	<u>\$415.</u>	Number of students completing training per year:	
		Refresher:	<u>\$93.</u>	Initial training:	<u>47</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>N/A</u>
		Number of courses:			
		Initial training:			<u>3</u>
		Refresher:			<u>0</u>
		Continuing Education:			<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Columbia College</u>		Telephone Number:	<u>209-588-5186</u>
Address:		<u>16000 Columbia College Dr.</u>			
		<u>Sonora, CA 95370</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMR</u>		
		Cost of Program:			
		Basic:	<u>\$162.</u>	Number of students completing training per year:	
		Refresher:	<u>\$93.</u>	Initial training:	<u>129</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>N/A</u>
		Number of courses:			
		Initial training:			<u>9</u>
		Refresher:			<u>0</u>
		Continuing Education:			<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMSCounty: Tuolumne

Reporting Year: 2020

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Columbia College</u>		Telephone Number: <u>209-588-5186</u>	
Address: <u>16000 Columbia College Dr.</u>			
<u>Sonora, CA 95370</u>			
Student Eligibility*:	Open	**Program Level	<u>EMT-I</u>
Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>14</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>N/A</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: <u>Columbia College</u>		Telephone Number: <u>209-588-5186</u>	
Address: <u>16000 Columbia College Dr.</u>			
<u>Sonora, CA 95370</u>			
Student Eligibility*:	Open	**Program Level	<u>EMR</u>
Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>72</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>N/A</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne

Reporting Year: 2021

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Columbia College</u>		Telephone Number: <u>209-588-5186</u>
Address: <u>16000 Columbia College Dr.</u>		
<u>Sonora, CA 95370</u>		
Student Eligibility*: <u>Open</u>	**Program Level <u>EMT-I</u>	
Cost of Program:		
Basic: <u>\$0</u>	Number of students completing training per year:	
Refresher: <u>\$0</u>	Initial training:	<u>14</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>N/A</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: <u>Columbia College</u>		Telephone Number: <u>209-588-5186</u>
Address: <u>16000 Columbia College Dr.</u>		
<u>Sonora, CA 95370</u>		
Student Eligibility*: <u>Open</u>	**Program Level <u>EMR</u>	
Cost of Program:		
Basic: <u>\$0</u>	Number of students completing training per year:	
Refresher: <u>\$0</u>	Initial training:	<u>94</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>N/A</u>
	Number of courses:	
	Initial training:	<u>9</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne

Reporting Year: 2022

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Columbia College</u>		Telephone Number: <u>209-588-5186</u>
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Address: 16000 Columbia College Dr.
Sonora, CA 95370

Student Eligibility*: Open **Program Level EMT-I

Cost of Program:

Basic: \$0

Refresher: \$0

Number of students completing training per year:

Initial training:

27

Refresher:

0

Continuing Education:

0

Expiration Date:

N/A

Number of courses:

Initial training:

2

Refresher:

0

Continuing Education:

0

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Columbia College Telephone Number: 209-588-5186
Address: 16000 Columbia College Dr.
Sonora, CA 95370

Student Eligibility*: Open **Program Level EMR

Cost of Program:

Basic: \$0

Refresher: \$0

Number of students completing training per year:

Initial training:

115

Refresher:

0

Continuing Education:

0

Expiration Date:

N/A

Number of courses:

Initial training:

7

Refresher:

0

Continuing Education:

0

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS**County:** Tuolumne County_____**Reporting Year:** 2018-2019_____**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Karen M Wilson		Telephone Number:		209-878-3236	
Address:		POB 462					
		Big Oak Flat, CA 95305					
Student Eligibility*:	Open	**Program Level	EMR/PSFA 2018				
Cost of Program:		Number of students completing training per year:					
Basic:		Initial training:		62			
Refresher:		Refresher:		119			
		Continuing Education:		39			
		Expiration Date:					
		Number of courses:					
		Initial training:		6			
		Refresher:		28			
		Continuing Education:		7			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Karen M Wilson		Telephone Number:		209-878-3236	
Address:		POB 462					
		Big Oak Flat, CA 95305					
Student Eligibility*:	Open	**Program Level	EMR/PSFA 2019				
Cost of Program:		Number of students completing training per year:					
Basic:		Initial training:		49			
Refresher:		Refresher:		71			
		Continuing Education:		83			
		Expiration Date:					
		Number of courses:					
		Initial training:		10			
		Refresher:		12			
		Continuing Education:		13			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne County_____

Reporting Year: 2020-2021_____

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Karen M Wilson		Telephone Number:		209-878-3236	
Address:		POB 462					
		Big Oak Flat, CA 95305					
Student Eligibility*:	Open	**Program Level	EMR/PSFA 2020				
Cost of Program:							
Basic:		Number of students completing training per year:					
Refresher:		Initial training:				88	
		Refresher:				189	
		Continuing Education:				98	
		Expiration Date:					
		Number of courses:					
		Initial training:				9	
		Refresher:				16	
		Continuing Education:				19	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Karen M Wilson		Telephone Number:		209-878-3236	
Address:		POB 462					
		Big Oak Flat, CA 95305					
Student Eligibility*:	Open	**Program Level	EMR/PSFA 2021				
Cost of Program:							
Basic:		Number of students completing training per year:					
Refresher:		Initial training:				105	
		Refresher:				162	
		Continuing Education:				149	
		Expiration Date:					
		Number of courses:					
		Initial training:				16	
		Refresher:				16	
		Continuing Education:				24	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Karen M Wilson		Telephone Number:		209-878-3236	
Address:		POB 462					
		Big Oak Flat, CA 95305					

Student Eligibility*:	Open		**Program Level	EMR/PSFA 2022
		Cost of Program:		
		Basic:	Number of students completing training per year:	
		Refresher:	Initial training:	50
			Refresher:	57
			Continuing Education:	51
			Expiration Date:	
			Number of courses:	
			Initial training:	11
			Refresher:	21
			Continuing Education:	14

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMSCounty: Tuolumne

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Tuolumne County Ambulance Service		Telephone Number:	209-533-5522
Address:		18440 Striker Ct			
		Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	<u>EMR (2018)</u>		
		Cost of Program:			
		Basic:	<u>\$0</u>	Number of students completing training per year:	
		Refresher:	<u>\$0</u>	Initial training:	<u>0</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>454</u>
				Expiration Date:	<u></u>
		Number of courses:			
		Initial training:		<u>0</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>14</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Tuolumne County Ambulance Service		Telephone Number:	209-533-5522
Address:		18440 Striker Ct			
		Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	<u>EMR (2019)</u>		
		Cost of Program:			
		Basic:	<u>\$0</u>	Number of students completing training per year:	
		Refresher:	<u>\$0</u>	Initial training:	<u>0</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>423</u>
				Expiration Date:	<u>N/A</u>
		Number of courses:			
		Initial training:		<u>0</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>5</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Tuolumne

Reporting Year: 2018-2019

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Tuolumne County Ambulance Service		Telephone Number: 209-533-5522	
Address:		18440 Striker Ct			
		Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	<u>EMR (2020)</u>		
		Cost of Program:			
		Basic:	<u>\$0</u>	Number of students completing training per year:	
		Refresher:	<u>\$0</u>	Initial training: <u>9</u>	
				Refresher: <u>0</u>	
				Continuing Education: <u>646</u>	
				Expiration Date: _____	
		Number of courses:			
		Initial training:	<u>1</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>15</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Tuolumne County Ambulance Service		Telephone Number: 209-533-5522	
Address:		18440 Striker Ct			
		Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	<u>EMR (2021)</u>		
		Cost of Program:			
		Basic:	<u>\$0</u>	Number of students completing training per year:	
		Refresher:	<u>\$0</u>	Initial training: <u>11</u>	
				Refresher: <u>1</u>	
				Continuing Education: <u>503</u>	
				Expiration Date: <u>N/A</u>	
		Number of courses:			
		Initial training:	<u>1</u>		
		Refresher:	<u>5</u>		
		Continuing Education:	<u>9</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Tuolumne County Ambulance Service		Telephone Number: 209-533-5522	
Address:		18440 Striker Ct			
		Sonora, CA 95370			

Student Eligibility*:	Open			**Program Level	<u>EMR (2022)</u>
		Cost of Program:		Number of students completing training per year:	
		Basic:	<u>\$0</u>	Initial training:	<u>9</u>
		Refresher:	<u>\$0</u>	Refresher:	<u>0</u>
				Continuing Education:	<u>625</u>
				Expiration Date:	<u>N/A</u>
				Number of courses:	
				Initial training:	<u>1</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>23</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCY**County:** Tuolumne**Reporting Year:** 2018-2022**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:		Tuolumne County Sheriff's Office		Primary Contact:	
Address:		28 N. Lower Sunset		Capt. Jarrod Pippin	
		Sonora CA 95370			
Telephone Number:		209-533-5815			
Written Contract:		Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster		
				_____ EMD Training	_____ EMT-D
				_____ BLS	_____ LALS
					_____ ALS
Ownership:		If Public:			_____ Other
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Reporting Year 2021

Trauma System Summary

Tuolumne County EMS Agency does not currently have a designated Trauma Center within its jurisdiction and relies on Trauma Centers in other jurisdictions. Level II Trauma Centers in Stanislaus County are the primary receiving facilities for adult trauma patients originating in Tuolumne County, a Level II Trauma Center in San Joaquin County is an alternate receiving facility for adult trauma patients originating in Tuolumne County, and Level I Pediatric Trauma Centers in Sacramento and Alameda Counties are the approved receiving facilities for pediatric trauma patients originating in Tuolumne County. Air ambulance is the usual method of transportation of major trauma patients.

Changes in Trauma System

None.

Number and Designation Level of Trauma Centers

There is no designated Trauma Center in Tuolumne County.

Trauma System Goals and Objectives

None

Changes to Implementation Schedule

None.

System Performance Improvement

The Trauma Performance Improvement and Evaluation process has been assigned to the EMS Continuous Quality Improvement (CQI) Committee. The EMS CQI Committee members include the EMS Medical Director, EMS Coordinator, Base Hospital Physician Liaison, Base Hospital Nurse Liaison, Ground Ambulance Clinical Coordinator, Ground Ambulance Manager, Air Ambulance Manager, and Representative from Sheriff Coroner's Office. Representatives from BLS First Response Agencies and Dispatch Agencies are included as needed.

Trauma cases are reviewed for compliance with trauma triage, patient destination and field care guidelines. Individual trauma cases may be referred to the CQI Coordinator or Base Hospital for education and/or remediation. Systemic issues are referred to the EMS Medical Director, EMS Coordinator.

The EMS Medical Director, EMS Coordinator, and the Base Hospital Physician Liaison attend the Mountain Valley EMS Agency's Trauma Audit Committee whenever a case originating in Tuolumne County is being reviewed and when regional system issues are raised.

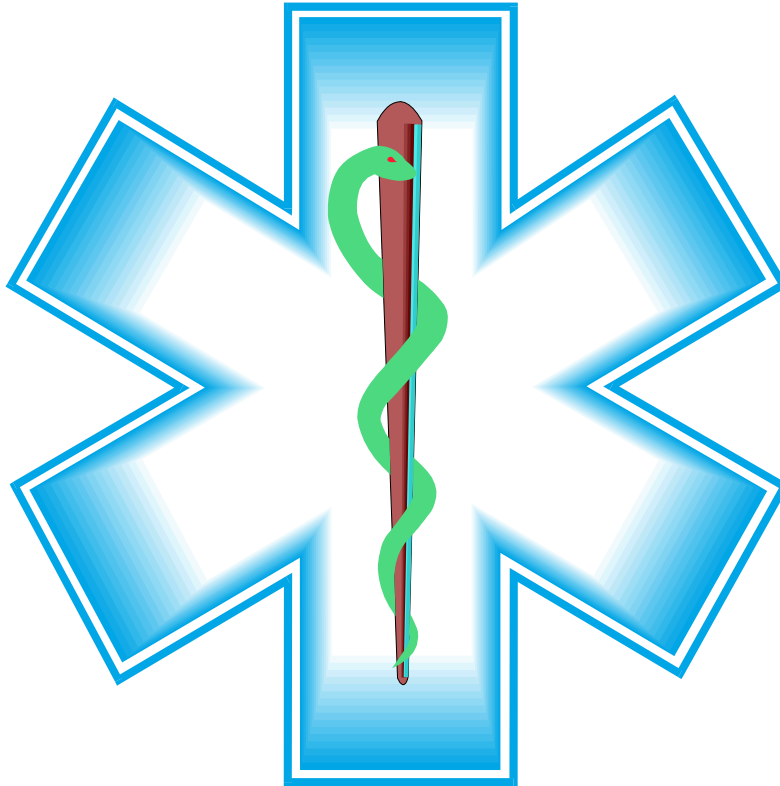
Progress on Addressing EMS Authority System Plan Comments

None.

Other Issues

None.

**Emergency Medical Services
Quality Improvement Program
Submitted by**



**Tuolumne County
Emergency Medical Services Agency**

Submitted: January 2023

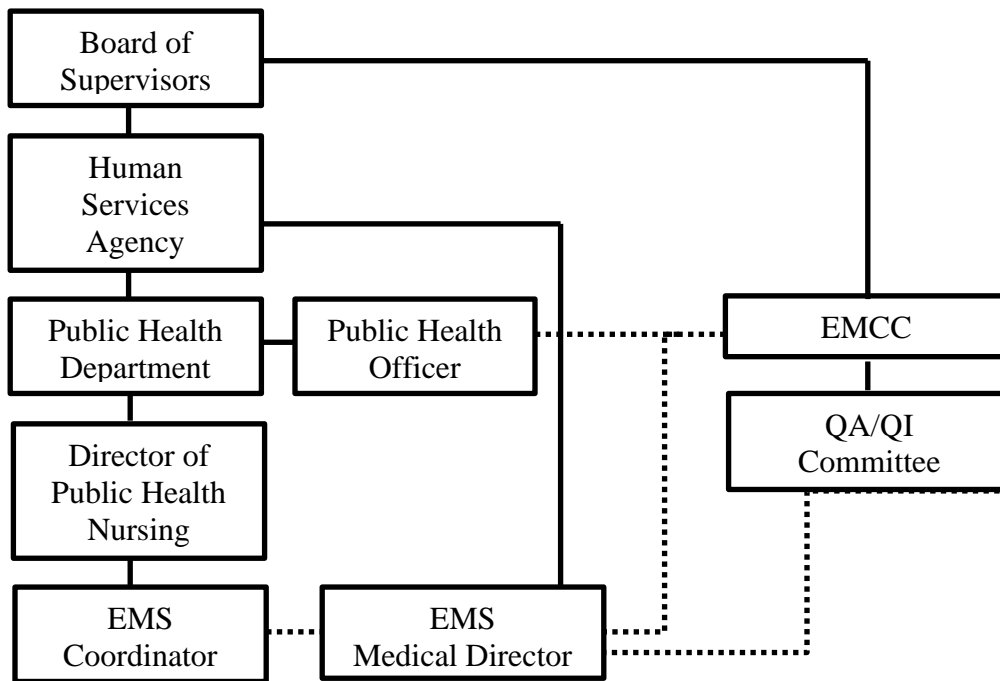
Table of Contents

I. Structure and Organizational Description	2
II. Data Collection and Reporting	4
III. Evaluation of Indicators.....	5
IV. Action to Improve.....	7
V. Training and Education.....	7
VI. Annual Update.....	8

I. Structure and Organizational Description

The Tuolumne County Emergency Medical Services Agency (TCEMSA) serves as the designated Local Emergency Medical Services Agency in accordance with the guidelines established in Health and Safety Code 2.5 Chapter 4, Article 1, § 1797.200. et al.

Tuolumne County Emergency Medical Agency (TCEMSA) is comprised of one full time EMS Coordinator and a Public Health Officer that also serves as the EMS Medical Director; TCEMSA does receive departmental support from the Tuolumne Human Services Agency and Public Health Department, as needed.



Kimberly Freeman, M.D., NREMT-P is the Tuolumne County Public Health Officer and TCEMSA Medical Director. Joe Protacio is the Adventist Health Sonora (AHS) Base Hospital Physician Liaison. The TCEMSA Medical Director chairs both the EMCC and QA/QI Committees.

Katie Andrews, EMT is the EMS Coordinator and fulfills the duties of a QI Program Coordinator and Data Specialist.

The QA/QI Committee is comprised of the TCEMSA Medical Director, EMS Coordinator, Base Hospital Nurse Liaison, Clinical Coordinators from the air and ground ambulance providers and the Operations Manager of the ground ambulance provider. Representatives of First Responder Agencies, Dispatch Agencies and Coroner are included, as needed.

Mission Statement

The mission of the Tuolumne County Emergency Medical Services Agency, in accordance with established federal, state, and county standards, is to:

- Ensure the availability of high quality emergency medical care and services to all residents and visitors of Tuolumne County
- Support individual and staff development programs for EMS personnel
- Support illness and accident prevention programs
- Manage EMS resources effectively

- Work collaboratively with our colleagues in health care and emergency services to enhance services in Tuolumne County

EMS Services Provided

The Tuolumne County Emergency Medical Services System provides the following services:

- Basic Life Support Emergency First Response provided by 12 Fire Departments and Districts.
- Basic Life Support Limited Mission First Response provided by Tuolumne Sheriff's Office Search and Rescue, Lake Don Pedro Recreation Area, Bureau of Land Management, US Forest Service and Black Oak Casino Public Safety Division.
- Emergency and non-emergency Advanced Life Support Ambulance service provided by Tuolumne County Ambulance Service (TCAS).
 - Expanded Paramedic scope of practice for 911 calls and inter-facility transfers
 - Paramedic internships
- Emergency and non-emergency Air Ambulance service provided by Petroleum Helicopters, Inc. (PHI).
- EMT, EMR, First Aid and CPR training provided by Columbia College.
- EMR and CPR training provided by TCAS for the Tuolumne County Fire Chiefs' Association's Joint Basic Fire Academy.
- EMT and EMR certification, Paramedic and Flight Nurse accreditation provided by TCEMSA.
- Continuing Education provided by TCEMSA, AHS, TCAS, Columbia College and various fire agencies.

EMS System Quality Improvement Goals

The principal goal of the Tuolumne County EMS system is to reduce death or disability from injuries and illnesses through the provision of high quality patient care. The following methods are utilized to accomplish this goal:

- Developing and maintaining effective methods of EMS system evaluation focusing on improvement efforts to identify root causes of problems, intervening to reduce or eliminate these causes, and taking steps to correct the process as necessary.
- Creating a system that is oriented to searching for opportunities to continually improve, educate and resolve issues.
- Creating a system that meets the specific educational needs of EMS system participants.
- Recognizing excellence in performance and delivery of patient care.
- Facilitating improved communications between EMS system participants by participating in educational reviews, and encouraging participation in peer review audits.
- Educating EMS system participant management regarding the importance of commitment and dedication to the quality improvement process.
- Developing/encouraging EMS system participant management/leadership practices that create an acceptance and belief in the quality improvement process.
- Empowering EMS system peer team leaders who are dedicated and capable of motivating personnel to participate in the quality improvement process.
- Demonstrating the importance of setting and obtaining goals for increasingly higher standards of patient care.

- Encouraging EMS system personnel to assist in developing higher standards of patient care.

II. Data Collection and Reporting

Previously, TCEMSA was utilizing Emergency Medical Services Out Fielder NEMSIS 3 (EMSO F N3). In December 2020, TCEMSA began utilizing ESO which is compliant with the California EMS Authority data standards. NEMSIS compliant data is being submitted directly into the State EMSA data repository. Data is shared internally and/or externally as appropriate to ensure EMS system transparency and necessary quality improvement.

These various data collection and reporting information include the following:

- All patient care records
- AED reports
- MCI Logs
- Base Hospital Logs
- Unusual Occurrence/Sentinel Event
- APOT

Listed below are the types of data indicators that are routinely collected and reported by TCEMSA:

Personnel

- Number of Emergency Medical Responder (EMR) and EMT certifications and re-certifications.
- Number of paramedic accreditations and re-accreditations.
- Number and type of EMR and EMT investigations and certification actions.
- Number and type of paramedic investigations and licensure action referrals to the California EMS Authority.
- Number and type of approved EMS training programs.
- Number of TCEMSA CE classes held and CE certificates issued.

Equipment and Supplies

- Number and type of actual or anticipated equipment/supply shortages.
- Management and usage statistics of controlled substances.
- Medical equipment and supplies usage statistics.
- Number and type of medical equipment failures.

Documentation

- Number of EMT/public safety AED usage reports and data.
- Provider compliance with documentation standards.
- Number and type of incident reports and notifications submitted.
- TCEMSA, TCAS, PHI and AHS participate in routine audits of patient care documentation.

Clinical Care and Patient Outcome

- Multi-disciplinary and subject matter expert assistance/input in the development/review/updating of EMS system policies and treatment guidelines.
- Development, review/updating and reporting of system-wide clinical indicators.
- Submission of annual core measures data to the California EMS Authority.
- Publishing of local EMS system data (annual public reports, etc.).
- Provider compliance with TCEMSA policies and guidelines.
- Number, type and outcome of provider clinical concerns/investigations.

- Review and approval of EMS system participant quality improvement plans.

Skills Maintenance/Competency

- FR and EMT personnel compliance with re-certification skills competency verification requirements.
- ALS provider compliance with annual infrequent skills competency verification and training requirements

Transportation/Facilities

- Monitor Ambulance contract compliance.
- Ground ambulance maintenance/mileage/age required replacement tracking.
- Number, type and cause of critical vehicle failures.
- Monitor Air Ambulance contract compliance.

Public Education and Prevention

- Lay rescuer AED placements and usage.
- TCEMSA coordination and participation in public education and prevention activities.
- Provider notifications related to public education and prevention.

Risk Management

- Routine policy and treatment guideline reviews to ensure consistency with current medical literature and guidelines.
- Number and type of EMS provider/personnel investigations and outcomes.
- Provider compliance with TCEMSA policies and treatment guidelines.
- Appropriate EMS resource utilization audits.
- Provider compliance with biomedical equipment and vehicle maintenance requirements.

III. Evaluation of Indicators

- EMS system indicators are selected and updated utilizing a collaborative teamwork approach with input from TCEMSA and other system stakeholders. Indicators are based on anticipated or identified system needs/issues and regulatory requirements.
- The collection and reporting frequency of individual data indicators is based on the type of the data and system needs.
- Indicators are presented both internally and externally to the appropriate TCEMSA committees. Individual indicators are produced and presented on an as needed or annual basis.
- The TCEMSA utilizes three committees (QA/QI, EMCC and CRTCC) to evaluate indicators and assist in addressing the quality improvement needs, goals and responsibilities of the EMS Agency and EMS system participants. The title, meeting frequency and statement of purpose for each of these multi-disciplinary committees are described below:

Quality Assurance and Improvement Committee (QA/QI)

Meeting Frequency: Bi-monthly

Statement of Purpose:

- To monitor, evaluate and report on the quality of prehospital care, including compliance with laws, regulations, policies and procedures, treatment guidelines and recommend revisions and/or corrective action as necessary.
- To make recommendations specific to the EMS provider, hospital and TCEMSA data collection and dissemination.

Emergency Medical Care Committee (EMCC)

Meeting Frequency: Quarterly

Statement of Purpose:

The EMCC shall annually review the operations of the following:

- Ambulance service(s) operating within the County.
- Emergency medical care offered within the County, including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques.
- First aid practices within the County.
- First response services provided within the County.

Central Regional Trauma Coordinating Committee (CRTCC)

Meeting Frequency: Quarterly

Statement of Purpose:

- This committee is a collection of Central California EMS Agencies and other Trauma system providers established by the EMS Authority as the primary avenue for trauma system quality improvement for the Region.
- Promote region-wide standardization of trauma care.
- Monitor, evaluate and report on quality of trauma care in relation to prehospital/hospital training and care, including compliance with laws, regulations, policies and procedures as well as recommended revisions and/or corrective action as necessary.
- Review potential problem trauma cases and system issues.
- Monitor the process and outcome of trauma patient care.
- Make recommendations for educational activities and/or policy revisions based upon quality review activities to the appropriate EMS Agencies within the Region.

IV. Action to Improve

TCEMSA primarily utilizes the Plan-Do-Study-Act (PDSA) model for quality improvement: The PDSA cycle is shorthand for testing a change. It is the scientific method, used for action-oriented learning. Use of PDSA cycles is a way of testing an idea by putting a change into effect on a temporary basis and learning from its potential impact.

Step 1: Plan- Plan the test or observation:

- State the objective
- Make predictions about what will happen and why
- Develop a plan to test the change (Who? What? When? Where?)

Step 2: Do- Try out the test:

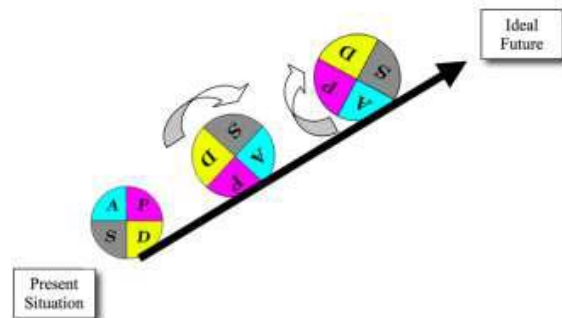
- Carry out the test
- Document problems and unexpected observations.
- Begin analysis of the data.

Step 3: Study- Set aside time to analyze the data and study the results:

- Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned.

Step 4: Act- Refine the change, based on what was learned from the test:

- Determine what modifications should be made
- Prepare a plan for the next test



V. Training and Education

Due to the limited staff, TCEMSA relies heavily on EMS system participants in the provision of EMS training and education. The collaboration of fire services, TCAS, PHI and AHS have proven very successful in providing high quality EMS training and education.

- Training/education materials for new skills/medications and annual training modules are developed by the TCEMSA in collaboration with TCAS, PHI and AHS. These training/educational materials are developed in a collaborative manner with input and assistance from EMS system participants and subject matter experts.
- Other training/education materials are developed and updated on a routine basis by appropriate staff members based on job requirements, responsibilities, experience and expertise. These additional training/education materials are developed in a collaborative manner with input from other EMS system participants and subject matter experts.
- All training/educational materials are reviewed and approved by the TCEMSA Medical Director prior to distribution or utilization by EMS system participants.

VI. Annual Update

The EMS System Core Measures for California are listed in the matrix below. TCEMSA also tracks indicators specific to our EMS system; these indicators are listed in a matrix found below the EMS System Core Measures for California matrix. All findings in both matrices are from CY 2021. Indicators for the EMS System Core Measures for California are updated annually and will be measured and reported to EMSA as part of the Core Measures Project; TCEMSA will be measured and reported at the request of the EMCC and QA/QI committees.

EMS SYSTEM CORE MEASURES FOR CALIFORNIA				
Indicators Monitored		Findings/Priority Issues Identified	Plans for Further Improvement	Goals Met/ Follow-Up Needed?
ACS-1	Aspirin Administration for STEMI or Suspected Cardiac Chest Pain	Per ESO 76% of STEMI or suspected cardiac chest pain received aspirin. QA of all other cases, documentation was completed that aspirin was contraindicated or refused.	None	Goal Met
ACS-4	Advanced Hospital Notification for STEMI Patients	Per ESO 19% criteria met		Follow Up Needed
HYP-1	Treatment Administered for Hypoglycemia	Per ESO 69% criteria met. QA of all other cases shows actual percentage of 94.6%.	Education on reviewing ePCR for errors.	Goal Met
PED-3	Respiratory Assessment for Pediatric Patients	100% criteria met	None	Goal Met
RST-4	911 Requests for Services that Include a Lights and/or Siren Response	81% Emergent Responses		
RST-5	Lights and/or Siren Transport Rate	6% Lights and Siren Transport Rate		
STR-1	Prehospital Screening for Suspected Stroke Patients	100% criteria met	None	Goal Met
STR-2	CVA/TIA Blood Glucose Check Performance	88% criteria met		
STR-4	Advance Hospital Notification for Stroke Patients	100% criteria met	None	Goal Met
TRA-2	Transport Trauma Patient to a Trauma Center	30% criteria met	There is no Trauma Center in Tuolumne County; ground transportation for the majority of trauma patients. Due to the extended transport	

			time for ground ambulances air ambulance is the preferred mode of transportation.	
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TCEMSA System Specific Measures 2017

Indicators Monitored	Findings/Priority Issues Identified	Plans for Further Improvement	Goals Met/ Follow-Up Needed?
Needle cricothyrotomy	Sentinel Event, 1 performed in 2021	Sentinel Events addressed in annual training updates	Continuously Monitored
Needle thoracostomy	Sentinel Event, 7 performed in 2021	Sentinel Events addressed in annual training updates	Continuously Monitored
SGA	Infrequent skill, 19 performed in 2021	Infrequent skill addressed in annual training updates	Continuously Monitored
Transcutaneous Cardiac Pacing	Infrequent skill, performed in 2021	Infrequent skill addressed in annual training updates	Continuously Monitored

Morphine Sulfate	Controlled Medication	Administration of controlled medications addressed in annual training updates	Continuously Monitored
Fentanyl Citrate	Controlled Medication	Administration of controlled medications addressed in annual training updates	Continuously Monitored
Midazolam	Controlled Medication	Administration of controlled medications addressed in annual training updates	Continuously Monitored
EMS Helicopter utilization	Appropriate utilization	High cost, high risk transportation methods addressed in annual training updates	Continuously Monitored