

YOLO COUNTY EMS AGENCY

Emergency Medical Services System Plan

2019 Annual Report



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EXECUTIVE SUMMARY

This plan represents the seventh (7th) annual update of the Yolo County Emergency Medical Services Agency (YEMSA) since initial approval of our EMS Plan in 2013. The agency's primary responsibilities are to plan, implement, and evaluate an Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic areas served by the EMS agency. These plans must be consistent with the state standards and address the following components:

- System organization and management
- Staffing and training
- Communications
- Response and transport
- Facilities and critical care
- Data collection and evaluation
- Public information and education (PIE)
- Disaster Response

The Yolo County EMS system continues to provide well-coordinated response services throughout Yolo County. We continue to have a high performing ambulance franchise focused on meeting the needs of the community, our patients, and the system itself. The EMS system includes two (2) hospitals that provide high levels of patient care in both rural and urban areas of the county. Local care includes primary stroke designations delivered at Sutter Davis Hospital and Woodland Memorial Hospital.

Yolo County completed a contract extension with our Exclusive Operating Area (EOA) Ambulance Provider, American Medical Response, in February 2019. This contract extension will allow the high performing ambulance transport system to continue the provision of services in Yolo County until February 2024.

The Yolo County EMS System has continued to work towards meeting the minimum standards and recommend guidelines as provided in the EMS System Assessment Forms. Improvements or significant changes have been made in the following areas:

- Specialty Care Plans
 - Stroke
 - STEMI
- Maintaining ALS service capability throughout the region
- Revising and updating the EMT and Paramedic Protocols
- Continued development of regional trauma care system

The 121 Minimum Standards and Recommended Guidelines which the Local EMS Agency must address in their EMS plans. Minimum Standards are those which should be met by each Local EMS Agency. Recommended Guidelines are those of which every EMS system should strive to meet whenever possible. The Yolo County EMS Agency meets all the Minimum Standards and most of the Recommended Guidelines. Despite meeting the Minimum Standard or Recommended Guidelines, the EMS Agency recognizes that there is always room for improvement within the system.

The objectives listed in the EMS System Plan will guide the Yolo County EMS Agency in monitoring and improving the EMS system over the next year.

ASSESSMENT OF SYSTEM

SUMMARY OF SYSTEM STATUS

This section provides a summary of how the Yolo County EMS Agency system meets the State of California’s EMS Systems Standards and Guidelines. An “X” placed in the first column indicates the current system fails to meet the State’s minimum standards. An “X” placed in the second or third column indicates that the system meets the minimum standard or recommended guidelines, respectively. An “X” is placed in one (1) of the last two (2) columns to indicate the time frame for which the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard, along with the objective for establishing compliance, is included in the System Needs and Plan Objectives Section of this plan.

SYSTEM ORGANIZATION AND MANAGEMENT

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			

System Organization and Management (continued)

	Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
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	X	X	X
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X			X
1.21 Determination of Death		X			X
1.22 Reporting of Abuse		X			X
1.23 Interfacility Transfer		X		X	X
Enhanced Level: Advanced Life Support:					
1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	X
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X		X	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		X			X

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			
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	X		
Hospital:						
2.09	CPR Training		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			

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

RESPONSE/TRANSPORTATION

		Does Not Currently Meet Standard	Meets Minimum Standard	Meets Recommended Guidelines	Short-Range Plan	Long-Range Plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	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	Intercountry Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

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			
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			
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			

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	Pre-hospital Records		X			
6.03	Pre-hospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		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			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

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			

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		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Pre-hospital 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		X			

SYSTEM NEEDS AND PLAN OBJECTIVES

This section of the EMS Plan lists each standard included in the State of California's EMS Systems Standards and Guidelines and provides a description of the following:

- Current status of the YEMSA System as it relates to the individual standard
- Efforts to coordinate resources and services with other Local Emergency Medical Service Agencies (LEMSA's) as required by the California EMSA
- Future needs of the Yolo County EMS System as it relates to the individual standard
- Objectives for meeting the minimum standard, upgrading towards the recommended guidelines, or improving the efficiency of effectiveness of the EMS System
- Assignment of each objective to the annual work plan, long range plan, or both

The needs and objectives of the EMS Plan are designed to address the EMS Systems Standard and Guidelines. Most of the objectives are written as general statements such as objective 1.01, which states: "Develop secure funding sources to adequately finance agency operations and personnel requirements." Many of these objectives may need to be refined when they are included in the annual work plan, transportation plan, or trauma plan.

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Oversight of the Yolo County EMS Agency is provided by the EMS Administrator. The agency staff is comprised of a contractual Medical Director who is Board Certified in Emergency Medicine, 1.0 Full Time (FTE) EMS Administrator, 1.0 FTE EMS Coordinator, one 1.0 FTE EMS Specialist II, and one 1.0 FTE EMS Specialist I. Other non-agency resources include a base hospital medical director, a base hospital nurse liaison, provider QI coordinators, provider training coordinators, and Emergency Preparedness

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To identify staffing and review and modify job descriptions and employee classifications to ensure alignment with the mission and goals of this agency and plan.

OBJECTIVE:

Develop, secure, and sustain funding sources to adequately finance agency operations and personnel requirements such as to effectively manage and oversee the EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The Yolo County EMS system recognizes the benefits to patient care concerning the regionalization of specialty services. The agency continues to participate in many regional programs with neighboring LEMSAs. Yolo County EMS Agency has developed, and continues to develop, specialized sub-committees to evaluate the system and identify areas of improvement. The continuing evaluation of the system is accomplished through the writing of the Yolo County EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Sacramento, Solano, Napa, Sierra-Sacramento Valley, and other LEMSAs.

NEED(S):

Ensure continued evaluation of system performance against established benchmarks. Maintain a system wide Continuous Quality Improvement (CQI) plan and process. Develop quality reports based both on electronic data collection and other stakeholder data sources.

OBJECTIVE:

We use the Emergency Medical Care Committee (EMCC), providers, the County CQI Committee, Physician Advisory Committee (PAC), and other review bodies to identify needed system changes. Implementation of sub-committee and other specified groups as needed to address gaps or needs within the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS Agency shall have a mechanism (including EMCC 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*

Yolo County has a functioning EMCC that reviews local operations, policies, and practices. Agency staff meet with system stakeholders on a bi-monthly basis to review and discuss issues affecting the EMS system. All meetings of the respective Board of Supervisors (BOS) and County EMCC are open to the public with time allocated on each agenda for public comment(s). Additionally, impacted groups are routinely notified and given the opportunity to provide input before issues are brought before the respective groups. All policy and treatment guidelines are submitted to all stakeholders on a bi-annual basis for public comment draft periods. The agency solicits changes and input from all interested parties.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that appropriate consumer and healthcare provider input is obtained regarding the development of plans, policies, and procedures.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's advisory committees to best meet the needs of the EMS system while continuing to provide a mechanism for public input concerning EMS system design and performance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS Agency shall appoint a medical director who is a licensed physician and 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*

The agency Medical Director possesses Board Certification in Emergency Medicine.

The Medical Director attends the PAC, EMCC, CQI Meetings and any other clinical project groups. The Medical Director communicates regularly and meets with stakeholders.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure Medical Direction of the EMS System.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS Agency shall develop an EMS System Plan based on community needs and utilization of appropriate resources and shall submit it to the EMS Authority.

This plan shall:

- Assess how the current system meets guidelines
- Identify system needs for patients within each of the targeted clinical categories (as identified in Section II)
- Provide a methodology and timeline for meeting these needs

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Completion of this annual plan update fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources. Meet the identified and prioritized standards contained within this plan.

OBJECTIVE:

Monitor and amend the EMS system plan as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS Agency shall develop an 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 an annual plan update fulfills the requirement of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annual evaluation of the EMS System Plan to determine progress in meeting the EMS plan objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS System Plan to the State EMS Authority that reflects system changes and progress made toward meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

Each 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*

In 2015 the Yolo County EMS Agency set up a committee of key stakeholders which included: local fire agencies, in-county hospitals, out-of-county trauma receiving centers, Sacramento County EMS Agency, local law enforcement, and California Highway Patrol (CHP) to develop the Yolo County Mass Casualty (MCI) Plan. In 2016 the final draft of the MCI Plan was completed, and a timetable was developed to test the plan. We have conducted two (2) functional, full-scale MCI exercises, and one (1) tabletop exercise.

The LEMSA staff integrates trauma data into our CQI process and reports out annually at the Trauma CQI committee.

Out of County trauma designation: University of California Davis Medical Center (UCDMC) (Level I); and Kaiser Foundation Hospital, Vacaville (Level II).

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of Yolo County requires all specialty care planning to be done with adjoining LEMSA systems.

NEED(S):

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

OBJECTIVE:

Continue refinement of the trauma care system. Integrate FirstPass data system into our trauma system data collection and CQI process.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 (ALS) ambulances are the standard for emergency 9-1-1 medical request in the county.

COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid agreements have been established with Sacramento and Solano County for certain portions of Yolo County responses.

NEED(S):

Ensure the optimal provision of ALS services throughout the EMS system.

OBJECTIVE:

Continue refining and monitoring the provision of the ALS EOA system and make changes as necessary to ensure delivery of the optimal level of service available.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

YEMSA continues to coordinate the Medical Health Operational Area Coordinator (MHOAC) roles and responsibilities with Public Health Preparedness programs.

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.10 SPECIAL POPULATION

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*

Identification of special population groups has begun. YEMSA has started to identify users of the EMS system by population groups and services provided. This information will be used for planning, policy development, and provisional services. Feedback will be provided by EMCC for better target identification of groups and needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue the process of identifying access and functional need population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system. Ensure that all population groups know how to access and appropriately utilize the EMS system. Ensure Access to Functional Needs (AFN) planning is incorporated into disaster planning at the Operational Area level within the LEMSA region.

OBJECTIVE:

Identify population groups, other than pediatrics, served by the EMS system and require specialized services. 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 [1] year or less).

Long-Range Plan (more than one [1] year).

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

CURRENT STATUS: *meets minimum standard*

The roles and responsibilities are clearly stated in contractual agreements between the hospitals, other providers, and Yolo County EMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify the optimal roles and responsibilities of all system participants based on comparative EMS system models and public input. Ensure that system participants conform to assigned EMS system roles and responsibilities. Identify funding system for development, monitoring, and QI of the system.

OBJECTIVE:

Continue the identification of the optimal roles and responsibilities of EMS system participants. Continue the development of mechanisms, such as agreements, facility designations and exclusive operation area to ensure compliance. Yolo County is updating the County ordinance, LEMSA polices and provider agreements in support of this objective.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Response time standards are in place with the EOA. The Yolo County EMCC continues to evaluate response, care, and transport, and to identify system problems and seek solutions. FirstWatch, implemented by the County EMS Agency, monitors system and contractual EOA compliance. FirstWatch will also be used to ensure transparency between the EMS Agency and all local agencies/departments regarding system status/compliance. The Yolo County PAC, comprised of local and regional physicians, monitors and reviews system operations with a focus on CQI, and policy and procedure review. The CQI Committee is comprised of representatives of all system participants, and focuses on QI and policy and procedure review.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the continued review and monitoring of EMS system operations. Work with Emergency Medical Services Administrator's Association (EMSAAC) and the State EMSA to develop standard statewide indicators for EMS system evaluation. Continue to refine system wide QI activities and linkage. Identify funding to support review and system monitoring.

OBJECTIVE:

Implement structural indicators and compliance mechanisms with CQI program by implementation of FirstPass. Modify the process of reviewing and monitoring of the EMS system, as needed, to include a more active role in the PAC which is overseen by the EMCC.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

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, facilities, and counties. Active coordination is achieved by committee involvement around policy and procedure development and coordination with provider agencies and facilities. YEMSA has implemented the Region IV trauma transfer protocol. The EMS Agency actively participates in bordering counties committees and meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure coordinated system operations and identify funding to support coordination.

OBJECTIVE:

Evaluate the EMS system operations and make changes as need to ensure optimal performance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 Yolo County EMS Agency Policy and Procedure Manual has been developed and distributed via the website and in-application download for smart devices. The app can be download for free on an iOS or Android platform. Our PAC and CQI committees meet quarterly to discuss policy and protocol revision, and to allow for stakeholder input. Policy and procedural updates happen bi-annually in August and in February.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to review, revise and synthesize specific county administrative policies. Ensure the availability of a policy and procedure manual for system providers. Continue posting EMS policies on the Agency website and iOS and android platform. Ensure LEMSA policies are supported by member counties' ordinances.

OBJECTIVE:

Monitor the process of policy and procedure manual availability and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 ordinances, inspections, unusual occurrence reporting, investigations, and quality improvement programs have been established as a mechanism to review, monitor, and enforce compliance with system policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies through implementation of written agreements, QI program and PAC.

OBJECTIVE:

Continue to implement compliance mechanisms such as written agreements, QI program for Base Hospitals, ALS Providers, Basic Life Support (BLS) First Responders, Emergency Medical Dispatch (EMD) Centers and Continuing Education (CE) Providers. Evaluate and improve compliance with the system policies. Updated the County Ordinance to support.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year)

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency established a fee schedule approved by the BOS. Fees include Personnel Certification and Accreditation, Receiving and Base Hospitals, EMS Air Ambulance, and Specialty Care which including: Trauma, Stroke and STEMI designation. Yolo County EMS Agency also receives a Franchise Fee from the EOA Provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

OBJECTIVE:

Maintain existing funding sources and continue to seek alternative or new funding sources. Continue to work with EMSAAC, the Emergency Medical Services Medical Directors Association of California (EMDAC) and the State EMSA to main federal, state and local funding of the EMS system. Continue to investigate ways for the Yolo County EMS Agency and system to function more cost effectively.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Currently there are two (2) hospitals in the EMS system, one (1) of which has been designated as a Base Hospital. At any time, the Yolo County EMS Agency would be supportive of adding additional in-county base hospitals, but currently there is no interest or desire from the hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain the current system of a single Base Hospital and identify possible Alternate Base Hospitals for medical control in case of a disaster.

OBJECTIVE:

Update Base Hospital policies and maintain Base Hospital agreements as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 that are approved by the local EMS Agency and 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*

There is a local CQI process in place. Local QI representatives include agency staff, provider QI coordinators, hospital QI coordinators, EMS educators, and medical directors. The county EMCC continues to evaluate response, care, and transport issues, as well as identify system problems and seek solutions.

Yolo County EMS Agency has revised its QI plan in 2018 and received the State EMSA approval in May 2018.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the QA/QI process continues to meet system needs and State standards.

OBJECTIVE:

Continue efforts to refine the formal CQI program including specific clinical indicators and outcome measures. Yolo County EMS Agency implemented FirstPass in 19/20 and will build the program into its QI system. Continue to monitor the performance of the system and amend the QA/QI program and/or processes to meet system needs. Work with EMS providers through provider agreements to formalize provider QI plans. Incorporate FirstPass EMS Data System LEMSA QI plans.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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
- 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*

Updated all ALS and BLS protocol format. Updated policies include medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel on scene, and local scope of practice. One (1) of the county's EMS dispatch centers provides both pre-arrival and post-dispatch instructions utilizing Medical Priority Dispatch System protocols. The other dispatch center in the county transfers the call to receive both pre-arrival and post-dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of policies to meet state minimum standards and recommend guidelines.

OBJECTIVE:

Continue the review and revision of policies, BLS and ALS protocol/scope, as needed, to meet minimum standards and the recommended guidelines. Continue development of regional policies for transport of patients to facilities appropriate for their injuries or illness. Work to ensure all dispatch centers in Yolo County are using Medical Priority Dispatch System protocols with our system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

A revision was done to the DNR policy to show the updates in 2015 and 2016 to the Physician Orders for Life-Sustaining Treatment (POLST) form. A recent revision was completed at the end of the year to add instructions to manage the end of life act. We will continue to monitor and review the need to amend and update the policy as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS System.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS Agency, in conjunction with the county corner(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 Determination of Death Policy was created and implemented with the respective county corner. This policy was updated/revised in December 2016 to include an updated POLST information and form.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the determination of death policy continues to meet county needs.

OBJECTIVE:

Review and update, as necessary, the criteria used for determining death in the field on a county-wide basis.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.22 REPORTING 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*

Policies have been developed regarding the reporting of elder abuse, child abuse, and unexpected infant/child death.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain mechanisms for the reporting of abuse and unexpected infant/child deaths.

OBJECTIVE:

Review and update, as needed, EMS policies. Work with other public and private agencies to increase awareness of abuse cases and reporting among pre-hospital providers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Each local EMS Medical Director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfer.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A policy delineating the scene and interfacility transfer scope of practice has been established. Established policies and procedures for use of Heparin, Nitroglycerin, and Amiodarone as an expanded scope for interfacility transfer have been developed and are implemented as optional scope for our ALS Transport Provider Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue development and revision of BLS and ALS interfacility scope of practice. Identification of funding mechanism to support development and monitoring of interfacility transfers.

OBJECTIVE:

Maintain BLS, ALS, Critical Care Transport-Paramedic (CCT-P), and Critical Care Transport (CCT) interfacility scope of practice that is compliant with State guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

1.24 ALS SYSTEM

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*

All ALS services currently provided in the EMS system are provided with local EMS agency approval. Written agreements, permits, and contracts are utilized. An EOA that encompasses the entire county was established in March 2014. We have one (1) ALS non-transporting agency, which provides services under written agreement with Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS services are provided only as an approved part of the EMS system.

OBJECTIVE:

Maintain written agreements with ALS providers and monitor compliance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 local 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*

Currently one (1) out of two (2) hospitals in Yolo County is designated as the Base Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The issue of a single medical control point in each member county continues to be examined by system participant. A process needs to be developed for determining the viability of a single medical control point in each county, when feasible, and identifying its optimal configuration and responsibilities, assuming there is consensus for downsizing the present base hospital network and that geographical barriers are not insurmountable. We are communicating with neighboring counties and reviewing potential opportunities for collaboration, integration, and standardization of our system as a method to provide alternative solutions to ensure redundancy and consistency.

OBJECTIVE:

Maintain written Base Hospital agreement. Develop a comprehensive medical control plan which meets standard and system needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 that allows all eligible facilities to apply. 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:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has no in-county Trauma services. A Level I Trauma Center is designated in Sacramento County (UCDMC). A Level II Trauma Center is designated in Solano County (Kaiser Permanente, Vacaville). A trauma catchment map was created to facilitate transport decisions. A Trauma Advisory Committee (TAC) has been established. The Agency continues to refine its management of trauma system oversight driven by recommendations from the TAC.

Our current PSAP, Yolo Emergency Communication Agency, uses EMD dispatch guidelines to prioritize and triage the trauma patient and determine code response of the emergency personnel.

During 2015 and 2016 Yolo County EMS worked with all fire agencies, hospitals, and Sacramento and Solano EMS agencies to develop and update the MCI Response Plan. The finalization of this plan took place near the end of 2016, with an objective in 2017 to do a functional MCI drill to test the plan. We have conducted two (2) functional full-scale MCI exercises and one (1) tabletop exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Continue development and maintenance of the trauma system and regional trauma system. Establish and maintain a trauma audit process. The TAC will conduct, analyze, and discuss all trauma related deaths, complications, transfers, and quality-related filters in a multi-disciplinary, non-discoverable fashion. TAC integrates with existing CQI processes.

OBJECTIVE:

Establish, maintain and refine current trauma system plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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: *meets minimum standard*

Pediatric treatment protocols were created in 2013. A review of pediatric policies and protocols will be ongoing, and revisions will be made as needed. Pediatric specialty centers were identified, and transport procedures established.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano County EMS Agencies.

NEED(S):

Continue to support EMS Children system development. Look for funding opportunities.

OBJECTIVE:

Review and revise as necessary pediatric treatment protocols.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 determine: a) the optimal 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*

The optimal system design for an ALS ambulance response, and the process for assigning roles to the system participants, are based on the EMS system models examined by the agency and key stakeholders. There is currently a single EOA encompassing all of Yolo County. A sub-committee of EMCC has been created to discuss current contractual provider performance and future needs of the EMS system design. This sub-committee is a public meeting. The sub-committee in 2017 provided feedback about the current contract and recommended to the EMS Agency to offer a five (5) year extension to the current contractual provider. In February 2019, the BOS approved the five (5) year EOA contract extension till 2024.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that system design continues to meet community needs.

OBJECTIVE:

Develop a monitoring system for evaluation of EOA operational and critical performance-based measures. Ensure that system design continues to meet community needs. Continue system assessment for EOA and commensurate development of request for proposal process as determined.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

STAFFING AND 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*

Current training institutions and approved CE Providers appear to be meeting system needs. ALS updates for all accredited Paramedics have been established and the course content is provided by the LEMSA. MCI tabletop training sessions and functional exercises have also been offered by the ALS Transport Provider, AMR and LEMSA. CE Provider programs are verified/updated on a continuing basis and CE Providers are audited and reviewed regularly. All EMT Training Centers meet minimum standards and are audited and reviewed on continuing basis. Yolo County has no Paramedic Training programs.

Yolo County EMS Agency and West Valley Fire Regional Training Consortium recognized the need to deliver functional full-scale exercises to our providers. This year we collaboratively put together two (2) training exercises focused on Incident Command (ICS), Communication, Triage/Treatment, and Patient Movement based on our Plans and Policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that sufficient personnel are trained to meet EMS system demands. Continue to refine relationships with local colleges and education providers to capitalize on shared resources, funding, and instructors. Further develop opportunities with neighboring counties.

OBJECTIVE:

Monitor and ensure system personnel and training needs, including Continuing Education.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The EMS Agency has an approval process in place for first responder, EMT, and Paramedic training programs. On a continual basis LEMSA staff audits compliance of the programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to ensure that EMS education programs comply with State regulations and requirements for continued program approval.

OBJECTIVE:

Conduct random compliance evaluations of local programs. Monitor EMS education programs and ensure compliance to standards and other course requirements. Maintain standardized approval policies and compliance process.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS Agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS Agency of unusual occurrence that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies have been adopted regarding EMD, Emergency Medical Responder (EMR), and EMT certification, and Paramedic accreditation. A standardized application, process, and fee schedule has been developed.

COORDINATION WITH OTHER EMS AGENCIES:

Consider developing reciprocal standards with neighboring counties.

NEED(S):

Review, modify, and adopt the procedures and policies used for certification and accreditation. Ensure compliance with state regulations and EMSA.

OBJECTIVE:

Monitor all EMS personnel policies and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 EMS Authority's Emergency Medical Dispatching (EMD) Guidelines.

RECOMMENDED GUIDELINES:

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 EMD.

CURRENT STATUS: *meets minimum standard*

EMD, with pre-arrival instructions and priority dispatch, are currently being provided by one dispatch center in Yolo County.

Yolo County EMS has partnered with our largest dispatch center, Yolo County Emergency Communication Center, to deliver an EMD Q program. Currently the Public Safety Answering Point (PSAP) is operating under EMD guidelines but has no quality improvement process. This partnership will align our whole system approach and ensure the highest safety and quality of care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain and improve the quality of the EMD Yolo County. Maintain that the minimum standard of EMS dispatch for Yolo County is EMD. Maintain EMS level as minimum standard for all PSAPs and dispatch centers providing responsible for medical dispatching for the county.

OBJECTIVE:

Investigate and develop as appropriate, more cost-effective means of providing EMS Dispatch services to include emergency and non-emergency call screening. Enhance oversight to include non-9-1-1 ambulance dispatching policy revisions.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one (1) person on each non-transporting EMS first response unit shall have been trained to administer first aid and Cardiopulmonary Resuscitation (CPR) within the previous three (3) years.

RECOMMENDED GUIDELINES:

At least one (1) 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 (1) 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*

Yolo County first responder agencies require EMT training as a minimum condition of hire. All first responder agencies possess Automated External Defibrillators (AEDs).

EMT training is widely available within the EMS system. Staffing of first response units includes at least one (1) certified EMT, since all first responder agencies require EMT certification for paid staff. 100% of the population of Yolo County is served by an early defibrillation first response provider.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure minimum training standards and encourage adherence to recommended guidelines.

OBJECTIVE:

Develop and implement standardized first response agreements or other mechanisms with all providers that will specify minimum training, staffing, and equipment standards.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Formalization of roles and responsibilities have been conducted with the EOA ALS Transport services in Yolo County. The county has an extensive first responder system that is primarily volunteer fire based. BLS field protocols have been established for the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to identify the optimal roles and responsibilities of all system participants based on EMS system and models, public input, and state standards. Ensure that system participants conform to assigned EMS system roles and responsibilities.

OBJECTIVE:

Identify the optimal roles and responsibilities of EMS system participants and develop mechanisms, such as agreements, to ensure linkage between public, private, and industrial EMS stakeholders.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Yolo County EMS First Responses operate under Basic BLS protocols. The BLS protocols are available for review via the agency website, and the Yolo County EMS Agency app on iOS and Android platform. ALS first responders utilize the agencies ALS protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that first responders operate under the medical direction of the system. Review, and modify as necessary, BLS field protocols to ensure compliance with new state EMT regulations. Develop agreements with first responder entities to include enforceable standards in Yolo County.

OBJECTIVE:

Refine existing methodology to ensure that first responders operate under the EMS Agency Medical Director. Develop funding source for program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 (1) person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: *meets minimum standard*

The minimum staffing level of all ALS emergency medical transport vehicles (ambulance) is one (1) licensed paramedic and one (1) certified EMT. However, a BLS ambulance, staffed with a minimum of two (2) EMTs, may be used to respond to emergency requests during times of disaster when all available ALS resources have been depleted.

COORDINATION WITH OTHER EMS AGENCIES:

Where necessary or desirable in disaster or large MCI situations.

NEED(S):

Ensure the availability of trained transport personnel to meet the needs of the EMS system.

OBJECTIVE:

Monitor and adjust ambulance staffing requirements to EMS system needs and EMS system recommended guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

X Long-Range Plan (more than one [1] year).

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*

Yolo County EMS Agency requires all certifying personnel maintain a current CPR certification.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Encourage the training of allied health personnel in CPR.

OBJECTIVE:

Monitor EMS system personnel and take appropriate measures to ensure training in CPR.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in ALS.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *meets minimum standard*

Current Base Hospital agreements require hospital physicians to be certified in Advanced Cardiac Life Support (ACLS). All Emergency Department (ED) physicians are encouraged to be board certified in emergency medicine or be certified in pre-hospital EMS management through such courses as Advanced Trauma Life Support, and Pediatric Advanced Life Support (PALS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care.

OBJECTIVE:

Develop policy to ensure that emergency department physicians and nurses are training to an appropriate ALS level.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of ALS 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 practice, and enrollment into the local EMS agency quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies and procedures exist to accredit and orient ALS personnel. ALS updates are used as a platform to orient new ALS personnel entering the local system. Newly accredited paramedics are oriented to policies and procedures, given access to those policies and procedures via the agency web site, the application, or a hard copy of the manual. New paramedics are required to review, document, and attend an orientation class on current policy and procedures in conjunction with a Five (5) call ALS evaluation by an authorized Field Training Officer (FTO). Re-accreditation requirements for ALS personnel is set in policy.

COORDINATION WITH OTHER EMS AGENCIES:

Where applicable/desirable coordinate accreditation with adjoining counties.

NEED(S):

Continue to ensure that ALS personnel are appropriately oriented to the EMS system and capable of performing the expanded scope of practice procedures.

OBJECTIVE:

Monitor and amend the ALS accreditation process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS Agency shall establish policies for local accreditation of public safety and other BLS personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Policies, procedures and training venues exist to support personnel in Public Safety AED programs. LEMSA staff ensure that Public Safety AED are in compliance with policy and training standards are verified yearly.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Fund program in order to ensure policies and procedures for early defibrillation training and certification to meet the EMS system needs.

OBJECTIVE:

Develop funding source to allow evaluation of existing policies and procedures for early defibrillation training and certification to ensure that system needs are being met.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 are trained in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County's policies and agreements specify that only ED hospital physicians who have been judged knowledgeable in the pre-hospital policies and protocols shall provide medical direction to EMS personnel. Base Hospital personnel are trained in radio usage.

We have partnered with our Base Hospital to do regular trainings on protocols and changes to our system to ensure that all personnel have a working knowledge of our system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that only adequately trained physicians provide medical direction to EMS personnel. Ensure that EMS qualified nursing personnel and physicians have opportunities for EMS system input.

OBJECTIVE:

Refine policies requiring Base Hospital physicians to be trained to provide pre-hospital medical direction, radio communications and Yolo County EMS Agency policies. Monitor compliance to ensure that Base Hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Incorporate hospital EMS expertise into EMS system dynamics.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

COMMUNICATIONS

3.01 COMMUNICATION 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 ALS 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 satellite and cellular telephones.

CURRENT STATUS: *meets minimum standard*

The current system of dispatch, field, and hospital medical communications within Yolo County has recently been updated to improve communication throughout the county. All transporting vehicles in Yolo County have capabilities to communicate to local PSAPs, hospitals, and all fire frequencies. ReddiNet, an internet-based communications system, has been established in all of the county hospitals to facilitate another form of communication. The EMS Agency has satellite phone capabilities to be used in disaster situations. Auxiliary Communications Service (ACS) (Ham) radios have been established with local hospitals, clinics, and Skilled Nursing Facilities (SNFs).

COORDINATION WITH OTHER EMS AGENCIES:

It is anticipated that coordination with Sacramento and Solano County EMS may either be necessary or advantageous when developing a comprehensive communication plan.

NEED(S):

Ensure the availability of all necessary EMS dispatch and medical communications. The county's communication system in some areas could use updates and improved towers. Ensure the availability of all necessary EMS dispatch and medical communications. An assessment of the communication systems needs to be performed as a precursor to the development of a regional communications plan. An assessment is contingent on each individual county's communications budget. Federal Communications Commission (FCC) regulations that propose moving public safety radio systems to new frequency bands are still being modified along with deadline implementation dates. Once FCC establishes these "migration" timelines, the Agency expects that the individual Communications entities will prepare master plans. The Agency needs to ensure its participation in these planning efforts.

OBJECTIVE:

Create and effect a regional communication and cross regional communication plan. Prioritize system repairs and upgrades as necessary to comply with regional or county needs. The communication plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting ALS responders shall have two-way radio communication equipment which complies with the local EMS communication 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 vehicles-to-vehicle (including both ambulance 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 dispatch, field to field, and field to hospital communications; however, communication “dead-spots” exists throughout the system, especially in the north portion of the county. In addition, most ALS providers utilize cell phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding is a critical issue. Ensure the availability of medical communications through development of a regional and cross regional communication plan. This plan should include linkages between first responders and ambulance providers.

OBJECTIVE:

Develop the communications plan, prioritize system repairs and upgrades, and make necessary changes for improvement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both sending and receiving facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All transport vehicles have two-way radio communication capabilities and cellular phone capability.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of communications frequencies and the location of radio repeaters may need to be assessed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of medical communications. Assess the communication system. Develop the plan as state's communication master plan is established, and as county funding allows.

OBJECTIVE:

Develop a communication plan, prioritize system repairs and upgrades, and make necessary changes. Ensure compatibility between regional and communication plans.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 for disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The current system of dispatch and field and hospital medical communications within Yolo County has recently been updated to improve communication throughout the county. All transporting vehicles in Yolo County have capabilities to communicate to local PSAPs, hospitals, and all fire frequencies. ReddiNet, an internet-based communications system, has been established in the county and is used by hospitals, skilled nursing, clinics, and fire and EMS providers to facilitate another form of communication. The Yolo County EMS Agency has satellite phone capabilities to be used in disaster situations. ACS (Ham) radios have been established with local hospitals, clinics, and SNFs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain and refine standards for system EMS dispatch center. One (1) PSAP in Yolo County does not have the same capabilities to communicate and work within the system; an integrated model needs to be designed for dispatch. Our field personnel depending on the location of the incident may need to communicate with two (2) different dispatch centers.

OBJECTIVE:

Develop an integrated dispatch that meets the full system requirements.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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. position information, pediatric and trauma consultation).

CURRENT STATUS: *meets minimum standard*

Yolo County hospitals utilizes a VHF system. All of the hospitals in the region have radios and Reddinet which allows them to communicate with each other as well as field providers.

COORDINATION WITH OTHER EMS AGENCIES:

Hospitals employ a web-based control, proactive communication system called Reddinet

NEED(S):

Continue to assess the current communication pathways, and make updates as needed and when funding becomes available in the county.

OBJECTIVE:

Develop the communication plan, prioritize system repairs and upgrades and make necessary changes as funding becomes available.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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-causality incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Hospitals in Yolo County have VHF and ACS radio communications capabilities. Yolo County hospitals can use either regular telephone or facsimile lines or ReddiNet, which is an internet-based system used when determining the capabilities of area hospitals during MCIs and disasters. ReddiNet is available in the PSAPs, Fire, and EMS Communications to provide the ability to relay information within the operational area. All providers have cellular phone capability as well as two-way radio capability with their respective hospitals in Yolo, Sacramento, and Solano Counties.

The only other alternate communications capability for hospital-to-hospital transmission region wide is cellular and satellite phones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the availability of medical communications during disaster and multi-causality incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

OBJECTIVE:

Develop the communication plan, prioritize system repairs and upgrades, and make necessary changes consistent with system needs and regional communication goals when the individual counties establish system funding.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Yolo County Communications system has enhanced 9-1-1 telephone service, and the Yolo County EMS Agency and local PSAPs participate in planning and coordination of the 9-1-1 telephone system. The local PSAP is updating their Computer Aided Dispatch (CAD) to build a stronger communications plan for Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Participate in ongoing planning and coordination of the 9-1-1 telephone system.

OBJECTIVE:

Identify funding and staff to allow participation in ongoing planning and coordination of 9-1-1 telephone service.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

3.08 9-1-1 PUBIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Yolo County EMS Agency participates in public education efforts targeted at early 9-1-1 access. Bystander CPR and AED awareness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Identify funding to provide materials and staff to meet this standard. Determine public education needs from the respective county EMCC members.

OBJECTIVE:

In coordination with other public safety agencies and primary health care organizations, provide for public education concerning appropriate utilization and system access as outlined in various EMS system models.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 standard*

An Emergency Medical Dispatch Priority Reference System has been established and is operational. One (1) PSAP provides pre-arrival dispatch instructions, along with priority dispatching of all apparatus and ambulances.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all PSAPs are providing Emergency Medical Dispatch Priority with pre-arrival instructions and priority dispatch of all apparatus. Maintain standardized EMD/QI program in the established designated EMS dispatch centers.

OBJECTIVE:

Fully integrate into one (1) dispatch center. Conduct random compliance evaluation of EMD centers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Integration between Yolo Emergency Communication Agency and our EOA provider was completed in 2017 which allows for two-way real time dispatches between both systems. The EOA provider is required by the agreement to ensure the availability of ambulances at all times within the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Maintain an integrated dispatch system in conjunction with the communications plan.

OBJECTIVE:

Maintain and refine the dispatch system in conjunction with the communication plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS Agency shall determine the boundaries of emergency medical transport service area.

RECOMMENDED GUIDELINES:

The local EMS Agency should secure a county ordinance or similar mechanism for establishing emergency medical transport services areas (e.g., ambulance response zones).

CURRENT STATUS: *meets minimum standard*

Emergency medical transportation services area has been determined for Yolo County EMS system. An ordinance or similar mechanism (such as Exclusive Operating Areas) has been established for ambulance response zones. Mutual aid procedures have been established between transport providers to ensure adequate coverage.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure the ambulance response zones provide optimal ambulance response and care by periodically evaluating the emergency medical transport services area.

OBJECTIVE:

Updated the Yolo County Ambulance Ordinance. Monitor ambulance response zone boundaries and make changes as needed to optimize system response.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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, permits, EOA contract, ordinances, auditing, inspections, and investigation of unusual occurrences. Monthly reports are given to the Board of Supervisors, EMCC, and local area stakeholders on EOA contractual compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers comply with statutes, regulations, policies and procedures.

OBJECTIVE:

Conduct random compliance evaluations on all providers. Monitor providers for compliance standards. Monitor EOA contract for compliance. Revise County ordinances.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.03 CLASSIFYING MEDICAL REQUEST

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 for each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

An Emergency Medical Dispatch Priority Reference System has been developed and is in use in Yolo County. Currently, classification criteria based on the Medical Priority Dispatch Systems is used by the PSAPs. The ALS ambulance and fire department are being sent to all 9-1-1 medical requests as a minimum response depending on dispatch criteria, as either Code 2 or Code 3 responses.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the consistent use of Emergency Medical Dispatch system standards for all PSAP dispatch centers responsible for medical resources within the county.

OBJECTIVE:

Maintain Emergency Medical Dispatch system standards in all regional medical resource dispatch centers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

EOA contract specifies system status levels appropriate to accommodating prescheduled responses. Transport unit availability is a provider regulated responsibility but is monitored by the agency and contract provider dispatch center. Mutual aid protocols are in place to ensure an ambulance response to all 9-1-1 system generated calls for service.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of sufficient numbers of emergency medical transport vehicles to meet EMS system demands and EOA system status management principles and standards for all providers.

OBJECTIVE:

Monitor ambulance availability and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 (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 (90%) of emergency responses, response times shall not exceed:

	Urban Area	Suburban Area	Rural Area	Wilderness Area
Priority 1	8:00 minutes	10:00 minutes	15:00 minutes	60:00 minutes
Priority 2	12:00 minutes	15:00 minutes	25:00 minutes	70:00 minutes
Priority 3	20:00 minutes	30:00 minutes	60:00 minutes	90:00 minutes
Priority 4	+/- 15 minutes	-	-	-
Priority 1 with ALS FR	10:00 minutes	12:30 minutes	18:45 minutes	75:00 minutes
Priority 2 with ALS FR	15:00 minutes	18:45 minutes	31:15 minutes	87:45 minutes
Priority 3 with ALS FR	25:00 minutes	37:30 minutes	75:00 minutes	112:50 minutes

CURRENT STATUS: *meets minimum standard*

Response standards were developed for the EOA ALS Ambulance Provider in Yolo County. All response zones in Yolo County meet or exceed the ALS/ambulance/transport response standards as listed above. Response times for the EMS transportation units within Yolo County's EOA are measured from the time the PSAP dispatches the ambulance to arrival at scene.

A CAD-CAD interface has been installed with the PSAP and the EOA provider ensuring instant two-way communication between each dispatch center and ambulance.

Mutual Aid response agreements have been implemented with adjoining counties and agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

FirstWatch has been implemented across the county and with all responding agencies. Development of a mechanism to collect and measure response times of first responder agencies, and the establishment of response time goals/standards for first responder agencies.

OBJECTIVE:

Create a mechanism and/or process to measure response times from receipt of call at PSAP to arrival on scene for both first responder agencies and transport units.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 and contract, the minimum staffing level of all ALS emergency medical transport vehicles (ambulances) is one (1) licensed paramedic and one (1) certified EMT-I. Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with standard.

OBJECTIVE:

Monitor providers for compliance to standards and take corrective action as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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: *Partially meets minimum standard*

The roles and responsibilities of most system participants are based primarily on a willingness to cooperate with the agency and serve their communities. Yolo County has an extensive volunteer first responder network that meets state and local requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a first responder master plan, integrating the first responder network into the EMS system.

OBJECTIVE:

Incorporate the optimal roles and responsibilities of first responder agencies as it will be described in the first responder master plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 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*

Processes have been established in Yolo County, for categorizing medical and rescue aircraft. All EMS aircraft providers serving the county have completed application requirements. Aircraft utilization has been established as part of the CQI and EMCC review.

Adjacent county agencies and departments participate in air utilization and services review.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization policy for Yolo County application.

OBJECTIVE:

Monitor and ensure medical and rescue aircraft incorporated into the EMS system meet system needs and adhere to agency requirements. Maintain and revise, as necessary, EMS Aircraft Utilization Policy for Yolo County application.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

A contract has been established designating one (1) dispatch center as an EMS aircraft resource center. In 2015 Yolo County EMS Agency and Yolo Emergency Communication Agency entered into agreement for the local PSAP to dispatch the most appropriate and closest air resource to the scene of an emergency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate and improve the current system for requesting and dispatching EMS aircrafts within Yolo County. Update Aircraft Utilization Policy as needed.

OBJECTIVE:

Evaluate and improve the current system for requesting and dispatching EMS aircraft.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 service providers operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Yolo County EMS Agency has identified aeromedical service providers operating within the county to provide medical and rescue aircraft emergency patient transportation. The agency has permits and contracts with the aeromedical service providers operating in the county, with exception of the CHP, which is exempted. However, CHP cooperatively participates with the Yolo County EMS Agency. The local PSAP, Yolo Emergency Communication Agency, has built out their dispatch software to include air resources. This allows dispatch of the most appropriate available EMS Aircraft. Monthly reports are provided to the EMS Agency to ensure compliance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Implement helicopter tracking and status interface with the dispatch centers.

OBJECTIVE:

Monitor providers to ensure that system demands are being met. Ensure providers comply with agreements and policy.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.11 SPECIALITY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *Meets minimum standard*

Other than MCI trailers, these resources are typically tracked and maintained through the public safety/first responder agencies. Yolo County EMS Agency maintains a list of all-terrain vehicles, water rescue, and other transport vehicles in the county. The county also has mutual aid agreements with adjacent counties to provide additional equipment and vehicles, as needed, for any incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop a resource directory and response plan for specialty vehicles.

OBJECTIVE:

Develop a resource directory of specialty vehicles and research the feasibility and need for developing a response plan for specialty vehicles within Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Yolo County utilizes the Yolo County MCI Plan and State Emergency Operations Manual (EOM). The MHOAC, EMS staff members work closely with their respective county OES organization. Training for EMS staff members includes Incident Command System (ICS) 100-200-300-400, Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS) 700-800.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES Regions III, IV & II.

NEED(S):

Continue to work with OES in developing standard procedures for mobilizing response and transport vehicles for disaster. Formalize the mutual aid capabilities between the member counties within the region.

OBJECTIVE:

Continue to work with OES and Region IV in developing standard procedures for mobilizing response and transport vehicles for disaster.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 a mutual aid agreement that identifies financial responsibility for mutual aid responses.

CURRENT STATUS: *meets minimum standard*

Ambulance provider permits and agreements require providers to arrange for day-to-day auto aid from neighboring providers stationed inside and outside Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Master EMS mutual-aid agreement between the counties in OES Region IV.

OBJECTIVE:

Adoption of a regional master EMS mutual-aid agreement and state mutual aid agreement. Continue to monitor day-to-day mutual-aid and continuation of call incidents and act as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS Agency shall develop multi-causality response plans and procedures that include provision for on-scene medical management using the Incident Command System (ICS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has a multi-causality response plan that uses ICS, NIMS and SEMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The MCI Plan currently in use is ICS, NIMS, and SEMS compliant.

An intentional MCI (iMCI) plan was created in collaboration with law enforcement, fire, and EMS to ensure a standard approach with these types of incidents. There was a county goal to hold a functional iMCI exercise toward the end of 2018, which was completed in October and included all fire and law agencies in Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the MCI plan continues to meet the needs of on-scene medical management. Evaluate training standard requirements for MCI planning and response. Update the plan as needed.

OBJECTIVE:

Monitor the utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one (1) person certified at the Advanced Life Support level and one (1) person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS Agency should determine whether advanced life support unit should be staffed with two (2) ALS crew members or with one (1) ALS and one (1) BLS crew member.

On an emergency ALS unit not staffed with two (2) ALS crew members, the second crew member should be trained to provide defibrillation using the available defibrillator.

CURRENT STATUS: *meets minimum standard*

By policy, the minimum staffing level of all ALS ambulances is one (1) licensed paramedic and one (1) certified EMT-1. However, a BLS ambulance, staffed with a minimum of two (2) EMT-Is may be used to respond to emergency requests during times of disaster and/or system overload.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that ALS ambulance staffing meets minimum standards and system needs.

OBJECTIVE:

Continue to maximize efforts to upgrade emergency medical response capability within the county.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency has developed policies and standards of minimum drug and equipment levels for: BLS non-transporting, ALS non-transporting, BLS transporting, ALS transporting and CCT transporting. Equipment and drug inventory are revised and updated by the agency with the CQI and PAC committees. All ambulance providers have required inspections on a yearly basis for compliance and random audits may also be done.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of drugs and equipment on non-transporting units and ambulances to meet patient and system needs. Evaluate and adjust, as necessary, the respective inventories to ensure best practices.

OBJECTIVE:

Monitor drug and equipment requirements and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 the EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Written agreements, permits, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor, and enforce compliance with system policies for operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies.

OBJECTIVE:

Develop and improve compliance with system policies. Develop templates, standards and policies. Evaluate and improve compliance with system policies through ordinance policy/agreement framework.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS Agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, Health & Safety Code, shall develop an EMS transportation plan which addresses:

- Minimum standards for transportation services.
- Optimal transportation system efficiency and effectiveness; and
- Use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The transportation plan was completed in 2013, and in 2014 the ALS EOA was awarded to American Medical Response (AMR). The five (5) year extension was approved by the Board of Supervisors February 2019.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the transportation plan meets the needs of the EMS system.

OBJECTIVE:

Implement and monitor the requirements of the transportation plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 the EMS transportation plan that the existing provider meets all of the requirements for non-competitive selection (“grandfathering”) under Section 1791.224, Health & Safety Code.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are currently no grandfathering providers in Yolo County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 1791.224 Health & Safety Code, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

There are contracts, county ordinances, inspections, unusual occurrence reporting, investigations and quality improvement programs in place which serve to review, monitor, and enforce compliance by the EOA provider with system policies for operations and clinical care. Yolo County has one (1) EOA. The EOA provider is required to provide monthly compliance reports. The monthly compliance reports were completed in FirstWatch Online Compliance Tool.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with system policies, and standards.

OBJECTIVE:

Evaluate and improve compliance with system policies and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The EMS Agency evaluated the design of the EOA in conjunction with the EOA contract terms. A complete system review was done in 2012 in preparation for an RFP process for an exclusive operating area. In March 2014, Yolo County entered into a contract for one (1) exclusive operating area (EOA) beginning March 1, 2014. The performance standards required of the provider operating within the EOA are routinely monitored and corrective action is taken to address deficiencies. The five (5) year extension was awarded in February 2019.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the EOA design meets the needs of the EMS system and is consistent with the EMS system model.

OBJECTIVE:

Continue to monitor performance standards and take corrective action as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

FACILITIES AND CRITICAL CARE

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*

There are two (2) hospitals in Yolo County that receive emergency patients via the EMS System. One (1) of the hospitals is designated as the Base Hospital. The EMS agency has written agreements with all acute care facilities in the service area. Medical Control guidelines and minimum standards of care for all facilities have been established. The EMS Agency will continue to evaluate pre-hospital care capabilities of all facilities as well as conduct periodic review of all participating facilities for system compliance and performance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None identified.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS Agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Pre-hospital trauma triage and field diagnosed STEMI protocols have been implemented within the county. An interfacility transfer policy has been established. Transfer protocols have been established along with air ambulance procedures for pediatric related field incidents with UC Davis Medical Center. Patients with significant burns may be transported directly by EMS aircraft or ambulance from the field to the regional burn center, UC Davis Medical Center. Assistance with establishment of transfer protocols and agreements for all hospitals are available if needed.

COORDINATION WITH OTHER EMS AGENCIES:

Solano County – One (1) Level II Trauma Center as well as one (1) STEMI Receiving Center which, in some cases, may be the closest most appropriate facility for patients in Yolo County.

Sacramento County – One (1) Level I Trauma Center, Pediatric Trauma Center and Burn Center as well as three (3) STEMI Receiving Centers and six (6) Primary Stroke Receiving Centers which, in some cases, may be the closest most appropriate facility for patients in Yolo County.

NEED(S):

Continue the development and implementation of pre-hospital triage protocols as needed.

OBJECTIVE:

Ensure timely production of pre-hospital triage and transfer protocols based on medical need and preferred transport.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS Agency, with participation from 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*

There are two (2) acute care hospitals within Yolo County. Transfer agreements are in place at the two (2) acute care hospitals with specialty centers (burn, pediatrics, STEMI, Trauma).

COORDINATION WITH OTHER EMS AGENCIES:

Any future transfer policies or agreements will be coordinated with affected LEMSA's (Solano & Sacramento).

NEED(S):

Assist with the development of transfer guidelines for trauma and other specialty patient groups as tools to be used by emergency departments' physicians in determining an appropriate destination for EMS patients.

OBJECTIVE:

Review and update transfer policies, protocols and guidelines for trauma and other specialty patient groups as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.04 SPECIALITY 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*

Yolo County has two (2) acute care hospitals, with one (1) designated as the Base Hospital. Both in-county hospitals are designated as Stroke Receiving Centers. All other specialty care centers reside outside Yolo County. Solano County – One (1) Level II Trauma Center and one (1) STEMI Receiving Center which, in some cases, may be the closest most appropriate facility for patients in Yolo County. Sacramento County – One (1) Level I Trauma Center which is also the Pediatric Trauma Center and Burn Center for our region; three (3) STEMI Receiving Centers; and six (6) Stroke Receiving Center, which in some cases, may be the closest most appropriate facility for patients in Yolo County.

There are written agreements with all facilities for each designation outlining the roles and responsibilities of the facilities and the agency, as well as any fees in an amount sufficient to fund the costs directly related to the designation of the facilities.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers.

NEED(S):

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 communication and patient flow.

CURRENT STATUS: *meets minimum standard*

Surge capacity and Mass Casualty Plans have been created and are continually under review and revision via the Health Resources and Services Administration (HRSA)/Hospital Preparedness Program (HPP) grant funding. All facilities within Yolo County have internal disaster plans. All facilities have received MCI training. Mass Casualty drills are scheduled in conjunction with all Yolo County stakeholders. Each hospital conducts internal disaster drills utilizing the Hospital Emergency Incident Command System (HEICS) system. ReddiNet has been established for all hospitals within Yolo County and Sacramento.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure adherence to all MCI plan requirements. Continue efforts to assess, establish, and maintain a surge capacity as defined by federal grant funding programs (HRSA/HPP and CDC).

OBJECTIVE:

Monitor capability of system hospitals to respond to mass casualty incidents and encourage and/or make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS Agency shall plan for hospital evacuation, including the impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All county hospitals have individual evacuation plans in place. HPP creates planning groups to address the issues of patient evacuation and to develop and establish surge capacity utilizing HPP and Homeland security grant funding. The ReddiNet system was implemented throughout the operational area to enable the tracking of available facility beds, and for making informed patient destination decisions. Healthcare Coalition participates in the evaluation of facility evacuation plans and tabletop exercises on a continual basis.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES and Sacramento and Solano Counties.

NEED(S):

Develop, adopt, and implement a standardized regional hospital evacuation plan.

OBJECTIVE:

Support all facilities in sustaining, maintaining, updating, and evaluating their evacuation plans.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Currently, one (1) of the two (2) hospitals in the EMS system is designated as a Base Hospital for Yolo County, and all designated specialty receiving centers can direct the care of the patients they are receiving from the field. We coordinate with our adjacent EMS agencies and hospitals to ensure that pre-hospital physician direction follows YEMSA protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to evaluate and reassess the designated Base Hospital and the need for any additional Base Hospitals.

OBJECTIVE:

None identified.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.08 TRUAMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community needs 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 evaluating the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Yolo County has designated two (2) out-of-county trauma centers, a Level I in Sacramento County (UC Davis Medical Center) and a Level II in Solano County (Kaiser Permanente Vacaville). A catchment map was developed splitting Yolo County into east and west catchment areas. Trauma triage criteria has been implemented. Both trauma centers utilize trauma registry software to gather and track trauma patient data. The EMS agency has current trauma system policies and a trauma plan approved by the State EMS Authority that addresses all the minimum standards.

Yolo County EMS has met with our local hospital, Woodland Memorial, to discuss the possibilities of expanding their trauma capabilities to level IV. Currently, Woodland Memorial is not interested in expanding trauma services, but the county will continue to support them with hopes of a transition in the future.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of trauma centers located outside Yolo County was performed with the approval of the local EMS agencies, Sacramento and Solano County EMS, that had originally designated the centers.

NEED(S):

Ensure the availability of specialized trauma services to critically injured patients.

OBJECTIVE:

Maintain and refine a trauma system that effectively serves patients with critical injuries in Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma 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*

All trauma planning efforts have included numerous opportunities from the public, stakeholder, and hospital representatives. Trauma planning has included input of the respective EMCC. A Trauma Advisory Committee (TAC) has been established and meets bi-annually to provide quality assurance and feedback from providers on an ongoing basis. TAC reports PAC as well as EMCC.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure an open process for continuing trauma system development.

OBJECTIVE:

Keep the process used for developing a trauma system open to hospitals, pre-hospital and public input.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

The 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*

Yolo County EMS Agency does not have any designated pediatric centers within the county boundaries. Both acute care facilities in Yolo County receive, treat, and transfer critical pediatric patients as indicated by clinical presentation. The trauma triage decision includes pediatric patients and advised transport to the closest appropriate trauma center when necessary. Current policy allows for direct transport from the field for critically injured children to UC Davis Medical Center via ground or air.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento County.

NEED(S):

Continue to assess and evaluate the pediatric protocols in the county and revise as needed.

OBJECTIVE:

Continue to monitor and evaluate the system for pediatric emergency medical and critical care system within Yolo County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

The local EMS Agency shall identify minimum standards for pediatric capability of emergency departments including:

- Staffing,
- Training,
- Equipment,
- Identification of patients 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*

All facilities in Yolo County are offered assistance with purchasing pediatric equipment utilizing the Maddy Fund allocation of 15%.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that pediatric services provided by the EMS system continue to meet the needs of critically ill and injured children within the EMS system.

OBJECTIVE:

Develop continuous pediatric system monitoring capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

EMS Advisory Committees are in place to ensure input from pre-hospital, hospital, and consumers. Public input periods are provided before any modification is made to EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to get public input and evaluation of the pediatric emergency medical and critical care system.

OBJECTIVE:

Ensure continued public input and evaluation of the pediatric emergency medical and critical care system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 the primary triage area, and
- A plan for monitoring and evaluating the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

The Agency has developed and established transfer policies for Trauma, STEMI, Pediatric, and Burn patients who have been identified as patients warranting transfer to designated centers outside of the county. Yolo County EMS Agency worked with the Regional Trauma Committee to support and roll out the regional trauma transfer guidelines within the county.

Yolo County will be submitting with the EMS Plan this year, a Stroke System of Care Plan to EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

The designation of specialty care centers located outside Yolo County was performed with the approval of the local EMS agencies that had originally designated the centers. Coordination was with Sacramento and Solano Counties.

NEED(S):

Ensure the availability of Trauma, STEMI/Stroke, and Burn care services to the critically ill and injured patients.

OBJECTIVE:

Develop and implement STEMI System of Care Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

All specialty care planning efforts have included numerous opportunities for public and stakeholder input. Various committees meet on a quarterly basis; they are comprised of all system stakeholders and are open to the public.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure an open process for specialty care system development.

OBJECTIVE:

Keep the process used for developing a specialty care system open to public input.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

DATA COLLECTION AND SYSTEM EVALUATION

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 pre-hospital 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 responses to, and the care provided to, specific patients.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS Agency has developed a CQI program that is comprised of base hospital nurse liaisons, base hospital medical directors, receiving hospital nurse liaisons, receiving hospital medical directors, specialty centers nurse liaisons, specialty centers medical directors, ambulance provider clinical educators, ambulance provider medical directors, and field personnel. All representatives are invited to meet quarterly at QA/QI meetings, and at case reviews which are hosted by the Base Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Find funding to maintain and refine CQI process that meets system and State standards.

OBJECTIVE:

Maintain the CQI program. Establish a process to identify preventable morbidity and mortality. Yolo County will be implementing FirstPass which will allow for feedback to pre-hospital personnel on performance and protocol compliance. Ensure and maintain that the CQI process meets system needs and state standards. Expand the CQI process to include first responders and dispatchers. Continue to monitor and amend the QA/QI program to meet system needs. Seek funding to support program needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital 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*

Policy requires patient care records (PCRs) to be completed for all patients, with copies (hard or electronic) of the report being submitted to the receiving hospital, provider, and agency. All ground ambulance providers and ALS first responders use a computerized PCR.

The Yolo County ALS transport provider is on a NEMSIS 3 system (MEDS), and our non-transport ALS provider is on a similar system (ESO). All non-transporting providers within Yolo County, fire first responders, are not currently using an ePCR system that meets NEMSIS requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure completeness and timely submission of patient care records. Develop a policy for mandatory NEMSIS data collection and reporting the EMS Agency through a NEMSIS compliant ePCR system. Move all non-transporting providers to a compliant ePCR system when funding is allocated or located.

OBJECTIVE:

Investigate ways of improving completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Currently ALS providers within the county are NEMSIS compliant. We are working on getting all BLS and interfacility providers to be compliant. Our final stage will be to transition all BLS non-transporting responders to a NEMSIS compliant system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have mechanism to link pre-hospital records with dispatch, emergency departments, and in-patient care.

CURRENT STATUS: *meets minimum standard*

The quality assurance and CQI program allows for the EMS agency to monitor clinical and operational compliance. First Pass will be integrated into our QI system and feedback loop.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Implementation of data based clinical audit system like FirstPass will help identify preventable morbidity and mortality and ensure adherence to treatment standards and protocols.

OBJECTIVE:

Implement FirstPass to identify and adhere to policy a protocol standard.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have 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 dispatch instructions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

It is a Yolo County requirement that the PSAPs must be able to perform EMD and priority dispatch or transfer the call to a center which can. Currently only one (1) PSAP meets this requirement. The EMS Agency participates in the local PSAP QA program and monitors their EMD system quality.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that an appropriate level of medical response is sent to each emergency. Monitor pre-post arrival instructions for compliance with EMD standards.

OBJECTIVE:

Continue oversight and review of medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and monitor the appropriateness of pre-arrival/post-dispatch instructions. Support Davis in implementation if ProQA if and when possible.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 the patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an interfaced data management system that 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*

Current monitoring systems is through the EOA provider giving the EMS Agency complete access to the data management system. The agency is considering adopting its own management system to interface not only with the EOA provider, but also with all other agencies in the county.

YEMSA has developed key data sets that are sent to our hospitals on a quarterly basis to facilitate collection of patient information, diagnostics, treatments, and outcomes. All designated hospitals within the YEMSA system participate in data collection and sharing that is then audited and analyzed in the YEMSA QI meetings.

Yolo County is implementing FirstPass to evaluate our QA/QI system based on protocols and polices.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate a data management system that will work for all of Yolo County. Gain quicker access to existing hospital data regarding the outcomes of pre-hospital patients while utilizing the state indicators.

OBJECTIVE:

Implement FirstPass for Yolo County ALS agencies and work to secure funding to add more agencies into the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 EMCC, CQI, and PAC, comprised of physicians, local CQI coordinators, hospital liaisons, and clinical provider representatives, has been formed to evaluate and advise the medical director on clinical issues, including system design. Also, EMCC reviews local operations, policies, and practices. Meetings of the Board of Supervisors (BOS) and EMCC are open to the public, with time allocated on each agenda for public comments. A BOS member is invited and sits on the EMCC to provide additional input to the system management.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to develop a system that has key indicators for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Creation of common indicators that can be used to evaluate the effectiveness of our EMS system and that meet community needs and system demands. Maintain and support the CQI committee and EMCC. Integrate data collection into evaluation and planning and expand our focus to include prevention activities.

OBJECTIVE:

Continue to create and modify common indicators, as needed, that can be used to evaluate the effectiveness of the EMS system at meeting community needs and system demands. Participate in statewide standardized system evaluation projects.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one [1] year or less).
- X Long-Range Plan (more than one [1] year).

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*

ALS and BLS providers are required to participate in system-wide evaluation planning and programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure compliance with ALS and BLS providers' participation in system evaluation and improvements.

OBJECTIVE:

Continue to monitor compliance. Investigate the feasibility of requiring first responders, dispatchers, and other system providers' participation in the system QA/QI program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Monthly, quarterly, bi-annual, results, as well as an annual report, are shared with the BOS, provider agencies, EMCC, CQI committee, and County Chiefs Association.

Yolo County published and distributed an annual EMS and Emergency Preparedness report to all partners and key stakeholders. Yolo County EMS will continue to publish a yearly system status report.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue with current reporting cycles. Monitor and modify key benchmark indicators as needed.

OBJECTIVE:

Implement FirstPass for data collection and QA/QI.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by ALS providers shall evaluate both base hospital (alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's interfaced data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: *meets minimum standard*

There is a CQI process in place which is comprised of base hospital medical directors, base hospital nurse liaisons, and ambulance provider quality improvement coordinators in conjunction with agency staff. Yolo County will be implementing FirstPass for QI improvement and data collection.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Fund and maintain a process to provide feedback to prehospital personnel on patient outcomes.

OBJECTIVE:

Implement FirstPass for an ALS data system and audit field treatments on FirstPass. Fund and maintain a process to provide feedback to prehospital personnel on patient outcomes.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 the established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *meets minimum standard*

Both trauma centers utilize trauma registry software to gather and track trauma patient data. Quarterly data is submitted to this agency by the trauma centers. The Trauma Advisory Committee (TAC) meets bi-annually and is responsible for reviewing and evaluating the care of major trauma patients in the region. TAC provides an educational platform for both pre-hospital and hospital personnel. Improvements to system design operations are identified and recommended by the TAC. Yolo County EMS Agency participates in the Regional Trauma Advisory Committee (RTCC) and has implemented voluntary trauma transfer criteria established by the RTCC.

YEMSA is working on a way to identify patients who fall outside of the established criteria.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Data collection program/system that includes all non-trauma designated receiving facilities that receive trauma patients.

OBJECTIVE:

Continue to develop a data collection system that identifies all trauma patients regardless of initial destination. Continue utilizing the trauma registry and TAC to identify potential needs in the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The agency currently collects quarterly data from all designated trauma centers. Bi-annual data review by all TAC members is performed at its meetings. Additional information or details of specific cases are provided by the trauma centers as requested by the TAC or the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Establish linkage between pre-hospital data and the trauma registry system. This should include non-trauma center receiving facilities receiving trauma patients.

OBJECTIVE:

Develop standards for all receiving facilities in Yolo County and surrounding county facilities regarding data collection for trauma patients. Establish data linkage with CA EMSA on trauma data.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 area.

CURRENT STATUS: *meets minimum standard*

Yolo County EMS has either developed and/or disseminated information on basic first aid, CPR, system design and access, and disaster planning. The EMCC subcommittee is very active within the county. The agency has established a PIE “traveling kit” that will be used throughout the county at public safety and health oriented public events. PIE materials from the kit will be available for distribution at these events.

Any patient in the EMS system has a way to contact the EMS agency and the providers to appeal, ask questions, or give feedback about the services provided or the bill.

We have partnered with our Community Health Programs to target at-risk populations. The current focus area is fall prevention. Falls, especially among older adults, lead to increased ED utilization and hospital admissions in Yolo County.

YEMSA has implemented County-wide hands-only CPR training. In 2016 over 500 people were trained.

In 2016, Yolo County implemented PulsePoint Application countywide to support hands only CPR and CPR awareness. We partnered with local fire districts to develop and publish outreach for hands only CPR events.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding to support the components contained within this standard.

OBJECTIVE:

In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. Develop funding to support growth within this standard.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The agency is involved, as a component of the department of public health, in injury prevention and/or injury control efforts. The agency participates in the SafeKids program, and EMS system participants routinely participate in public safety (health) fairs at various locations concerning injury prevention and disease prevention programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Funding to continue the development and promotion of injury control education programs and programs targeted at high risk groups.

OBJECTIVE:

Expand the development and promotion of injury control education programs and programs targeted toward the general public and high-risk groups with providers, hospitals and other organizations.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The agency has been involved with OES in promoting citizen disaster preparedness. Agency and staff members participate in public health preparedness programs.

COORDINATION WITH OTHER EMS AGENCIES:

As applicable with neighboring counties through coordination among the EMS system and EMS providers.

NEED(S):

Promote citizen disaster preparedness activities and collaborate with public health preparedness. Develop funding to support program.

OBJECTIVE:

In conjunction with public health preparedness, county OES coordinators, Red Cross, and other public safety agencies, continue to develop and promote citizen disaster preparedness activities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 with high risk groups.

CURRENT STATUS: *meets minimum standard*

The agency has begun taking a lead in promoting CPR training for areas covered by the EOA franchise, per contractual requirement.

Yolo County EMS has implemented a countywide CPR and First Aid program. We are looking at other ways to partner with the community to deliver the class.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Establishment of citizen CPR and first aid training goals. We have trained over 500 members in the past year.

OBJECTIVE:

Develop the capacity to either provide or coordinate the provision of CPR and first aid training. Develop funding to support and grow the program.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Disaster medical planning is on-going. A response plan specific to toxic substance management is being developed. Agency staff is actively participating with local agencies, OES, and other allied agencies in disaster planning and preparedness. Staff members sit on various focus groups related to disaster planning and have actively participated in Homeland Security and HPP programs. Agency staff members also have been actively involved in the annual Statewide Health-Hospital Disaster exercise.

COORDINATION WITH OTHER EMS AGENCIES:

As needed with OES Regions III & IV.

NEED(S):

Ensure that the MCI plan meets the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plan and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 (OES) multi-hazard function plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: *Meets minimum standard*

YEMSA, in partnership with local fire chiefs, ambulance providers, hospitals, law enforcement, OES, partnering county agencies, and Region IV, developed and drafted a Yolo County MCI plan that addresses an all-hazard approach. The plan was completed in 2015 and took effect in 2016 after all agencies had been trained on the new MCI Plan.

COORDINATION WITH OTHER EMS AGENCIES:

As needed, coordination exists between OES Regions III & IV, internal and external county partners, and all Yolo County and adjacent county agencies.

NEED(S):

Ensure that regional MCI Plans continue to meet the disaster medical response needs of the EMS system.

OBJECTIVE:

Monitor the efficiency and utilization of the MCI plans and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *Partially meets minimum standard*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Personal Protection Equipment (PPE) for EMS is in place and is regularly practiced.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Continue to maintain training coordination efforts for EMS providers throughout the region.

OBJECTIVE:

Ensure adequate training for EMS personnel regarding hazardous materials incidents. Determine hazardous material training levels or needs of EMS personnel.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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/meets recommended guidelines*

Yolo County's MCI Plan is based on the ICS. Agency staff members have completed all necessary training.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in and understand ICS, MCI, SEMS, and NIMS.

OBJECTIVE:

Continue to offer the necessary trainings to new provider employee.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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: *partially meets standard*

Regional patient distribution planning has been developed. "Surge capacity" benchmarks for hospitals and for the distribution of patients to specialty centers are in place. An Alternative Care Site (ACS) plan has been developed. The agency is reviewing its MCI plan, specifically patient distribution procedures, as part of this process.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring counties.

NEED(S):

Develop the procedures for distributing disaster casualties that functions effectively. Develop a local/regional Facilities Assessment Profiles document, which would identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

OBJECTIVE:

Monitor the distribution of disaster casualties and make changes, as needed, to ensure that patients are distributed to appropriate facilities. Create a facilities assessment profile for each hospital in the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.06 NEEDS ASSESMENT

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*

Yolo County has adopted the Medical Health Operational Area Coordinator (MHOAC) Manual and the State Emergency Operation Manual (EOM). These plans include a process for assessing and communicating needs to OA EOCs, OES Regions II and IV, and state OES, DHS and EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the procedures for assessing medical needs in a disaster function effectively.

OBJECTIVE:

Monitor the ability to effectively assess medical needs in a disaster and make changes to the process as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS Agency, in cooperation with the local Office of Emergency Services (OES), shall develop an inventory of appropriate disaster medical resources to respond to multi-causticity incidents.

CURRENT STATUS: *meets minimum standard*

There are EMS field/tactical frequencies, as well as several shared fire field/tactical frequencies which are broken down by zones.

Two-way radios and telephones, including landline, cellular and satellite phones, in addition to computer-based programs, keep all hospitals and the Emergency Operations Center (EOC) in communication. ReddiNet, an internet-based software, allows for hospitals and field communication. VHF and UHF frequency networks are in place for hospitals, ambulance providers, first responders, and dispatch centers. Cellular phones are required and/or prevalent among all system participants. The Everbridge notification system is used by the county, the PSAPs, and providers to provide rapid system notification and assessments.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with local OES, Fire, Law and EMS personnel.

NEED(S):

Work closely with stakeholders to ensure EMS inclusion in any long range and short-term communications system infrastructure upgrade and enhancements.

OBJECTIVE:

Maintain a dynamic, viable, and redundant EMS communications system for use during disasters.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local Office of Emergency Services (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 standards*

The MCI trailer is deployed in the county at the request of the Incident Commander (IC). This trailer ensures that EMS can handle a surge. Individual first responder agencies and EMS transport provider agencies are equipped with backboards, trauma kits, triage tags, O₂ kits, burn kits, and PPE. In addition to the MCI trailer, the Yolo County EMS Agency has additional medical surge supplies that can be deployed rapidly into the field.

In coordination with other county agencies an operational area inventory assessment is kept at OES and is updated on a regular basis.

COORDINATION WITH OTHER EMS AGENCIES:

Sharing of resources, per agreement.

NEED(S):

Annually update the disaster medical resource directory.

OBJECTIVE:

Update the disaster medical resource directory. Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS Agency shall establish and maintain relationships with Disaster Medical Assistance Team (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*

DMAT team with OES Region IV is functional. Planning by member counties occur at the regional disaster medical coordinator meetings.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Sustain our relationship with Region IV DMAT Team.

OBJECTIVE:

Sustain our relationships with other regional DMAT Teams.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.10 MUTAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure that existence of medical mutual aid agreements with other counties in its Office of Emergency Services (OES) region and elsewhere, as needed. These will ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be available during significant medical incidents and during period of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *partially meets minimum standard*

Providers execute day-to-day mutual aid agreements with neighboring providers. The member counties of OES Region IV have attempted, and are attempting, to develop a master medical mutual aid agreement to be executed between counties and/or LEMSAs. A draft Regional Plan is out for execution, and Yolo County is in the process of getting Board signature.

COORDINATION WITH OTHER EMS AGENCIES:

As needed coordination within OES Region IV.

NEED(S):

Adoption of a master medical mutual aid agreement. Formalize existing day-to-day mutual aid operations that currently exist.

OBJECTIVE:

Continue the process of developing and adopting a master medical mutual aid agreement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *partially meets minimum standard*

Several locations for Field Treatment Sites (FTS) have been identified. These sites have multi-use configurations, i.e., shelters, mass prophylaxis etc. Yolo County uses the State EMSA medical volunteer registry, disaster healthcare volunteers.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with local OES, ESFs, fire, law, and ambulance agencies in Yolo County and Sacramento County.

NEED(S):

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

OBJECTIVE:

In conjunction with county OES and the health department, identify and establish plans regarding activation, staffing, and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local Office of Emergency Services (OES), shall develop plans for establishing Causality Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *does not currently meet standard*

Several sites for CCPs exist; however, no formal plans have been developed for their activation, staffing or outfitting as CCP. There are plans in place for utilizing these sites as Point of Dispensing (POD), general shelters, and mass prophylaxis sites. Yolo County EMS is working with the County Health Department and Emergency Preparedness programs/units.

Communication is dependent on available resources. At minimum, every CCP will be connected and communicate via radio. If wireless is available, ReddiNet will be used for communication. CCP has been added to all plans and training exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with OES and ESFs.

NEED(S):

Identify and establish plans regarding activation, staffing, and outfitting. Continue to modify and update as needed.

OBJECTIVE:

In conjunction with county OES and health department, identify and establish plans regarding activation, staffing, and outfitting.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

The minimum hazardous material training standards for EMS personnel are those standards established by OSHA/Cal-OSHA. Providers, first responders, and training institutions conduct MCI training. Personal Protection Equipment for EMS providers is in place. Medical personnel roles are identified in OA hazmat response plans. In conjunction with the new all-hazard triage tags, practice "Triage Tag" orientation takes place regularly. The agency's MCI plan is updated to ensure compliance with ICS, SEMS, and NIMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure a standard of training for EMS personnel in disaster medical response and the management of hazardous materials incidents.

OBJECTIVE:

Ensure an adequate number of field, hospital, and dispatch MCI courses are made available. Monitor and modify policies and provider agreements, and conduct drills to ensure a standard of training for EMS personnel in disaster medical response/management hazardous materials awareness. Evaluate and train on the "new triage tag" and revised MCI Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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 (1) disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: *meets minimum standards*

Staff has been working with the Health Department to conduct hospital training in ICS and CBRNE response. Hospitals conduct disaster exercises on an annual basis. Hospitals coordinate with the statewide EMSA annual hospital drill. Yolo County has developed a "hospital disaster planning group" as part of the HPP committee.

Yolo County EMS and Emergency Preparedness participates in evaluation of hospital drills on a regular basis.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of regional partners.

NEED(S):

All hospitals continue to refine their disaster plans for compatibility with OA disaster plans.

OBJECTIVE:

Continue to work with and encourage hospitals to use the Hospital Emergency Incident Command System (HEICS). Ensure that at least one (1) inter-agency disaster drill is conducted yearly.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

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*

Hospitals in Yolo County communicate via a VHF network and with the ReddiNet system. ReddiNet system is available for all Yolo County hospitals, as well as in neighboring counties, thus providing redundancy and ease of communication.

COORDINATION WITH OTHER EMS AGENCIES:

Through common radio channels, ReddiNet system, and inter county agreements.

NEED(S):

Continue to ensure the availability of inter-hospital medical communications and secure additional funding to update the current system and create a redundant system.

OBJECTIVE:

Enhance the communications plan, prioritize system repairs and upgrades, and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS Agency shall ensure that all pre-hospital 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*

Disaster medical planning occurs in the two (2) Yolo County based hospitals. The county utilizes an MCI Plan that is ICS, SEMS, and NIMS compatible. Hospitals have significant disaster mitigation supplies, including PPE, triage tags, and patient evacuation equipment. Pre-hospital providers and first responder agencies are equipped with PPE, triage tags, and medical equipment. The disaster plan is robust and practiced annually.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that providers and hospitals continue to effectively practice and use the MCI and disaster plans.

OBJECTIVE:

Monitor compliance and encourage regular participation at MCI and disaster training exercises.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS Agency shall ensure that policies and procedures allow ALS 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*

Procedures have been established with adjacent EMS systems through day-to-day mutual aid and reciprocity agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Ensure that policies and procedures exist to allow ALS personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents. Enact a mutual aid agreement within OES Region IV.

OBJECTIVE:

Monitor and modify the policies and procedures that allow EMS personnel from other EMS systems to respond and function during significant medical incidents and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.18 SPECIALITY CENTER ROLES

MINIMUM STANDARDS:

The 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*

Both trauma centers and the Base Hospital are charged with coordinating disaster events.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Sacramento and Solano Counties.

NEED(S):

Continue to refine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

OBJECTIVE:

When additional specialty centers are identified, develop a process to determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

8.19 WAVING ECLUSIVITY

MINIMUM STANDARDS:

The 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*

The Exclusive Operating Area (EOA) agreement contains language allowing Yolo County EMS to waive the exclusivity of an area or the county in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the process continues to exist for the waiving of exclusivity in EOAs in the event of a significant medical incident occurrence.

OBJECTIVE:

Monitor the process for waiving exclusivity and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one [1] year or less).

Long-Range Plan (more than one [1] year).

Table 2: System Organization and Management (continued)

5. EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$ 417,099.54</u>
Contract Services (e.g. medical director)	<u>\$ 119,300.00</u>
Operations (e.g. copying, postage, facilities)	<u>\$ 7,208.81</u>
Travel	<u>\$ 1,095.61</u>
Fixed assets	
Indirect expenses (overhead)	<u>\$ 194,843.29</u>
Ambulance subsidy	<u> </u>
EMS Fund payments to physicians/hospital	<u> </u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: IT Systems	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

TOTAL EXPENSES \$ 739,547.25

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	<u> </u>
Preventive Health and Health Services (PHHS) Block Grant	<u> </u>
Office of Traffic Safety (OTS)	<u> </u>
State general fund	<u> </u>
County general fund	<u> </u>
Other local tax funds (e.g., EMS district)	<u> </u>
County contracts (e.g. multi-county agencies)	<u> </u>
Certification fees	<u>\$ 38,747.02</u>
Training program approval fees	<u> </u>
Training program tuition/Average daily attendance funds (ADA)	<u> </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u> </u>
Base hospital application fees	<u>\$ 5,000.00</u>
Trauma center application fees	<u> </u>
Trauma center designation fees	<u>\$ 125,000.00</u>
Pediatric facility approval fees	<u> </u>
Pediatric facility designation fees	<u> </u>
Other critical care center application fees	<u> </u>
Type: STEMI	<u>\$ 28,000.00</u>
Other critical care center designation fees	<u> </u>
Type: Stroke	<u>\$ 19,000.00</u>
Ambulance service/vehicle fees	<u> </u>
Contributions	<u>\$ 47,685.00</u>
EMS Fund (SB 12/612)	<u> </u>
Other grants: _____	<u> </u>
Other fees: _____	<u> </u>
Other (specify): Franchise Fee	<u>\$ 300,000.00</u>

TOTAL REVENUE \$ 552,432.02

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

Table 2: System Organization and Management (continued)

7. Fee Structure

We do not charge any fees

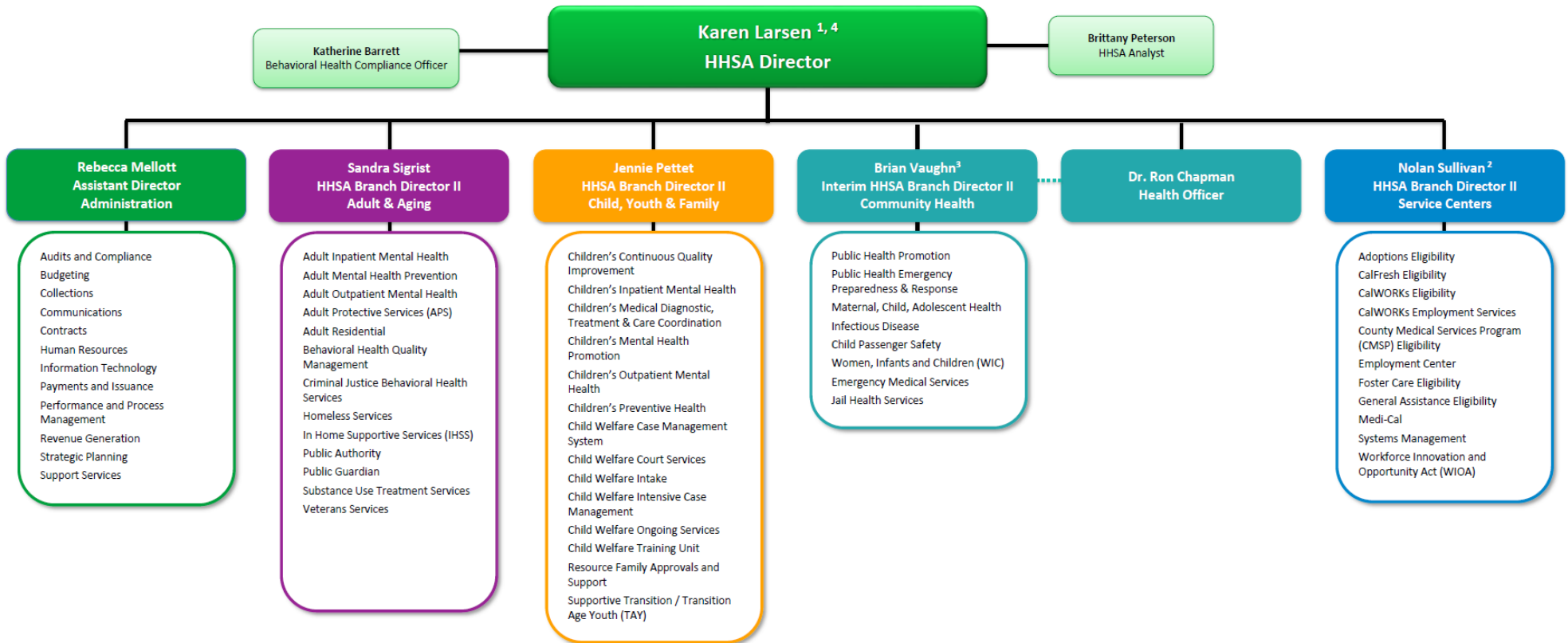
Our fee structure is:

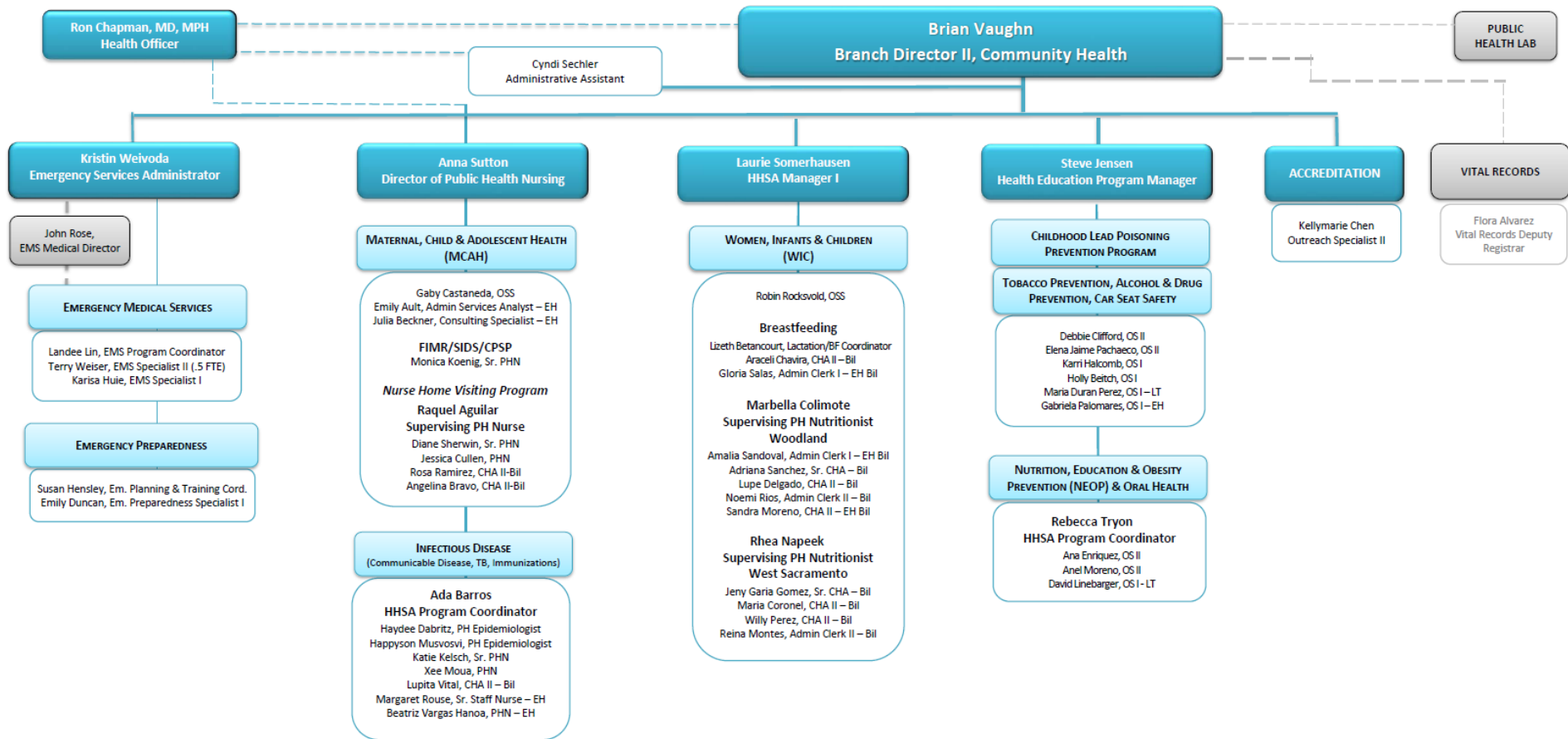
First responder certification	<u>35.00</u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u>38.00</u>
EMT-I recertification	<u>38.00</u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
AEMT certification	<u> </u>
AEMT recertification	<u> </u>
EMT-P accreditation	<u>53.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u> </u>
MICN/ARN recertification	<u> </u>
EMT-I training program approval	<u>5,000</u>
AEMT training program approval	<u> </u>
EMT-P training program approval	<u>25,000</u>
MICN/ARN training program approval	<u> </u>
Base hospital application	<u> </u>
Base hospital designation	<u>5,000</u>
Trauma center application	<u> </u>
Trauma center designation	<u>50,000/75,000</u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	<u> </u>
Type: STEMI	<u>7,000</u>
Other critical care center designation	<u> </u>
Type: <u>Stroke</u>	<u>5,000</u>
Ambulance service license	<u> </u>
Ambulance vehicle permit	<u>2,000</u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

Table 2: System Organization and Management (continued)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of SALARY)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	65.71	35.19	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	1.0	42.79	41.32	
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director				Contracted
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	EMS Specialist I	0.7	33.74	33.94	
Other Clerical	EMS Specialist II	0.5	31.01	23.36	
Data Entry Clerk					
Other	EMS Coordinator/RDMHs	1.0	42.79	41.32	

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





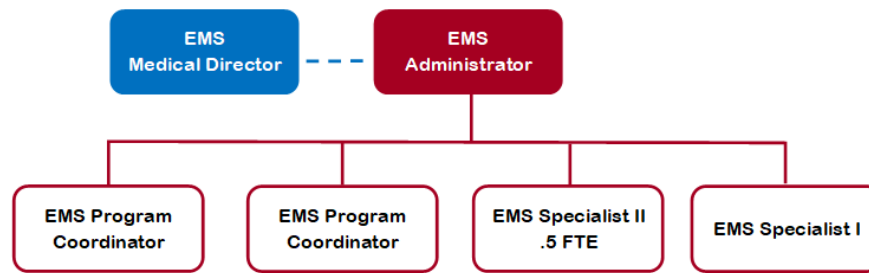


TABLE 3: STAFFING/TRAINING

Reporting Year: 2018/2019

NOTE: Table 3 is to be reported by agency.

	EMT – Is	EMT - IIs	EMT - Ps	MICN
Total Certified	200	0		0
Number newly certified this year	108	0		0
Number recertified this year	92	0		0
Total number of accredited personnel on July 1 of the reporting year	200	0	130	0
Number of certification reviews resulting in:				
a) formal investigations	9	0		0
b) probation	5	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	1	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

1. Early defibrillation:

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

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

2. Do you have an EMR training program

Yes

TABLE 4: COMMUNICATIONS

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

County: Yolo County

Reporting Year: 2019

1.	Number of primary Public Service Answering Points (PSAP)	<u>2</u>
2.	Number of secondary PSAPs	<u>1</u>
3.	Number of dispatch centers directly dispatching ambulances	<u>1</u>
4.	Number of EMS dispatch agencies utilizing EMD guidelines	<u>1</u>
5.	Number of designated dispatch centers for EMS Aircraft	<u>1</u>
6.	Who is your primary dispatch agency for day-to-day emergencies? <u>Yolo Emergency Communication Center & City of Davis Dispatch Center</u>	
7.	Who is your primary dispatch agency for a disaster? <u>Yolo Emergency Communication Center</u>	
8.	Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a.	Radio primary frequency <u>155.235</u>	
b.	Other methods <u>CALCORD, VHF, UHF</u>	
c.	Can all medical response units communicate on the same disaster communications system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d.	Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e.	Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	
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: 2019

Note: Table 5 is to be reported by agency.

EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT-Defibrillation providers 18

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	Not Reported*	Not Reported*	Not Reported*	Not Reported*
Transport Ambulance	8 minutes**	15 minutes**	30 minutes**	8 minutes**

* No standardized response guidelines or data collection

** Based on exclusive operating agreement

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2019

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>726</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>254</u>
3. Number of major trauma patients transferred to a trauma center	<u>unkn</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>24</u>

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>15</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

County: Yolo County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? High schools, middle schools, churches, fairgrounds, UC Davis
 - b. How are they staffed? DHV, Red Cross, PH staff, EMS participants
 - 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? 7

3. Have you tested your MCI Plan this year in a:
 - a. Real Event? Yes No
 - b. Exercise? Yes No

Table 7: Disaster Medical (continued)

4. List all counties with which you have a written medical mutual aid agreement:
Sacramento, Solano, Napa
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 formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? Department of Health Services
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: RESPONSE/TRANSPORTATION/PROVIDERS

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

County: Yolo County **Provider:** Yocha Dehe Fire Department **Response Zone:** Moderate

Address: 14170 Golf Course Drive **Number of Ambulance Vehicles in Fleet:** 0
Brooks, CA 95606

Phone Number: 530-796-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: U.C. Davis Fire Department Response Zone: High & Moderate
 Address: 1 Shields Ave Number of Ambulance Vehicles in Fleet: 0
Davis, CA 95616
 Phone Average Number of Ambulances on Duty
 Number: 530-752-1236 At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
<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 checked="" 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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** City of Davis Fire Department **Response Zone:** High, Moderate, & Low

Address: 530 Fifth Street
Davis, CA 95616

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-757-5684

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>			
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>		<p><u>If Public:</u></p> <p><input checked="" 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 type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>		<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Willow Oak Fire Protection District **Response Zone:** High & Moderate

Address: 18111 County Road 94B **Number of Ambulance Vehicles in Fleet:** 0
Woodland, CA 95695

Phone Number: 530-662-0781 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: Yolo Fire Protection District Response Zone: High & Moderate
 Address: 37720 Sacramento Street Number of Ambulance Vehicles in Fleet: 0
Yolo, CA 95697
 Phone Number: 530-662-0566 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
<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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Knights Landing Fire Protection Dist **Response Zone:** Moderate & Low

Address: 42115 Sixth Street **Number of Ambulance Vehicles in Fleet:** 0
Knights Landing, CA 95645

Phone Number: 530-735-6409 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Zamora Fire Protection District **Response Zone:** Moderate, Moderate-Low & Low

Address: 33715 1st Street **Number of Ambulance Vehicles in Fleet:** 0
Zamora, CA 95698

Phone Number: 530-662-8892 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
<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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Dunnigan Fire Protection District **Response Zone:** Moderate-Low & Low

Address: 29145 Main Street
Dunnigan, CA 95937

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-724-3515

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Madison Fire Protection District **Response Zone:** High & Moderate

Address: 17880 Stephens Street **Number of Ambulance Vehicles in Fleet:** 0
Madison, CA 95653

Phone Number: 530-662-5745 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Esparto Fire Protection District **Response Zone:** Moderate & Low

Address: 16960 Yolo Ave. **Number of Ambulance Vehicles in Fleet:** 0
Esparto, CA 95627

Phone Number: 530-787-3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Capay Valley Fire Protection District **Response Zone:** Moderate & Low

Address: 7447 State Highway 16 **Number of Ambulance Vehicles in Fleet:** 0
Brooks, CA 95637

Phone Number: 530-796-3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Winters Fire Department **Response Zone:** High, Moderate & Low

Address: 700 Main Street
Winters, CA 95694

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-795-4131

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

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" 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 type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** West Plainfield Fire Protection Dis. **Response Zone:** Moderate

Address: 24901 County Road 95 **Number of Ambulance Vehicles in Fleet:** 0
Davis, CA 95616

Phone Number: 530-756-0212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<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

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Clarksburg Fire Protection District **Response Zone:** Moderate & Moderate-Low

Address: 52902 Clarksburg Road **Number of Ambulance Vehicles in Fleet:** 0
Clarksburg, CA 95612

Phone Number: 916-744-1700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Elkhorn Fire District **Response Zone:** High, Moderate, & Low

Address: 19756 Old River Road **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone Number: 916-425-1766 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
<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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Woodland Fire Department **Response Zone:** High, Moderate, & Low
Address: 532 Court Street **Number of Ambulance Vehicles in Fleet:** 0
Woodland, CA 95695
Phone Number: 530-661-5860 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p>	<p><u>If Public:</u></p> <p> <input checked="" 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 type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** City of West Sacramento Fire Dept. **Response Zone:** High & Moderate

Address: 1110 West Capitol Ave. **Number of Ambulance Vehicles in Fleet:** 0
West Sacramento, CA 95691

Phone Number: 916-617-4608 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" 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 type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: CalFire Brooks Response Zone: Moderate

Address: 14023 Highway 16 Number of Ambulance Vehicles in Fleet: 0
Brooks, CA 95606

Phone Number: 530-796-3506 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>			
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p><u>If Public:</u></p> <p><input checked="" 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 checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>		<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: NorCal Ambulance Response Zone: IFT - BLS
 Address: 1815 Stockton Blvd. Number of Ambulance Vehicles in Fleet: 3
Sacramento, CA 95816
 Phone Number: 530-796-3506 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: American Medical Response Response Zone: Yolo - Entire County
 Address: 1041 Fee Drive Number of Ambulance Vehicles in Fleet: 26
Sacramento, CA 95815
 Phone Average Number of Ambulances on Duty
 Number: 916-563-0615 At 12:00 p.m. (noon) on Any Given Day: 11

<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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input 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 type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

22,481 Total number of responses
21,372 Number of emergency responses
1,109 Number of non-emergency responses

16,366 Total number of transports
15,334 Number of emergency transports
1,032 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: Sacramento-Valley Ambulance Response Zone: IFT - BLS
 Address: 6220 Belleau Wood Lane #4 Number of Ambulance Vehicles in Fleet: 7
Sacramento, CA 95822
 Phone Number: 916-736-2500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Pro-Transport 1 **Response Zone:** IFT - BLS

Address: 191 Lathrop Way **Number of Ambulance Vehicles in Fleet:** 29
Sacramento, CA 95815

Phone Number: 916-922-5002 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input 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 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

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County **Provider:** Falck Northern California **Response Zone:** IFT - BLS

Address: 2190 South McDowell Blvd.
Petaluma, CA 94954

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 707-766-2404

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT			
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<u>If Public:</u> <input 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 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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: Sutter Health - AMR Response Zone: IFT - BLS
 Address: 1041 Fee Dr. Number of Ambulance Vehicles in Fleet: 6
Sacramento, CA, 95815
 Phone Average Number of Ambulances on Duty
 Number: _____ At 12:00 p.m. (noon) on Any Given Day: 10

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

Transporting Agencies

1,439 Total number of responses
347 Number of emergency responses
1,092 Number of non-emergency responses

1,277 Total number of transports
247 Number of emergency transports
1,030 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: Alpha-1 Response Zone: IFT - BLS
 Address: 10461 Old Placerville Road Number of Ambulance Vehicles in Fleet: 1
Sacramento, CA, 95827
 Phone Number: 916-616-0310 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT			
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<u>If Public:</u> <input 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 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	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Yolo County Provider: REACH Air Medical/CALSTAR Response Zone: All

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 5
McClellan, CA 95652

Phone Number: 916-421-4016 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 type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<u>If Public:</u> <input 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 type="checkbox"/> Fire District <input type="checkbox"/> Federal		<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Woodland Memorial Hospital Telephone Number: 530-406-5900
 Address: 1207 Fairchild Court
Woodland, CA 95695

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby 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 EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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 9: FACILITIES

County: Yolo County

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

Facility: Sutter Davis Hospital Telephone Number: 530-756-6440
 Address: 2000 Sutter Place
Davis, CA 95616

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Sutter Medical Center Sacramento Telephone Number: 916-887-0000
 Address: 2825 Capital Avenue
Sacramento, CA 95816

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: Yolo County

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

Facility: UC Davis Medical Center Telephone Number: 916-734-2011
 Address: 2315 Stockton Blvd.
Sacramento, CA 95817

<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 type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Mercy General Hospital Telephone Number: 916-453-4545
 Address: 4001 J Street
Sacramento, CA 95819

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--	---

STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
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¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Methodist Hospital Telephone Number: 844-208-0269
 Address: 7400 Hospital Dr
Sacramento, CA

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Mercy San Juan Hospital Telephone Number: 916-537-5000
 Address: 6501 Coyle Ave
Carmichael, CA 95608

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" 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
--	---	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

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

Facility: Kaiser Permanente Vacaville Telephone Number: 707-624-4000
 Address: 1 Quality Drive
Vacaville, CA 95688

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<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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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Yolo County

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

Facility: North Bay Medical Center Telephone Number: 707-646-5000
 Address: 1200 B Gale Wilson Blvd.
Fairfield, CA 94533

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU²⁷ <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 checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Yolo County

Reporting Year: 2017

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

Training Institution:	<u>Onsite Medical</u>	Telephone Number:	<u>916-932-2323</u>
Address:	<u>638 Cantrell Drive. Suite A-2</u>		
	<u>Davis, CA 95616</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$1150</u>	Initial training:	<u>95</u>
Refresher:	<u>\$1650</u>	Refresher:	<u>0</u>
	<u>N/A</u>	Continuing Education:	<u>0</u>
		Expiration Date:	<u>2 years</u>
		Number of courses:	
		Initial training:	<u>4</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>UC Davis Fire Department</u>	Telephone Number:	<u>916-342-4537</u>
Address:	<u>325 Kleiber Hall Dr.</u>		
	<u>Davis, CA 95616</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$860</u>	Initial training:	<u>145</u>
Refresher:	<u>0</u>	Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2 years</u>
		Number of courses:	
		Initial training:	<u>4</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: Woodland Community College Telephone Number: _____

Address: _____

Student Eligibility*: General Public **Program Level EMT

Cost of Program:

Basic: \$847

Refresher: 0

Number of students completing training per year:

Initial training: 26

Refresher: 0

Continuing Education: 0

Expiration Date: 2 years

Number of courses:

Initial training: 2

Refresher: 0

Continuing Education: 0

Table 11: Dispatch Agency

County: Yolo County Reporting Year: 2014-2015

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Yolo Emergency Communications Agency</u>		Primary Contact:	<u>Karen Avera</u>
Address:	<u>35 N. Cottonwood</u>			
	<u>Woodland, CA 95695</u>			
Telephone Number:	<u>530-666-8900</u>			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>28</u> EMD Training	<u> </u> EMT-D <u> </u> ALS
			<u> </u> BLS	<u> </u> LALS <u> </u> Other
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" 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: _____		

Name:	<u>City of Davis</u>		Primary Contact:	<u>Jennifer Candelo</u>
Address:	<u>530 5th St</u>			
	<u>Davis, CA</u>			
Telephone Number:	<u>530-757-5681</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>0</u> EMD Training	<u> </u> EMT-D <u> </u> ALS
			<u> </u> BLS	<u> </u> LALS <u> </u> Other
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input 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: _____		

TABLE 11: DISPATCH AGENCY

County: Yolo County **Reporting Year:** 2017-18

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>American Medical Response</u>	Primary Contact:	<u>Rich Silva</u>
Address:	<u>1041 Fee Dr.</u> <u>Sacramento, CA 95815</u>		
Telephone Number:	<u>800-913-9112</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>63</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Yolo County EMS Agency (YEMSA)
Area or subarea (Zone) Name or Title: Yolo County
Name of Current Provider(s): American Medical Response
Area or subarea (Zone) Geographic Description: Yolo County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Exclusive Operating Area as of March 1, 2014
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance Service of 9-1-1, 7-digit, ALS interfacility, and CCT
Method to achieve Exclusivity, if applicable (HS 1797.224): RFP was issued on July 1, 2013. Deadline for written questions July 12, 2013. Proposal conference August 2, 2013. Proposals due September 6, 2013. Proposal review period September 9 th 2013 – October 4 th , 2013. Notice of intent to award October 25 th , 2013. Negotiation period was October 28 th , 2013 – December 31, 2013. Protest deadline November 1, 2013. Agreement, implementation March 1, 2014. A five (5) year extension offer was sent to American Medical Response on July 15, 2017 in pursuant to section II.B of the EOA contract. The five (5) year extension offer was accepted by American Medical Response, and the five (5) year extension went to the County Board of Supervisors in February 2019, extending the contract until January 31, 2024.

YOLO COUNTY EOA AMBULANCE RESPONSE ZONES

Yolo County EOA Ambulance Response Zones

