

Santa Barbara County

PUBLIC
Health

D E P A R T M E N T

Emergency Medical Services Plan



Submitted by the
Emergency Medical Services Agency

May 2006

SANTA BARBARA COUNTY EMS PLAN

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SECTION I - ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

This EMS Plan was completed through the collaborative efforts of representatives from the following organizations: American Medical Response (AMR), Carpinteria/Summerland Fire Protection District, Montecito Fire Protection District, Santa Barbara City Fire Department, Santa Barbara County Fire Department, Solvang City Fire Department, Lompoc City Fire Department, Orcutt Fire Department, Santa Maria City Fire Department, Guadalupe City Fire Department, Vandenberg Fire Department, members of the Emergency Medical Advisory Committee (EMAC), the Disaster Preparedness Advisory Committee (DPAC) and the Trauma Advisory Committee (TAC). Santa Barbara County would not have the excellent system it has today without the dedication of these emergency medical professionals.

We would like to thank our EMS Medical Director, Dr. Angelo Salvucci, for his dedication to improving emergency medical services throughout Santa Barbara County and his forward thinking and leadership with the EMS Agency. Dr. Salvucci provides the knowledge base and energy that inspires us to strive for continuous improvement and performance. We would also like to recognize our hospitals; Cottage Health System (Santa Barbara Cottage, Goleta Valley Cottage & Santa Ynez Valley Cottage Hospital), Lompoc District Hospital and Marian Medical Center who offer support to the Agency and give so much back to the community every day. Our dispatch centers who are EMD trained; bear the responsibility for day-to-day operations in dealing with life threatening situations nevertheless delivering excellent services. Our Law Enforcement Community who are often first on scene of an emergency but are not sufficiently recognized for the valuable role they have in EMS. The staff here at the EMS Agency who are some of the most hard working, talented and dedicated professionals I have had the pleasure to work with. And finally, our citizens, many who have taken First Aid, CPR and other injury prevention training programs and are often found providing care, comfort, scene safety or just a helping hand that reminds us all of why we strive continuously for excellence.

Nancy Lapolla, MPH
Director, Emergency Medical Services
Santa Barbara County
Public Health Department

EXECUTIVE SUMMARY

EMS Plan

Division 2.5 of the California Health and Safety Code, Section 1797.254 states “*Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to the EMS Systems, Standards, and Guidelines established by the authority.*” A requirement as well as a strategic planning document, an EMS Plan is an opportunity for Santa Barbara County to demonstrate its compliance to state minimum standards. The main body of this plan contains 121 evaluation points for Santa Barbara County to benchmark its system. This plan confirms that Santa Barbara County is meeting the minimum standards and in many cases exceeding recommended guidelines. In submitting this plan, we acknowledge that a vast partnership of community based organizations form the heart of a quality EMS system. It is through partnerships with these organizations and adherence to the highest standards of care that we will ensure Santa Barbara County continues to be a leader in the provision of Emergency Medical Services.

Plan Content

The Santa Barbara County EMS Agency is responsible for planning, administering, monitoring and evaluation of the EMS system. State law requires EMS agencies to develop plans for the delivery of emergency medical services to the victims of sudden illness or injury within the geographic area served by the agency. There are eight EMS system components as defined by the California EMS Authority and this plan evaluates our system against the expected Minimum Standard and/or Recommended Guidelines. The eight main components to an EMS Plan are:

- System Organization and Management
- Staffing and Training
- Communications
- Response and Transportation
- Facilities and Critical Care
- Data Collection and Evaluation
- Public Information and Education
- Disaster Medical response

In addition to conforming to the plan requirements above we chose to include our Strategic Plan as an attachment to this document. Santa Barbara County EMS Agency’s Strategic Plan was developed to be integrated into the EMS Plan as an additional roadmap for the agency in our continuing process of communicating with our system partners and planning for the future. The plan’s goals are to enhance agency performance measures by:

- Linking performance measures more directly to the outcomes identified in the EMS plan
- Involving staff in the development and ownership of performance measures and for these measures to be more meaningful and useful to staff in managing and tracking their efforts
- Encouraging staff to review current performance measures in an effort toward more rigorous efficiency, effectiveness, and outcome measures

This Strategic Plan will be the guide to keep us on the path toward our vision "To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services."

Future Challenges

Many components of the EMS Plan have been implemented but much remains to be done:

- Educating the public about appropriate use of 9-1-1 is essential to help ensure timely responses to medical emergencies. As our EMS System matures, more focus needs to be placed on this important element of our system.
- Many calls for 9-1-1 medical responses are not life threatening and cause limited resources to be depleted. A system-wide approach based on California's Emergency Medical Services Dispatch Program Guidelines must be established to ensure that all medical calls received by PSAPs are processed in accordance with standard EMD practices, including caller interrogation, prioritization of calls and responses, and standardized post-dispatch instructions to callers.
- EMS Clinical Data System – We anticipate reaching a significant milestone by the end of 2006 with the completion of hardware and software implementation for all ALS resources within our system. EMS Agency staff will have the ability to review clinical and performance data for all patients seen through the 9-1-1 system from point of dispatch to delivery into the emergency department.
- Surge Capacity – The EMS Agency needs to coordinate and increase integration of other non-9-1-1 resources into the County's disaster response preparedness. The EMS Agency is working closely with its Disaster Preparedness unit and working with hospitals, clinics and other health care providers to increase available medical resources in the response to a disaster.
- Countywide Quality Improvement Program - The EMS Agency is in the process of establishing a Countywide Quality Improvement Program in accordance with California Emergency Medical Services Authority's new guidelines. This program will make certain that a coordinated and collaborated process will be in place for all Santa Barbara County EMS providers, focusing on continued high quality patient care throughout Santa Barbara County.

This plan will be the framework for all local participants and committees to use in short and long range system improvement. This plan will also be reviewed and updated annually with a summary identifying progress or status on long range plans. It is important that all system participants and organizations realize that EMS is a dynamic service and that the influence of managed care, health care financing, standards of care and clinically based prehospital medicine will impact the way EMS services are provided. It is also significant for local participants to realize the effects of an ever growing and aging population within Santa Barbara County and the impact of being in close proximity to Los Angeles County which may affect surrounding counties in the event of a major medical/health disaster.

SECTION II – ASSESSMENT OF SYSTEM

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director			X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*			X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations			X		
1.11	System Participants			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			X

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI			X		
1.19	Policies, Procedures, Protocols			X		
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems			X	X	
1.25	On-Line Medical Direction			X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X		X	
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING / TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			X
First Responders (non-transporting):						
2.05	First Responder Training			X		
2.06	Response			X		
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training			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		N/A			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Universal Level:						
4.01	Service Area Boundaries*			X		
4.02	Monitoring			X	X	
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time Standards*		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		X	
4.11	Specialty Vehicles*			X		
4.12	Disaster Response		X			
4.13	Intercounty Response*			X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level:						
Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			

RESPONSE / TRANSPORTATION (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
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			

E. FACILITIES / CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Universal Level:						
5.01	Assessment of Capabilities			X		
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	X	
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION / SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans			X		
8.03	HazMat Training		X		X	
8.04	Incident Command System			X		
8.05	Distribution of Casualties*			X		
8.06	Needs Assessment			X		
8.07	Disaster Communications*		X		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	X	
8.14	Hospital Plans			X		X
8.15	Interhospital Communications		X		X	
8.16	Prehospital Agency Plans			X	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			

MINIMUM STANDARDS AND RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.01 LEMSA Structure

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency has a formal organizational structure that includes a EMS Director, Medical Director, EMS Specialist/Disaster Coordinator, Disaster Preparedness Administrator, Performance Improvement Coordinator/Trauma, EMS Performance Improvement Coordinator/EMD, Disaster Preparedness Planner, Emergency Planner, and a .5 FTE Car Seat Technician. The EMS Agency was designated by the Santa Barbara County Board of Supervisors to be a division of the Public Health Department. The EMS Agency's affiliation with the Public Health Department gives it many non-agency resources including information technology, injury prevention, environmental health, health statistics, and epidemiology.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

The Agency will continue to: Identify staffing needs, review and modify job descriptions and employee classifications; evaluate non-agency resources and establish relationships with the goal of enhancing the EMS Agencies technical and clinical expertise.

OBJECTIVE:

Continue to align staffing positions, finances, and tasks to meet the needs of the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.02 LEMSA Mission

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency facilitates a system-wide continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services using prospective, concurrent, retrospective and reporting/feedback activities. In addition, performance-based contract reviews provide comprehensive oversight and control of EMS providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

Each local EMS agency shall have a mechanism to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

Meets Standard. The EMS Agency currently utilizes the Emergency Medical Advisory Committee (EMAC), Contract Compliance Committee (CCC), and the Out of Hospital Executive Committee (OHEC) to receive consumer and health care provider input and advice. EMAC includes representatives from all hospital emergency departments and ALS prehospital system providers. Our CCC make up includes representatives from the County Supervisorial Districts, City Administration, hospital association, and representatives from other stakeholder organizations.

Additional committees that provide medical input, advise and support to the EMS Agency are; Medical Preparedness Advisory Committee (MPAC) and the Trauma Advisory Committee (TAC). Representatives who serve on these committees provide a valuable resource to the Agency and offer an opportunity to interact and learn from the public and users/observers of the system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to seek out public input from various sources and venues.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

STANDARD:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The EMS Agency's medical director is engaged by contract. The terms of the contract specify and require that the medical director's qualifications, roles and responsibilities meet this standard and the recommended guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard

NEED (S):

Meets standards

OBJECTIVE:**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.05 System Plan

STANDARD:

Each local EMS agency shall develop an EMS system plan based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- a) Assess how the current system meets these guidelines
- b) Identify system needs for patients within each of the targeted clinical categories (as defined in Section II), and provide a methodology and time line for meeting these needs.

CURRENT STATUS:

Meets standard. This is a countywide EMS Plan developed by Santa Barbara County for submission to the State EMS Authority. The plan assesses how the County EMS system meets the State guidelines, identifies system needs and provides objectives with timeframes for addressing identified needs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Utilize the EMS Plan and our Strategic Plan as a basis for providing objectives and time lines for meeting EMS system needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.06 Annual Plan Update

STANDARD:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

Will meet the Minimum Standard with submission and approval of this document. This is the second major update of Santa Barbara County's EMS Plan since its original submission in 1994. Upon completion of this process the agency plans on submitting annual updates to the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Provide annual updates

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.07 Trauma Planning

STANDARD:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The Santa Barbara County Trauma System Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority. This Trauma Plan designates trauma centers in Santa Barbara County. The Trauma Advisory Committee (TAC) is comprised of representatives from stakeholder organizations within the county. These representatives provide for QA/QI, oversight and make recommendations that influence the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination is accomplished through formal and informal communication with adjacent EMS agencies, as well as participation with the local Office of Emergency Services (OES) utilizing the Region III Plan.

NEED (S):

OBJECTIVE:

Continue to utilize the approved, comprehensive Trauma Plan, and modify this plan as necessary to meet the systems needs.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 ALS Planning

STANDARD:

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

CURRENT STATUS:

Meets Standard. All emergency ambulances that respond to 9-1-1 calls within Santa Barbara County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

By informal reciprocal agreement with adjacent counties, mutual aid is provided as well as received.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory Resources

STANDARD:

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.

CURRENT STATUS:

Meets Standard. Annually through the CCC, EMS provider agencies furnish detailed information regarding EMS personnel and vehicles. The EMS Agency maintains an inventory of receiving facilities, including their special care capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Through the Emergency Medical Advisory Committee (EMAC) all facilities are surveyed at least annually basis to determine if there have been any changes in special care capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

Each local EMS agency shall identify population groups served by the EMS system requiring specialized service (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 Standard and Recommended Guidelines. The EMS Agency has contracts with service and transportation providers in the event of a disaster who can help identify vulnerable populations and determine best method for transport/evacuation. Additionally, the Santa Barbara County EMS Agency has served as a distribution point for literature that seeks to educate and assist EMS providers in serving special needs populations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.11 System Participants

STANDARD:

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 Standard and Recommended Guidelines. Standards have been developed and executed for the contracted system participants, identifying roles and responsibilities. Adherence to standards is ensured through EMS Agency quality assurance activities and contract compliance reviews. The EMS Agency has developed standards for air ambulance providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review and Monitoring

STANDARD:

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

CURRENT STATUS:

Meets Standard. EMS system operations are reviewed and monitored through CAD, E-PCR, trauma data systems, QI reviews, and performance-based contract reviews. The EMS Agency provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system; documents compliance with performance-based contracts; enforces penalties for noncompliance; communicates findings of system reviews to affected system participants; and facilitates programs to improve operations efficiency and effectiveness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:

Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

Meets Standard. System operations are coordinated and refined on a continuous basis. The EMS Agency accomplishes this by coordinating the development of EMS planning documents, policies and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance-based contracts and agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to refine coordination of system operations, provide regular contact with all EMS system participants; promptly respond to all requests for information and assistance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy and Procedures Manual

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency policies and procedures manual is a dynamic document that is under continuous review, development and revision. Input is provided from the EMS Agency with advice and the consent of the Emergency Medical Advisory Committee (EMAC). This Policy and Procedures Manual is available to the public on the EMS Agency's web site.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

The Agency will continue to develop and refine the EMS policy and procedures manual to meet this standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency has contracts and written agreements in place with all base hospitals and ground transportation providers to enforce compliance with local EMS policies and procedures (except the University of California - Santa Barbara). All providers including UCSB are in compliance with County EMS Policies and Procedures. These are monitored through regular quality assurance reviews and performance-based contract reviews. Unusual occurrences are investigated by the EMS Agency; corrective actions are taken when deemed appropriate.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Obtain a written agreement with UCSB.

OBJECTIVE:

Work with the various entities at UCSB to finalize a written provider agreement. Continue to monitor, review and enforce compliance with system policies.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

System Finances:

1.16 Funding Mechanism

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency is fully funded by a combination of dollars from various sources including the county general fund. On occasion the EMS Agency receives grant funds for specific projects. In 2004, Santa Barbara County obtained a Maddy Fund. The fund however was established without using the 17% allocation to support EMS system issues. This was necessary to pass the bill through the various supporters and the legislature. Maddy supports our trauma system and partially reimburses hospitals and physicians for uncompensated emergency treatment. In the past decade, the EMS Agency budget has maintained previous years funding levels.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

The County will sponsor a ballot initiative in 2008 to establish a permanent funding source to support the EMS system, hospitals and the trauma system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.17 Medical Direction

STANDARD:

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 prehospital and hospital providers.

CURRENT STATUS:

Meets Standard. Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, Base Hospital agreements, and quality assurance reviews of service delivery. The County EMS Medical Director exercises medical control over the entire County EMS system.

The County has designated Base Hospital roles and responsibilities identified in base hospital agreements. The base hospitals exercise direct medical control over all field responses.

Roles, responsibilities and relationships between prehospital and hospital providers are established in the EMS system protocols, policies and procedures, Base Hospital agreements, and provider agreements.

Starting in 1978 all hospitals in Santa Barbara County were designated base hospitals. In 1999 and 2002, the county experienced the closure of two hospitals. The EMS agency has played an active roll with hospital closures evaluating the impact to the EMS system and making adjustments to the EMS Plan to accommodate the system impact. Significant increases in population or other demographics affecting the EMS system will prompt review of the optimal level of resources as necessary.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Meets Standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 QA/QI

STANDARD:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Prehospital care providers should be encouraged to establish in-house procedures identifying methods of improving the quality of care provided.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. The EMS Agency coordinates a bi-monthly CQI Committee for system providers to participate and identify ways to improve our EMS system. The program involves all agencies and reviews prospective, concurrent, retrospective and reporting/feedback mechanisms. Each provider agency is required to submit their QA/ QI program to the EMS Agency for review and approval. Annually, the agency reviews each providers QA/QI plans and updates.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Continue to take a leadership roll in the process for updating QA/QI plans for all levels of the EMS System.

OBJECTIVE:

The QA/QI committee has developed a standardized template for EMS provider agencies.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures and Protocols

STANDARD:

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

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- I) on scene physicians and other medical personnel,
- j) local scope of practice for prehospital personnel.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. Policies, procedures and protocols are in place for all of the above listed system components, as well as other clinical and operational situations. An EMD Guidelines Tasks Force recently completed the update of EMD guidelines for Santa Barbara County EMD Dispatch agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to refine our policies and review process and encourage more active participation from all system providers.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 DNR Policy

STANDARD:

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

CURRENT STATUS:

Meets Standard. A "Do Not Resuscitate" (DNR) policy is in place in accordance with the EMS Authority DNR guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to update DNR policy to reflect changing legal precedents and advances in medical knowledge in conjunction with the EMS physician community.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

STANDARD:

Each local EMS agency in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

CURRENT STATUS:

Meets Standard. A “Determination of Death” policy is in place.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to update “Determination of Death” policy in conjunction with county coroner and EMS physician community to reflect changing legal precedents and advances in medical knowledge.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 Reporting of Abuse

STANDARD:

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

CURRENT STATUS:

Meets Standard. Reporting of Abuse policy is in place.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Interfacility Transfer

STANDARD:

The local EMS medical director shall establish policies and protocols for scope of practice of all prehospital medical personnel during interfacility transfers.

CURRENT STATUS:

Meets Standard. Policies, procedures and dispatch protocols have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers. This year through the ALS ambulance contract, a ground based Critical Care Transport (CCT) unit was added for critical level transports. Policies are being established and reviewed to reflect this new resource as well as ongoing communications with our hospitals over proper activation and usage of the CCT resource.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Meets Standard.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.24 ALS Systems

STANDARD:

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 Standard and Recommended Guidelines. All ALS services in Santa Barbara County have written agreements with The Santa Barbara County EMS Agency except UCSB. Santa Barbara County is divided into three (3) service areas. All areas are served by ALS provider agencies. Exclusive operating area agreements are in place for one (1) of the three (3) areas. In the remaining areas, ALS services are furnished by provider agencies that historically served those areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Complete negotiations with UCSB and enter into a written provider agreement.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Advanced Life Support

1.25 On-Line Medical Direction

STANDARD:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/ mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All five (5) hospitals in Santa Barbara County have been designated as base hospitals. They each have written Base Station Agreements and provide on-line medical control by physicians or authorized registered nurse.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Trauma Care System

1.26 Trauma System Plan

STANDARD:

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

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority in 1999. Two hospitals have been designated as trauma centers; Santa Barbara Cottage Hospital is a Level II facility and Goleta Valley Cottage Hospital is a Level IV facility.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Need to designate a Level III center in the northern area of the county to meet increased population needs.

OBJECTIVE:

Work collaboratively with Marian Medical Center in Santa Maria on obtaining Level III status or amend the trauma catchment area to better address trauma patients.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

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

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

CURRENT STATUS:

Meets Standard. As a result of an EMSC review in 1995 using California Children's Services (CCS) standards, a determination was made that all receiving facilities in the county met or exceeded the standards for pediatric emergency medical care. Regional facilities have been identified as destinations for critical pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

OBJECTIVE:

Continue to review and evaluate pediatric critical care.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Exclusive Operating Areas

1.28 EOA Plan

STANDARD:

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 which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

Meets Standard. Santa Barbara County is divided into three (3) ambulance service areas. All three areas are served by ALS provider agencies. Service Area 1 is a “grandfathered” EOA and conforms to 1797.224 of the Health and Safety Code continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. Service Areas 2 and 3 continue to utilize the existing providers who have historically served those areas. All ALS providers in Santa Barbara County have written agreements with the Santa Barbara County EMS Agency except UCSB.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED (S):

Finalize the agreement with UCSB.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.01 Assessment of Needs

STANDARD:

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

CURRENT STATUS:

Meets Standard. The EMS Agency monitors and assesses training needs for all prehospital personnel working in the County. Initial training and continuing education programs for prehospital providers are approved, monitored and reviewed regularly. Additional training needs are identified by QA/QI processes, changes or additions to existing policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.02 Approval of Training

STANDARD:

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County EMS Agency has systems in place to approve and monitor EMS training and prehospital continuing education (CE) programs. EMS training programs are reviewed regularly to ensure compliance with standards. The Santa Barbara County EMS Agency audits programs and collects and analyzes data on an annual basis to determine educational needs and compliance with regulations pertaining to program availability.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

B. STAFFING / TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

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

CURRENT STATUS:

Meets Standard. Policies and personnel are in place for the EMS Agency to accredit, authorize and certify prehospital medical personnel, according to State regulations. Specific policies are in place requiring that unusual occurrences that could impact EMS personnel certification be reported to The Santa Barbara County EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

The Santa Barbara County EMS Agency routinely works with the EMS Authority on accreditation and certification issues for purposes of information sharing and to ensure consistency with respect to certification decisions.

NEED(S):

OBJECTIVE:

Continue to review the mechanisms to accredit, authorize and certify prehospital personnel and conduct certification reviews in accordance with State regulations. Work towards streamlining EMT certification / recertification process.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

Meets minimum standard. The Santa Barbara County EMS Agency has existing policies in place for training and orientation of EMD personnel. The County Communications Center uses an in-house EMD program that is approved by the EMS Medical Director. This communications center has the responsibility for dispatching ALS resources for all of Santa Barbara County except UCSB and Vandenberg Air Force Base. Those entities utilize their own centers and are not EMD trained. Santa Barbara County has not mandated EMD for all PSAP's that operate within the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable with this Standard.

NEED(S):

OBJECTIVE:

To work towards ensuring that 100% of all medical 9-1-1 calls are handled by PSAPs that operate in accordance with EMSA EMD guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

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

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All non-transport first response fire apparatus have AED units. All personnel are trained at the EMT-I level. A majority of law enforcement units carry defibrillation equipment.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Encourage placement of defibrillation equipment on all Law Enforcement units that are not currently so equipped.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

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:

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All first response agencies including the fire departments, lifeguards and industrial first aid teams are certified at the EMT-I level.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

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

CURRENT STATUS:

Meets Standard. All non-transporting EMS first responder organizations recognized by the Santa Barbara County EMS Agency operate under medical direction policies specified by the EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Transporting Personnel

2.08 EMT-I Training

STANDARD:

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

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All emergency medical transport vehicles are staffed with a minimum of one person licensed at the EMT-P level and one certified at the EMT-I level.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable with this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Hospital

2.09 CPR Training

STANDARD:

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

CURRENT STATUS:

Meets Standard. Current CPR certification is required for all personnel who provide direct emergency patient care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Hospital

2.10 Advanced Life Support

STANDARD:

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines. All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support and all ED physicians are board certified..

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.11 Accreditation Process

STANDARD:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

CURRENT STATUS:

Meets Standard. By current policy, all ALS provider organizations are required to provide orientation to advanced life support personnel regarding system policies and procedures, and roles and responsibilities of providers within the local EMS, including quality assurance/quality improvement processes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Not applicable for this Standard.

OBJECTIVE:

Not applicable for this Standard.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.12 Early Defibrillation

STANDARD:

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

CURRENT STATUS:

This standard no longer applicable due to change in regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

B. STAFFING / TRAINING

Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

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

CURRENT STATUS:

Meets standard. Through Base Station agreements, the local EMS Agency requires base hospital personnel who provide medical direction to prehospital personnel to be knowledgeable in local EMS Agency protocols, policies and procedures and radio communications techniques.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

The EMS Agency is working on an orientation process for base hospital personnel to ensure consistency in training.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.01 Communications Plan

STANDARD:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles; non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

Meets the Standard and the Recommended Guidelines. The Santa Barbara County EMS Agency's communication policies require that all of the entities listed in the standard have communications capabilities with each other. Contracts with ALS providers require UHF, VHF, and cellular communications in each ALS transport unit and all first responder fire units have cellular phones.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Barbara County EMS maintains updated lists, email addresses and phone numbers of adjoining EMS agencies. Additionally, the county participates in the ReddiNet system.

NEED(S):

The EMS agency has satellite phones that are to be issued to local hospitals within the next few months.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS:

Meets the standard and Recommended Guidelines. The Santa Barbara County EMS Agency requires that all of the entities listed in the standard have two-way radio equipment to communicate on multiple frequencies and to also utilize cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.03 Interfacility Transfer

STANDARD:

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County EMS Agency requires that all ambulance transport vehicles have two-way communications capabilities with all sending and receiving facilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

CURRENT STATUS:

Meets this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

Meets the Standard and the Recommended Guidelines. All Santa Barbara County hospitals are on the ReddiNet system which allows for them to have real-time communications with each other and LEMSA in the event of a disaster or to ascertain services from another hospital. Additionally, all facilities utilize Nextel two-way communication radios.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Communications Equipment

3.06 MCI / Disasters

STANDARD:

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

CURRENT STATUS:

Meets the standard. The contract with the EOA provider and other ALS providers require UHF, VHF, and cellular communications in each ALS transport unit. The County EMS Agency reviews its communication capabilities on a regular basis through countywide disaster drills and review of communications policies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Public Access

3.07 9-1-1 Planning / Coordination

STANDARD:

The local EMS agency shall participate in on-going 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 Standard and Recommended Guidelines. Enhanced 9-1-1 systems are already in place in Santa Barbara County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

STANDARD:

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

CURRENT STATUS:

Meets the standard. Written agreements with EMS providers throughout Santa Barbara County include the requirement for public education of the EMS System including the use of the 9-1-1 telephone system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

The local EMS agency shall establish guidelines for proper dispatch triage which 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 the standard and Recommended Guidelines. Currently there is no mandate for organizations to be EMD provider agencies. Organizations requesting approval of their EMD program must submit a request to the Santa Barbara County EMS Agency which must include a complete set of protocols to be utilized, program performance objectives, and other program and quality assurance information. The agency has established a medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies and pre-arrival instructions. This is a homegrown system developed by Santa Barbara and Ventura EMS agencies and is currently in use by both counties.

COORDINATION WITH OTHER EMS AGENCIES:

There is communication between Ventura and Santa Barbara County in the continuous development and review of this EMD program.

NEED(S):

The cities of Santa Maria and Lompoc have agreed to transfer 911 medical calls to the County Communications Center.

OBJECTIVE:

Our objective is to ensure 100% EMD is available throughout the entire county. This is being addressed as a deliverable through the EOA ambulance contract and its subcontracts to be completed by June 1, 2006.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

C. COMMUNICATIONS

Resource Management

3.10 Integrated Dispatch

STANDARD:

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 the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency's standard policy establishes a system-wide integrated dispatch for ALS providers using standardized communication frequencies. The contract with the EOA provider requires the submittal and approval of a System Status Plan that addresses peak demand issues and has a fine structure for late responses. Mutual Aid agreements are in place in the event they are deemed necessary. The EOA provider has a performance-based contract.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

STANDARD:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Santa Barbara County is divided into three (3) ambulance service areas. Service Area 1 is an EOA that is “grandfathered” under 1797.224; which has continued the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. This is consistent with the initial EMS Plan and subsequent updates. In the remaining two (2) service areas, ALS services are furnished by provider agencies that historically served those areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.02 Monitoring

STANDARD:

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 the Standard and Recommended Guidelines. Santa Barbara County has an EOA. This EOA is described as Service Area 1, which covers approximately 97% of the population of Santa Barbara County. There are also agreements with the other providers of ALS services except for UCSB.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Complete Provider Agreement with UCSB Ambulance Service.

OBJECTIVE:

Complete this project within the year.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

CURRENT STATUS:

Meets the Standard. Through the Sheriff's Public Safety Communications Center, policies and procedures are in place to provide guidelines for EMS responders with appropriate response and transport criteria. Such policies include, but are not limited to: EMD Provider Agency Guidelines, Cancellation/Reduction of Ambulance Equipment at Scene, and Determination of Death criteria and Treatment Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.04 Prescheduled Responses

STANDARD:

Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with EMS agency policy.

CURRENT STATUS:

Meets the Standard. Prescheduled Responses or Interfacility Transports (IFT) are defined as requests for ambulance services that originate from a licensed health care facility for transportation of a patient or patients to another licensed health care facility. Both the Contractor and the Public Safety Communications Center shall use an EMS Agency approved call prioritization algorithm to determine the most appropriate transport level. The Contractor shall respond and be on-scene at the originating facility within fifteen (15) to sixty (60) minutes depending on the urgency of the interfacility request. All transports including IFT's are monitored through the Contract Compliance Committee (CCC).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.05 Response Time Standards

STANDARD:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a. the response time for a basic life support and CPR capable first responder does not exceed:
 - Metro/urban--5 minutes
 - Suburban/rural--15 minutes
 - Wilderness--as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:
 - Metro/urban--5 minutes
 - Suburban/rural--as quickly as possible
 - Wilderness--as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
 - Metro/urban--8 minutes
 - Suburban/rural--20 minutes
 - Wilderness--as quickly as possible
- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
 - Metro/urban--8 minutes
 - Suburban/rural--20 minutes
 - Wilderness--as quickly as possible.

CURRENT STATUS:

Meets the Standard. The Santa Barbara County EMS Agency has adopted a standard for ALS responses of 7:59 for Urban areas, 14:59 in Semi-rural and 29.59 in the Rural areas for a minimum of 90% of all 9-1-1 calls. The ALS agreement with AMR allows for subcontracting to several ALS fire agencies. These agencies are contracted to meet the 7:59 response time and the AMR transporting ambulance will meet a 9:59 minute response time in those contracted areas. Additionally there are agreements in place with other ALS and BLS agencies that stipulate minimum response time standards.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

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.

CURRENT STATUS:

Meets the Standard. Policies, procedures and contracts establish staffing and equipment requirements. All emergency medical transport vehicles currently meet state and local regulations for staffing and equipment. Annually the agency inspects 100% of the ALS ambulances for compliance to policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:

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

CURRENT STATUS:

Meets the Standard. All fire department first responders are integrated into the EMS System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Continue to build relationships with all first response entities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

STANDARD:

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

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

Meets the Standard. Current policies make provisions for the authorization of aircraft operations, including requesting of EMS aircraft, dispatching of EMS aircraft and patient destination.

All Medical Aircraft providers are required to present a quarterly report to the Santa Barbara County EMS Agency that consist of:

1. Total number of emergency calls for period
2. Number of cancellations
3. Number, type and destination of all transports
4. All relevant response and transport times

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.09 Air Dispatch Center

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Current policy mandates that all EMS aircraft requests shall be made through Santa Barbara County Public Safety Communications Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.10 Aircraft Availability

STANDARD:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

CURRENT STATUS:

Does not meet standard. Current policies require aeromedical services operating within the EMS area to notify the Santa Barbara County EMS Agency when there is an interruption in their availability. Air Ambulances seeking to provide service in Santa Barbara County, regardless of their base of flight operations shall have an agreement on file with the local EMS Agency which shall hold them accountable to all policies and procedures of Air Medical Transport and/or response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Need to meet with CalStar, County Fire and Sheriff to obtain written agreements.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.11 Specialty Vehicles

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency is made aware of specialized vehicles for EMS response through our association with our providers. The Sheriff's Public Safety Communications Center currently maintains an inventory of this equipment. Such equipment is available throughout the EMS system via dispatch policies and mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.12 Disaster Response

STANDARD:

The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Meets the Standard. If a disaster declaration is made, the County may suspend normal operations and the Contractor shall respond in accordance with the disaster plan. The following provisions may apply, as determined by the EMS Agency, during and after a disaster:

1. During such periods, the Contractor may be released, at the discretion of the EMS Agency, from response time performance requirements for all responses, including late run penalties. At the scene of such disasters, Contractor personnel shall perform in accordance with the County disaster plan.
2. A Contractor manager will respond to the Santa Barbara County Emergency Operation Center or EMS Agency Command Center to assist in the coordination of field services.
3. Contractor will relay anticipated needs for personnel, vehicles, medical supplies and equipment to the dispatch center.
4. At the County's request, Contractor will to the best of its ability, provide additional ambulance and personnel from its home fleet and or its other neighboring area operations.
5. Contractor will make all its Santa Barbara County based non-emergency transport vehicles available to County and will upgrade them to advance life support status using County and Contractor MCI supplies, as soon as possible.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.13 Inter-county Response

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets Standard and Recommended Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

The Santa Barbara County EMS Agency has agreements with surrounding LEMSAs permitting inter-county responses. Additionally, in the agreement with the contracted ALS Ambulance provider, the County has agreed “to assist the Contractor in seeking reimbursement for its costs for any disaster relief monies. Such assistance shall be limited to processing claims for reimbursement equal to 100% of the direct cost of the services, or the allowable standby charge provided for herein, whichever is greater”. The County has no financial responsibility for the costs or charges other than to provide assistance in processing the claim(s) for payment.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The contract with the EOA provider requires all field level staff to be trained at the ICS-100 level and Field Supervisors to the ICS-300 level within 60 days of employment or promotion. In addition all staff performing fieldwork under this Agreement will complete a HazMat Awareness program covering all aspects of HazMat response and medical treatment of decontaminated victims of hazardous materials exposure and at a minimum complete a training program on (CBRNE) at the awareness/operational level or an equivalent course as determined by the EMS Agency. The training will be compatible with national and California standards in this area.

All first response Fire Departments within Santa Barbara County meet or exceed this level of training. ICS is included in all levels of operational planning and used in all training drills and exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Universal Level

4.15 MCI Plans

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Multi-casualty response plans and procedures were developed and approved by the Emergency Medical Advisory Committee. The plan follows applicable state standards and guidelines and is currently undergoing revision.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.16 ALS Staffing

STANDARD:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crewmembers or with one ALS and one BLS crewmember.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

Meets the Standard. Through contracts and policy, all ALS ambulances are staffed with at least one person certified at the ALS level and one person staffed at the BLS level. While BLS EMT-Is have the necessary defibrillation training by means of the AED training associated with their CPR certification, the defibrillation equipment available on ALS ambulances does not fall within their accepted scope of practice.

The Santa Barbara County EMS Agency has made the determination that this staffing configuration meets the needs of our local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Advanced Life Support

4.17 ALS Equipment

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Current Local EMS Agency has specific policies for minimum equipment to be carried on an ALS ambulance. The LEMSA conducts inspections of all ALS ambulances and ALS apparatus.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Ambulance Regulation

4.18 Compliance

STANDARD:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care

CURRENT STATUS:

Meets the Standard. The agency has a mechanism to comply with this standard through policies and written agreements. Verification is confirmed by conducting inspections and the submittal by providers of periodic written reports to the Contract Compliance Committee. Policies and procedures govern other elements of clinical care and system operations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

Meets Standard. The above standards have been achieved through provider agreements and EMS Policies and Procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grand fathering") under Section 1797.224, H&SC.

CURRENT STATUS:

Meets the Standard. The current provider of ALS ambulance services for Service Area 1 has been rendering services in the same manner and scope prior to January 1, 1981 and qualifies as a "grandfathered" provider under 1797.224. The remaining Service Areas, 2 and 3, ALS services are furnished by provider agencies that historically served those areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.21 Compliance

STANDARD:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS:

Meets the Standard. By written agreement, the EOA provider must comply with applicable policies and procedures regarding system operations and patient care. Additionally, the Contract Compliance Committee (CCC) reviews the EOA provider's responses, operations and compliance to the various terms of the agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

D. RESPONSE AND TRANSPORTATION

Exclusive Operating Permits

4.22 Evaluation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. This process was completed recently resulting in contract renegotiations with AMR, the ambulance contractor in Santa Barbara County. Stakeholder groups were convened to evaluate the EMS system. Following a 13-month EMS system review process, a new agreement was reached. This agreement also requires the contractor to adhere to all EMS policies and procedures regarding system operations and patient care. Additionally, the Contract Compliance Committee (CCC) reviews the EOA provider's responses, operations and compliance to the various terms of the Agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

STANDARD:

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 the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities as well as patient capacity. The Santa Barbara County EMS Agency maintains ongoing communications with all acute care facilities through various means, including direct polling and reports through advisory committees.

The Santa Barbara County EMS Agency maintains written agreements with all Base Hospitals in the county.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.02 Triage & Transfer Protocols

STANDARD:

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

CURRENT STATUS:

Meets Standard. Prehospital triage protocols and Trauma Transfer protocols are established in the Santa Barbara County EMS Agency Policy and Procedures Manual.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.03 Transfer Guidelines

STANDARD:

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

CURRENT STATUS:

Meets Standard. The Santa Barbara County EMS Agency has collaborated with the Sheriff's Dept. Public Safety Communication Center on written policies for transfer of patients between facilities. Response times for transfers are included in the providers compliance reports to the county and monitored and approved by the Contract Compliance Committee. The Santa Barbara County EMS Agency Policy and Procedures Manual have protocols regarding transfer of care to higher levels of capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Increase system providers knowledge of Critical Care Transport (CCT) program and trauma center levels of care.

OBJECTIVE:

Work with Santa Barbara Cottage Hospital to increase EMS system providers, hospitals and the general populations knowledge of the trauma system and levels of service available at a Level II designated hospital.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.04 Specialty Care Facilities

STANDARD:

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

CURRENT STATUS:

Meets Standard. In Santa Barbara County, all base hospitals are receiving hospitals. These facilities have written agreements with the EMS Agency that detail the rolls and responsibility of receiving hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.05 Mass Casualty Management

STANDARD:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Regularly scheduled drills test readiness for the management of mass casualties, communications and patient flow. The Santa Barbara County EMS Agency monitors the ReddiNet System on a daily basis to facilitate hospital communications and to monitor diversion status. The EMS Agency also conducts monthly communications tests through a Nextel network as an alternate/backup to ReddiNet.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Collaborate with hospitals to ensure they have adequate surge plans in place for all hazardous planning and make certain plans are being revised and updated to meet the specific needs in a pandemic.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Universal Level

5.06 Hospital Evacuation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Individual hospitals have their own disaster and multi-casualty plans and periodically conducts drills to assess their plan(s). Existing diversion criteria is in place for potentially affected hospitals. The PHD Disaster Preparedness section of the EMS Agency maintains a liaison with the Santa Barbara County Office of Emergency Services in reviewing and updating the Multi-Hazard Functional Emergency Response Plan. This plan includes consideration and planning for hospital evacuations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Advanced Life Support

5.07 Base Hospital Designation

STANDARD:

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 prehospital personnel.

CURRENT STATUS:

Meets the Standard. All five (5) hospitals in Santa Barbara County are designated as base hospitals

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.08 Trauma Care System Design

STANDARD:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

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

CURRENT STATUS:

Meets the Standard. The Santa Barbara County Trauma Plan and Policy and Procedures Manual address all of the listed elements. The Trauma Plan was received and approved by the Board of Supervisors on March 16, 1999.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Need to designate a Trauma Center in the North County.

OBJECTIVE:

Work with Marian Medical Center in Santa Maria toward a Level III trauma center designation.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Trauma Care System

5.09 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the Standard. A public comment period was provided before finalization of the county's Trauma Plan. Trauma Advisory Committee (TAC) provides quality assurance and feedback from providers on an ongoing basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.10 Pediatric Design

STANDARD:

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

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) 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 critical care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric critical care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

CURRENT STATUS: Meets the Standard.

- A) Providers have been surveyed and the number and role of system participants have been determined.
- B) No catchment areas have been designed for pediatric patients
- C) Pediatric trauma patients are triaged and/or secondarily transferred to higher-level facilities. No triage or transfer protocols currently exist for pediatric patients with other specialty care needs however guidelines have been established as part of the EMS for Children Program.
- D) Policies are in place for ensuring adequate staffing and equipment for care and transfer of pediatric trauma patients.
- E) Pediatric Trauma care is monitored and evaluated through the Emergency Medical Advisory Committee (EMAC) committee and the Trauma Advisory Committee (TAC).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

Maintain a focused pediatric review process to ensure pediatric patients needs are being met.

OBJECTIVE:

Continue to review pediatric issues and make system adjustments as necessary.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.11 Emergency Departments

STANDARD:

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

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) 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 the Standard and Recommended Guidelines. In 1997 the Santa Barbara County EMS Agency received a grant from the State EMS Authority to plan, develop and implement a comprehensive EMSC system. This system addresses prehospital, emergency department, pediatric trauma critical care, trauma interfacility transfers and referral services, and improvement of data collection and evaluation of pediatric services.

- The Prevention Committee encourages illness and injury prevention activities for children. Examples include the Low Cost Bike Helmet and Car Seat Safety programs.
- The CQI Committee conducted reviews focusing on specific pediatric training and equipment needs as necessary and makes recommendations regarding training for staff, equipment, and supplies; and for evaluation, stabilization and transport of children.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

The Santa Barbara County EMS Agency needs to perform a periodic review of the pediatric care capabilities of receiving facilities.

OBJECTIVE:

Establish a mechanism for the annual review of pediatric issues both field and ED based.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Pediatric Emergency Medical Care System

5.12 Public Input

STANDARD:

In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital and hospital providers and consumers.

CURRENT STATUS:

Meets the Standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Public comment periods are provided before substantial modifications are made to the county's EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.13 Specialty System Design

STANDARD:

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

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

CURRENT STATUS:

Meets the Standard. Specialty care plans for trauma and burn victims have been developed by the Santa Barbara County EMS Agency. These plans address the above components.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

E. FACILITIES / CRITICAL CARE

Other Specialty Care Systems

5.14 Public Input

STANDARD:

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

CURRENT STATUS:

Meets the Standard. EMS advisory committees are in place to ensure input from prehospital, hospital providers and consumers. Public Comment periods are provided before substantial modifications are made to the county's EMS policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.01 QA/QI Program

STANDARD:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The Santa Barbara County EMS Agency has an active QA/QI program that is outlined in its Policies and Procedures Manual. Our program addresses the entire EMS system starting with the requirement that each provider agency must submit a Quality Improvement Plan to the EMS Agency for approval. The EMS Agency will evaluate the implementation of each providers plan at least annually and request revisions as needed. The committee is comprised of EMS staff, Medical Director, EMS representatives from all the Provider Agencies (BLS/Public Safety, ALS, and Base Hospitals). The committees purpose is to:

1. Coordinate and monitor the quality of prehospital care and overall prehospital quality improvement activities for Santa Barbara County.
2. Provide a forum to develop a consistent approach to gathering and analyzing data and other quality improvement activities.
3. Provide guidance and support to quality improvement activities.
4. Identify quality improvement educational needs.
5. Facilitate/provide education.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Per Santa Barbara County EMS Agency policy, Patient Care Records (PCR) are completed on all patient responses and are maintained by the EMS provider organizations. They are made available to the Santa Barbara County EMS Agency as needed. This year's goal is to have all patient care records electronically submitted and accessible by the Santa Barbara County EMS Agency staff. At this writing, the electronic PCR is being implemented and data is being received by EMS from AMR ambulances. It is anticipated the other ALS agencies will be on line by the end of 2006.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Meets the Standard. Base Hospitals are required by county policy and written agreement to provide review and evaluation of system response and clinical performance through prehospital care audits. Through our QA/QI and Trauma Committee efforts, the Santa Barbara County EMS Agency regularly reviews system response and clinical data, and takes appropriate action as necessary. The county's EMS data system (ePCR) is nearing its next stage of development with a planned completion date of December 2006.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.04 Medical Dispatch

STANDARD:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/ post dispatch directions.

CURRENT STATUS:

Meets the Standard. Currently, Emergency Medical Dispatch (EMD) is not mandated in the County of Santa Barbara. Two of the largest PSAPs in the county, the City of Santa Barbara and the County Public Safety Communications Center provide EMD services. The EMS Agency oversees these centers EMD activities through agreements and QA/QI oversight.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

Continue to work with non EMD PSAP's in providing EMD services in their centers or agree to transfer medical emergency calls to approved EMD centers. This is being addressed as a deliverable through the EOA ambulance contract and its subcontracts. To be completed by June 1, 2006.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.05 Data Management System

STANDARD:

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

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital 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 the Standard and Recommended Guidelines. Using the National EMS Data Set as a core, The Santa Barbara County EMS Agency is implementing a countywide EMS Data system that links dispatch and prehospital data. Trauma registry data includes all data elements, including hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

To work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital registry.

OBJECTIVE:

1. Develop or adopt the necessary data elements and linkages to acute care facilities.
2. Enter into agreements with hospitals for data sharing.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

STANDARD:

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.

CURRENT STATUS:

Meets the Standard. Many existing processes are used to evaluate EMS system design and operations, including response time data, QA/QI reviews, surveillance reports, and monitoring of contractor performance. This process was recently tested which resulted in a complete system redesign and a new agreement with AMR, the ambulance contractor in Santa Barbara County. Stakeholder workgroups (public, fire, law, hospital, health plan, etc) were assembled to evaluate all phases of emergency medical care in Santa Barbara County with the focus of system effectiveness at meeting community needs. Following a 13-month in-depth EMS review process, a new ALS ambulance agreement was reached.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Through the ambulance contract, the provider (AMR) is required to submit data in a format approved by the EMS Agency. Furthermore this contract provides for the ability of the contractor to subcontract with a Fire Collaborative for First Response services. This subcontract requires the submission of data from the subcontractor to the contractor, which is then reviewed by the Contract Compliance Committee (CCC).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Universal Level

6.08 Reporting

STANDARD:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

CURRENT STATUS:

Meets the Standard. The EMS Agency does not directly report to the Board of Supervisors with an annual report however there are several recurring performance measures (RPM) the EMS agency is required to report to the County Executive Office. These RPM's are reported quarterly. Additionally, the Board of Supervisors is represented on the Contract Compliance Committee (CCC), which meets quarterly to evaluate the performance of all ALS and BLS providers. The CCC also approves/denies contractor response times, exemption requests and performance reports.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Advanced Life Support

6.09 ALS Audit

STANDARD:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

Meets the Standard. Current QA/QI processes are in place to evaluate base hospital and prehospital activities. Available data currently includes dispatch and prehospital elements. Emergency Department and in-hospital data are available upon request.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEEDS:

To work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital registry.

OBJECTIVE:

1. Develop or adopt the necessary data elements and linkages to acute care facilities.
2. Enter into agreements with hospitals for data sharing.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria, and
- c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

Meets the standard. The county's Trauma Registry captures all necessary data elements for evaluating trauma care. The Trauma Advisory Committee audits trauma incidents for compliance to EMS policy.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

F. DATA COLLECTION SYSTEM EVALUATION

Trauma Care System

6.11 Trauma Center Data

STANDARD:

The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient-specific information, which 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 quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

Meets the Standard. Designated Trauma Centers are required to submit data to the county's Trauma Registry. The county's Trauma Audit Committee uses this data for QA/QI and system evaluation. The Trauma Advisory Committee also reviews trauma cases where care originates at non-trauma centers for purposes of evaluating triage decisions and transfers to higher levels of care.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

The Santa Barbara County EMS Agency needs to complete its current effort to finalize a method for non-trauma centers to submit trauma data.

OBJECTIVE:

Incorporate the requirement for submission of trauma data into written agreements with receiving facilities.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD:

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

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.)
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. The contractor for ALS ambulance services is encouraged to offer a variety of public education programs, including, but not limited to, EMS system use, citizen CPR and Public Access Defibrillation (PAD) programs, disaster preparedness, injury prevention, seat belt and helmet use, and infant/child car seats. Other public programs include blood pressure screening, speaking to community groups, and programs for school children and adolescents. The contractor is required to work collaboratively with other public safety and EMS related groups such as the California Highway Patrol, American Heart Association, the American Red Cross, and health care organizations to plan and provide public education programs.

As part of the Annual Compliance Report, the contractor is required to outline all community education activities provided over the preceding twelve (12) month period.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.02 Injury Control

STANDARD:

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 the Standard and Recommended Guidelines. The EMS Agency's Disaster Preparedness planning, Car Seat and Bicycle Helmet Program are examples of some of the educational series supported by the Public Health Department.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD:

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 the Standard and Recommended Guidelines. The EMS Agency and its Disaster Preparedness branch is routinely involved in disaster preparedness education activities in the community. Additionally, the EMS Agency has a website that provides information available to the public and the Medical Preparedness Advisory Committee (MPAC) objectives are to promote citizen disaster preparedness.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency routinely coordinates with multiple public safety agencies including fire departments, law enforcement agencies, and first responder/ EMS providers for training, education dissemination and preparedness activities.

NEED(S):

OBJECTIVE:

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TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

G. PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

Meets the Standard Guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Increase the availability of up to date training and practices of CPR

OBJECTIVE:

Add first aid and CPR instructions to the Santa Barbara County EMS website.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning

STANDARD:

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.

CURRENT STATUS:

Meets the Standard. The EMS Agency and OES have formed a collaborative interdepartmental working relationship whereby they share information. In addition, planning efforts are presented at multiple committees, including the Medical Preparedness Advisory Committee, the Surge workgroup, Communications workgroup, the Training and Exercise Disaster workgroup and the Emergency Medical Advisory Committee. These committees continue to meet regularly and are committed to the ongoing development of overall Operational Area preparedness, response, and training for Weapons of Mass Destruction/ Hazardous Material incidents, natural disasters, or mass casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.02 Response Plans

STANDARD:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Santa Barbara County has a well-developed Multi-Hazard Functional Emergency Operations Plan that is maintained by the County's Office of Emergency Services (OES). The EOP provides for the coordination of all County departments, volunteer organizations, individuals and other political jurisdictions within Santa Barbara County in the performance of emergency tasks.

COORDINATION WITH OTHER EMS AGENCIES:

As per the State's SEMS, planning and drills for large scale operations include scenarios that would involve surrounding counties and their respective LEMSAs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.03 HazMat Training

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The Santa Barbara County Fire Department has a FIRESCOPE Type 1 Hazardous Materials Team. The Santa Barbara City Fire Department and the Santa Maria City Fire Department have Hazardous Materials Level-A Teams. Environmental Health is the regulatory agency for business and household hazardous material waste management, environmental safety and ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary EMS provider in Santa Barbara County. AMR has completed training all its field personnel in the areas of WMD, HazMat Awareness and (CBRNE) at the awareness/operational level as part of its new contract requirements. Fire department first responders meet or exceed this level of training. EMS providers throughout the county have been provided with protective suits and Escape Hoods and the EMS Policy and Procedures Manual has been updated to reflect the use of this equipment.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

AMR providers are to be trained to Level C with Escape Hoods by the end of 2006.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

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 the Standard and Recommended Guidelines. All first responder agencies follow the Standardized Emergency Management System (SEMS) during a WMD incident, natural disaster or multi casualty incident. The Incident Command System (ICS) is used at the field level and SEMS is utilized at the Operational Area level. Within the Emergency Operations Center (EOC) unified command is utilized, with participating command staff being determined by the nature of the incident. The use of these standardized systems across response entities ensures that all responder agencies are able to communicate effectively and that response plans are written with these standard systems as a base.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.05 Distribution of Casualties

STANDARD:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. ReddiNet allows communication between the EMS Agency, the local EMS providers and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send assessments and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. Local base stations will initiate an MCI on the ReddiNet and will coordinate the distribution of casualties to the closest most appropriate facility. If the local base station becomes overwhelmed, the Santa Barbara County EMS Agency is available to assist with coordination activities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

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 the Standard and Recommended Guidelines. ReddiNet allows communication between the EMS Agency and the local hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. During an incident, EMS providers on scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The local base station hospital will initiate an MCI program on the ReddiNet System and will coordinate the distribution of casualties to the closest most appropriate medical facility. If the local base station becomes overwhelmed, The Santa Barbara County EMS Agency is available to assist with coordination activities.

The HRSA Hospital Bioterrorism Preparedness Program provides states with funding via cooperative agreements for hospital and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. To ensure that all preparedness activities are coordinated and integrated at the state and local levels, the CDC and HRSA cooperative agreements have several cross-cutting activities. To date, equipment purchased through this funding stream has been relatively standardized among response entities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Continue to encourage the local hospitals to utilize and update ReddiNet on a daily basis.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Santa Barbara County has several alert and notification systems in place including ReddiNet and a collaborative system with multiple departments using the California Health Alert Network (CAHAN). Each of the five hospitals and the EMS Agency are linked to the ReddiNet system. ReddiNet is an alert and information system that is operated on the Internet. ReddiNet allows communication between the EMS Agency and the hospitals. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each of the hospitals. Additionally, and as a redundancy to ReddiNet all hospitals and EMS are linked through a Nextel radio system called MEDNEX.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system is designed to broadcast key health, medical, disaster, or terrorism related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability, and is based on the “find me, follow me” technology. Users are able to set their own profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative on-line environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Amateur Radio Emergency Service (ARES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of ARES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the Counties 5 hospitals, Public Health Department, EMS and OES have ARES capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

Put ReddiNet on AMR Supervisor Units

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.08 Inventory of Resources

STANDARD:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in the 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 the Standard. EMS and its Disaster Preparedness section has a current list of all medical resources available to the community, public safety, first responders and or hospital/clinic systems. Protocols are being established to discern levels of response and the distribution of resources. When a request is made it will then be coordinated and appropriate to the event at hand.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.09 DMAT Teams

STANDARD:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Should an event occur in Santa Barbara County, additional health care professionals would be needed to implement a local mass casualty/surge care response. The National Disaster Medical System (NDMS) would be able to provide Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT) and Veterinary Medical Assistance Teams (VMAT). Members of these teams include nurses, physicians, pharmacists, emergency medical technicians (EMT), paramedics, and respiratory therapist. Additional health care providers that would be needed will depend on the scope and magnitude of the WMD incident. Although federal assets have been identified and incorporated into the planning process, Santa Barbara County is preparing to be self-sustaining for 72 hours. Additionally, the Regional Disaster Medical and Health Specialists (RDMHS) are represented in planning and preparedness efforts within the County.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.10 Mutual Aid Agreements

STANDARD:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

CURRENT STATUS:

Meets the Standard. The state of California has adopted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) in order to manage any disaster or large-scale incident. California already has an established Master Mutual Aid Agreement that includes Fire, Law Enforcement, the EMS Authority and all state agencies, including the University of California (UC) system. California is well organized into six mutual aid regions. These regions assist with Mutual Aid requests and assistance. If an incident occurs at the local level, and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government. Resources are exhausted at each level prior to requesting at the next higher level. Region I (Los Angeles, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a Medical Assistance Agreement between the two Regions. A Health Officer in Region I or VI can call another Health Officer in Region I or VI and request medical assistance. This Medical Assistance Agreement is the only one of its kind in California, and has been signed by 11 Board of Supervisors in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. All agencies in Santa Barbara County will follow SEMS for Mutual Aid requests. Coordination with other LEMSAs in monitoring agreements will continue.

NEED(S):

To maintain continuous ICS/SEMS training and education on the California Mutual Aid System.

OBJECTIVE:

The Santa Barbara County EMS Agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.11 CCPs Designation

STANDARD:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

Meets the Standard. Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. CCP's will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCPs will be established near hospitals to make use of their resources.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.12 Establishment of CCPs

STANDARD:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

Meets the Standard. Santa Barbara County OES is the overall coordinator for disaster preparedness, response, and recovery. CCP's will be established in locations based on the scope and magnitude of the event, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. In all cases possible, CCP sites will be established at or near hospitals to make use of their resources including VHF radio equipment the county has procured for establishing this communication link.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.13 Disaster Medical Training

STANDARD:

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 the Standard and Recommended Guidelines. The maintenance of trained personnel is a critical issue in ensuring a competent workforce that is ready to respond during an emergency. In order to address this issue, the EMS Agency encourages on-going training for the first responder, medical, public health and emergency management communities. AMR, the EOA ALS ambulance contractor in Santa Barbara County is required by contract;

“All field level staff shall be trained at the ICS-100 level and all Field supervisors shall be trained at the ICS-300 level within 60 days of employment or promotion to supervisor level. In addition all staff performing fieldwork under this Agreement will complete a HazMat Awareness program covering all aspects of HazMat response and medical treatment of decontaminated victims of hazardous materials exposure and at a minimum a training program on (CBRNE) at the awareness/operational level or an equivalent course as determined by the EMS Agency. The training will be compatible will national and California standards in this area”.

All fire department first responders in Santa Barbara County maintain training and certification in ICS and FRO.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

EOA responders (AMR) should have a minimum 8 hour FRO training to utilize Level C PPE by December 2006.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.14 Hospital Plans

STANDARD:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. Each of the five hospitals in Santa Barbara County are accredited by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and as such, each hospital maintains robust disaster plans including provisions for internal and external disasters. Each of the 5 hospitals utilize the Hospital Emergency Incident Command System (HEICS) and is integrated into the County's medical response plans. Santa Barbara County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, the exercise of plans and procedures remain a critical component of preparedness efforts. Each year, the Hospital Association of Southern California (HASC), and many of the hospitals in the County participate in the Statewide Disaster Drill, a Western Region Emergency Council (WREC) disaster drill or terrorism exercise, and airport MCI/disaster exercises coordinated by the local fire departments. Each hospital is required to participate in two disaster exercises per year in order to maintain JCAHO accreditation which is typically coordinated by the LEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

During disaster exercises, EMS Agency, OES, AMR, the local fire departments and hospitals all participate encompassing every possible venue for disasters and to standardize a system-wide response.

NEED(S):

Hospital plans need to be updated.

OBJECTIVE:

The Santa Barbara County EMS Agency will ensure all hospitals plan for internal and external disasters are fully integrated with the county's medical response plan(s). At least one disaster drill per year is conducted by each hospital and involves other hospitals, The Santa Barbara County EMS Agency, and prehospital medical care agencies. Hospital plans will be evaluated by a consultant through HERSA funding, i.e. Communications Plan, HEICS Plan, Disaster Plan.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.15 Interhospital Communications

STANDARD:

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

CURRENT STATUS:

Meets the Standard. Each of the five hospitals and the EMS Agency are linked to the ReddiNet system. ReddiNet is an alert and information system that is web based. This system can be used to obtain hospital diversion status, manage mass casualty incidents, and send assessments and memos to each of the hospitals in order to have interhospital communications during a disaster.

Additionally, and as a redundancy to ReddiNet all hospitals and EMS are linked through a Nextel radio system called MEDNEX. This system is tested on the 1st working day of each month.

Amateur Radio Emergency Service (ARES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of ARES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back up or as a fill-in where communications do not normally exist. Each of the County's 5 hospitals, Public Health Department and OES has ARES capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Implementation of Satellite Phones as a redundant system to ReddiNet.

OBJECTIVE:

Sat phones have been purchased through a Department of Homeland Security grant. These phones need to be activated through service plans and distributed with an approved Policy and Procedure.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

The local EMS agency shall ensure that all prehospital medical response agencies and acute care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

Meets the Standard and Recommended Guidelines. As with the hospitals, each fire department and EMS provider in Santa Barbara County is committed to disaster and emergency preparedness. To ensure a capable and robust response system, exercise of plans and procedures remain a critical component of preparedness efforts. Through cooperative planning and exercising, the County is better prepared for a major emergency. The purpose of exercising these plans are to test the response and recovery of local first responder and emergency management agencies, the medical and public health communities, private sector agencies, and local government. Interagency coordination, cooperation and communication are strengthened as a result of disaster exercises. Disaster exercises also provide an opportunity to identify policy decisions that would need to be made during an event, and allow response agencies to orient employees to their likely role during the response and recovery phases. Exercises provide field experience in the response to an event for both public and private organization personnel, and satisfy JCAHO requirements for hospital emergency preparedness. Most importantly, exercises test inter and intra-agency cooperation and communication. Exercising plans and response systems provides an invaluable learning experience, and the identification of lessons learned from each exercise enhances the probability that a jurisdiction will be operational when an event occurs.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination of activities with other LEMSAs as applicable.

NEED(S):

The EMS Agency will continue to participate in exercises throughout the County to ensure that all prehospital and hospital personnel are familiar with their agency plans.

OBJECTIVE:

The Santa Barbara County EMS Agency shall ensure that all prehospital medical response agencies and acute care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Advanced Life Support

8.17 ALS Policies

STANDARD:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

CURRENT STATUS:

Meets Standard. Existing mutual aid agreements provide for response from other EMS systems. These agreements allow for ALS providers to perform according to their defined scope of practice as established by their county of origin.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Special Care Systems

8.18 Specialty Center Roles

STANDARD:

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

CURRENT STATUS:

Meets the Standard. The Santa Barbara County hospital system includes 5 facilities that provide basic emergency services. Included in these Cottage Health System, a network of 3 local hospitals. Of the 5 hospitals, 2 are designated as Level II and Level IV. All hospitals are base station hospitals. Current licensed bed capacity in Santa Barbara County is approximately 648. Santa Barbara County has approximately 10 Negative Pressure Isolation Rooms within the five hospitals and five Public Health Agency Clinics. As medical surge capacity is key to the response to a natural disaster or terrorism incident, surge capacity issues are being addressed from a regional approach. With HRSA funds, each hospital will obtain surge capacity equipment. Each hospital in Santa Barbara County is familiar with the START (Simple Triage and Rapid Treatment) Triage System and is utilized by fire and EMS first responders. During a disaster, all hospitals will utilize the START triage system in conjunction with the first responders in the field. This will ensure continuity of care.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency routinely coordinates with multiple public safety agencies including fire departments, law enforcement agencies, and first responder/ EMS providers for training and preparedness activities.

NEED(S):

Santa Barbara County is committed to the ongoing development of overall Operational Area preparedness, response, and training. Ongoing needs assessments will be done to ensure that Santa Barbara County remains prepared.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

H. DISASTER MEDICAL RESPONSE

Exclusive Operating Areas / Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

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.

CURRENT STATUS:

Meets the Standard. Contracts with providers holding exclusive operating areas require that the contractors participate in the county's mutual aid program and also require that the contractors develop their own mutual aid agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this Standard.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less) Long-range plan (more than one year)

SECTION III – SYSTEM RESOURCES AND OPERATIONS

Table 2. System Organization and Management

EMS System: Santa Barbara County EMS Agency
 Reporting Year: 2006

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Santa Barbara

A.	Basic Life Support (BLS)	<u>0%</u>
B.	Limited Advanced Life Support (LALS)	<u>0%</u>
C.	Advanced Life Support (ALS)	<u>100%</u>

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency actuals for FY 2004-2005

A. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 758,290
Contract Services (e.g. medical director)	38,000
Operations (e.g. copying, postage, facilities)	402,449
Travel	19,154
Fixed assets	22,584
Indirect expenses (overhead)	27,684
Ambulance subsidy	
EMS Fund payments to physicians/hospital	<u> </u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: AB 430 Trauma funds	433,570
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	<u>\$1,701,731</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA }

Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund (AB430)	433,570
County general fund	245,495
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees/Initial Accreditation Fees	11,304
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	N/A
Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	270,447
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: Federal CDC bioterrorism preparedness	687,186
Other fees: Annual Conference fees	25,951
Other (specify): SB 635 Maddy Administration fees	9,875
Other (specify): Vehicle code fines: Car Seat Violations	<u>17,903</u>
TOTAL REVENUE	<u>\$1,701,731</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2006

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>22.00</u>
EMT-I recertification	<u>22.00</u>
EMT-defibrillation certification	<u>00.00</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	<u>52.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>N/A</u>
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>N/A</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	<u> </u>
Ambulance vehicle permits	<u>36.00 each</u>
Other: <u>(24 licensed ambulances)</u>	<u> </u>
Other: _____	<u> </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2006/2007.

Table 2 - System Organization & Management (cont.)

EMS System: Santa Barbara County EMS Agency

Reporting year 2006

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	42.74	34	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Performance Improvement Coordinator/EMD	1	37.66	34	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Performance Improvement Coordinator/Trauma	1	37.66	34	
Medical Director	EMS Medical Director	.3	Contract Position	N/A	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist/Disaster Coordinator	1	27.34	34	

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 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner	Disaster Preparedness Planner	1	20.00	N/A	
Data Evaluator/Analyst	Emergency Planner	1	35.00	N/A	
QA/QI Coordinator					
Public Info. & Education Coordinator	Disaster Preparedness Program Administrator	1	35.05	34	
Executive Secretary	Administrative Assistant	1	19.09	34	
Other Clerical					
Data Entry Clerk					
Other	Car Seat Technician Car Seat/Trust	.5	15.64	N/A	

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: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2005

NOTE: Table 3 is to be reported by agency.

	S O / City				
	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	402	N/A	166	N/A	25 / 15
Number newly certified this year	186		11		3 / 0
Number recertified this year	112		64		0 / 15
Total number of accredited personnel on July 1 of the reporting year	298		155		
Number of certification reviews resulting in:					
a) formal investigations	1				0
b) probation	1				0
c) suspensions	1				0
d) revocations	0				0
e) denials	1				0
f) denials of renewal	0				0
g) no action taken	0				0

1. Number of EMS dispatchers trained to EMSA standards: 40
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1457
 - b) Number of public safety (defib) certified (non-EMT-I) 545
3. Do you have a first responder training program yes no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2005

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		<u>1</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u>97%</u>
3.	Total number responses		<u>38091</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>29401</u>
	b) Number non-emergency responses	(Code 1: normal)	<u>9690</u>
4.	Total number of transports		<u>31251</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>21561</u>
	b) Number of non-emergency transports	(Code 1: normal)	<u>9690</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers		<u>4</u>
	a) Automated		<u>4</u>
	b) Manual		<u>4</u>
6.	Number of EMT-Defibrillation providers		<u>0</u>
	a) Automated		<u>0</u>
	b) Manual		<u>0</u>

Air Ambulance Services

7.	Total number of responses		<u>307</u>
	a) Number of emergency responses		<u>307</u>
	b) Number of non-emergency responses		<u>not avail.</u>
8.	Total number of transports		<u>61</u>
	a) Number of emergency (scene) responses		<u>61</u>
	b) Number of non-emergency responses		<u> </u>

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder	7	14	29	90%
2.Early defibrillation responder	7	14	29	90%
3.Advanced life support responder	7.59	14.59	29.59	90%
4.Transport Ambulance	9.59	16.59	32.59	90%

TABLE 6: SYSTEM RESOURCES AND OPERATIONS Facilities/Critical Care

EMS System: Santa Barbara County EMS Agency
 Reporting Year: 2005

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria (ACS) 1295
- b) Number of major trauma victims transported directly to a trauma center by ambulance 581
- c) Number of major trauma patients transferred to a trauma center unkn
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 714

Emergency Departments

- Total number of emergency departments 5
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 4
- d) Number of comprehensive emergency services 1

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements N/A
- 2. Number of base hospitals with written agreements 5

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2006

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? _____
 - 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 X

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no ____
 - b. At what HazMat level are they trained? FRA/FRO
 - c. Do you have the ability to do decontamination in an emergency room? yes X no ____
 - d. Do you have the ability to do decontamination in the field? yes X no ____

SECTION IV – RESOURCES DIRECTORY

TABLE 8: RESOURCES DIRECTORY – Ambulance Providers

EMS System: Santa Barbara County EMS Agency **County:** Santa Barbara **Reporting Year:** 2006

Name, address & telephone: American Medical Response 240 E. Highway 246, Suite 300, Buellton Ca. 93427 (800-688-6550)			Primary Contact: Dave Schierman, Operations Manager		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>67</u> BLS _____ EMT-D _____ LALS <u>52</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>17</u>
Name, address & telephone: UCSB Rescue UCSB, Santa Barbara, Ca. 93106 (805-893-3446)			Primary Contact: Bill Bean, Police Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>12</u> BLS _____ EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Rescue Dept.	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u> ALS

TABLE 8: RESOURCES DIRECTORY – Ambulance Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

Name, address & telephone: Vandenberg Air Force Base 30 MDG, Vandenberg AFB, Ca. 93437 (805-606-4685)			Primary Contact: TSgt. Michael A Carnevale		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>3</u> BLS _____ EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Military	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Note: VAFB subcontracts ambulance services to AMR.

TABLE 8: RESOURCES DIRECTORY – Air Ambulance Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

<p align="center">Name, address & telephone: CALSTAR 3996 Mitchell Road Santa Maria, CA 93455 (805-938-9001)</p>			<p align="center">Primary Contact: Lisa Abeloe, Chief Flight Nurse</p>		
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	<p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport</p>	<p>Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue</p>	<p>If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u> 8 </u> ALS</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal</p>	<p>System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Number of Aircraft: 1</p>

TABLE 8: RESOURCES DIRECTORY – Air Rescue Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara County Sheriff 4437 Calle Real, Santa Barbara Ca, 93110 (805-681-)			Primary Contact: Jim Anderson, Sheriff		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _4_ BLS _____ EMT-D _____ LALS _0_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Aircraft: 2

Name, address & telephone: CHP Paso Robles 675 California Blvd. San Luis Obispo, Ca. 93401 (805-593-3300)			Primary Contact: Jerry Perez		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _6_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Aircraft: 1

TABLE 8: RESOURCES DIRECTORY – Air Rescue Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Aircraft: 2

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Carpinteria-Summerland Fire Protection District, 911 Walnut Ave. Carpinteria, CA 93013 (805-684-4591)			Primary Contact: Tom Martinez, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>17</u> BLS _____ EMT-D _____ LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" 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 checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 2

Name, address & telephone: Montecito Fire Protection District. 595 San Ysidro Rd. Santa Barbara Ca. 93108 (805-969-3598)			Primary Contact: Ron McClain, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>13</u> BLS _____ EMT-D _____ LALS <u>11</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" 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 checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 2

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara City Fire 121 West Carrillo Street, Santa Barbara, CA 93101 (805-965-5254)			Primary Contact: Ron Prince, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>65</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 8

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>121</u> BLS _____ EMT-D _____ LALS <u>46</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 15

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Lompoc City Fire 115 South G Street, Lompoc Ca. 93436 (805-736-4513)			Primary Contact: Linual White, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>13</u> BLS _____ EMT-D <u>12</u> LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 2

Name, address & telephone: Solvang Volunteer Fire 1644 Oak Street, Solvang, Ca. 93464 (805-688-6046)			Primary Contact: Dwight Pepin, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>11</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 1

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Maria City Fire 314 W. Cook Street #8, Santa Maria, Ca. 93458 (805-925-0951)			Primary Contact: Frank Ortiz, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>27</u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 4

Name, address & telephone: Orcutt Fire P.O. Box 2525, Orcutt, CA 93457 (805-937-7515)			Primary Contact: Ron Bennett, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>8</u> BLS _____ EMT-D <u>5</u> LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" 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 checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 1

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Guadalupe Fire C/O City Hall 918 Obispo, Guadalupe, CA 93434 (805-343-1444)			Primary Contact: Carmen Johnson, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 6 _____ BLS _____ EMT-D _____ 2 _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 1

Name, address & telephone: Vandenberg Fire Dept. (805-606-5380)			Primary Contact: Mark Farias, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 54 _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" 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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 6

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara County Sheriff 4437 Calle Real, Santa Barbara Ca, 93110 (805-681-4100)			Primary Contact: Jim Anderson, Sheriff		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>460</u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties in county area and contract cities (Carpinteria, Goleta, Solvang, Buellton) AED units on board.

Name, address & telephone: CHP Paso Robles 166 Industrial Way, Buellton, Ca. 93427 (805-688-5551)			Primary Contact: Commander Lt. Robert Del Mese,		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Highway enforcement.

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Barbara City Police 215 East Figueroa Street, Santa Barbara, CA 93101 Phone: (805) 897-2300			Primary Contact: Cam Sanchez, Police Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: No AED's.

Name, address & telephone: Lompoc City Police 107 Civic Center Plaza, Lompoc, California 93436 Phone: (805-736-2341)			Primary Contact: Bill Brown, Police Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>62</u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: Santa Maria City Police 222 East Cook St. Santa Maria, Ca. 93454 (805) 925-0951			Primary Contact: Dan Macagni, Police Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

Name, address & telephone: Guadalupe City Police 4490 10th St Guadalupe, California 93434 Phone: (805-343-2112)			Primary Contact: Jerry Tucker, Police Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Santa Barbara City College	Contact Person telephone no.	Chris Mailes
Address	721 Cliff Drive, Santa Barbara Ca. 93109	805-965-0581	
Student Eligibility: *General Public	Cost of Program Basic <u>\$85.00</u> Refresher <u>\$50.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>160</u> Refresher: <u>100</u> Cont. Education _____	
		Expiration Date: <u>06/10</u> Number of courses: _____	
		Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____	
Training Institution Name	University of California, Santa Barbara	Contact Person telephone	Bill Bean, Police Chief <i>Program Currently Inactive</i>
Address	UCSB, Santa Barbara, Ca. 93106	805-893-3446	
Student Eligibility: * General Public	Cost of Program Basic <u>\$250.00</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>40</u> Refresher: <u>15</u> Cont. Education _____	
		Expiration Date: <u>06/10</u> Number of courses: <u>2</u>	
		Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____	

- Open to general public or restricted to certain personnel onl . ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Allan Hancock College	Contact Person telephone no.	Michael Messina, EMS Chief Instructor
Address	800 South College Dr. Santa Maria, Ca. 93454	805-922-6966	
Student Eligibility: *General Public	Cost of Program Basic <u> \$85.00 </u> Refresher <u> \$50.00 </u>	**Program Level: <u> EMT-I </u> Number of students completing training per year: Initial training: <u> 60 </u> Refresher: <u> 40 </u> Cont. Education <u> </u> Expiration Date: <u> 06/10 </u> Number of courses: <u> 2 </u> Initial training: <u> 2 </u> Refresher: <u> 2 </u> Cont. Education: <u> </u>	
Training Institution Name	Santa Barbara County Fire Department	Contact Person telephone no.	Jan Purkett, EMS Coordinator
Address	4410 Cathedral Oaks Rd. Santa Barbara, Ca 93110	805-681-5500	
Student Eligibility: *Private Restricted	Cost of Program Basic <u> </u> Refresher <u> </u>	**Program Level: <u> EMT-I </u> Number of students completing training per year: Initial training: <u> </u> Refresher: <u> 40 </u> Cont. Education <u> </u> Expiration Date: <u> 06/10 </u> Number of courses: <u> </u> Initial training: <u> </u> Refresher: <u> 1 </u> Cont. Education: <u> </u>	

- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name		Contact Person telephone no.	Lisa Vargas, Chief Instructor
NORTHERN CALIFORNIA TRAINING INSTITUTE			
Address		240 East Highway 246, Suite 200, Buellton Ca. 93427	805-688-1049
Student Eligibility: *General Public	Cost of Program Basic <u>\$8,000.00</u> Refresher _____	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>2008</u> Number of courses: _____ Initial training: <u>2</u> Refresher: _____ Cont. Education: _____	
Training Institution Name	American Medical Response	Contact Person telephone no.	Les Hugie, CES Coordinator
Address	240 East Highway 246, Suite 300, Buellton Ca. 93427	800-688-6550	
Student Eligibility: *Private Restricted	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>10</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>	

- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MTCN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Montecito Fire Protection District	Contact Person telephone no.	Ron McClain, Fire Chief
Address	595 San Ysidro Rd, Santa Barbara, CA. 93108	(805) 969-7762	

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>24</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
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Training Institution Name	CARPINTERIA/SUMMERLAND FIRE PROTECTION DISTRICT	Contact Person telephone	Tom Martinez, Fire Chief
Address	911 Walnut Ave. Carpinteria, CA 93013	(805) 684-4591	

Student Eligibility: *Private	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>29</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>8</u>
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- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Goleta Valley Cottage Hospital	Contact Person telephone no.	Leslie Houston, R.N. Emergency Dept.
Address	351 S. Patterson Avenue Santa Barbara, CA 93111	(805) 967-3411	
Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>	
Training Institution Name	Santa Barbara Cottage Hospital	Contact Person telephone no.	Kelly Kam, R.N. Emergency Dept.
Address	PO Box 689, Pueblo at Bath Street, Santa Barbara, CA 93102-0689	(805) 682-7111	
Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>30</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>10</u>	

- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Lompoc District Hospital	Contact Person telephone no.	Judy Blankenship, R.N. Emergency Dept.
Address	508 East Hickory St. Lompoc, CA 93436	(805) 737-3300	
Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>	
Training Institution Name	Santa Ynez Valley Cottage Hospital	Contact Person telephone no.	Steve Ford, R.N. Emergency Dept.
Address	2050 Viborg Road Solvang, CA 93463	(805) 688-6431	
Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>75</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>	

- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Marian Medical Center	Contact Person telephone no.	Kathy Spry, R.N.
Address	1400 East Church St Santa Maria, CA 93454	(805) 739-3000	Emergency Dept.

Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>95</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
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TABLE 10: RESOURCES DIRECTORY - Facilities

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Santa Barbara Cottage Hospital PO Box 689, Pueblo at Bath Street Santa Barbara, CA 93102-0689 805-682-7111		Primary Contact: Ron Werft, CEO Cottage Health System		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: ***** __Level II__

Name, address & telephone: Goleta Valley Cottage Hospital, 351 S. Patterson Avenue Santa Barbara, CA 93111 805-967-3411		Primary Contact: Ron Werft, CEO Cottage Health System		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: ***** __Level IV__

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

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

**** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY - Facilities (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Santa Ynez Valley Cottage Hospital, 2050 Viborg Road Solvang, CA 93463 805-688-6431		Primary Contact: Ron Werft, CEO Cottage Health System		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____
Name, address & telephone: LOMPOC DISTRICT HOSPITAL, 508 EAST HICKORY ST. LOMPOC, CA 93436 805-737-3300		Primary Contact: Jim Raggio, CEO Lompoc District Hospital		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

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

**** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY - Facilities (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Marian Medical Center, 1400 East Church St Santa Maria, CA 93454 (805) 739-3000		Primary Contact: Charles Cova CEO, Marian Medical Center		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____

TABLE 11: RESOURCES DIRECTORY – ALS or EMD Dispatch Centers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

<p align="center">Name, address & telephone:</p> <p>Santa Barbara County Public Safety Communications Center C/O Sheriff's Department, 4434 Calle Real Santa Barbara, Ca. 93110</p>		<p align="center">Primary Contact:</p> <p align="right">Commander Sam Gross 805-681-4286</p>	
<p>Written Contract:</p> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services:</p> <p>_____ 25 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: Combined with Fire & EMS</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

<p align="center">Name, address & telephone:</p> <p>Santa Barbara City Police Department Dispatch Center</p> <p align="center">215 EAST FIGUEROA STREET, SANTA BARBARA, CA 93101</p>		<p align="center">Primary Contact:</p> <p align="right">Cam Sanchez, Police Chief 805-897-2300</p>	
<p>Written Contract:</p> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services:</p> <p>_____ 12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: Combined with Fire</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

TABLE 11: RESOURCES DIRECTORY – ALS / EMD Dispatch Agencies (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2006

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

<p align="center">Name, address & telephone: University of California Santa Barbara - Police Dept. 1105 Public Safety Bldg. UCSB-Santa Barbara Santa Barbara, CA 93106</p>		<p align="center">Primary Contact: Bill Bean, Police Chief 805-893-3446</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: ___0___ EMD Training ___ ___ EMT-D ___ ___ ALS ___ ___ BLS ___ ___ LALS ___ ___ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

SECTION V – DESCRIPTION OF PLAN DEVELOPMENT PROCESS

In developing this plan, the Santa Barbara County EMS Agency turned to our system partners, advisors, committees and community based organizations. These partners include: American Red Cross, American Heart Association, American Medical Response (AMR), Carpinteria / Summerland Fire Protection District, Montecito Fire Protection District, Santa Barbara City Fire Department, Santa Barbara County Fire Department, Solvang City Fire Department, Lompoc City Fire Department, Santa Maria City Fire Department, Guadalupe City Fire Department, Vandenberg Fire Department, members of the Emergency Medical Advisory Committee (EMAC), the Disaster Preparedness Advisory Committee (DPAC) and the Trauma Advisory Committee (TAC). Santa Barbara County would not have the progressive system it has today without the support, advise and dedication of these emergency and medical professionals.

Updating the EMS Plan for Santa Barbara County has been a valuable process for this agency. We understand our system very well and feel confident in our ability to meet today's demands for preparedness, response, training and education. However, the opportunity to benchmark this county to the State "Standard and Recommended Guidelines" enabled us to clearly identify our strengths and weaknesses. This is the benefit of updating an EMS Plan and we learned much from it.

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS AMBULANCE ZONE SUMMARY

Division 2.5 California Health & Safety Code 1797.224

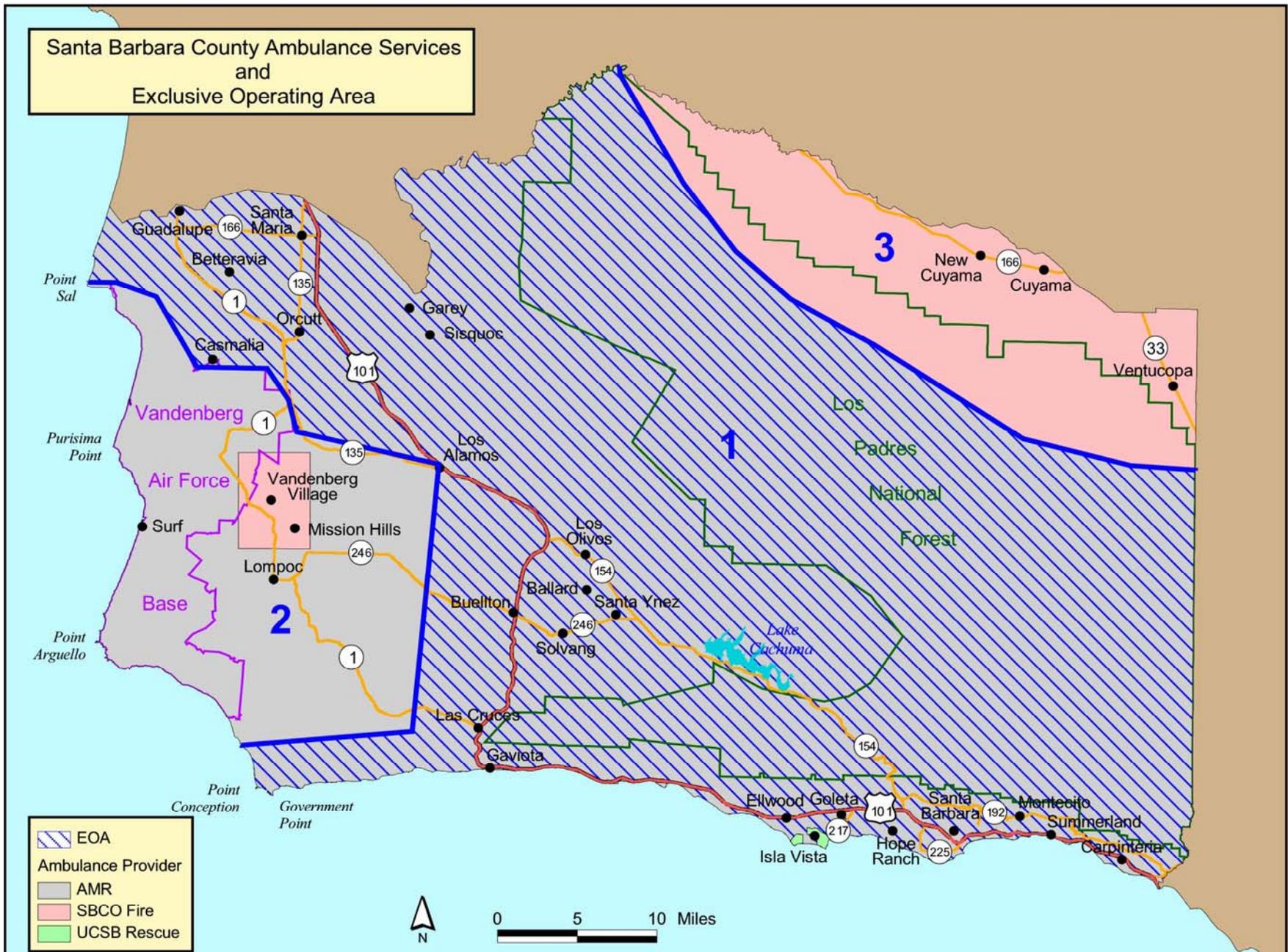
A local EMS agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals. Nothing in this section supersedes Section 1797.201.

Santa Barbara County Ambulance Areas

Santa Barbara County is divided into three ALS ambulance service areas. Service Area 1 encompasses approximately 97% of the county and is an Exclusive Operating Area. Service Area 1 conforms to Section 1797.224 of the Health and Safety Code. In the remaining areas; Service Area 2 and Service Area 3, ALS transport services are furnished by provider agencies that have historically operated in those areas. There has been no change in the configuration of these service areas nor has there been any change in providers for these zones since our last plan update.

The following map details the Ambulance Service Areas in Santa Barbara County.

Santa Barbara County Ambulance Service Areas



SECTION VII – APPENDICES

APPENDIX A - EMS AGENCY MISSION, VALUE STATEMENT AND VISION

**Santa Barbara County Public Health Department
Emergency Medical Services Agency
Mission and Vision Statement**

EMS AGENCY

Mission

To protect and improve health and safety of the people in Santa Barbara County through the provision of high quality emergency and disaster medical services, through reasonable costs, community involvement, continuous evaluation, prevention programs and anticipatory planning.

Value Statements

1. We value the patient as the focus of all we do.
2. We value our system participants.
3. We value honesty and integrity.
4. We value respect, fairness and trust.
5. We value teamwork, cooperation and creative problem solving.

Vision

To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services.

SECTION VII – APPENDICES

APPENDIX B – Strategic Plan



EMERGENCY MEDICAL SERVICES AGENCY



**EMERGENCY MEDICAL SERVICES AGENCY STRATEGIC PLAN
AND
EMERGENCY PREPAREDNESS UNIT STRATEGIC PLAN**

SECTION VII – APPENDICES

APPENDIX B – EMS Agency Strategic Plan

Introduction:

The Emergency Medical Services (EMS) Agency and the Emergency Preparedness Unit’s strategic plan’s goals are to: Update the plan—take a critical look at where we need to go and how to best use our resources to achieve our goals.

Enhance agency performance measures by:

- ◆ linking performance measures more specifically to the outcomes identified in the EMS plan
- ◆ involving staff in the development and ownership of performance measures and for these measures to be more meaningful and useful to staff in managing and tracking their efforts
- ◆ encouraging staff to review current performance measures in an effort toward more rigorous efficiency, effectiveness, and outcome measures

Use this plan as the first step toward integrating the EMS Agencies strategic plan outcomes with the State EMS Authority’s Standards & Guidelines document for Local EMS Agencies and the public health preparedness activities with California department of Health Services guideline documents for preparedness as identified in the CDC and HRSA grant funding documents.

The document will be the guide to keep us on the path toward our vision "To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services and emergency preparedness".

Performance Measures: 2005-2006

1. Audit Computer Aided Dispatch (CAD) data to ensure that the ambulance contractor, American Medical Response (AMR), is in contractual compliance (90% on time) in each of the seven EMS response zone areas outlines below. The following represents the estimated annual and monthly emergent (“Code-3”) call volume in each of the seven areas and estimated compliance rates based on historical data.
2. Audit all childbirth, choking, and cardiac arrest calls (approx. 150 annually) to assure the proper Emergency Medical Dispatch (EMD) protocols is selected in at least 98% of cases.
3. Review 100% of all deaths and complications of trauma patients at the quarterly Trauma Review Committee (approximately 20 deaths, 10 complications and 100 transfer per year.)
4. Increase by 10% the number of car seat law violators who receive child passenger safety education through the court diversion program, from 315 to 350.
5. 100% of EMT applications (400 annually) will be processed within two weeks of receipt of complete application by the EMS Agency.
6. Ensure that 20% of 600 public health department employees receive training in bioterrorism and disaster response.
7. Activate the public health Department Operation Center one time per year to exercise a comprehensive public health surge response to a disaster or BT/infectious disease emergency.

8. Enroll 160 employees (150 from Public Health and 10 employees from law, fire and other county departments in the California Health Alert Network (CAHAN)).

Performance Measures: 2006-2007

0017 — Audit Computer Aided Dispatch (CAD) data to ensure that the ambulance contractor, American Medical Response (AMR), is in contractual compliance (90% on time) in each of the seven EMS response zone areas outlines below. The following represents the estimated annual and monthly emergent (“Code-3”) call volume in each of the seven areas and estimated compliance rates based on historical data.

109 — Inspect 100% of 47 Advanced Life Support emergency medical vehicles to ensure equipment complies with County policy.

149 — Audit 100 % of all childbirth, choking, and cardiac arrest 911 calls receive at SB County Public Safety Dispatch (approx. 150 annually) to assure the proper Emergency Medical Dispatch (EMD) protocols is selected in at least 98% of cases.

150 — Review 100% of all deaths, complications, and interfacility transfer s of trauma patients as part of the continuous quality improvement program. (Approximately 20 deaths, 10 complications and 100 transfers per year.)

223 – 100% of EMT applications (approximately 400 annually) will be processed within two weeks of receipt of complete application by the EMS Agency.

Public Health Preparedness Program (formerly known as BT Preparedness)

1.
100% of 80 Public Health Department nurses will be prepared to respond to a public health disaster as demonstrated by completion of Incident Command System 700 series FEMA course and Public Health Department disaster response training.

2.
Complete a pandemic planning inventory of surge capacity for 100% of 5 county hospitals and 6 alternate care sites countywide.

(Includes an assessment of bed, isolation, and equipment/supply capacity for each facility, excess capacity that could be used in a pandemic, and identification of sources for additional resources needed to achieve full capacity at each facility.

3.
Conduct an emergency response drill once per year, which includes activation of the Department Operation Center, to test use of the Standardized Emergency Management System (SEMS) and disaster plan by the Public Health Department.

4.

Conduct a communication drill to ensure that 100% of all 5 hospitals, EMS system providers, 5 law enforcement agencies and the Public Health Department can receive alerts via the California Health Alert Network (CAHAN) and can communicate via satellite phone or other redundant communication method.

Key Projects for fiscal year 2005-06

None Included in Budget

Internal EMS Key Projects include:

- E-PCR
- Digital PBX
- Automated EMT Process
- New Computer Aided Dispatch System
- PHD Disaster Plan
- Chempack

Grant Funded Projects fiscal year 2005-06

Trauma & Burn Cache

Homeland Security – EMS Equipment

CDC Grant
HRSA Grant

Strategic Initiative #1

Promote EMS Leadership and Effective Planning

Goal 1

Effective management of the EMS System and EMS Agency

Outcome

1. Clearly defined roles and responsibilities for each system participant.

Activities:

- Ensure role and responsibilities of all system participants are well defined, in interagency agreements and EMS Policies and Procedure manual.

Outcome

2. System participants clear understanding of how they fit as part of the EMS System.

Activities:

- Meet with all system participant management to assess knowledge and improve communication.

Outcome

3. Clearly defined project objectives for EMS Agency.

Activities:

- Develop clear project charters, plans and other documentation of project goals, timelines, and other markers of progress.
- Develop measurable work objectives for each program

Outcome

4. Increased coordination and collaboration between EMS system participants.

Activities:

- Increase stakeholder participation through committees, etc.

Outcome

5. Increased coordination and collaboration between EMS Agency Staff.

Activities:

- Establish clear roles and be flexible for cross-training and reduce the “silo” effect.

Outcome

6. Adequately funded EMS system that is cost effective.

Activities:

- Provide oversight to the EMS Maddy Fund
- Continue to explore options to support an ongoing Maddy Fund
- Work with legislators to introduce language to eliminate or extend the sunset clause of SB635
- Provide oversight to the Trauma Fund

Goal 2

To promote Active Stakeholder Participation in EMS System

Outcome

1. Increased system participants participation

Activities:

- Coordinate various EMS Committees
- Ensure date and time of committee adequately posted

Outcome

2. Increased system participants knowledgeable of the EMS Agency’s Regulatory Role

Activities:

- Encourage personally by agency staff participation from all EMS providers

Outcome

3. Increased sense of ownership and responsibility to EMS system within all system participants

Activities:

- Explore reestablishing and EMCC Committee, and report options to the Board of Supervisor
- Develop a list-server group for various EMS partners

Goal 3

To develop a comprehensive EMS System Plan that considers all system providers' needs.

Outcome

1. Revised EMS Plan submitted to EMS Authority

Activities:

- Evaluate the need and role of the Out of Hospital Executive Committee (OHEC)
- Identify areas for focused system improvement
- Solicit input from all EMS stakeholders on revised EMS Plan
- Request public hearing date for Board of Supervisor to approve State required plan
- Provide presentation to Board of Supervisors at public hearing of EMS Plan

Outcome

2. EMS Plan integrated with EMS Agency Strategic Plan

Activities:

- Review the EMS plan to ensure the local EMS Strategic plan has identified and incorporated all issues current actions items within the EMS Plan.

Strategic Initiative #2

Focus on Core EMS Functions

Goal 1

To support and improve the EMS System Quality Improvement Process

Outcome

1. Revised Quality Improvement Plan to meet CQI Regulations

Activities:

- Revise the CQI to meet State CQI Regulations and post plan on EMS Website
- Comprehensive Medical Oversight
- Increased participation at CQI Committee meetings

Activities:

- Update of Web site to address EMS operational & system issue
- Policy & Procedure Manual reviewed by Policy Review Committee and revised as needed

Activities:

- Developed inclusive process for system participant to active participate in Policy & Procedure Manual update and revision process

2. Develop Electronic Pre-hospital Care Report (PCR) System

Activities:

- Establish an EPCR working group/committee to see project through completion.
- Utilize data from the PCR for system oversight and CQI
- Utilize data to identify areas for focused improvement

3. Ensure providers are participating in quality improvement activities and submitting quarterly reports.

Activities:

- Revise County EMS CQI plan to require more participants by system providers.

Goal 2

To continue to regulate and assure quality in the EMS System

Outcome

1. Adequately trained EMS personnel and Base Hospital staff
Activities:
 - Issuance of EMT certification & recertification
 - Implementation of background checks for EMT applicants
 - Approval of local paramedic accreditation
2. Quality continuing education opportunities available locally
Activities:
 - Audit all training programs and base hospital education programs
3. Defined disciplinary process
Activities:
 - Revised disciplinary policy
4. Appropriately equipped response vehicles
Activities:
 - Complete inspection of all EMS response vehicles annually
5. Adequate number of appropriately trained Field Training Officers (FTO)
Activities:
 - Development of FTO course
 - Participation in FTO & Preceptor Committee
6. Adequate number of base stations to provide competent medical direction
Activities:
 - Review Base Hospital Contracts
 - Attend Base hospital trainings

Goal 3

Ensure Advance Life Support (ALS) provider agreements are in place and revised as necessary

Outcome

1. Compliant with Health & Safety Code & Title 22 – All ALS Providers have agreements
Activities:
 - Finalize agreements with: UCSB, Calstar.
 - Renew agreements with VAFB, and Mercy Air
2. All provider contracts reviewed for compliance by Contract Compliance Committee
Activities:
 - Coordinate CCC Committee meetings
 - Review all ALS Providers at CCC annually.
 - Review AMR and all ALS providers response data monthly.
 - Ensure ALS Providers 100% compliant

Goal 4

Provide Medical Oversight/ Quality Improvement for EMD System

Outcome

1. 100% EMD access for all 9-1-1 callers in County including cellular.

Activities:

- Provide ongoing education to stakeholder of the importance and benefit of EMD through fire chiefs and city managers.
- Provide training to SBCPSDC dispatchers as needed. (Full courses)
- Enforce AMR contract for access to EMD.

2. Provide adequate oversight and quality improvement of EMD System.

Activities:

- Revise CQI Plan to include EMD process

Goal 5

To Standardize and improve EMS Communication Systems

Outcome

1. Improved Radio Communication from Field to Base Hospitals

Activities:

- Implementation of “BaseNet” automated base contact system (grant funded PBX)
- Revise Communication failure policy
- Revise Communication failure form

2. Improved Communication from Medical Coordination to Base Hospitals

Activities:

- Need to complete MCI Plan to institutionalize communication plans.
- Med Com to hospital communication over Direct Connect.
- 2 back-up systems in place
- Work with HASC to improve functionality of ReddiNet.
- Make training programs available on communication systems

3. Communication Plan completed and referenced in PHD Disaster Plan

Activities:

- Develop redundancy communication plans

Goal 6

Implement Trauma System Plan

Outcome

Adequate number of designated Trauma Centers

Trauma Registry system in place

Trauma Care improved through CQI process

Comprehensive Trauma Care Review process in place

Injury Prevention Activities coordinated and increased

Lives saved with improved outcomes as a result of improved trauma care

Trauma Funding secure

Activities/Objectives

Review written policies for Marian Medical Center and provide feedback
Continue to provide technical support to hospitals, as they become designated trauma centers
Conduct pre-site review consultation visits
Continue to develop and/or revise trauma policies as necessary
Coordinate Trauma Care Review Committee
Coordinate Trauma Advisory Committee
Utilize trauma registry data to identify trauma improvement activities

Goal 7

Provide an EMS-C focus to ensure pediatric needs are met through the EMS System

Outcome

An EMS system that responds to and meets the needs of children

Activities/Objectives

Develop method to ensure adequate pediatric medications & equipment on all response vehicles
Develop method to ensure adequate pediatric medications & equipment in all emergency departments
Review /revised policies and procedures to meet the needs of the pediatric patient
Provide/encourage pediatric education topic at EMS Conference or base stations

Goal 8

To improve EMS System Multi-Casualty Incident (MCI) Response

Outcome

1. Incident Command System (ICS) followed in the event of a multi-casualty incident

Activities:

- Develop an after action tool to evaluate all MCIs
- Require ICS training for all field responders and track compliance

2. Increased opportunity for survival with a coordinated response

Activities:

- Increase preparedness through training and education
- Develop MCI Policies & Procedures

3. EMS MCI Plan completed

Activities:

- Establish and coordinate a multidisciplinary task force to develop an EMS MCI Plan
- Develop MCI Policies & Procedures

4. System participants trained in MCI Plan

Activities:

- Provide training to MCI Plan
- Practice MCI Plan concepts through drills and exercises

5. Increased emergency response capabilities

Activities:

- Facilitate coordination and collaboration of preparedness & response activities with Medical/Health community
- Identify and complete needed MOUs to improve coordination in response

Goal 9

Promote Prevention Activities

Outcome

1. Decreased number of injuries to county residents and visitors
Activities:
 - Assist Cottage Trauma Center Staff in “Falls study”
 - Continue to support the bike helmet program
 - Continue to provide oversight to the Car Passenger violators program
2. Increased public access to AEDs
Activities:
 - Continue to Promote the Public Access Defibrillator “PAD” Program
3. Increased coordination and collaboration of prevention efforts
Activities:
 - Identify funding for prevention activities, when appropriate
4. Promoted community response in CPR
Activities:
 - Provide links to various agencies to promote CPR education
5. Reduced risk behavior related to car passenger and bike safety issues
Activities:
6. Increased use of properly install child safety car seats
Activities:

Strategic Initiative #3

Prepare for and respond to disaster

Goal 1:

Ensure PHD is prepared to respond to disasters

Outcome

1. PHD disaster plan and annexes completed.
Activities:
 - Form PHD committee to develop disaster procedures and policies for all facilities.
 - With PHD staff, develop contingency plans for PHD facilities and programs.
 - Identify all PHD facility disaster infrastructure needs (communication, food, water, shelter, generator) and method to meet needs.
 - Complete operational details for all annexes, including those for Strategic National Stockpile Plan mass prophylaxis sites.
 - Communicate details of PHD disaster plan with OES and community partners.

Outcome

2. PHD staff has completed personal disaster plan worksheets.
Activities:
 - Provide personal disaster plan worksheets and trainings to supervisors.

Outcome

3. Staff knowledgeable of PHD plan and annexes and use ICS/SEMS in activated DOC.

Activities: See Goal 5 “Training”

Goal 2:

Increase medical community’s ability to respond to disasters

Outcomes

1. Medical Preparedness Advisory Committee (MPAC) and 5 workgroups implemented and coordinated by the PHD.

Activities:

- a. Coordinate Surge Workgroup to address: workforce access, pharmaceuticals, equipment, and supplies, medical reserve corps (MRC), and isolation capacity.
- b. Coordinate Communications Workgroup
- c. Coordinate MCI Workgroup
- d. Coordinate Training & Exercise Workgroup to address: MCI, CBRNE (chemical, biological, radiological, nuclear, explosive), vulnerable populations, other.
- e. Participate in Mental Health Workgroup and encourage ADMH participation in community mental health response.

Outcome

2. Hospital and clinics in community establish internal disaster plans

Activities:

- Coordinate HRSA consultants to review plans and work with hospitals and clinics to modify as appropriate.

Outcome

3. PHD and medical community prepared for pandemic influenza.

Activities:

- Coordinate an internal and external pandemic influenza-working group to assess resources, determine needs and plan for response.

Outcome

4. Established Medical Reserve Corp. (MRC) linked with state registry.

Activities:

- Design and implement online procedure to enroll MRC volunteers for Santa Barbara County.

Outcome

5. State guidelines for surge for personnel, equipment and supplies are met.

Activities:

- Coordinate hospital and clinic participation in HRSA grant process. Work with participants to collect data used to determine requirements for equipment and supply purchases and consultant work plans.

Outcome

6. Mechanisms in place to facilitate transportation of community’s out-of-county medical personnel in a disaster. (See MPAC Surge Workgroup)

Outcome

7. All medical first responders have training and equipment to respond safely. (See Goal 5, “Training”)

Goal 3:

Develop, Implement and Maintain communication plan

Outcomes

1. PHD, hospital and medical providers have a consistent communication plan clearly defining internal and external mechanisms, procedures and emergency communication between partners.

Activities:

- Identify all communication equipment and infrastructure existing and needed.
- Write communication plan incorporating all partners and redundant communication mechanisms.
- Fully develop, implement and test communication mechanisms for:
 - i. PHD staff activation and callback to duty
 - ii. Medical community, hospital, and medical provider alerts
- Enroll participants in the California Health Alert Network (CAHAN) from hospitals, clinics, OES, fire and law enforcement.
- Increase use of Reddinet system by hospitals.

Outcome

2. Crisis and Emergency Risk Communication Plan (CERC) in place.

Activities:

Goal 4

Develop, Implement and Maintain Surveillance Mechanism

Outcomes

1. Disease reporting by providers is timely and consistent.

Activities:

- To increase provider awareness of reporting criteria:
 - a. *Develop and mail out provider packets of educational materials for reportable diseases and report methods.*

Outcome

2. Web-CMR implemented and utilized.

Activities:

- Conduct presentations and provider trainings in Web-CMR
- Provide ongoing Web-CMR support for providers

Outcome

3. Consistent 24/7 disease reporting system available.

Activities:

- Conduct quarterly tests of 24/7 disease reporting.

Outcome

4. Electronic Laboratory Reporting (ELR) implemented and utilized.

Activities:

- Provide assistance and coordination to local laboratories in the implementation of ELR.

Outcome

5. Syndromic surveillance system in place for influenza.

Activities:

- Work with hospital emergency departments to secure data for ILI (influenza like illness) visits.

Goal 5

Develop, Implement and Maintain Training Program for Internal and External Providers

Outcomes:

1. PHD and community partners trained to insure effective disaster response and recovery and support grant funded equipment.

Activities:

- Minimum training levels and training standards for PHD staff established
- Provide PHD staff training in the following:
 - a. ICS/SEMS/NIMS
 - b. PHD Disaster Plan and annexes (SNS, Pandemic, BDS, etc.)
 - c. DOC/EOC
 - d. PPE
 - e. Communications
- Provide/Facilitate training to hospitals, laboratories and clinics in the following:
 - a. HEICS or ICS/Disaster
 - b. PPE/Decon
 - c. Surge and Communications
 - d. CBRNE: chempack
 - e. Infectious disease/hazardous material packaging
- Provide/Facilitate training to field providers in the following:
 - a. PPE/Decon
 - b. Surge and Communications
 - c. CBRNE
 - d. MCI Plan
 - e. Vulnerable Population Plan

Outcome

2. Hospital, PHD staff, first responders and clinics participate in PHD coordinated preparedness exercises.

Activities:

- Coordinate 4-6 internal and external preparedness drills per year to address MCI, communication, pandemic preparedness, Biohazard Detection System (BDS), infectious disease packaging, and other response.
- Provide DOC drill yearly to test staff use and knowledge of ICS/SEMS.

Outcome

3. PHD disaster and public health emergency response occurs in coordination with outside departments and agencies.

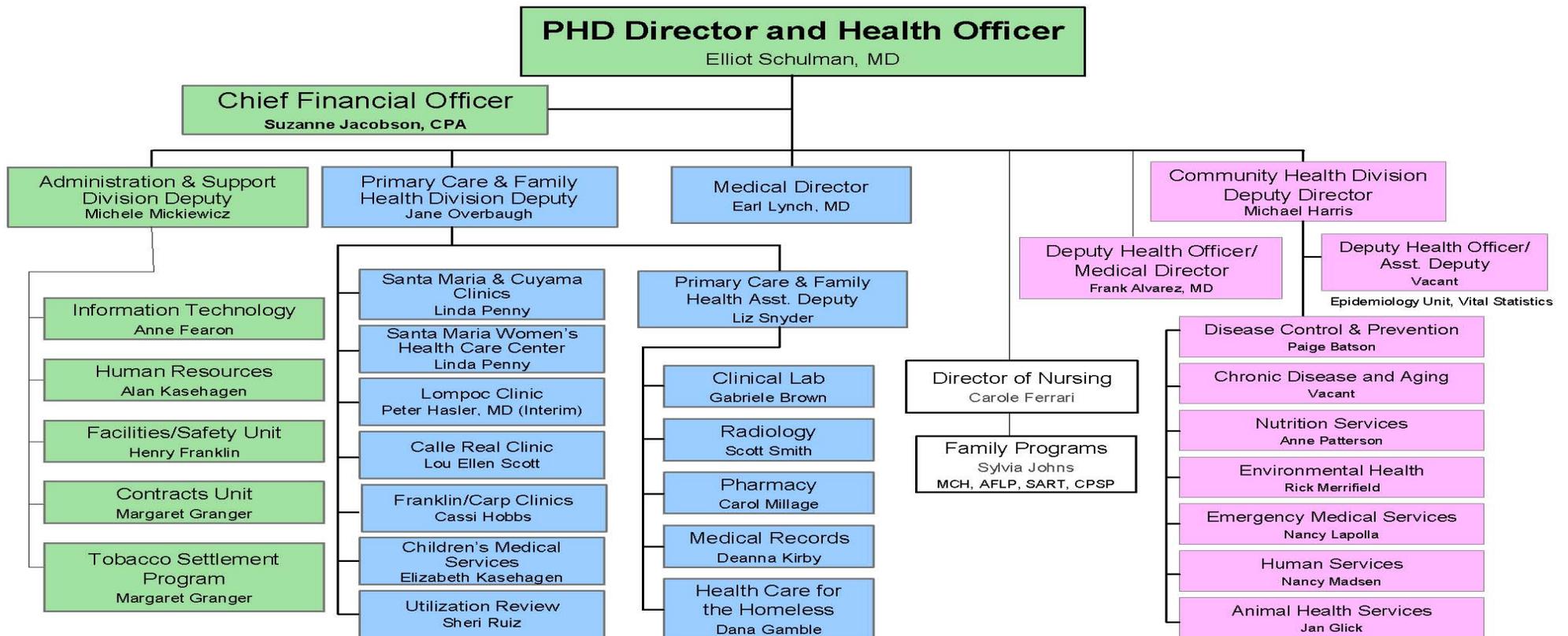
Activities:

- PHD staff participate in drills and trainings conducted by outside departments and agencies.
- PHD provides training to outside departments and agency staff in response plans and procedures.

SECTION VII – APPENDICES

APPENDIX C – ORGANIZATIONAL CHARTS

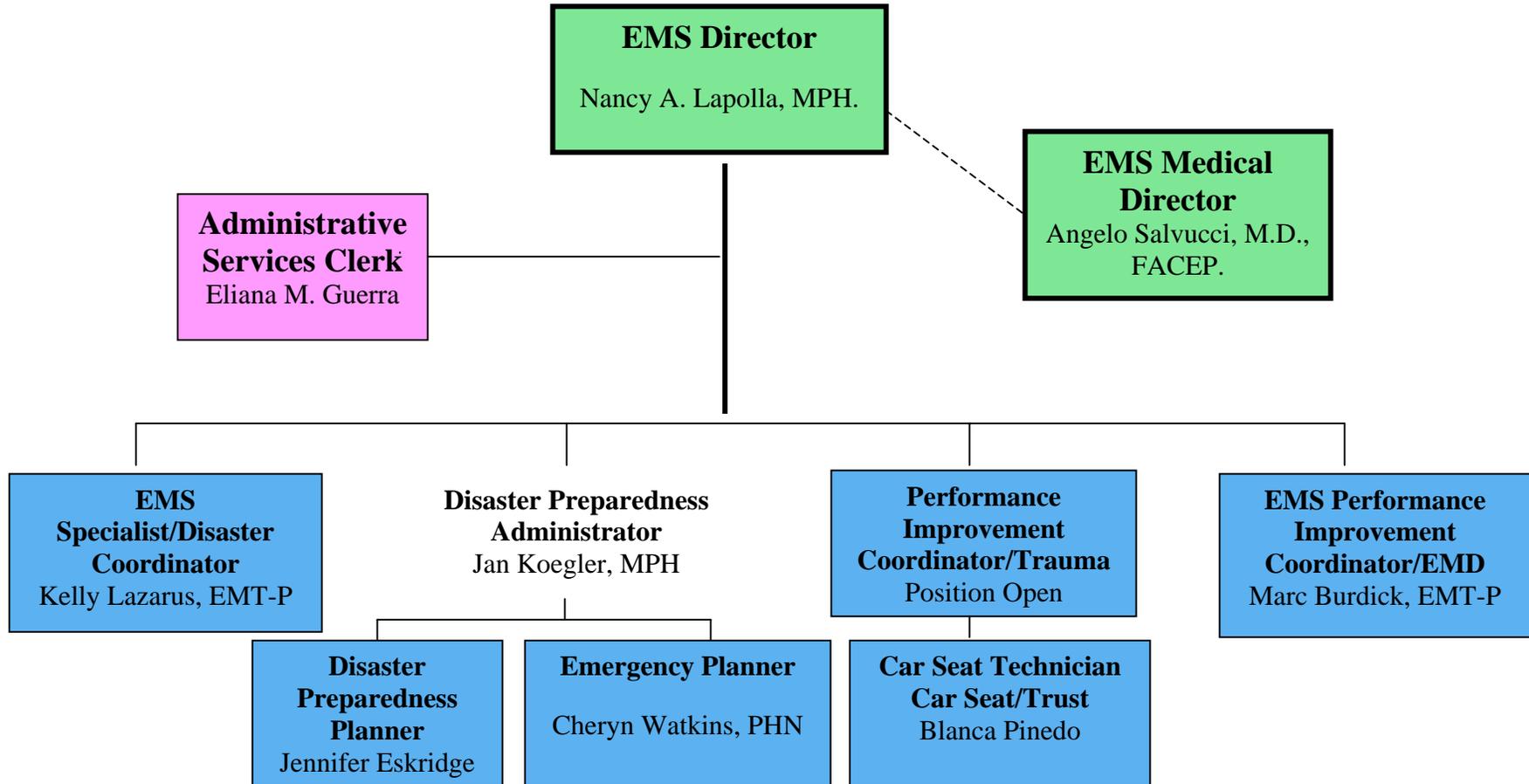
PUBLIC HEALTH DEPARTMENT



Rev: 7-Apr-06

APPENDIX C – ORGANIZATIONAL CHARTS (CONTINUED)

EMERGENCY MEDICAL SERVICES AGENCY



APPENDIX D – PRIMARY SHELTER

In Santa Barbara County, Casualty Collection Points (CCP's) are established when and where the disaster occurs, there are no specific pre-designated sites. CCP sites will include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCP's will be established at or near hospitals to make use of their resources.

APPENDIX E – DEFINITIONS AND ABBREVIATIONS

The following terms and abbreviations are utilized throughout this plan. The definitions are provided for clarification and enhanced understanding by the reader of the references to these terms and/or abbreviations.

AED – Automated External Defibrillation.

Advanced Life Support (ALS) – Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance – Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirm or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

Basic Life Support (BLS) – As defined in Health and Safety Code Section 1797.60.

Bio-Terrorism (BT) - The use, or threatened use, of biological agents to promote or spread fear or intimidation upon an individual, a specific group, or the population as a whole for religious, political, ideological, financial, or personal purposes.

CCP – Casualty Collection Points (Primary Shelter Sites) as defined by the California EMS Authority.

Computer-Aided Dispatch or CAD – Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

CPR – Cardiopulmonary Resuscitation.

COI – Continuous Quality Improvement.

Emergency Medical Dispatch (EMD) – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician - I - or EMT-I – An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT-I (FS) and EMT-I.

Emergency Medical Services (EMS) - Emergency Medical Service is widely regarded as including the full spectrum of emergency care from recognition of the emergency, telephone access of the system, provision of prehospital care, through definitive care in the hospital. It often also includes medical response to disasters, planning for and provision of medical coverage at mass gatherings, and interfacility transfers of patients. It includes prehospital health care for patients with real or perceived emergencies from the time point of emergency telephone access until arrival and transfer of care to the hospital.

EMS Agency – Santa Barbara County Emergency Medical Services Agency, established by the County Santa Barbara, which monitors the medical control and standards of the county EMS system.

Emergency Medical Technician - Defibrillator (EMT-D) – Personnel trained to initiate automatic or semiautomatic defibrillator procedures.

Emergency Medical Technician - Paramedic - or EMT-P – Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid license issued pursuant to this division.

EOA – Exclusive Operating Area, as provided for by Section 1797.224 of the Health and Safety Code.

DMAT – Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

Local EMS Agency (LEMSA) – An agency established and designated by a county or group of counties for the administration of emergency medical services as per Section 1797.200 of the Health and Safety Code.

MCI – Multi-Casualty Incident.

MICN or Mobile Intensive Care Nurse - A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

OES – Office of Emergency Services.

PCR – Patient Care Report.

QA – Quality Assurance.

QI – Quality Improvement.

SEMS – Standardized Emergency Management System as required by California State Statute.