

County of El Dorado

Emergency Medical Services

EMS PLAN

July 2012

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SECTION I - EXECUTIVE SUMMARY

El Dorado County is a popular outdoor recreation tourist destination for snow sports, rafting, hiking, camping, horseback riding, fishing and boating. The North Lake Tahoe Visitor's Bureau estimates that three million people visit the Lake Tahoe area annually. El Dorado County is located in the Sierra-Nevada mountain range in the northeast area of California. The County had an estimated resident population of 181,058 in 2010. During the last decade, County population increased from 156,299 in 2000, a 16% increase in population, significantly higher than 10% the statewide population increase during the same period (U.S. Census Bureau, 2010 Census).

El Dorado County encompasses 1,708 square miles, primarily of rolling foothills and mountainous terrain, with a population density of approximately 106 persons per square mile. Elevations in the County range from 200 feet to more than 10,800 feet. The County is separated into two geographical areas: the Lake Tahoe Basin in the northeast corner and the "West Slope" west of the Lake Tahoe Basin and Echo Summit.

The County contains two municipalities: the City of South Lake Tahoe with a 2010 population of 21,403 and the City of Placerville on the West Slope with a 2010 population of 10,389 (U.S. Census Bureau, 2010 Census). The remainder of the County's residents live outside of these two incorporated areas.

U.S. Highway 50 runs between Sacramento and the City of South Lake Tahoe, and bisects the County west to east. El Dorado County is heavily impacted by tourism, particularly by rafters on the American River, hikers and campers in the National Forests, and skiers and gamblers in the Lake Tahoe area. These activities create a high-risk need for prehospital trauma care.

Geopolitically, the County is divided into two County Service Areas (CSA's), CSA No. 3 (the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas) and CSA No. 7 (the western slope of El Dorado County, including Placerville and the bedroom communities of Sacramento).

The County Service Areas are funding mechanisms to subsidize enhanced ambulance and dispatch services, with the citizens of the Meeks Bay and Tahoma areas and CSA No. 7 paying special taxes, and the citizens of the Tahoe Basin and the City of South Lake Tahoe paying benefit assessments. Additional revenues for funding emergency medical services are generated from billings for ambulance transports and transfers, medical skills provided, and supplies used.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #7 since 1976, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services. The County contracts transport and dispatch services via a performance-based contract with the El Dorado County Emergency Services Authority, a Joint Powers Authority (JPA). The JPA subcontracts with CAL FIRE for dispatch services.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #3, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services to the South Shore area of CSA #3. The County contracts transport and dispatch services with the California Tahoe Emergency Services Operations Authority. The California Tahoe Emergency Services Operations Authority subcontracts with the City of South Lake Tahoe to provide emergency medical dispatch for the South Shore area.

The West Shore of Lake Tahoe (Meeks Bay and Tahoma area) is an isolated area, where the North Tahoe Fire Protection District, which is dispatched by Interagency Command Center, Grass Valley, California under contract with CAL FIRE, provides ambulance service.

During fiscal year 2010/11, there were approximately 14,500 emergency medical calls for assistance in El Dorado County.

There are two in-County base hospitals: Marshall Medical Center in Placerville, and Barton Memorial Hospital in the City of South Lake Tahoe. Marshall Medical Center is a designated Level III Trauma Center. Barton Memorial Hospital functions as a Level IV

Trauma Receiving Center and is actively pursuing designation as a Level III Trauma Center.

El Dorado County utilizes helicopter transport companies to augment emergency medical transport capabilities.

The State EMS Authority approved the initial County of El Dorado Trauma Plan in August 1998. This enabled the EMS Agency to move forward in several areas:

- ◆ Ability to designate Trauma Centers;
- ◆ Ongoing Continuous Quality Improvement (CQI) utilizing Trauma Registry System (Collector); and
- ◆ Ability to improve relationships with contiguous Trauma Centers that provide higher levels of trauma care.

The County of El Dorado EMS Agency has multiple opportunities to improve the system, including, but not limited to:

- ◆ Enhanced, integrated data collection and surveillance for improved system status management and trauma patient outcome tracking; and
- ◆ Comprehensive disaster planning and coordination with the Office of Emergency Services (OES) to address common disaster threats including forest fires, floods, rock and mudslides, avalanches, major vehicle Multiple Casualty Incidents (MCI's), and earthquakes.

SECTION II - ASSESSMENT OF SYSTEM

The California EMS System Standards and Guidelines were prepared pursuant to Section 1797.103 of the California Health and Safety Code, which used the Federal EMS Act as a model. Its purpose is to guide local EMS agencies in the planning, organization, management, and evaluation of local EMS systems. The Federal EMS Act defines an EMS system as “a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions (occurring either as a result of the patient’s condition or of natural disasters or similar conditions) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.” [Section 1201(1), U.S. Public Health Service Act]

System standards for each of the eight components of the EMS Plan are summarized, including the Current Status, Needs and Objectives established for El Dorado County.

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X	None		
1.02 LEMSA Mission		X	None		
1.03 Public Input		X	None		
1.04 Medical Director		X			

Planning Activities

1.05 System Plan		X	None		
1.06 Annual Plan Update		X	None		
1.07 Trauma Planning*		X	X		X
1.08 ALS Planning*		X	None		
1.09 Inventory of Resources		X	None		
1.10 Special Populations		X	X		
1.11 System Participants		X	X		

Regulatory Activities

1.12 Review & Monitoring		X	None		
1.13 Coordination		X	None		
1.14 Policy & Procedures Manual		X	None		
1.15 Compliance w/Policies		X	None		

System Finances

1.16 Funding Mechanism		X	None		
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction*		X	None		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policies		X	None		
1.21 Determination of Death		X	None		
1.22 Reporting of Abuse		X	None		
1.23 Interfacility Transfer		X	None		

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System

1.26 Trauma System Plan		X	None		
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X	None		
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X	None		
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	None		
2.02 Approval of Training		X	None		
2.03 Personnel		X	None		

Dispatchers

2.04 Dispatch Training		X	X		
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First Responder (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X	None		
2.07 Medical Control		X	None		

Transporting Personnel

2.08 EMT-I Training		X	X		
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Hospital

2.09 CPR Training		X	None		
2.10 Advanced Life Support		X	X		

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X	None		
2.12 Early Defibrillation		X	None		
2.13 Base Hospital Personnel		X	None		

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan*		X	X		
3.02 Radios		X	X		X
3.03 Interfacility Transfer*		X	None		
3.04 Dispatch Center		X	None		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	None		

Public Access

3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	None		

Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X	X	

D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	None		
4.04	Pre-scheduled Responses		X	None		
4.05	Response Time Standards*		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft*		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability*		X	None		
4.11	Specialty Vehicles*		X	X*/		
4.12	Disaster Response		X	None		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		

Enhanced Level: Advanced Life Support

4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X	None		

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X	None		
4.20 "Grandfathering"		X	None		
4.21 Compliance		X	None		
4.22 Evaluation		X	None		

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	None		
5.03	Transfer Guidelines*		X	None		
5.04	Specialty Care Facilities*		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	None		

Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X	None		
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Enhanced Level: Trauma Care System

5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design		N/A	None		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		N/A	None		

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	None		
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X	None		
6.05 Data Management System*		X	N/A		
6.06 System Design Evaluation		X	None		
6.07 Provider Participation		X	None		
6.08 Reporting		X	None		

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X	None	X	
6.11 Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	None		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements*		X	None		
8.11	CCP Designation*		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		

Enhanced Level: Advanced Life Support

8.17	ALS Policies		X	None		
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Enhanced Level: Specialty Care Systems

8.18	Specialty Center Roles		X	None		
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Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19	Waiving Exclusivity		X	None		
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STATE OF CALIFORNIA EMS AUTHORITY

EMS SYSTEMS

MINIMUM STANDARDS and RECOMMENDED GUIDELINES

System Organization and Management

Staffing and Training

Communications

Response and Transportation

Facilities and Critical Care

Data Collection and System Evaluation

Public Information and Education

Disaster Medical Response

System Organization and Management

Agency Administration

Standard:

- 1.01 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:

The EMS Agency has a formal organizational structure which includes an EMS Administrator, EMS Medical Director (.5 FTE), EMS Quality Improvement Coordinator (.5 FTE), and a Health Program Specialist. The EMS Agency was designated by the El Dorado County Board of Supervisors to be a division of the El Dorado County Health and Human Services Agency and is included in the county structure, which delineates other county resources including the Public Health Officer, County Counsel, Risk Management and administrative personnel.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.01:

Align staffing positions, finances, and tasks to meet the objective of appropriate fiscal, technical and clinical expertise within the system.

Time Frame for Meeting Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Agency Administration

Standard:

1.02 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:

Proactive EMS system monitoring occurs using a peer based process that conducts a clinical review of selected cases each month, based on strict confidentiality and a shared commitment to excellent pre-hospital care. CQI reveals potential areas for improvement of the EMS system, suggests training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illness or injury along with associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and improvement. This approach also allows for addressing complaint-driven issues. In addition, performance-based contract reviews provide comprehensive oversight and control of the entire EMS system transport contractor base.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.02:

Continue facilitating a system-wide comprehensive quality assessment and improvement program.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Agency Administration

Standard:

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) 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:

While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and other key stakeholders. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC), which meets monthly. Hospitals, transport contractors, OES, EMS Agency and Public Health Preparedness Section are continually engaged in emergency preparedness activities including: improving hospital surge capacity, communications drills, Emergency Operations Center (EOC) operations, pandemic flu planning, mass prophylaxis, and a number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard. The EMS Agency evaluated the need to re-establish an Emergency Medical Care Committee (EMCC) and has determined that the current Medical Advisory Committee largely fulfills the need to obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedure.

Objective 1.03:

Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Agency Administration

Standard:

1.04 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 Guideline:

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:

The EMS Agency Medical Director is a California licensed and Board Certified Physician with extensive emergency medicine experience.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard. The Recommended Guideline is inappropriate for the size and composition of the medical community of this County.

Objective 1.04:

Continue to ensure that the County of El Dorado EMS Agency Medical Director is an experienced, fully qualified, licensed physician.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

- 1.05 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
 - c) provide a methodology and time line for meeting these needs.

Current Status:

This is a countywide EMS Plan developed by the County of El Dorado EMS Agency for submission to the State EMS Authority. The plan assesses how the current County of El Dorado EMS system meets the State guidelines, identifies system needs for patients within targeted clinical categories, and provides methodology and time lines for addressing the needs identified in this Plan.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.05:

Utilize County of El Dorado EMS Plan as a basis for providing methodology and time lines for meeting EMS system needs.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

- 1.06 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:

This is an ongoing standard. The agency will submit annual updates to the EMS Authority as required.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.06:

Provide annual EMS Plan updates.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

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

Recommended Guideline:

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

Current Status:

The El Dorado County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority.

Coordination with other EMS Agencies:

Coordination is accomplished through informal communication with adjacent EMS agencies, as well as formal participation with the local Office of Emergency Services (OES) utilizing the Region IV Plan. Sierra-Sacramento Valley (SSV) EMS Agency and the Sacramento County EMS Agency have both provided Jurisdictional Letters of Agreement regarding the transfer of Trauma Patients from El Dorado County to Trauma Centers located in Sacramento County and SSV.

Need(s):

Meets Standard. To comply with the Recommended Guideline, upon application from intracounty acute care facilities, the Agency will proceed with designating Trauma Center levels and ensuring that appropriate agreements have been executed.

Objective 1.07:

Continue to utilize the approved, comprehensive Trauma Plan, and designate Trauma Center through executed agreements.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

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

Current Status:

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

Coordination with other EMS Agencies:

Coordination with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties is accomplished through the Region IV Mutual Aid System.

Need(s):

Meets Standard.

Objective 1.08:

Continue to monitor needs, and encourage expansion of first responder ALS services where appropriate.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

1.09 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:

The EMS Agency has updated inventory of EMS resources posted to the EMS Agency website (www.edcgov.us/ems)

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.09:

Collect and update the resource inventory annually.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

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

Recommended Guideline:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized service (e.g., elderly, handicapped, children, non-English speakers).

Current Status:

El Dorado County has a number of skilled nursing facilities and residential care facilities that frequently access the EMS system. We have identified these facilities and their locations. In addition, several of our transport contractors have been identifying addresses in rural areas where it is known an individual with special needs (i.e., elderly, requires specialized medical equipment, etc.) resides.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 1.10:

Assure that population groups that require special needs are identified and appropriate services provided by the EMS system are in place and available to these groups.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Planning Activities

Standard:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Recommended Guideline:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

Current Status:

Base Hospital contracts have been established with Barton Memorial Hospital and Marshall Medical Center. The County, as the provider under a PUM, has contracts with El Dorado County Emergency Services Authority (West Slope JPA), Cal Tahoe Emergency Services Operations Authority (Cal Tahoe JPA), North Tahoe Fire Protection District (NTFPD), and one Air Ambulance contractor to provide service components. The designation of Marshall Medical Center as a Level III Trauma facility was completed in 2009. Additionally, The County of El Dorado Board of Supervisors has established Exclusive Operating Areas in CSA #3 and CSA #7.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 1.11:

Monitor contract compliance for all contracts, agreements and MOU's.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Regulatory Activities

Standard:

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

Current Status:

EMS system operations are routinely reviewed and monitored through data surveillance, a peer based CQI process, and performance-based contract reviews.

Coordination with other EMS Agencies:

Not applicable to this standard.

Need(s):

Meets Standard.

Objective 1.12:

Provide ongoing and direct review and monitoring of all system components, transport contractors and first responders participating in the EMS system; document compliance with performance-based contracts; enforce penalties for noncompliance; communicate findings of system reviews to affected system participants; and facilitate programs to improve operations efficiency and effectiveness.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Regulatory Activities

Standard:

1.13 Each local EMS agency shall coordinate EMS system operations.

Current Status:

System operations are coordinated and refined on a continuous basis through the use of performance-based contracts, agreements, MOUs, policy, plans and committees.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.13:

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 Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Regulatory Activities

Standard:

- 1.14 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:

The EMS Agency Policy and Procedure Manual is a living document that is reviewed annually for development and revision by the Paramedic Advisory Committee and Medical Advisory Committee and is available on the EMS Agency website (www.edcgov.us/ems).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.14:

Develop and maintain a comprehensive policy and procedure manual and make it available to all EMS system participants; review and modify on a regular basis.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Regulatory Activities

Standard:

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

Current Status:

The EMS Agency has performance-based contracts and/or agreements in place with base hospitals, emergency medical dispatch centers, and transport contractors to enforce compliance with system policies, California State statutes and the County Emergency Medical Services and Medical Transportation Ordinance. Compliance is assured through regular quality assurance reviews and performance-based contract reviews.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.15:

Continue to review, monitor, and enforce compliance with system policies, contracts, California State statutes and the County Emergency Medical Services and Medical Transportation Ordinance.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

System Finances

Standard:

1.16 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:

The EMS Agency is fully funded by a combination of dollars from the general fund, certification fees, and the EMS Fund.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.16:

Ensure continued EMS Agency operations regardless of funding source.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

1.17 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:

Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, dispatch contracts, Base Hospital contracts, Trauma agreements and quality assurance review of service delivery. The County EMS Medical Director exercises medical control over the County EMS system.

The County has designated two Base Hospitals whose roles and responsibilities are identified in base hospital contracts. There are two acute care hospital facilities located in El Dorado County. The base hospitals exercise on-line medical control over all field responses.

Roles, responsibilities and relationships between prehospital and hospital contractors are established in the EMS system protocols, policies and procedures, Base Hospital contracts, and transport contracts.

Coordination with other EMS Agencies:

While there are no formal relationships with other local EMS agencies, the Agency recognizes the ability of other paramedics to function under their County policies and protocols when operating in this County under mutual aid requests.

Need(s):

Meets Standard.

Objective 1.17:

Continue the present strong direct and indirect medical control system; refine as needed.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

- 1.18 Each local EMS agency shall establish a quality assurance/quality improvement 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 Guideline:

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

Current Status:

This Agency is heavily involved in Quality Assurance/Quality Improvement (QA/QI) activities through the efforts of the EMS Quality Improvement Coordinator.

The ambulance transport contractors for the west slope and the Lake Tahoe basin internally review 100% of all documentation associated with providing ambulance services. Additionally, the EMS Agency's Quality Improvement Coordinator reviews all Prehospital Care Reports (PCR's) and conducts field audits to verify ambulance transport contractors' findings and assure that appropriate prehospital care is being provided by system EMS personnel.

Base Hospital Medical Directors, as identified in the Base Hospital contracts, are also required to review prehospital patient care on a concurrent, retrospective and continuing basis. Base Hospital Medical Directors are also required to submit to the EMS Agency monthly reports of any calls identified as questionable by the emergency room staff, Base Hospital Director, and/or Base Hospital Coordinator. Marshall Medical Center and Barton Memorial Hospital's internal quality review program meets or exceeds all QA/QI requirements outlined in the Base Hospital contracts.

Dispatch QA is accomplished at the Agency level through case and statistical review, as well as through use of ProQA and AQUA software programs for pre-arrival instruction competency of dispatchers.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

This standard and recommended guideline is clearly met by the ambulance transport contractors operating in the County, Marshall Medical Center, Barton Memorial Hospital and both dispatch centers. Additionally, this Agency will continue to further develop and refine existing quality assurance/improvement programs to include all EMS system participants, and to enhance data collection capabilities to quantify QA outcomes.

Objective 1.18:

Continue policy development and performance evaluation to ensure system-wide quality assurance program compliance by all system participants including field EMS personnel, Marshall Medical Center, Barton Memorial Hospital and both dispatch centers.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

- 1.19 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 treatment 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 Guideline:

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

Current Status:

Detailed policies, procedures and protocols are in place for all clinical and operational situations. Policies, procedures and protocols for pre-arrival and post-dispatch activities have been developed and implemented. Emergency Medical Dispatch (EMD) protocols with an automated CQI link have been established through ProQA and AQUA software programs. El Dorado County has also adopted the Region IV MCI Disaster Plan, which includes triage procedures.

Coordination with other EMS Agencies:

Not applicable for this standard.

Need(s):

Meets Standard and Recommended Guideline. Continue to refine the policies and procedure manual, and field treatment protocols.

Objective 1.19:

Update and ensure that countywide policies, procedures and protocols are in place for all ambulance transport contractors of prehospital services and agencies functioning within the system.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

1.20 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:

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):

Meets Standard.

Objective 1.20:

Continue to update DNR policy to reflect current legal precedents.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

1.21 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:

A "Determination of Death" policy is in place.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.21:

Continue to update "Determination of Death" policy in conjunction with county coroner to reflect current legal precedents.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

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

Current Status:

To assist the County's EMS transport contractors in complying with the State reporting requirements, we have placed reporting procedures and a copy of the CPS and APS report forms and instructions on the EMS Agency website (<http://www.edcgov.us/ems>). A formal policy has been developed and implemented. A formal mechanism for reporting suspected SIDS deaths has also been implemented.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.22:

Maintain policy on child and adult abuse.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Medical Direction

Standard:

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

Current Status:

Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.23:

Continue to monitor and review interfacility transfer policies and protocols.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Advanced Life Support

Standard:

1.24 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 Guideline:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

Current Status:

The County, as the provider under a PUM, has performance-based contracts with Joint Powers Authorities established on the east and west slope of El Dorado County to provide ALS services. Exclusive Operating Areas have been established by the Board of Supervisors in CSA #3 and CSA #7.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 1.24:

Continue to review and update ALS agreements, and maintain an approved EMS Plan that reflects the directives from the El Dorado County Board of Supervisors, the advice of County Counsel, and the standards and guidelines of the State EMS Authority regarding ALS services and the CSA-#3 and CA #7 Exclusive Operating Areas designation.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Advanced Life Support

Standard:

1.25 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 Guideline:

Each EMS system should develop a medical control plan which 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,
- c) the process for the need for in-house medical direction for provider agencies.

Current Status:

Marshall Medical Center and Barton Memorial Hospital have been designated as base hospitals. Both hospitals provide on-line medical control by physicians or certified mobile intensive care nurses. Base hospital contracts have been established with both hospitals.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 1.25:

Review and update contracts as needed.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Trauma Care System

Standard:

- 1.26 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:

The County of El Dorado Trauma Plan has been adopted by the El Dorado County Board of Supervisors and approved by the State EMS Authority. The Plan is updated annually and submitted to the State EMS Authority for approval.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.26:

Review and update the Trauma Plan annually and submit to the State EMS Authority for approval.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

- 1.27 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:

There are no eligible pediatric facilities in El Dorado County. El Dorado County's pediatric emergency medical and critical care system plan is met by transferring seriously ill or injured children to a regional designated pediatric intensive care center.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.27:

Continue to review and evaluate pediatric critical care.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

System Organization and Management

Exclusive Operating Area

Standard:

- 1.28 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:

County Service Area No. 3 (CSA #3) was established as an emergency (911) ambulance services Exclusive Operating Area (EOA) by the El Dorado County Board of Supervisors in 2001 and the County operates ambulance services through a Public Utility Model. Cal Tahoe was selected as the County's contractor for ambulance transport and dispatch services following a formal Request for Proposal (RFP) process conducted by the County in 2001 and again in 2011. The 2011 Cal Tahoe contract was awarded for five (5) years with the option to extend an additional five (5) years based on successfully meeting the performance criteria in the contract. The current contract expires in August 2016.

The County operates in CSA #7 under a Public Utility Model. On August 16, 2011, the Board of Supervisors established an Exclusive Operating Area in CSA #7 and grandfathered the County as the exclusive provider for all emergency (911) ambulance services pursuant to California Health and Safety Code section 1797.224, as well as non-emergency and inter-facility ambulance transport services that both originate in and terminate in CSA#7. The County contracts certain transportation components to the El Dorado County Emergency Services Authority.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.28:

Maintain a current, approved EMS Plan that reflects directives from the El Dorado County Board of Supervisors, County Counsel, and the State EMS Authority regarding establishment of Exclusive Operating Areas for CSA #3 and CSA #7.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Local EMS Agency

Standard:

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

Current Status:

The EMS Agency assesses all training needs for all prehospital personnel according to State standards. Training programs for prehospital personnel have been developed and implemented. Paramedic and EMT continuing education (CE) programs are in place.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.01:

Continue to assess personnel and training needs in accordance with State standards.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Local EMS Agency

Standard:

2.02 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:

Procedures and mechanisms are in place to approve and monitor EMS education and continuing education (CE) programs.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.02:

Ensure the training programs approved by the County comply with state and local regulations and guidelines.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Local EMS Agency

Standard:

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

Current Status:

There are mechanisms in place for certification, accreditation, and related actions, as well as a process for prehospital transport contractors and first responders to notify the EMS Agency of incidents which could impact system personnel certification. Additionally, the EMS Agency receives CORI Reports and subsequent arrest reports for all EMTs.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.03:

Continue to monitor and develop current policies and procedures to assure that personnel are operating in accordance with state regulations.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Dispatchers

Standard:

2.04 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 Guideline:

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:

Both dispatch agencies use County-approved Medical Priority's Advanced Medical Priority Dispatch System, including ProQA and AQUA software. All dispatch staff have received emergency medical orientation and emergency medical dispatch training and are currently certified under the National Academy of Emergency Medical Dispatch.

Coordination with other EMS Agencies:

By informal agreement, CAL FIRE (Grass Valley) provides emergency medical dispatch in the event that all El Dorado County dispatchers are unable to deliver service.

Need(s)

Meets Standard and Recommended Guideline.

Objective 2.04:

Continue ongoing and direct review and monitoring of the EMD system operations and medical dispatch personnel certification.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

First Responders (non-transporting)

Standard:

2.05 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 Guideline:

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

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

Current Status:

Public safety personnel are trained to a minimum of Public Safety First Aid and CPR in accordance with Title 22. All County EMS first responders are trained to, at minimum, the first responder technician level.

EMS First Responder Unit is defined as any vehicle requested through an authorized PSAP to deliver emergency medical care.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 2.05:

Monitor transport contractors' contracts for EMS first response compliance to the above standard.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

First Responders (non-transporting

Standard:

2.06 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.

Current Status:

There are a number of organizations providing medical first response within the County, including, but not limited to, fire services, law enforcement and industrial first aid teams. The EMS Agency has policies relating to fire service first-responder personnel, but no formal policies relating to law enforcement or industrial first aid teams.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard. .

Objective 2.06:

Facilitate and coordinate countywide first responder programs.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

First Responders (non-transporting)

Standard:

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

Current Status:

The EMS Agency has policies, procedures and protocols in place for non-transporting EMS first responders. These policies, procedures and protocols are approved by the EMS agency medical director.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.07:

Ensure that all Non-transporting EMS first responders operate under local medical direction policies.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Transport Personnel

Standard:

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

Recommended Guideline:

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:

At a minimum, emergency medical transport vehicles are required to have one attendant certified at the Paramedic level and one driver certified at the EMT level.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 2.08:

Maintain current status.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Hospital

Standard:

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

Current Status:

All first responders, ambulance, and hospital personnel who provide direct emergency patient care are required to be trained in CPR.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.09:

Continue to ensure that all health personnel who provide direct emergency patient care are trained in CPR.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Hospital

Standard:

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

Recommended Guideline:

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

Current Status:

All base hospital emergency physicians and MICNs are required to maintain ACLS certification. Base hospitals require that all licensed critical care nursing staff possess ACLS certification. Hospitals recommend but do not require that emergency department physicians be Board certified by ABEM; however, ACLS certification is required.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 2.10:

Maintain current status.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Advanced Life Support

Standard:

2.11 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:

Procedures are in place for the accreditation of advanced life support personnel that include orientation to system policies and procedures, orientation to the roles and responsibilities of transport contractors and first responders within the local EMS system, and evaluation of optional scopes of practice. A Continuous Quality Improvement program is in place and available to all EMS personnel.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.11:

Maintain current status.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Advanced Life Support

Standard:

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

Current Status:

Automated External Defibrillation (AED) policies and procedures are in place for EMT and first responder level certification.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.12:

Continue to update and monitor policies and procedures to optimize early defibrillation basic life support personnel.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Staffing/Training

Advanced Life Support

Standard:

2.13 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:

All base hospitals providing medical direction have trained and certified Mobile Intensive Care Nurses (MICNs) per the Base Hospital contract. Physicians are trained in-house and are assisted by MICNs. Base hospital Physicians and MICN's are knowledgeable about local EMS agency policies and procedures and are trained in radio communications techniques.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 2.13:

Maintain current status.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communications Equipment

Standard:

3.01 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 Guideline:

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

Current Status:

El Dorado County does not currently have a formal communications plan. However, radio frequency coordination is specified in the County's transport contractor's performance-based contract. All El Dorado County emergency medical transport vehicles, non-transporting advanced life support responders, base hospitals, and dispatch centers have radio and cellular telephone capabilities. The use of satellite systems is currently under evaluation, but is not in use in El Dorado County at this time.

Coordination with other EMS Agencies:

Communication arrangements with out-of-county EMS agencies are established in the OES disaster plan for Region IV.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.01:

Support use of satellite system technology countywide as funding becomes available.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communications Equipment

Standard:

3.02 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 Guideline:

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) communications.

Current Status:

Currently El Dorado County has two-way radio communication between emergency medical transport vehicles, non-transporting advanced life support responders, dispatch, hospitals and other fire and law enforcement agencies.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.02:

The above Standard and Recommended Guideline for communications capabilities is met, but need to be incorporated into a local EMS communications plan as stated in Standard 3.01.

Continue to monitor and ensure that communications capabilities meet ongoing system needs.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communications Equipment

Standard:

3.03 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:

All ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through VHF radio frequencies and cell phones. All contracted ALS transporting vehicles providing service in the County have cellular phone capabilities.

Coordination with other EMS Agencies:

The County of El Dorado EMS system coordinates and maintains communications for interfacility transfers with out-of-county sending and receiving facilities.

Need(s):

Meets Standard. To enhance communications, the Agency should identify areas in the County where radio communication is ineffective and incorporate remedies into an EMS communications plan.

Objective 3.03:

Ensure seamless communications in the County of El Dorado EMS system.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communications Equipment

Standard:

3.04 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:

All El Dorado County medical transport vehicles have the ability to communicate with a single dispatch center and/or disaster communications command post.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 3.04:

Continue to monitor and update communication capabilities as needed.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communications Equipment

Standard:

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

Recommended Guideline:

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:

El Dorado County base stations have communication capabilities via hand-held radios linked to the local Office of Emergency Services (OES). The OES repeater allows for direct communications between OES and the base hospitals in emergency situations where normal communication channels are not available. Both Base Hospitals maintain HAM radio capabilities.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.05:

Continue the process of monitoring and upgrading EMS communication needs within the County.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Communication Equipment

Standard:

3.06 The local EMS agency shall review communications 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:

In the event of multi-casualty incidents and disasters, communications linkage between prehospital and hospital contractors is provided through the CAL FIRE Emergency Command Center (ECC) in conjunction with the communications component of the OES Region IV Plan. In the event of a disaster in the Tahoe basin, the Tahoe Amateur Radio Association (TARA) provides radio communication assistance.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 3.06:

Continue to monitor and review EMS communications countywide.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Public Access

Standard:

3.07 The local EMS agency shall participate in on-going planning and coordination of the 9-1-1 telephone service.

Recommended Guideline:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

Current Status:

Enhanced 9-1-1 (E9-1-1) has been implemented in El Dorado County. Currently, El Dorado County cellular 9-1-1 calls are initially routed to Sacramento, California Highway Patrol, then routed to local EMS dispatch.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.07:

Continue to promote development of enhanced 9-1-1 systems in El Dorado County, including linking with statewide and/or regional 9-1-1 cellular accesses.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Public Access

Standard:

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

Current Status:

The EMS Agency is actively involved in public education, such as EMS Week, regarding the 9-1-1 telephone service in the County. The Agency distributes brochures for children on CPR and the Heimlich maneuver in English and Spanish, bike helmet safety stickers, fire safety stickers, and 9-1-1 educational coloring books as part of the EMS Week effort. Direct education is provided by other agencies, facilities and transport contractors.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 3.08:

Assist with the provision of public information regarding appropriate use of 9-1-1.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Resource Management

Standard:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

Recommended Guideline:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, pre-arrival instructions.

Current Status:

The County has established guidelines for an emergency medical dispatch priority reference system, including systemized caller interrogation and pre-arrival instructions. The ProQA portion of the Advanced Medical Priority Dispatch System, which includes dispatch triage policies, allows tiered response dispatch.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.09:

Continue to refine current programs.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Communications

Resource Management

Standard:

3.10 The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

Recommended Guideline:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand

Current Status:

El Dorado County currently provides functionally integrated dispatch for emergency services coordination, using standardized communication frequencies and procedures. The local EMS Agency currently ensures system-wide ambulance coverage during peak demand as specified in ambulance and dispatch agency contracts. El Dorado County Frequencies that operate on MedNet are in the process of being narrow banded.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.10:

Continue to monitor ambulance communications during periods of peak demand. Ensure all El Dorado County MedNet frequencies are narrow banding prior to January 1, 2013.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

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

Recommended Guideline:

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

Current Status:

Emergency medical transport service areas, approximately equivalent to the geographical descriptions of the County Service Areas, have been established and are included in the County Emergency Medical Services and Medical Transportation Ordinance.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 4.01:

Ensure that medical transport areas are appropriately defined.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

Recommended Guideline:

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:

County has a County Emergency Medical Services and Medical Transportation Ordinance that establishes the levels and licensure requirement for emergency and non-emergency transport services.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 4.02:

Continue to monitor compliance with contract and permit requirements as well as the County Emergency Medical Services and Medical Transportation Ordinance. Update the County Emergency Medical Services and Medical Transportation Ordinance as needed.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.03 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:

Dispatch and EMD programs (ProQA) have been installed in both County dispatch centers. ProQA software allows for automated assistance to the dispatcher in determining the urgency of, and response level required for, all medical requests. Additionally, tiered response has been implemented in the CSA #7 for all 9-1-1 requests. Oversight of dispatch medical functions is a responsibility and function of the EMS Agency. QA of system status management plans and dispatch is closely monitored through the QA function of the EMS Agency.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.03:

Maintain highest level of appropriate dispatch and emergency response services.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.04 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:

Emergency medical transport vehicles are required, by policy and service contracts, to pre-schedule transfers in such a way as to cause no negative impact to emergency medical transport service.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.04:

The EMS Agency will continue to monitor provision of non-emergency transport for negative impact on the emergency system.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.05 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 Guideline:

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:

The EMS Agency has developed response time standards for medical responses and requires the County's transport contractors to adhere to the response time standards.

The EMS Agency tracks response times from time-of-call to patient contact, and provides reports to ground and air transport contractors. All response times are evaluated to determine appropriateness. Response time standards have been established for all area responses. CAD systems currently utilized by dispatchers (in and out of county) provide response instruction to ground and air transport contractors.

The response area definitions currently used in El Dorado County are as follows:

Response Area	U.S. Census Population Per Square Mile
Urban	1,000 or more

Semi-Rural/Rural 10 to 999
Wilderness Less than 10

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline

Objective 4.05:

Continue to analyze response times and monitor response time compliance.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.06 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:

The County Emergency Medical Services and Medical Transportation Ordinance, state and local regulations, policies and procedures are in place to ensure that ambulances are staffed and equipped for the level of service provided. Periodic announced and unannounced site inspections are conducted by EMS Agency staff to ensure compliance.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.06:

Maintain contracts, policies and onsite quality assurance reviews to ensure that standards are met and maintained.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.07 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:

The EMS agency has integrated qualified EMS first responder agencies into the system.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.07:

Continue to monitor integration levels of first responder agencies within the system; continue to implement system improvements based upon data derived from the First Responder.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

- 4.08 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:

The EMS Agency has established policies and procedures for designating and authorizing air ambulance and air rescue contractors to respond within El Dorado County. There are four helicopter contractors serving the County (three private air ambulance services and two CHP Rescue helicopters). These contractors are requested through the three dispatch centers, two in county and one out-of-county. In-county dispatch is coordinated by use of a Helicopter Dispatch Priority Schedule based upon closest response capabilities.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.08:

Maintain coordinated air medical response to specific emergency events.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

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

Current Status:

Air ambulance and air rescue requests are facilitated by the appropriate dispatch center(s).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.09:

Continue to evaluate dispatch requirements and enhance as necessary.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.10 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:

The EMS Agency monitors the availability and staffing of medical and rescue aircraft through the Medical Advisory Committee and dispatch centers. The County has a contract agreement with one air ambulance contractor physically located within the County.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.10:

Assure ongoing adequate resources for air ambulance and air rescue responses and transportation.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.11 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 Guideline:

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:

In El Dorado County, the Search and Rescue operation of the Sheriff's Department is fully responsible and equipped for, snow, water and high angle rescue. The Agency is satisfied with the oversight of this program by the Sheriff's Department.

Coordination with other EMS Agencies:

Search and rescue operations are coordinated by the Sheriff's Department with other counties as needed.

Need(s):

Meets Standard and Recommended Guideline.

Objective 4.11:

Continue to ensure that the level of rescue services meets the needs of the community.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.12 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:

The El Dorado County Office of Emergency Services has a countywide disaster preparedness plan, which includes requirements for requesting and mobilizing response and transport vehicles.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.12:

Assure that the disaster preparedness plan is continually updated to address changing demographics.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

Recommended Guideline:

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

Current Status:

The EMS Agency does not currently have intercounty mutual aid agreements, but is a part of the Region IV Mutual Aid System with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties.

Coordination with other EMS Agencies:

Coordination with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties is accomplished through the Region IV Mutual Aid System.

Need(s):

Meets Standard and Recommended Guideline. The Agency should determine if the need to develop mutual aid agreements with contiguous counties is necessary.

Objective 4.13:

Continue to utilize the Region IV Mutual Aid System for mutual aid coverage.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

4.14 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:

EI Dorado County utilizes the OES Region IV Multi-Casualty Incident Response Plan to manage multi-casualty incidents. The EMS Agency has developed an MCI Plan that is utilized by all EI Dorado County transport contractors. The components of the Plan are posted to the EMS Agency website at: www.edcgov.us/ems/

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.14:

Update the MCI Response Plan as needed in accordance with Region IV Plan.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Standard:

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

Current Status:

Existing state guidelines are utilized as the basis for the El Dorado County multi-casualty response plan.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.15:

Ongoing review and enhancement of the El Dorado County multi-casualty response plan as conditions change and/or State standards are revised.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Advanced Life Support

Standard:

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

Recommended Guideline:

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 crewmembers.

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:

All ALS ambulances are staffed with a minimum of one paramedic and one EMT

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 4.16:

Assure that all EMT personnel who work on ALS ambulances are trained to provide defibrillation using available defibrillators.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Advanced Life Support

Standard:

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

Current Status:

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped to the minimum ALS standard, and compliance is assured by onsite quality assurance reviews.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.17:

Ongoing review and monitoring.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Ambulance Regulation

Standard:

4.18 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:

EI Dorado County, as the provider under a Public Utility Model, has performance-based contracts with ground ambulance transport contractors and a contract with one air ambulance contractor that assure compliance to applicable policies, procedures and the County Emergency Medical Services and Medical Transportation Ordinance. The County Emergency Medical Services and Medical Transportation Ordinance can be found on the County of EI Dorado EMS Agency website at: www.edcgov.us/ems/.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.18:

Ensure that EMS transport contractor comply with applicable policies and procedures regarding system operations and clinical care.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Exclusive Operating Permits

Standard:

- 4.19 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:

The County directly provides ambulance service under a Public Utility Model (PUM) EMS system consisting of two Exclusive Operating Areas established pursuant to Health and Safety Code 1797.224. The County's transport contract for CSA #3 was awarded as the result of an RFP process conducted in 2011. The County Emergency Medical Services and Medical Transportation Ordinance defines all emergency and non-emergency transportation services for the County. The County has established performance-based contracts with transport contractors in both Exclusive Operating Areas which include a system status management component to ensure system efficiency and effectiveness and that requires contractors to meet minimum standards for transportation services.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.19:

Ensure that EMS transportation agencies comply with applicable policies and procedures regarding System Status Management plans and the County Emergency Medical Services and Medical Transportation Ordinance.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Exclusive Operating Permits

Standard:

4.20 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:

The County has determined that, since prior to January 1, 1981, and continuing without interruption through the present, the County has operated emergency ambulance transport services and certain non-emergency interfacility transport services continuously under a Public Utility Model in County Services Area #7. CSA #7 has been appropriately established by the Board of Supervisors as an Exclusive Operating Area pursuant to California Health and Safety Code section 1797.224

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.20:

To be determined according to the above directives.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Exclusive Operating Permits

Standard:

4.21 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:

El Dorado County, as the exclusive provider for CSA #7 requires its transport contractor to comply with the County of El Dorado EMS Agency Policy and Procedure Manual regarding patient care and system operations. In 2011, the County selected its transport contractor after a competitive bid and entered into a performance-based contract with Cal Tahoe Emergency Services Operations Authority for CSA #3. Cal Tahoe is contractually required to comply with the County of El Dorado EMS Agency Policy and Procedure Manual regarding patient care and system operations.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.21:

Ensure that EMS transport contractors comply with applicable policies and procedures regarding system operations and patient care.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Response and Transportation

Exclusive Operating Permits

Standard:

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

Current Status:

Exclusive Operating Areas have been established in El Dorado County in CSA # 3 and CSA #7. CSA # 3 was evaluated as part of the 2011 Request for Proposal process. CSA #7 was evaluated in 2011 leading to the 2012 designation of an Exclusive Operating Area in CSA #7.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 4.22:

To continue to evaluate the design of Exclusive Operating Areas periodically, but at minimum every ten years.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

Recommended Guideline:

The local EMS agency should have written agreements with acute care facilities in its service area.

Current Status:

Pursuant to State trauma regulations, criteria have been included in our approved Trauma Plan that will lead to designation of a second Level III Trauma Center in the near future. Base hospital contracts are in place with Barton Memorial Hospital and Marshall Hospital.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 5.01:

Continue to assess and monitor EMS-related capabilities of acute care facilities. When acute care facilities apply for trauma center level designation, inspect and designate as appropriate.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

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

Current Status:

The local EMS Agency has developed comprehensive transfer of care policies, utilizing the prehospital triage protocols and procedures in the Region IV MCI Disaster Plan and the County of El Dorado Trauma Plan. It is the responsibility of the base hospitals to establish formal arrangements with higher level of care specialty hospitals to accept base hospital patients that require a specialized higher level of care.

Coordination with other EMS Agencies:

Prehospital triage and transfer protocols as established in the Trauma Plan were developed in collaboration with both base hospitals and trauma hospitals located outside of the County

Need(s):

Meets Standard.

Objective 5.02:

Continue to monitor and assure compliance.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

5.03 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:

Acute care facilities and their attending physicians identify patients who should be transferred. These institutions utilize their own adopted guidelines for patient transfers. County of El Dorado EMS Agency recognizes the right of the acute care hospitals physicians and nurses to make appropriate transfer decisions. Transfer agreements are in place between El Dorado County acute care hospitals and appropriate hospitals of higher-level care.

Coordination with other EMS Agencies:

Not applicable for this standard.

Need(s):

Meets Standard.

Objective 5.03:

Ensure currency of interfacility transfer agreements.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

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

Current Status:

The EMS Agency has designated as Base Hospitals, the only two acute care hospital facilities located in El Dorado County. The approved County of El Dorado Trauma Plan contains the criteria for designation of receiving hospitals and triage criteria for specified groups of emergency patients.

Coordination with other EMS Agencies:

Receiving hospital designation and specialty care facility destination policies were developed in collaboration with the Sierra-Sacramento Valley EMS Agency.

Need(s):

Meets Standard.

Objective 5.04:

Ongoing monitoring of the receiving hospitals.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

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

Recommended Guideline:

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

Current Status:

Individual hospitals have their own disaster and mass-casualty incident plans, which are integrated with the OES Region IV MCI Plan and the County of El Dorado Public Health Preparedness Section.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 5.05:

Ensure that policies, procedures and guidelines are in place to assure that hospitals are prepared for mass-casualty management.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Standard:

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

Current Status:

Comprehensive plans for hospital evacuation have been developed by individual hospitals.

Coordination with other EMS Agencies:

Coordination with other agencies is conducted through Region IV OES.

Need(s):

Meets Standard.

Objective 5.06:

Maintain current hospital evacuation plans for each hospital.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Advanced Life Support

Standard:

5.07 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:

Barton Memorial Hospital and Marshall Medical Center have been designated as base hospitals in El Dorado County. These are the only two acute care hospitals in El Dorado County. Both hospitals have signed contracts with the County to provide base hospital services. No alternative base stations have been designated.

Coordination with other EMS Agencies:

Alpine County, California, and Douglas County, Nevada, also utilize Barton Memorial Hospital as their base station.

Need(s):

Meets Standard.

Objective 5.07:

Maintain current base hospital configuration and expand if required.

Time Frames for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Trauma Care System

Standard:

- 5.08 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:

The approved County of El Dorado Trauma Plan includes all the above requirements and designations.

Coordination with other EMS Agencies:

Level III Trauma services are provided by Marshall Medical Center. Barton Memorial Hospital and Marshall Medical Center have agreements in place with Level I and II Trauma Centers located outside the County.

Need(s):

Meets Standard.

Objective 5.08:

Continue to monitor trauma care needs and assure highest level of patient care.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Trauma Care System

Standard:

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

Current Status:

The approved County of El Dorado Trauma Plan was developed in collaboration with and input from providers, contractors and consumers.

The EMS Agency will continue to develop the trauma system based upon data accumulated through the QA process, the trauma registry system, and input from providers, contractors and consumers, in order to assure that development is responsive to identified.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 5.09:

Continue to solicit input from providers, contractors and consumers.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Pediatric Emergency Medical and Critical Care Systems

Standard:

- 5.10 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:

No designated pediatric centers for emergency medical and critical care are established in El Dorado County.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Not applicable for this County.

Objective 5.10:

None.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Pediatric Emergency Medical and Critical Care Systems

Standard:

- 5.11 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 Guideline:

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:

There are two acute care hospital emergency rooms in El Dorado County – one in each geographic area. These hospitals have established adequate minimum standards for pediatric capabilities.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard. Recommended Guideline is not applicable to El Dorado County.

Objective 5.11:

Monitor minimum standards for pediatric capability in emergency departments in El Dorado County.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Pediatric Emergency Medical and Critical Care Systems

Standard:

5.12 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:

El Dorado County does not have a pediatric emergency medical and critical care system.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Not applicable for this County.

Objective 5.12:

NONE.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Other Specialty Care Systems

Standard:

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

No specialty care plans are being developed.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Not applicable for this County.

Objective 5.13:

None.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Facilities and Critical Care

Other Specialty Care Systems

Standard:

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

Current Status:

Other special care is rendered by out-of-county specialty hospitals with which local acute care hospitals have transfer agreements.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 5.14:

None.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.01 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 Guideline:

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

Current Status:

The EMS Agency, through its .5 PT QA positions, provides ongoing system wide quality assurance. The Agency will be transitioning to a new Trauma Registry System, Trauma One, to capture state-required data elements, and to produce reports for the purpose of QA/QI. The QA/QI program is designed to address compliance with policies, procedures and protocols, identification of preventable morbidity and mortality, and assures conformance to state standards and guidelines. Peer review QA is conducted for all patient contacts.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 6.01:

Continue the comprehensive continuous quality improvement plan for County of El Dorado EMS system evaluation and enhancement. Compile EMS data from all system participants, analyze data and identify trends, and implement action plans as required for future system wide quality improvement initiatives.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

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

Current Status:

The EMS Agency has established a prehospital care report (PCR) to be completed by all ambulance transport contractors and non-transporting first responders. Copies of completed PCR reports are distributed to base hospitals and to the EMS Agency for ambulance billing. A copy is retained by submitting agencies for QA purposes.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets or exceeds standard.

Objective 6.02:

Continue to monitor prehospital care reporting.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

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

Recommended Guideline:

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

Current Status:

Audits of prehospital care are done by the EMS Agency, the base hospital(s), and the prehospital transport contractors. The Agency has prehospital records and requests dispatch, emergency department, inpatient and discharge records on a case-by-case basis for audit purposes.

In the case of trauma patients who are entered into the trauma registry (Trauma One) system, hospital discharge data is reported to the base hospitals and the EMS Agency for appropriate distribution and analysis.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 6.03:

Develop direct linkage of patient care records between the EMS Agency, dispatch and the emergency departments for audit purposes.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.04 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:

Emergency Medical Dispatching is reviewed by QA staff countywide using AQUA software. Pre-arrival instructions are monitored via the ProQA system.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 6.04:

Continue present QA structure for Emergency Medical Dispatching. Utilizing the data gleaned from the ProQA/AQUA systems, produce EMS system protocols leading to definitive, economical tiered response.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.05 The local EMS agency shall establish a data management system which supports its systemwide 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 Guideline:

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:

County of El Dorado EMS Agency has established computer programs for comprehensive data entry of prehospital and trauma registry report information through the use of Collector (to be replaced by Trauma One in 2012). These reports are used for system wide planning, including patient care protocol development, system status management, fiscal analysis, first responder integration and peer review.

Coordination with other EMS Agencies:

In cooperation with Sierra-Sacramento Valley EMS Agency, trauma registry data is collected on a local and regional basis so that significant comparisons may be made.

Need(s):

Meets Standard.

Objective 6.05:

Continue to expand system wide reporting capabilities.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.06 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:

EMS system evaluations are performed by EMS Agency personnel through continuous interactions with the base hospitals, prehospital transport contractors, first responder agencies, and other emergency service contractors. The EMS system resources in El Dorado County are adequate to meet system requirements, standards, and guidelines.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 6.06:

Evaluate and report on the status of EMS system resources and operations through the annual update of the EMS Plan and Trauma Plan.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

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

Current Status:

Through contracts, the County Emergency Medical Services and Medical Transportation Ordinance, policies and procedures, the EMS Agency is empowered to require transport contractors and first responders to participation in system evaluation programs.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 6.07:

Update the County Emergency Medical Services and Medical Transportation Ordinance, transport contractors, and first responder contracts to require increased participation in system wide EMS program evaluations.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.08 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:

The EMS Agency provides access to our annual EMS Plan update via our website (http://www.edcgov.us/ems/EMS_Plan.htm). All EMS contractors and providers and any other interested parties are notified when updates are posted. The Agency will provide this update and future updates to the Board of Supervisors.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 6.08:

Utilize the annual update of the EMS Plan as the annual report to the Board of Supervisors and other interested parties.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Advanced Life Support

Standard:

6.09 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 Guideline:

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

Current Status:

The EMS Agency presently captures and audits activities of prehospital advanced life support contractors as well as base and receiving hospital activities. The migration from Collector to Trauma One will provide a robust reporting tool for the evaluation of prehospital advanced life support treatment. The evaluation process will be reviewed in 2012 as described in Section III of the County of El Dorado Emergency Medical Services 2012 Trauma Plan Update.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 6.09:

Continue to audit ALS treatment and evaluate prehospital activities.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Trauma Care System

Standard:

- 6.10 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:

El Dorado County has an approved Trauma Plan that utilizes a trauma registry program (Collector) to meet the above requirements. In 2012, Both Base Hospitals and the EMS Agency will be implementing a new trauma data collection software program (Trauma One).

Coordination with other EMS Agencies:

Not required for this standard. ,

Need(s):

Meets Standard.

Objective 6.10:

Continue to update the Trauma Plan and assure that adequate data is being captured through the use of Trauma one for trauma system evaluation.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Data Collection and System Evaluation

Trauma Care System

Standard:

6.11 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 Guideline:

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 evaluation program.

Current Status:

The EMS Agency collects trauma data from Marshall Medical Center (Level III Trauma Center) and Barton Memorial Hospital (acute care hospital) through the trauma registry for quality assurance/quality improvement and system evaluation.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 6.11:

Continue to monitor and evaluate trauma data to identify and implement EMS system improvement opportunities.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Public Information and Education

Standard:

7.01 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 Guideline:

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

Current Status:

Annually during EMS Week, the EMS Agency is involved with disseminating public informational materials regarding CPR, first aid and 9-1-1 access information to the community. The EMS Agency provides both hospitals with "Second Impact Syndrome" (SIS) brochures. The hospitals distribute these brochures to head injury patients to educate them on the seriousness of a second injury. The Agency also provides these brochures to the community and to any organization that requests them. Patient and consumer rights education is provided by paramedics and is available on the EMS web site. The transport contractors participate in numerous public information and education events, including local sponsored health fairs.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 7.01:

Continue to promote the development and dissemination of informational materials that address the EMS system, patient and consumer rights, CPR, first aid.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Public Information and Education

Standard:

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

Recommended Guideline:

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:

In conjunction with the Public Health Department's Health Promotions Division, the EMS Agency supports and provides resources to the injury control and preventive medicine programs.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 7.02:

Continue to promote existing injury control programs.

Time frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Public Information and Education

Standard:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

Recommended Guideline:

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:

The local EMS Agency in conjunction with the Public Health Emergency Preparedness Section and the Office of Emergency Services is involved in planning and promoting citizen disaster preparedness activities and awareness.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 7.03:

Continue to provide citizen awareness programs on emergency preparedness.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Public Information and Education

Standard:

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

Recommended Guideline:

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:

The EMS Agency supports and encourages CPR training for the public. Multiple training providers offer first aid and CPR training and actively promote such programs to the general public and high-risk groups. Several CPR and first aid training opportunities are available through the EMS Agency website.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 7.04:

Continue to advocate for and support first aid and CPR training programs.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.01 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:

Regular planning meetings are held with OES and the Public Health Emergency Preparedness Section for multiple disaster possibilities. OES is the lead agency that interfaces with the EMS Agency and the Public Health Division for major emergency responses.

Coordination with other EMS Agencies:

The EMS Agency interfaces directly with the local and Region IV Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS) for catastrophic disaster planning and response.

Need(s):

Meets Standard.

Objective 8.01:

Continue to participate in emergency medical response planning.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

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

Recommended Guideline:

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:

Medical response plans have been developed by State OES and are in place for a variety of potential hazards. The EMS Agency interfaces with the State EMS Authority Office of Disaster Planning, as well as with the local and Regional Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.02:

Continue to interface and coordinate with the State EMS Authority as well as local and Region IV Offices of Emergency Services relative to disaster planning and response.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

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

Current Status:

EMS personnel are firefighter paramedics who are trained to either the Awareness or the Operational level for hazardous materials responses. All EMS contractors are required to be equipped to respond to hazardous material incidents.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.03:

Maintain record of EMS contractors training levels and hazard material response equipment Countywide.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

Recommended Guideline:

The local EMS agency should ensure that ICS training is provided for all medical providers.

Current Status:

Medical response training plans and procedures for catastrophic disasters utilize the Incident Command System as the basis for field management.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.04:

Continue to assure that all medical personnel practicing in the County have received ICS and SEMS training.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.05 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 Guideline:

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:

The County of El Dorado Trauma Plan includes written procedures for distributing disaster casualties to the most appropriate medical facilities. El Dorado County has a hazardous materials response plan through Environmental Health Management. In the event of a mass disaster involving chemical contamination or radiation, initially the base hospital medical director contacts the DCF (designated control facility) that coordinates the response with appropriate hospitals with special facilities and capabilities, and makes contact with the regional poison control center. However, early on in such a disaster, OES assumes control of the incident. In the event of a terrorist incident, the FBI assumes control.

Coordination with other EMS Agencies:

Coordination with other EMS Agencies is accomplished through regional OES.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.05:

Continue to strengthen relationships and close integration with OES.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.06 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 Guideline:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

Current Status:

Specific components of the OES Region IV disaster plan address requests for assistance from agencies outside the County. Procedures and special resources are included and identified in the disaster plan. Annual, multi-jurisdictional, disaster drills are conducted to assess the effectiveness of established written procedures and outside special resources. All requests for assistance from the State are in accordance with the California Disaster Medical Operations Manual (CD-MOM) procedures and accomplished through the Response Information Management System (RIMS)

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.06:

Continue to enhance the level of disaster preparedness and rehearsal.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

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

Current Status:

All County of El Dorado EMS personnel, except those located in the West Shore area of Lake Tahoe, have access and utilize CALCORD Frequencies, the local fire net frequency (County fire high band 155.9005 is utilized for fire interagency communication and coordination. EMS personnel located in the West Shore area of Lake Tahoe utilize command frequencies dictated by Placer County Dispatch.

Coordination with other EMS Agencies:

Interface with other EMS Agencies, including dispatch, to assure multi-jurisdictional use of common frequencies.

Need(s):

Meets Standard.

Objective 8.07:

Utilize common communication frequencies inside and outside the County to the greatest degree possible. Continue coordination with other EMS Agencies to ensure use of common frequencies.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.08 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 Guideline:

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:

Agreements are in place between the local hospitals, their resource vendors and regional trauma centers, to provide medical supplies as needed for a multi-casualty incident (MCI). Additionally, any resources that may be requested external to the County can be obtained through the Medical Health Operational Area Coordinator (MHOAC).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.08:

Maintain an inventory of disaster medical resources.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

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

Recommended Guideline:

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

Current Status:

Disaster Medical Assistance Teams (DMAT) have not been established in El Dorado County. A DMAT team consists of approximately 100 members, and is comprised of medical staff including surgeons, physicians, nurses, paramedics and other resources. The closest DMAT team to El Dorado County is CA-11 based in Sacramento. Requests for DMAT assistance are made by the County Emergency Operations Center (EOC) through the Emergency Medical Services Authority.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Not applicable for this County.

Objective 8.09:

None.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.10 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:

The EMS Agency through OES Region IV has in place all the necessary structure coordinating regional resources during significant medical incidents and periods of extraordinary system demand. OES Region IV has developed “Strike Teams” of regional private ambulance, helicopter, and National Guard resources to respond during periods of extraordinary system demand.

Coordination with other EMS Agencies:

Coordination with other EMS Agencies occurs through involvement with local and Region IV Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS).

Need(s):

Meets Standard.

Objective 8.10:

Continue to ensure adequate response resources in the event of significant medical incidents and extraordinary system demand.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.11 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:

In-county Casualty Collection Points (referred to as Primary Shelter Sites) have been designated by OES in conjunction with the Public Health Emergency Preparedness Section. It is not known where out-of-county Casualty Collection Points are located.

Coordination with other EMS Agencies:

To assure the best mutual aid response, coordination with other EMS Agencies is required to identify out-of-county Casualty Collection Points. This is accomplished through the Region IV Regional Disaster Medical Health Specialist (RDMHS).

Need(s):

Meets Standard.

Objective 8.11:

Continue to designate new Casualty Collection Points (Primary Shelter Sites) as needed and determine the location of Casualty Collection Points in adjacent counties.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.12 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:

Casualty Collection Points have been designated, and systems to communicate with them have been established in El Dorado County in collaboration with the El Dorado County Office of Emergency Services (OES) and El Dorado County Public Health Preparedness Section.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.12:

Continue to enhance the Casualty Collection Point system in El Dorado County.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.13 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 Guideline:

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

Current Status:

This component has been adequately addressed during initial EMS training. All ambulance service personnel are required to have eight hours of HAZMAT training and participate in exercises and ongoing SEMS training. The County of El Dorado EMS Agency with the assistance of California Department of Public Health-Emergency Preparedness Office provides Chempack training on an annual basis to all first responders. Additionally policies are in place that detail disaster and MCI responses by all first responders.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.13:

Continue to ensure adequate disaster medical training of EMS responders for disaster response and management of toxic or radioactive substances.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.14 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 Guideline:

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:

El Dorado County hospitals have internal and external disaster plans. It is the responsibility of the hospitals to ensure that disaster plans are integrated into the County's disaster plan. Drills are conducted every six months in both hospitals.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.14:

Continue to ensure disaster plans for hospitals, providers, and EMS system are integrated.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

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

Current Status:

Geography and distance preclude total emergency inter-hospital communication capability within El Dorado County. However, with local telephone/cell phone and MedNet ring-down capabilities, communication needs are met. In the event that normal communications are lost, a fire unit is placed at each hospital, and inter-hospital communications will be reestablished utilizing County dispatch channels.

During a disaster, the Tahoe Amateur Radio Association (TARA) provides HAM radio communications assistance to both hospitals and the El Dorado County OES.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.15:

Continue to incorporate state-of-the-art communication technology as it becomes available.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.16 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 Guideline:

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:

All El Dorado County prehospital medical response agencies and acute care hospitals have developed guidelines for management of significant medical incidents, and their staffs have been trained. Guidelines have been developed in conjunction with OES Region IV and El Dorado County OES. Training with both hospitals is conducted bi-monthly to ensure all staff and communication systems are operational.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.16:

Enhance guidelines and training as appropriate.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Advanced Life Support

Standard:

8.17 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:

Current policies and procedures allow out-of-county responders to function in El Dorado County under their county's protocols.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.17:

Continue to ensure that other EMS systems are allowed to respond and function during significant medical incidents in El Dorado County.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Specialty Care Systems

Standard:

8.18 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:

The role of identified specialty centers during significant medical incidents and the impact of such incidents have been addressed in the approved County of El Dorado Trauma Plan.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.18:

Update Trauma Plan as required.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Disaster Medical Response

Exclusive Operating Areas/Ambulance Regulation

Standard:

8.19 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:

El Dorado County CSA #3 and CSA #7 are Exclusive Operating Areas. The County, operating under a Public Utility Model, contractually requires its transport contractors to follow mutual aid provisions and have mutual aid agreements to support internal (in county) and external disaster medical responses.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 8.19:

Monitor compliance with mutual aid agreements.

Time Frame for Objective:

Short Range Plan (one year or less)

Long Range Plan (more than one year)

Section III - System Resources and Operations

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 2 - 7 respectively.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: COUNTY OF EL DORADO EMS AGENCY
Reporting Year: 07/01/2010 – 06/30/2011

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: EL DORADO

A. Basic Life Support (BLS)	N/A
B. Limited Advanced Life Support (LALS)	N/A
C. Advanced Life Support (ALS)	100%

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

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

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	<u> X </u>

(under a PUM)

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 budget for 07/01/2010 – 06/30/2011

EXPENSES

Salaries and benefits (All but contract personnel)	\$320,899
Contract Services (e.g. medical director)	\$0
Operations (e.g. copying, postage, facilities)	\$113,303
Travel	\$1,618
Fixed assets	\$0
Indirect expenses (overhead)	\$53,950
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$313,755
Dispatch center operations (non-staff)	\$0
Training program operations	\$0
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$803,525

Table 2 -- System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) from EMSA	
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund	\$0
County general fund	\$483,149
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$6,621
Training program approval fees	\$0
Training program tuition/Average daily attendance funds (ADA)	\$0
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$0
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application fees	\$0
Type: _____	
Other critical care center designation fees	\$0
Type: _____	
Ambulance service/vehicle fees	\$0
Contributions	_____
EMS Fund (SB 12/612)	\$313,755
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$803,525

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

Table 2 -- System Organization & Management (cont.)

Fee structure for FY 07/01/2010 – 06/30/2011

We do not charge any fees

Our fee structure is:

First responder certification	\$10
EMS dispatcher certification	N/A
EMT certification	\$10
EMT recertification	\$10
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
Advanced EMT certification	N/A
Advanced EMT recertification	N/A
EMT-P accreditation	\$10
Mobile Intensive Care Nurse/ Authorized Registered Nurse	
MICN/ARN certification	\$10
MICN/ARN recertification	\$10
EMT training program approval	\$0
Advanced EMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	TBD
Pediatric facility approval	N/A
Pediatric facility designation	N/A

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license N/A

Ambulance vehicle permits N/A

Other: _____

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/01/2010 – 06/30/2011.

Table 2 -- System Organization & Management (cont.)

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$46.35	19.07%	
Asst. Admin. /Admin. Asst. /Admin. Mgr.	N/A				
ALS Coord. /Field Coord. / Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$88.52	3.46%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	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 2 --System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$32.39	21.19%	
QA/QI Coordinator	QA Coordinator	0.5	\$28.48	7.26%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	Administrative Technician	0.5	\$39.22	35.46%	

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: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

NOTE: Table 3 is to be reported by agency.

	EMTs	Advanced EMTs	EMT-Ps	MICNs	EMS Dispatchers
Total Certified/Accredited	278	N/A	120	2	21
Number newly certified this year	52	N/A	N/A	1	
Number recertified this year	226	N/A	N/A	1	
Total number of accredited personnel on July 1 of the reporting year			120		
Number of certification reviews resulting in:					
a) formal investigations	0	N/A	0	0	0
b) probation	3	N/A	0	0	0
c) suspensions		N/A	0	0	0
d) revocations	1	N/A	0	0	0
e) denials		N/A	0	0	0
f) denials of renewal		N/A	0	0	0
g) no action taken		N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 21
2. Early defibrillation:
 - a) Number of EMT (defib) certified 278
 - b) Number of public safety (defib) certified (non-EMT) Unknown
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: COUNTY OF EL DORADO EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2010 – 06/30/2011

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

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes X No ____
 - a. Radio primary frequency CLEMARS 1 (154.920)
 - b. Other methods CLEMARS 2 (154.935), CALCORD (156.075)
 - c. Can all medical response units communicate on the same disaster communications system?
Yes X No ____
 - d. Do you participate in OASIS? Yes ____ No X
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes X No ____
 - 1) Within the operational area? Yes X No ____
 - 2) Between the operational area and the region and/or state? Yes X No ____
6. Who is your primary dispatch agency for day-to-day emergencies?
 - CAL FIRE (Camino)
 - South Lake Tahoe Police Department
 - CAL FIRE (Grass Valley) (Tahoe West Shore only)
7. Who is your primary dispatch agency for a disaster? Same as above

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS -- Facilities/Critical Care

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|-------------|
| a) Number of patients meeting trauma triage criteria | 464 Approx. |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | 334 Approx. |
| c) Number of major trauma patients transferred to a trauma center | 480 Approx. |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | Unknown |

Emergency Departments

- | | |
|---|-----|
| Total number of emergency departments | 2 |
| a) Number of referral emergency services | N/A |
| b) Number of standby emergency services | N/A |
| c) Number of basic emergency services | 2 |
| d) Number of comprehensive emergency services | N/A |

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: COUNTY OF EL DORADO EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2010 – 06/30/2011

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites countywide
 - b. How are they staffed? Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? yes ___ no X

- 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 ___
 - c. Are they available for statewide response? yes ___ no ___
 - d. Are they part of a formal out-of-state response system? yes ___ no ___

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no ___
 - b. At what HazMat level are they trained? **First Responder Operations**
 - 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 ___

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no ___

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

SECTION IV - RESOURCE DIRECTORIES

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 8 - 9 respectively.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: COUNTY OF EL DORADO EMS AGENCY
06/30/2011

County: EL DORADO

Reporting Year: 07/01/2010 –

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	El Dorado County Training Officers	Contact Person	Brian Veerkamp, Chief
Address	1707 Karen Way Placerville, CA 95667	Telephone Number	(530) 919-0516
Student Eligibility: * Open to public	Cost of Program Basic <u>\$150</u> Refresher <u>\$ 50</u>	**Program Level: EMT Number of students completing training per year: Initial training: <u>125</u> Refresher: <u>150</u> Cont. Education <u>150</u> Expiration Date: August 2012 Number of courses: <u>14</u> Initial training: <u>6</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>	
Training Institution Name	El Dorado County Training Officers	Contact Person	Brian Veerkamp
Address	1707 Karen Way Placerville, CA 95667	Telephone Number	(530) 919-0516
Student Eligibility: * Open to public	Cost of Program Basic <u>\$ 0</u> Refresher <u>\$ 0</u>	**Program Level: First Responder Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>20</u> Cont. Education <u>N/A</u> Expiration Date: <u>August 2012</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>	

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: COUNTY OF EL DORADO EMS AGENCY
06/30/2011

County: EL DORADO

Reporting Year: 07/01/2010 –

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Lake Tahoe Community College	Contact Person.	Virginia Boyar
Address	1 College Drive South Lake Tahoe, CA 96150	Telephone Number	(530) 541-4660
Student Eligibility: * Open to public	Cost of Program Basic <u>\$150.00</u> Refresher <u>\$78.00</u>	**Program Level: EMT Number of students completing training per year: Initial training: 150 Refresher: <u>60</u> Cont. Education <u>N/A</u> Expiration Date: <u>August 2012</u> Number of courses: <u>8</u> Initial training: <u>5</u> Refresher: <u>3</u> Cont. Education: <u>N/A</u>	

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

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

Training Institution Name	Marshall Medical Center	Contact Person.	Michele Williams, RN Base Hospital Coordinator
Address	Marshall Way Placerville, CA 95667	Telephone Number	(530) 626-2770 Ext. 2246
Student Eligibility: * Restricted to qualified RN's	Cost of Program Basic <u>Varies</u> Refresher <u>N/A</u>	**Program Level: MICN Number of students completing training per year: Initial training: <u>8</u> Refresher: <u>N/A</u> Cont. Education <u>N/A</u> Expiration Date: <u>October 2014</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u>	

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

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

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: COUNTY OF EL DORADO EMS AGENCY
06/30/2011

County: EL DORADO

Reporting Year: 07/01/2010 –

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

Name, address & telephone:		Primary Contact:													
CAL FIRE (California Department of Forestry) 2840 Mt. Danaher Rd. Camino, CA 95709 (530) 647-2345		Justin Sanders, Battalion Chief													
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table> <tr> <td><u>14</u></td> <td>EMD Training</td> <td><u> </u></td> <td>EMT</td> <td><u> </u></td> <td>ALS</td> </tr> <tr> <td><u> </u></td> <td>BLS</td> <td><u> </u></td> <td>LALS</td> <td><u> </u></td> <td>Other</td> </tr> </table>	<u>14</u>	EMD Training	<u> </u>	EMT	<u> </u>	ALS	<u> </u>	BLS	<u> </u>	LALS	<u> </u>	Other
<u>14</u>	EMD Training	<u> </u>	EMT	<u> </u>	ALS										
<u> </u>	BLS	<u> </u>	LALS	<u> </u>	Other										
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>CAL FIRE</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal												

Name, address & telephone:		Primary Contact:													
South Lake Tahoe Police Department 1420 Johnson Blvd. South Lake Tahoe, CA 96150 (530) 542-6110		Kory Falkner, Dispatch Supervisor													
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <table> <tr> <td><u>7</u></td> <td>EMD Training</td> <td><u> </u></td> <td>EMT</td> <td><u> </u></td> <td>ALS</td> </tr> <tr> <td><u> </u></td> <td>BLS</td> <td><u> </u></td> <td>LALS</td> <td><u> </u></td> <td>Other</td> </tr> </table>	<u>7</u>	EMD Training	<u> </u>	EMT	<u> </u>	ALS	<u> </u>	BLS	<u> </u>	LALS	<u> </u>	Other
<u>7</u>	EMD Training	<u> </u>	EMT	<u> </u>	ALS										
<u> </u>	BLS	<u> </u>	LALS	<u> </u>	Other										

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" 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
--	--	--

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: COUNTY OF EL DORADO EMS AGENCY
06/30/2011

County: EL DORADO

Reporting Year: 07/01/2010 –

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

Name, address & telephone: Grass Valley Dispatch (CAL FIRE) 13120 Loma Rica Drive Grass Valley, CA 95945 (530) 447-0641		Primary Contact: Chris DeSena, Battalion Chief	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>18</u> EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

SECTION V - DESCRIPTION OF INITIAL PLAN DEVELOPMENT PROCESS

- A. This EMS Plan was written entirely as an internal team effort by the EMS Agency Staff.
- B. The State guidelines were used as a framework but all data was derived from internal sources.
- C. The methodology was as follows: The work was scheduled when a maximum number of staff was available. The staff went into the conference room where a laptop computer and projector were available. The Plan was projected onto a screen, and all research materials were available. Each Standard was projected and discussed. When a consensus was reached, the group moved on to another standard. When that day's work was completed, the day's material was printed out and given to each member of the team. This enabled staff to conduct extensive system inquiry and research to confirm or modify the accuracy of the information in each portion of the Plan. At the next meeting, a review was done of the previous session's work and when it was completed, any agreed-upon corrections were made. Once this process was cycled through a given Standard, the team moved on to the next areas and repeated this process.
- D. During this process, advice and input from members of the system and the community were solicited, and this was often enormously supportive to realize a document that was understandable and which reflects the depth of knowledge in each area.
- E. Seventy-five copies of the document were then sent out for community review and input; where changes were appropriate, they were made. All comments of the community were compiled and submitted to the Board of Supervisors for their interest, analysis and action, where appropriate.
- F. The Board of Supervisors then adopted the Plan as amended. It was submitted to the EMS Authority as a draft, pending the EOA issues being clarified within the County.
- G. In December 1999, the Board of Supervisors voted to establish an EOA in CSA #3, and this directive is reflected in this revision of this Plan.
- H. The Plan was updated in accordance with the Board of Supervisors' directive and submitted to County Counsel for review.
- I. EMS Agency staff then finalized the Plan, sent it out for community review and input, and incorporated appropriate changes.
- J. Following adoption, the Plan was submitted to the State EMS Authority for approval.

SECTION VI - ANNEX

ANNEX 1 - Trauma Care System Plan

Available on the County of El Dorado EMS Agency website:

http://www.edcgov.us/Government/EMS/EMS_Plan.aspx

ANNEX 2 - AB 3153 Compliance: Exclusive Operating Areas
(Implementation of Section 1797.224, H&SC)

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p>County of El Dorado EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p>County Service Area No. 3 – South Shore Area</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p>County of El Dorado under the Public Utility Model since 1992. Transport services are contracted, after competitive bid, to the Cal Tahoe Emergency Services Operations Authority (Joint Powers Authority comprised of South Lake Tahoe Fire Department and Lake Valley Fire Protection District), effective September 1, 2011. Cal Tahoe has been under contract to provide transport services since 2001.</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</p> <p><small>Include intent of local EMS agency and Board action.</small></p> <p>Exclusive Operating Area. In December 1999, the El Dorado County Board of Supervisors established an EOA and conducted a competitive bidding process in accordance with EMSA #141 for the CSA #3 – South Shore Area. On June 26, 2001, a transport and dispatch contractor was selected for the CSA #3 – South Shore Area. In February 2011, a competitive bidding process was conducted in accordance with EMSA #141. On May 3, 2011, the Board selected Cal Tahoe as the transport and dispatch contractor and authorized staff to complete Agreement 164-S1211, which was approved by the Board August 23, 2011 effective September 1, 2011.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p>All Emergency and Non-Emergency ground ambulance service.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p>A Request for Proposal process (RFP) was conducted, and at the conclusion of a competitive bidding process, on June 26, 2001 a contractor was selected. An RFP process was conducted again in 2011 and a selection was made on May 3, 2011. A copy of the last RFP is attached to this plan as Appendix D.</p>

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name: County of El Dorado EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: County Service Area No. 3 – Tahoe West Shore Area (Meeks Bay area)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. County of El Dorado under the Public Utility Model since 1990. Transport services are contracted to North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA No. 3 - Tahoe West Shore Area since prior to 1990.</p>
<p>Area or Subarea (Zone) Geographic Description: CSA No. 3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay Area) excluding South Lake Tahoe Area.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not Applicable</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable</p>

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name: County of El Dorado EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: County Service Area No. 7 – West Slope Area</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. County of El Dorado under the Public Utility Model since 1976. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority (formerly known as the El Dorado County Regional Prehospital Emergency Services Operations Authority).</p>
<p>Area or Subarea (Zone) Geographic Description: CSA #7- West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. On August 16, 2011, the El Dorado County Board of Supervisors created an Exclusive Operating Area in CSA #7 and grandfathered the County as the exclusive provider for all emergency ambulance services, and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7, pursuant to California Health and Safety Code section 1797.224</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All emergency ambulance services and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The following facts are provided to identify the scope and manner of service for exclusivity: (1) Since prior to January 1, 1981, and continuing without interruption through the present, the County of El Dorado ("County") has operated emergency ambulance transport services and certain non-emergency interfacility transport services continuously under a Public Utility Model in County Service Area #7.</p>

(2) Since prior to January 1, 1981, and continuing without interruption through the present, County has maintained full control over all the required elements of the provision of emergency medical services under a Public Utility Model, inclusive of administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency. At all times County has provided funding, set transport fees, provided billing and collection services and billed under the County's own Medicare and Medi-Cal number in accordance with this Public Utility Model. County either itself employed ambulance staff, owned ambulances, provided dispatch, and purchased rolling stock or contractually arranged for the items through direct contract between the County and fire districts, or the joint powers authority created by the fire districts.

(3) On September 1, 1996, the fire districts formed a more comprehensive joint powers authority named the El Dorado County Regional Prehospital Emergency Service Operations Authority ("Fire Districts JPA"). The fire districts were authorized to form a joint powers authority pursuant to Government Code section 6500 et seq, and to continue to engage in contracts that they had previously engaged in before forming the Fire Districts JPA.

(4) The formation of the Fire Districts JPA by the individual fire districts did not alter or change the manner or scope of County's provision of emergency medical services through the Public Utility Model. The County maintained full control over the administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency, and continued to provide funding, set transport fees, provide billing and collection services and billed under the County's own Medicare and Medi-Cal number, while contracting directly with the Fire Districts JPA for certain transport and dispatch items/services. The fire districts continued to provide the same items/services through the JPA that they had previously provided under direct contract to the County prior to the centralized contract through the Fire Districts JPA.

(5) The County's provision of emergency ambulance transport services has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for emergency ambulance transport service.

(6) The County's provision of non-emergency and interfacility ambulance transport services, both originating in and terminating in, the County has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. The County's Ordinance Code Section 8.74, entitled *County Emergency Medical Service and Medical Transportation*, requires an ambulance transport service provider to apply for a contract or permit, whichever is required, in order to provide service within the County. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or

contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for non-emergency and interfacility ambulance transport services originating within and terminating in the County.

(7) In 1999, the County's Board of Supervisors determined (i) that there were no other providers, other than the County, that were eligible to assert "grandfather" status pursuant to Health and Safety Code section 1797.224, (ii) that no fire district or city within El Dorado County CSA #7 was eligible to assert provider status pursuant to Health and Safety Code section 1797.201, and (iii) that the County could be "grandfathered" as the exclusive provider for CSA #7 for emergency ambulance transport services pursuant to Health and Safety Code section 1797.224. There are no new facts or evidence that would alter these conclusions or support their reconsideration.

(8) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing emergency ambulance transport services within CSA#7.

(9) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing non-emergency and interfacility ambulance transport services that both originate in and terminate in the County within CSA #7.

(10) CSA #7 has, by Board of Supervisors action, been appropriately created as an Exclusive Operating Area pursuant to California Health and Safety Code section 1797.224.

(11) No competitive process is required to select a provider under California Health and Safety Code section 1797.224 if the County's EMS Plan continues the use of an existing provider in the same manner and scope in which services have been provided without interruption since January 1, 1981.

(12) Therefore, County, having been providing emergency ambulance transport services and non-emergency and interfacility ambulance transport services both originating in and terminating within the County, under a Public Utility Model continuously and without interruption since January 1, 1981, is eligible to be, is hereby and will continue to be, the exclusive ambulance transport provider for said services within CSA #7.

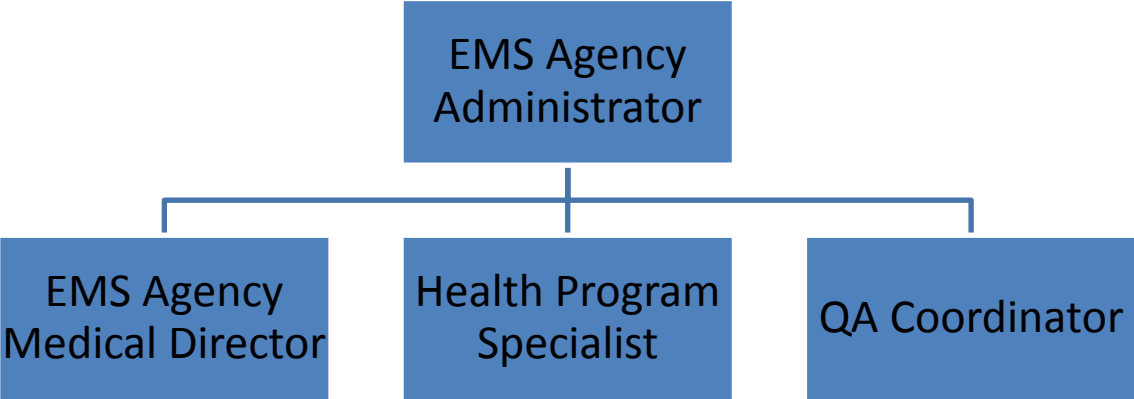
ANNEX 3 - Pediatric Subsystem Plan

El Dorado County does not have a Pediatric Subsystem Plan because there are no pediatric specialty care facilities located in the County.

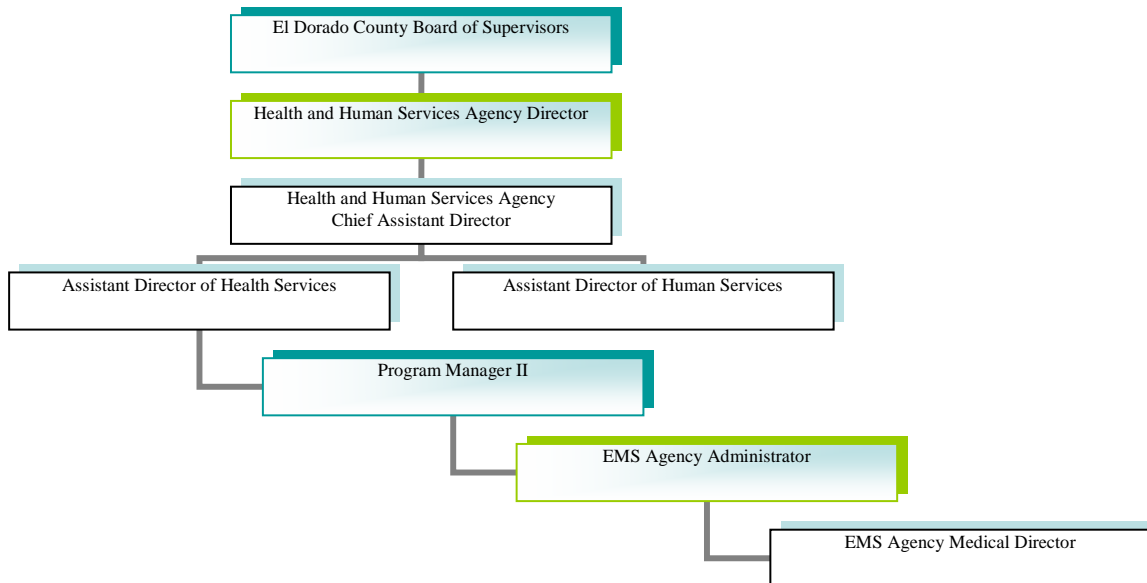
Section VII - APPENDICES

APPENDIX A - Organization Charts

County of El Dorado EMS Agency
July 2012

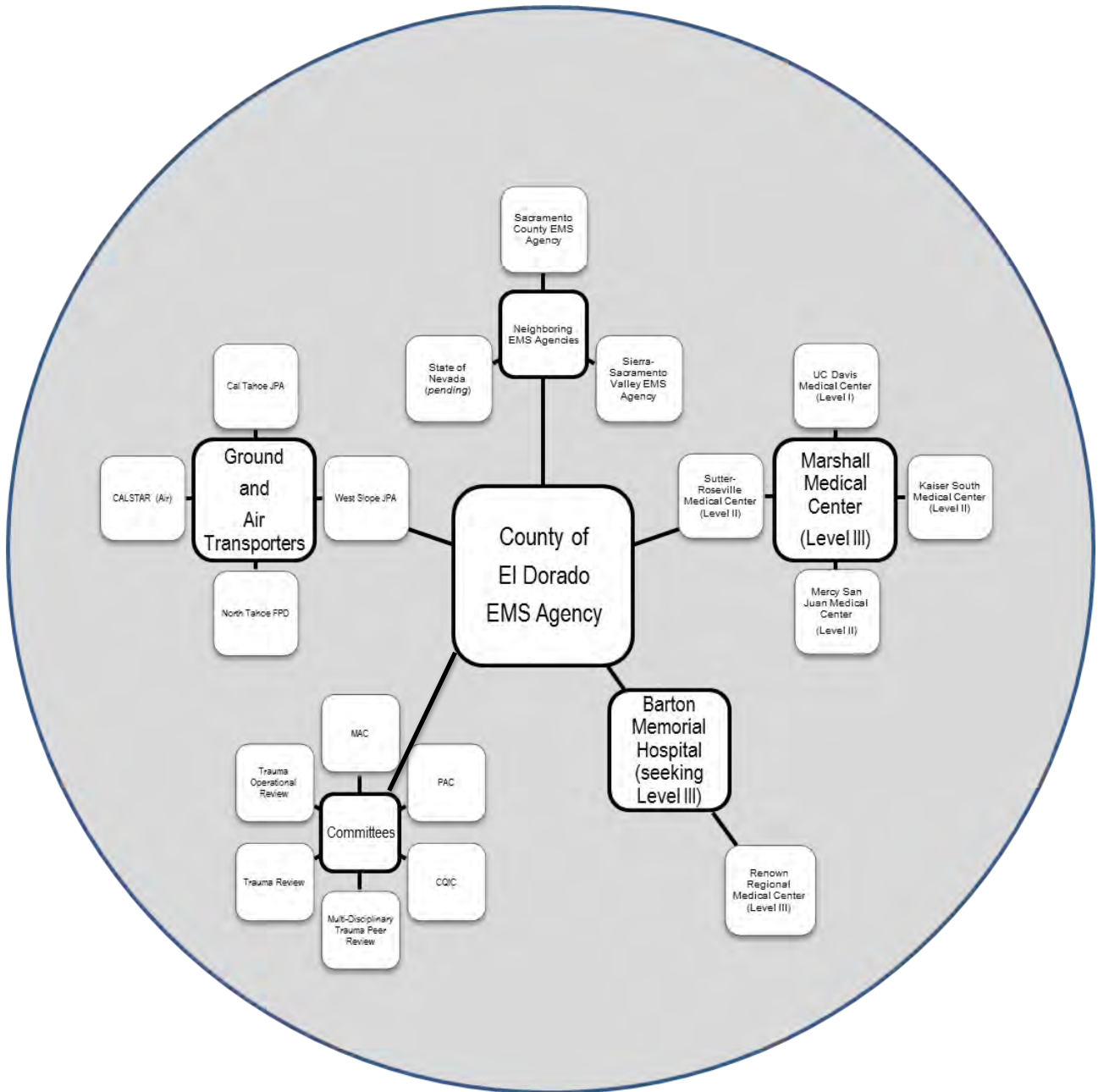


El Dorado County Organization Chart



County of El Dorado Trauma System Chart

The chart below shows the relationship between the County of El Dorado EMS Agency and various elements of the County of El Dorado trauma system.



APPENDIX B - Primary Shelter Sites (CCPs)

The El Dorado County Office of Emergency Services (OES) maintains a list of Primary Shelter Sites.

APPENDIX C - Definitions and Abbreviations

The following terms and abbreviations are utilized throughout this plan. Definitions are provided for clarification.

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.

ABEM – American Board of Emergency Medicine.

Ambulance Unit – An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies.

AQUA – Advanced Quality Assurance Software that provides automated EMD case review.

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

CDHOM – California Disaster Health Operations Manual

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

Code-One Call – Any non Code-3 or Code-2 request for service, which is scheduled or unscheduled, where a physician has determined a need for an ambulance because of a potential for an emergency.

Code-Three Call – Any request for service perceived or actual life threatening, as determined by dispatch personnel, in accordance with County policy, requiring immediate dispatch with the use of lights and sirens.

Code-Two Call – Any request for service designated as non-life threatening by dispatch personnel in accordance with County policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.

Collector – Trauma registry software.

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.

CQI – 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– (EMT)– 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 and Advanced EMT.

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 certificate/license issued pursuant to this division.

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

EOA – Exclusive Operating Area as provided for by 1997 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.

Limited Advanced Life Support – Special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support.

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 – Prehospital Care Report.

ProQA – Medical Priority Dispatch System Software.

QA – Quality Assurance.

QI – Quality Improvement.

RDMHS – Regional Disaster Medical Health Specialist

RIMS – Response Information Management System

Semi-rural/Rural Area – designation is appropriate for areas which are not urban, and not wilderness, and consist of an area having a population density greater than 10 persons and less than 1,000 persons per square mile.

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

System Status Management or Systems Status Management Plan (SSMP) – A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

Trauma One – Trauma registry software.

Urban Area – designation is appropriate for areas which are not semi-rural/rural, not wilderness, and with a population density greater than 1,000 persons per square mile.

Wilderness Area – designation is appropriate for areas which are not urban, not rural/semi-rural, and consist of an area having a population density of less than 10 persons per square mile.

APPENDIX D – CSA #3 RFP 11-0073

**County of El Dorado
California**

Health Services Department

Request for Proposals

RFP #: 11-0073

**County Service Area #3
Advanced Life Support
Ambulance Service**

**Pre-proposal Conference Scheduled for:
10:00 am PST, March 1, 2011**

At:

**South Lake Tahoe Library
1000 Rufus Allen Blvd.
South Lake Tahoe, CA 96150**

Proposals Including Credentials Due

No later than 3:00 local time April 1, 2011

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I. Notice of Request to Submit Proposals

Notice is hereby given that the County of El Dorado, California is requesting that qualified proposers submit proposals for the provision of emergency (911), non-emergency, interfacility and critical care transport ambulance services, including ambulance dispatch, and certain other services as specified herein. The successful proposer (or “Contractor”) will be granted an exclusive contract for an initial period of five (5) years, beginning September 1, 2011 and will have the opportunity to earn up to five (5) years of earned extensions. The contract under which these services are to be procured will be a term agreement, with payment to be provided to the Contractor by the County on a monthly basis according to the provisions of Appendix 2, Contractor Compensation.

The successful proposer will be expected to execute a contract for services that is substantially similar, except to the extent modified in this request for proposal, to the current service contract. The current service contract is available at:

<http://www.edcgov.us/Government/EMS/Agreements.aspx>

The request for proposal (“RFP”) defines the scope of services and outlines the requirements that must be met by proposers (“Proposers”) interested in providing such services. The Request for Proposal more fully sets forth the requirements that must be met by a proposer in order for his/her/their proposal to be considered. Proposers shall carefully examine this Notice, the entire RFP and appendices and any addenda thereto, and all related materials and data referenced in the RFP or otherwise made available, and shall become fully aware of the nature and the conditions to be encountered in performing the service, and all of the requirements for submitting a proposal

This is a fixed price RFP process. The County will provide no subsidy or revenue other than the resources and consideration outlined in this document.

A. Mandatory Pre-Proposal Conference

A mandatory pre-proposal conference (“Pre-Proposal Conference”) has been scheduled for 10:00 am PST, March 1, 2011 at the following location:

**South Lake Tahoe Library
1000 Rufus Allen Blvd.
South Lake Tahoe, CA 96150**

Proposers are required to attend the Pre-Proposal Conference to participate in the process and to submit a proposal. Proposers will be registered at the Pre-Proposal

Conference by signing in on an attendance list, listing the company name and the name, address, phone number, facsimile number and email address of the company's contact individual for all official communications related to this procurement from the County. Each registered company may register only one contact individual. The County and the Polaris Group will not be responsible for providing notifications, addenda and other information to any person, company or entity who is not properly registered with the County at the Pre-Proposal Conference.

For the convenience of the Proposers, this RFP and related appendices, addenda and other communications may be transmitted by electronic mail or facsimile however Proposers are cautioned that only the printed hard copy supplied by the County directly on its website or through the mail or courier service is official.

The purpose of the Pre-Proposal Conference is to provide a forum for answering Proposer's questions. The conference will be the only time that general questions are answered regarding the competitive process. This will ensure that all prospective proposers receive the same information. Questions and answers should be put in writing, but need not be submitted in advance of the conference. If a written response to a question is provided then all prospective bidders will receive a copy of the question and the answer.

B. Schedule of Events

The following table provides information about the schedule for this procurement process at the time of RFP release:

Advertise and Issue RFP	February 8, 2011
Pre-proposal Conference	March 1, 2011
Issue addendum to RFP	Week of March 1, 2011
Proposals with Credentials Due	April 1, 2011
Credentials & Proposal Review	April 2 to 21, 2011
Oral Presentations	April 20, 2011
Credential & Proposal Evaluation/ Scoring	April 20, 2011
Final Contract Signed	June 7, 2011
Contract Implementation	September 1, 2011

Any adjustment or changes in the schedule after the release of this RFP will be provided in the form of a written addendum to the RFP and sent to all persons who have attended and appropriately registered at the Pre-Proposal Conference. Verbal notifications are not official, may be incorrect, and therefore should not be relied upon. The County reserves the right to cancel this RFP as deemed necessary or in the best interests of the County.

C. Submission of Proposals & Proposal Opening

Proposals submitted in response to this RFP must be submitted as specified in this RFP, inclusive of Section VIII of the RFP. Special Attention of the Proposers is drawn to the formal requirements for proposals set forth in Section VIII.

D. Proposer's Certification

Each proposal submitted in response to this RFP must contain an executed Proposer's Certification Statement signed by a person having authority to make commitments on behalf of the Proposer. The Proposer's Certification shall constitute a warranty and material representation, the falsity of which shall entitle the County of El Dorado to pursue any remedy authorized by law, including the right of declaring any contract made as a result thereof to be void. The required Proposer Certification is provided in Appendix 6 of this RFP.

E. Mandatory Deposit Required

All proposals must be accompanied by a proposal deposit (not a bid bond) in the sum of \$5,000.00 in the form of a certified check or cashier's check made payable to the County of El Dorado. This proposal deposit will be returned to any unsuccessful Proposers within ten business days after the award of the contract, except that if, upon investigation of credential and proposal submissions it is determined that a Proposer has misrepresented itself or provided false or inaccurate information, then that respective Proposer's deposit shall be forfeited to the County as provided in this RFP. The successful Proposer's proposal deposit will be returned upon the signing of the contract. No interest will be paid on any proposal deposit.

F. Business License Requirement:

It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of the County of El Dorado without possessing a County business license unless exempt under County Code Section 5.08.070. Contact the Tax Collector's Office at 360 Fair Lane, Placerville, CA 95667, or phone (530) 621-5800, for further information.

It is not a requirement to possess a County business license at the time of proposal submittal. Successful Proposer may be required to possess a County business license to award contract.

G. Official Contacts Only

Proposers are cautioned that any and all inquiries made before or after the mandatory Pre-Proposal Conference must be made to the County's Purchasing Agent.

Requests for clarification or interpretation of the RFP specifications must be made in writing. The question(s) and respective answer(s) to substantive questions raised by any proposer will be sent in written form to every potential proposer who has properly registered with the County. Any information obtained by Proposers from any source other than written communication from the Purchasing Agent should be considered unofficial and possibly in error.

Any attempt to contact members of the El Dorado County Board of Supervisors or County staff regarding this procurement will be refused and may result in disqualification from this competitive procurement.

H. Awarding Authority and Protest Procedure

Award of a contract will be considered by the Board of Supervisors for the County. The County reserves the right to investigate, request clarification of, and verify any and all proposals, to waive any and all irregularities, and/or to reject any and all proposals as deemed by the County as necessary and/or in the best interests of the County.

Proposers attention are drawn to the award protest procedure later in this RFP. Failure to follow the protest procedure shall be deemed to be a failure to exhaust a Proposer's administrative remedy.

II. OVERVIEW OF SYSTEM DESIGN

The County of El Dorado Emergency Medical Services (EMS) System is authorized by the County *Emergency Medical Service and Medical Transportation Ordinance* (Chapter 8.74 of Title 8 of the County of El Dorado Ordinance Code) (hereafter EMS Ordinance) under the provisions of Title 22, the California EMS Act and the California Health and Safety Code, which provides that counties may establish standards for ambulances, contract for the provision of ambulance, EMS and Advanced Life Support services, and establish exclusive operating areas for these services. The County's EMS Ordinance is available at: <http://www.edcgov.us/EMS/>

County Service Area #3 (CSA #3)

County Service Area #3 (CSA #3) is located in the eastern portion of the County of El Dorado in the Sierra Nevada mountain range of north-central California, with a population of approximately 34,000 residents, and includes the City of South Lake Tahoe. It encompasses 94 square miles, and is an alpine environment, with variable weather extremes. Elevations in the CSA #3 range to more than 10,800 feet. Douglas County, Nevada, borders the CSA #3 on the east; Placer County on the north; Alpine County on the south; and the western portion of the County of El Dorado on the west.

Geopolitically, the County is divided into two County Service Areas (CSA's), CSA #3 (the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas) and CSA #7 (the western slope of the County of El Dorado, including Placerville and the bedroom communities bordering Sacramento County). The Tahoe West Shore area of Lake Tahoe (Meeks Bay and Tahoma area) is an isolated area where the ambulance service is provided under separate contract. U.S. Highway 50 runs between Sacramento and the City of South Lake Tahoe, and bisects the CSA #3. CSA #3 is heavily impacted by tourism, particularly by hikers and campers in the National Forests, and skiers and resort enthusiasts in the South Lake Tahoe area. These activities create a high risk potential for the need for emergency medical services. From November to March, and again from June through September, tourism in the Tahoe Basin can quadruple the resident population. More than three million people visit the Lake Tahoe area annually.

Most of the CSA #3's residential and tourist traffic is along the Highway 50 corridor, which is often congested. Traffic congestion and variable weather conditions often cause significant traffic delays. Additionally, there are numerous isolated communities and mountainous wilderness areas.

Due to difficult access and winding mountain roads, timely response to these communities and wilderness areas is hindered and may cause lengthy ambulance response times in outlying areas of CSA #3.

The combination of mountainous terrain, extreme weather conditions (the average annual snowfall for Lake Tahoe is 215.4 inches), significant variations in seasonal population, congested highways, isolated communities and wilderness areas poses significant challenges to the timely delivery of emergency medical care and rescue services to CSA #3 residents and visitors.

Under the Public Utility Model system design the County retains all market rights for emergency (911), non-emergency, interfacility and critical care ground ambulance services and contracts with a single exclusive provider of ambulance operations management services for the CSA #3 area of the County of El Dorado, excepting the Tahoe West Shore Area (Meeks Bay and Tahoma area), through an exclusive high performance contract.

The County of El Dorado Public Utility Model system is designed to align the interests of the County and the Contractor with those of the community and healthcare providers they serve. Through this procurement, the County offers to fairly compensate a Contractor in return for high performance, clinically excellent, professional EMS services. The division of responsibilities in this EMS system is designed to achieve the best possible combination of public interest and industry expertise, when viewed from the patient's point of view.

A. County's Responsibilities

The County of El Dorado EMS system is designed to retain certain risks and uncertainties, price / subsidy rate setting and the development of long term, high cost infrastructure within the responsibility of the County. The system design also places the responsibility for operational performance and all of the factors of production necessary to cost effectively achieve that performance under the control of the successful Proposer.

Under this Public Utility Model, the County has the following responsibilities:

- Represent the public interest of its constituents.
- Monitor and enforce the EMS ordinance.
- Establish EMS System standards and protocols.
- Select a contractor in accordance with the EMS Act for the services set forth herein.

- Monitor compliance and enforce contractual terms of the County's contractor(s), and where necessary replace the Contractor in the case of non-performance.
- Provide certain portions of the system infrastructure as detailed in this RFP.
- Provide through the contract the County's exclusive market rights in conjunction with the competitive procurement.
- Set and collect fees for services.
- Provide a patient billing operation.
- Provide the EMS Medical Director for clinical oversight and medical control.
- Provide certain equipment listed in Appendix 5.

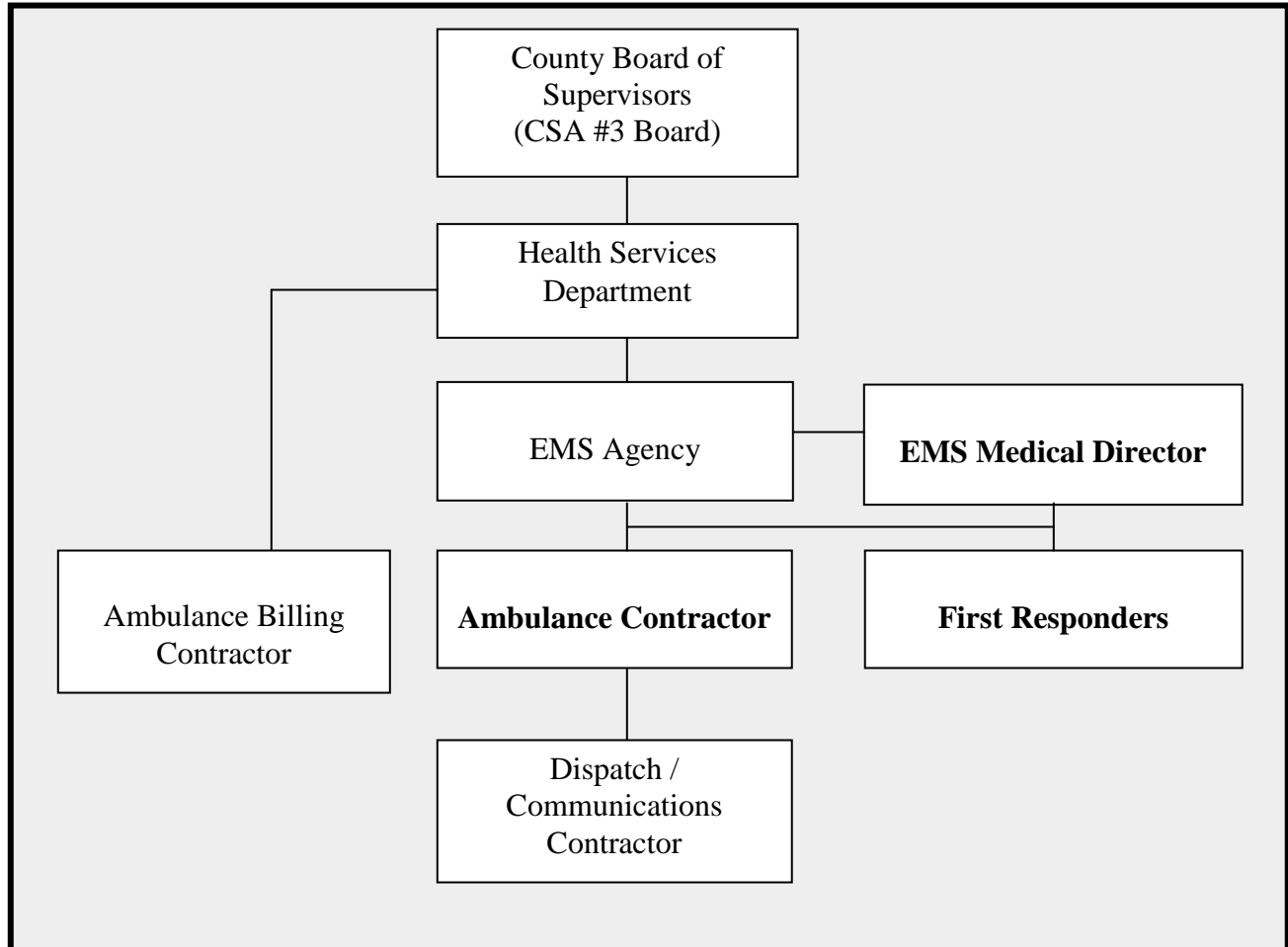
B. EMS Medical Director Responsibilities

The EMS Medical Director is selected and employed by the County EMS Agency and exercises his/her authority through the Agency. The County's EMS Medical Director and EMS Agency are given broad authority to regulate all clinical aspects of the emergency medical services system that affect patient care. Accordingly, the EMS Medical Director has the following responsibilities:

- To meet the requirements for medical direction required by California law.
- To recommend to the Director of Health Services medically appropriate response time standards.
- To establish standards for patient care including those for ambulances, first responder vehicles and on-board equipment.
- To develop and revise protocols for ambulance and first responder services.
- To develop and/or approve Communications Center protocols.
- To conduct medical audits.
- To develop and administer written and practical tests for local accreditation of ambulance, first responder and communications personnel.
- To develop or approve educational material and administer tests to assure that base station physicians are knowledgeable about the EMS system and its procedures.
- To conduct inspections of vehicles, equipment and supplies on both an announced and unannounced basis.
- To monitor response time performance.

- To develop standards and procedures for the investigation and resolution of disputes regarding the application of exemptions from response time penalties.
- To approve the standards regulating specialized critical care, aeromedical transportation, point-to-point wheelchair, litter van, and other types of medical transportation, including standards limiting which types of patients may be transported by each, and to issue, suspend, revoke and renew permits for the operation of such units as required by the Ordinance.

C. Graphic Depiction of Current County of El Dorado EMS System



D. Responsibilities for Dispatch / Communications

Under this request for proposals, the successful Proposer will provide dispatch services, either directly or through subcontract with a qualified agency, including:

- To employ dispatch personnel.
- To maintain telephone, radio, computer aided dispatch and other infrastructure required to efficiently meet contractual requirements.
- To answer all 911 and other ambulance calls and process requests for service according to contractual requirements.
- To consistently adhere to priority dispatch and pre-arrival instruction protocols approved by the EMS Medical Director.
- To participate in quality assurance and improvement processes.
- To efficiently dispatch Contractor's ambulances and notify first responder agencies as required by applicable protocols and agreements.
- To record and report pertinent information about each request and response as required by the contract, protocols and agreements.

E. Responsibilities for Ambulance Operations

Under this proposal, the successful Proposer will furnish and manage the following ambulance operations including but not limited to:

- Employment of field personnel.
- Supervision and management of Proposer's employees and any subcontractors used.
- Provision and maintenance of the vehicles and equipment, other than County provided base station radio equipment and high-altitude Nitronox units, necessary to provide the specified services.
- In-service training of Provider's employees as well as of First Responders.
- Exclusive transportation of emergency, non-emergency, interfacility and critical care ground ambulance patients throughout the described Exclusive Operating Area (EOA).
- Development and management of a quality improvement system.
- Purchasing and inventory control.
- Support services necessary to operate the system.
- Accurate completion and timely submission of approved clinical and billing related data.

- Meeting contractual response time and other performance requirements in compliance with State regulations, the EMS Ordinance, the operations contract, and the County of El Dorado EMS Policy and Procedure Manual. The EMS Policy and Procedure Manual is available at:
http://www.edcgov.us/Government/EMS/Policies_Procedures.aspx
- Participating and cooperating with the EMS Medical Director in medical audits and investigations.
- Reporting contract compliance on a weekly and/or monthly basis, while providing a verifiable audit trail of documentation of that performance.
- Based upon the successful Proposer's offer, the Proposer may be permitted to provide wheelchair and other medical transportation services.

III. Service Area Summary, Demographics and Background

A. Service Area

The County of El Dorado is responsible for providing all emergency (911) ambulance service within its borders. The population of the CSA #3 is 34,000 people within an area of 94 square miles. The Contractor will not be responsible for providing primary service to that portion of the CSA that is defined as the “Tahoe West Shore Area”.

B. Demographics

Additional demographic information may be available from the California Department of Finance.

C. Background

The County of El Dorado EMS System was created by the EMS ordinance to improve emergency and non-emergency EMS and medical transportation services within the County. The system design is a full service Public Utility Model.

D. Historic Service Volumes

EMS response and patient transport data for 2008 and 2009 is available as database files. This information will be distributed at the mandatory Pre-Proposal Conference.

IV. Operations Management Provisions

A. General Contractor Relationship

Through this RFP, the County of El Dorado intends to procure a single general Contractor to provide all of the services specified within this RFP. Should a Proposer intend to utilize one or more subcontractors to provide any of the Contractor's primary responsibilities, including, but not limited to, ambulance response, medical transportation, staffing, training, protocol development, dispatch or communications, fleet or equipment maintenance or any similar services, the Proposer must include detailed information about the subcontractor and its relationship to the Proposer to allow the County to evaluate the quality and effectiveness of the subcontractor's proposed role. Copies of all proposed subcontracts should also be included. Should the successful Proposer plan to utilize subcontractors, the County will look only to the primary, general Contractor to deliver contracted performance. The inability or failure of any subcontractor to perform any duty or deliver contracted results will not excuse the primary Contractor from any responsibility under the contract with the County.

B. Scope of Service

The successful Proposer will provide emergency, non-emergency and critical care transport ground ambulance service, including ambulance dispatch, for the entire population of the CSA #3, except for the "Tahoe West Shore Area" in the County of El Dorado. Under the provisions of the EMS Ordinance and relevant California law, County may convey market rights to itself and contract with a single provider of emergency (911) ground ambulance services within any exclusive operating area of the County. In this case the County will be the exclusive Emergency Ambulance Operator in CSA #3 and will provide this service through a performance contract with the successful Proposer. The County administers the contract through its Local EMS Agency (LEMSA), which is currently a section of the County Health Services Department.

Currently, the County of El Dorado provides ambulance services to a portion of Alpine County through an agreement between the counties. The successful Proposer will be required to provide ambulance services within the Alpine County contracted area, fulfilling the performance obligations of the County contract for so long as the inter-County contract is in effect. A copy of the current contract between the County of El Dorado and Alpine County may be found on the County EMS website. The County of El Dorado EMS Agency website is available at: <http://www.edcgov.us/EMS/>

Aeromedical helicopter rescue services are provided by established public and private operators and will not be the responsibility of the successful Proposer. Additionally, the County may grant limited special exceptions to allow the use of specialized critical care ground transportation units if such units provide medically necessary services not provided by the successful Proposer or if such units are operated by receiving facility specialty transport teams and the County determines that granting the exception is in the public interest.

All ambulance services will be provided at the advanced life support (ALS) level. Additionally, the successful Proposer will furnish stand-by coverage for special events, inter-facility transfers, critical care transport, long distance transfers originating within the County, reasonable mutual aid services, special contract services, and communications and medical dispatch services. The County expects the successful Proposer to cooperate in reducing the number of ambulance transports that are not medically necessary.

The successful Proposer may be required to provide non-exclusive services such as psychiatric transfers, wheelchair and litter van services.

Additionally, the successful Proposer may not use any of the County of El Dorado EMS system infrastructure or factors of production employed to provide service under the contract for any other purpose, unless the successful Proposer first presents a plan, which includes revenue sharing, to the County and receives approval. Under no circumstances shall successful Proposer's outside obligations interfere with meeting its obligations to the County of El Dorado.

C. Response Time Performance

In this performance-based contract, the County does not limit the successful Proposer's flexibility in providing and improving EMS services. Performance that meets or exceeds the response time requirements of the RFP is the result of the successful Proposer's expertise and methods, and therefore is solely its responsibility. An error or failure in one portion of the successful Proposer's operation does not excuse performance in other areas of operation.

Superior response time performance early in a month is not justification to allow inferior response time performance late in the month. Therefore, the successful Proposer will use its best effort to minimize variations or fluctuations in response time performance according to day of the week, or week of the month.

Since the successful Proposer is the only provider of ambulance services for the designated CSA #3 area, patients and healthcare facilities rely on it to provide

timely interfacility and non-emergency medical transportation. The downstream cost to these third party healthcare providers of poor non-emergency performance is substantial. Therefore, the successful Proposer will be required to meet or exceed response time reliability criteria for non-emergency responses as well as emergencies.

1. Response Time Requirements

Compliance is achieved when 90% or more of responses in each category meet the specified response time criteria. For example, to be in compliance for Priority 1 responses in the Urban response area, the Contractor would place an ALS ambulance on the scene of each presumptively defined life threatening emergency, within ten (10) minutes and zero (0) seconds in not less than 90% of all responses.

The Contractor will be required to meet the following response time criteria within each EMS response zone of CSA #3.

a. Response Time Priorities

Response priorities are defined according to a standard presumptive priority dispatch protocol approved by the EMS Medical Director. The protocols currently in use were obtained from Medical Priority Dispatch Systems and will be made available to Proposers upon request. For the purpose of response time calculations, responses are prioritized according to the following table:

Priority	Definition
1	Life Threatening Emergencies
2	Non-Life Threatening Emergencies
3	Urgent (Or Emergency Transfer From Healthcare Facility)
4	Scheduled Transfer (4-hour Advance Notification)
5	Unscheduled Transfer
6	Critical Care Transport

b. Maximum Response Times

Priority	Urban	Semi-Rural	Rural	Wilderness
1	10:00	20:00	20:00	90:00
2	12:00	22:00	22:00	90:00
3	15:00	25:00	25:00	90:00
4	On time ¹	30:00	60:00	90:00
5	60:00	60:00	90:00	N/A
6	30:00	45:00	N/A	N/A

For every call in every presumptively defined category not meeting the specified response time criteria, the Contractor will submit a written report, at least monthly, in a format approved by the County and EMS Medical Director, documenting the cause of the late response and the Contractor's efforts to eliminate recurrence.

In the event that the Contractor is unable to meet the established maximum response time for any category 3, 4, 5 or 6 request for service, the Contractor will supply the caller with an honest, reasonable estimate of the time that the unit will arrive.

2. Response Time Measurement

The response time measurement methodology employed can significantly influence operational requirements of the EMS system. The following methodology will be used throughout the contract to measure response times.

a. Time Intervals

For the purposes of this contract, response times will be measured from the time the Contractor is first made aware of the call address, call back number and chief complaint in the Contractor's

¹ On Time is defined as arriving on-scene for a scheduled transport no later than the scheduled time.

communications center until the arrival at the incident location by the first arriving transport capable ALS ambulance. For scheduled non-emergency (Priority 4) requests, “scheduled time of pick up” will be substituted for “time call received.”

Arrival at incident means the moment an ambulance crew notifies the communications center that it is fully stopped at the location where the ambulance shall be parked while the crew exits to approach the patient. In situations where the ambulance has responded to a location other than the scene (e.g. staging areas for hazardous scenes), arrival “at scene” shall be the time the ambulance arrives at the designated staging location. The EMS Medical Director may require the Contractor to log time “at patient” for medical research purposes. However, during the term of this contract, “at patient” time intervals shall not be considered part of the contractually stipulated response time.

In instances when the ambulance fails to report “at scene,” the time of the next communication with the ambulance will be used as the “at scene” time. However, the Contractor may appeal such instances when it can document the actual arrival time through other means such as first responders. Arrival times captured solely by Automated Vehicle Locator (AVL) position reporting may not be used.

b. Upgrades, Downgrades and Reassignments

i. Upgrades

If an assignment is upgraded prior to the arrival on scene of the first ALS ambulance (e.g. Priority 2 to Priority 1), the Contractor’s compliance with contract standards and penalties will be calculated based on the shorter of:

- Time elapsed from call receipt to time of upgrade plus the higher priority response time standard, or
- The lower priority response time standard.

ii. Downgrades

Downgrades may be initiated by medically trained First Responders as authorized by the EMS Medical Director. If an assignment is downgraded prior to the arrival on scene of the first

ALS ambulance, the Contractor's compliance with contract standards and penalties will be calculated based on:

- The lower priority response time standard, if the unit is downgraded before it would have been judged "late" under the higher priority performance standard, or
- The higher response time standard, if the unit is downgraded after the unit would have been judged "late" under the higher priority response standard.

iii. Reassignment Enroute

If an ambulance is reassigned enroute or turned around prior to arrival on scene (e.g. to respond to a higher priority request), the Contractor's compliance and penalties will be calculated based on the response time standard applicable to the final priority assigned by communications.

iv. Response Times Outside of CSA #3 Service Area

Under the current contract, the Contractor responds into Alpine County to Kirkwood Ski Resort, which is outside CSA #3. In that contract, these calls are treated as Remote Area (Wilderness) with a 90-minute response time requirement. It is anticipated that this provision will be included in the contract that results from this procurement. Otherwise, the Contractor will not be held accountable for emergency or non-emergency response time compliance for any assignment originating outside of the defined service area. Responses to requests for service outside of the service area will not be counted in the total number of responses used to determine compliance.

v. Each Incident a Single Response

Each incident will be counted as a single response regardless of the number of units that respond. The response time of the first arriving ALS ambulance capable of transport will be used to compute the response time for the incident.

vi. Response Time Exceptions and Exemption Requests

The Contractor shall maintain mechanisms for reserve production capacity to increase production should temporary system overload

persist. However, it is understood that from time to time unusual factors beyond the Contractor's reasonable control affect the achievement of the specified response time standards. These unusual factors are limited to unusually severe weather conditions, declared disasters, or periods of unusually high demand for emergency services. Unusually high demand for emergency responses, for the purpose of considering exemption requests, will be defined as more than two units simultaneously engaged in Priority 1, 2 and/or 3 calls.

Equipment failures, predictable traffic congestion, ambulance failures, inability to staff units and other causes will not be grounds for granting an exception to compliance with the response standards.

Acceptable Reasons for Exemptions from Response Time Requirements

The exemptions must have been a substantial factor in producing a particular excessive response time. Good cause for an exception as determined by the County may include but not be limited to the following:

- Disaster and mutual aid situation (mutual aid will not be chronically used to avoid response time requirements);
- Additional units responding to large multi-casualty incident situations requiring two or more ambulances;
- Incorrect or inaccurate dispatch information received at a 9-1-1 Public Safety Answering Point (PSAP), public safety agency or other direct source;
- Material change in dispatch location;
- Inability to locate address due to non-existent address;
- Delays caused by extraordinary adverse traffic conditions;
- Delays caused by road construction and/or closure;
- Unavoidable delays caused by off-paved-road locations;
- Severe weather conditions including dense fog, snow or ice;
- Delays attributable to the County and not due to the Contractor including an inventory audit;

- Delays attributed to limited or controlled access to patient location.
- Requests for Priority 1, 2 and/or 3 service when two (2) or more units are simultaneously engaged in Priority 1, 2, and/or 3 calls at moment of dispatch. (For example: When two (2) units are concurrently unavailable due to their commitments to Priority 1, 2 and/or 3 calls, the third (3rd) and/or fourth (4th) request for Priority 1, 2 and/or 3 service may be exempt from response time compliance.)
- Requests for Priority 4, 5 and/or 6 service when two (2) or more units are simultaneously engaged in any call at moment of dispatch. (For example: When two (2) units are concurrently unavailable due to their commitments to any type of call, a request for Priority 4, 5 and/or 6 service may be exempt from response time compliance.)

If the Contractor feels that any response or group of responses should be excluded from the calculation of the response time standards due to “unusual factors beyond the Contractor’s reasonable control”, the Contractor may provide detailed documentation to the EMS Administrator and EMS Medical Director and request that the County exclude these runs from response time calculations and late penalties. Any such request must be made in writing and received by the EMS Administrator of the County within five (5) business days after the end of each month. The EMS Administrator and EMS Medical Director will jointly review the request and issue a determination. Should the Contractor dispute the determination made by the EMS Administrator and EMS Medical Director, the Contractor may make a written appeal to the Director of Health Services for a definitive ruling within five (5) business days of the receipt of the response time calculations summary. The ruling of the Director of Health Services will be final and binding.

vii. Response Time Audit Trail

Each Proposer will propose a system to assure a complete audit trail for all response times and assure the County and EMS Medical Director access to the response time data at any time to assure compliance and to calculate penalties. Proposed access and security of data will be considered in scoring Proposers’ responses.

D. Deviations From Response Time Standards

The County understands that isolated instances may occur in which the Contractor does not meet the stated performance specifications. However, chronic failure to comply with the response time standards may constitute default of the contract.

E. Non-performance Penalties

Deductions from Contractor’s payment will be made for non-performance. The following deductions will be applied when system wide response time compliance for Priority 1 or 2 transports falls below 90% for any given month:

89%	\$ 1,000
88%	\$ 2,000
87%	\$ 3,000
86%	\$ 4,000
85%	\$ 5,000

Failure to meet Priority 1 or 2 response time criteria for at least 90% of the time for three consecutive months or for four months in any contract year will be additionally defined as a major breach and may result in removal of the Contractor and forfeiture of performance security.

The following deductions will be applied when system wide response time compliance for Priority 3, 4, 5 or 6 transports falls below 90% for any given month:

89%	\$ 500
88%	\$ 1,000
87%	\$ 1,500
86%	\$ 2,000
85%	\$ 3,000

Failure to meet Priority 1 or 2 response time criteria for at least 90% of the time in a particular response zone, or to meet Priority 3, 4, 5 or 6 response criteria system wide at least 90% of the time for three consecutive months or for four months in any contract year will be additionally defined as a major breach and may result in removal of the Contractor and forfeiture of performance security.

100 Transport Rule

For the purposes of determining compliance with Priority 1 and 2 response time requirements within the service area each month, the following method will be used. For every month in which 100 or more Priority 1 or 2 transports originate within the service area, 90% compliance is required for the calendar month. However, for any month within which fewer than 100 Priority 1 or 2 transports originate, compliance will be calculated using the last 100 sequential transports for that priority.

For example, if the service area produces 105 Priority 1 transports and 89 Priority 2 transports during a single month, the Contractor will be required to meet 90% compliance for the month for Priority 1, while Priority 2 will be subject to the 100 transport rule.

Should the Contractor be determined to be subject to non-performance penalties for failure to meet 90% compliance with Priority 1 or 2 criteria within the service area under the 100 transport rule, the Contractor will not be subject to another non-performance penalty for that priority until at least 25 additional transports, of that priority, have originated within the service area. If more than one month passes before 25 additional transports occur, and the Contractor is still out of compliance under the 100 transport rule at the end of the month in which the 25th transport occurred, it will be considered a consecutive failure to meet the criteria. Three such consecutive failures or four during any 12 measurement periods (i.e., months within which the 25th transport since last measurement occurred) will be defined as a major breach.

The above deductions will be assessed each month. For purposes of assessing non-performance penalties, monthly response times will be reported without decimals and no rounding factor will be allowed (e.g. a monthly performance of 89.9% will be reported as 89%).

F. Incentive for Superior Response Time Performance

For any year in which the Contractor has been assessed any non-performance penalties for one or more priority of service, and in which, at the end of the contract year, it achieves at least 92% compliance for those priorities in which it

had been previously penalized, the County will forgive the previously deducted penalties. This provision shall apply to each priority separately and no carry-over shall be used from contract year to contract year.

G. Reporting Requirements

The Contractor will provide, within five (5) business days after the receipt of the County's determination on exception requests, reports detailing its performance during the preceding month as it relates to each of the performance requirements stipulated herein. For each day that the Contractor fails to provide the reports, the County shall deduct \$500 from the Contractor's payment. The Contractor may be exempted from this penalty for any delay in the submission of the month-end report that is due to a delay caused by the County or the County's courier services.

H. Equipment Furnished

For services rendered to the community, the County will provide for the use of the Contractor high-altitude Nitronox units and a radio system owned by the County of El Dorado. Detailed information regarding the technical aspects of the existing County radio system is available from Mr. Frank Yost via email at: YostF@edso.org. Should a provider determine that it is in its interest and that of the County to provide an additional or alternative radio system, it may propose to do so in the submittal. This is a performance-based contract. Consequently, the County requires that, should the Contractor choose to utilize a communications subcontractor, Contractor shall develop and provide detailed instructions to the communications subcontractor regarding its system status and deployment plan. The Contractor will be responsible for operational results.

I. Contractor Provided Equipment

The Contractor will be required to provide all equipment and systems other than the radio infrastructure identified above, necessary to fulfill the requirements of this contract. Equipment and systems to be provided by the Contractor include, without limitation, dispatch equipment, computer systems, mobile and portable radios, pagers, ambulances, supervisory vehicles, monitors, defibrillators, other clinical equipment, crew quarters and administrative offices.

J. Supplies for Basic and Advanced Life Support Services

It will be the responsibility of the Contractor to supply all supplies necessary and/or required to perform basic and advanced life support services. The minimum equipment lists for ALS transporting and ALS non-transporting units may be found at:

http://www.edcgov.us/Government/EMS/Policies_and_Procedures/Field_Policies.aspx

K. Performance vs. Level of Effort

This RFP assumes a performance contract rather than a level of effort contract. In accepting a Proposer's offer the County neither accepts nor rejects the Proposer's level of effort estimates, rather the County accepts the Proposer's financially guaranteed commitment to employ whatever level of effort is necessary to achieve the clinical response time and other performance results required by the terms of the contract.

The proposals must include descriptions of initial ambulance coverage plans and deployment models estimated by the Proposer to be sufficient or even in excess of what may be necessary to meet the performance standards required herein. Acceptance by the County of the Proposer's offer shall not be construed as acceptance of the Proposer's proposed level of effort.

L. Integration of First Responders

Currently, first responder basic life support is available throughout the service area. The fire departments have made a commitment to raise the clinical capabilities of the fire department first responders. In some cases, first responders may provide ALS services.

While the fire department always maintains responsibility for controlling an incident scene, the primary responsibility for patient care transfers to the Contractor's senior paramedic upon his/her arrival. Fire personnel will support the care provided by the Contractor on-scene, and in those rare situations when required, will assist providing care enroute to the hospital.

Contractor's support of the first responder program shall include:

1. First Responder Equipment and Supply Replenishment

The Contractor shall develop mechanisms to exchange re-usable orthopedic appliances, and re-stock disposable and ALS medical supplies, except pharmaceuticals, used by first responders when treatment has been provided by first responder personnel and patient care is assumed by the Contractor's personnel. Equipment and supplies will be exchanged on a one-for-one basis. Whenever possible, this exchange should be accomplished on scene. If patient care or circumstances at the scene prevent an on-scene exchange, the Contractor will arrange to accomplish it

as soon as reasonably possible. If the Contractor is canceled enroute or at the scene and no patient contact is made by the Contractor's personnel, the Contractor shall not be obligated to re-stock the first responder agency supplies.

2. Return to Station

In any situation in which fire department personnel assist the Contractor during transport to the hospital, the Contractor shall provide or arrange return transportation to the fire station for those personnel. This will be accomplished within a reasonable period of time. Proposers should describe how they propose to accomplish this requirement.

3. In-Service Training

The Proposer will detail its offer to provide in-service training for first responders that will benefit the EMS system as a whole. This training should, at a minimum, facilitate on-scene interactions with Contractor's personnel and provide access to the Contractor's educational programs needed for the continued certification of first responders. The Contractor, however, is not responsible for the recertification of first responders.

M. Communications System Management

Such service shall include, but is not limited to, dispatch personnel, in-service training, quality improvement monitoring, and related support services. Proposers should describe their plans to manage this function.

1. Staffing

Staffing levels shall be such that emergency lines will be answered within 18 seconds (by the 3rd ring) in not less than 90% of cases. Contractor's call-takers will provide medically appropriate priority dispatch and pre-arrival instructions using Medical Priority Dispatch Systems protocols approved by the EMS Medical Director.

2. Hardware

Certain dispatch communications equipment and radios, proposed communication infrastructure enhancements, and other equipment and software employed by the Contractor in the delivery of these services may be furnished by the County.

3. Computer Aided Dispatch System

The Contractor will provide a computer aided dispatch (CAD) system to be utilized to record dispatch information for all ambulance requests. The CAD time recording system must include the date, hour, minutes and seconds. CAD information shall be electronically downloaded to the County billing system to populate all appropriate data fields. All radio and telephone communication including pre-arrival instructions and time track must be recorded in a digital format and kept for a minimum of 365 days.

4. Communications Center Personnel Qualifications

Medical communications workers, at a minimum, must be trained according to County EMS Agency's adopted program of national standards, the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch National Standard Curriculum, and have and maintain Emergency Medical Dispatch (EMD) certification.

5. Priority Dispatch Protocols and Pre-Arrival Instructions

The County utilizes medical dispatch protocols and pre-arrival instructions approved by the EMS Medical Director and EMS Agency Administrator. They are based on the Emergency Medical Dispatch National Standard Curriculum as the standard: The priority dispatch and pre-arrival instruction software currently approved by the County EMS Medical Director is Medical Priority Consultants software program: ProQA for Windows and AQUA (Advanced Quality Assurance for electronic case review), which meet the standards of the National Highway Traffic Safety Administration.

The dispatch priorities are subject to change by the EMS Medical Director. While “priority dispatching” as defined by the Fellows of the National Academy of EMS Dispatch is acceptable, the County does not allow the concept of “call screening”. It shall be a major breach of this contract for the Contractor to fail to respond to a call or to transport or to render emergency medical patient assessment and treatment, as appropriate, or to otherwise refuse or fail to provide any ambulance services originating within the regulated service area because of the patient’s perceived, demonstrated or stated inability to pay for such services, or because of an unavailability status or the location of any ambulance unit at the time of the request.

Adherence to medical dispatch protocols is required. Thus, except where a deviation is clearly justified by special circumstances not contemplated within a dispatch protocol, such medical dispatch protocol shall be strictly followed. Compliance with call-taker and dispatcher questions and pre-arrival instructions shall be a routine part of an integrated quality improvement process and shall be reported on a monthly basis with response statistics.

The EMD system and its method of data capture must be fully integrated with the CAD call taking process. A manual back-up system must be provided in case the automated EMD process fails to work for any period of time.

N. Data and Reporting Requirements

The long-term success of an EMS system is predicated upon its ability to both measure and manage its affairs. Therefore the County will require its Contractor to provide detailed operations, clinical and administrative data in a manner that facilitates its retrospective analysis.

1. Dispatch Computer

The dispatch computer supplied by the Contractor shall be capable of the following:

- a. Electronic data entry of every response on a real time basis.
- b. Color coded prioritization of deployment planning, displaying calls received for runs pending, runs in progress, transfers scheduled up to 24 hours in advance, and status of ambulance resources available for service.
- c. Continuous display of unit time in each response status. Automatic display of units exceeding pre-determined "time in status" criteria for deployment and crew safety.
- d. Immediate recall on any current, previous, or pre-scheduled run for inquiry by date, incident number, location or patient name.
- e. On-line, real time visual display showing a deployment plan and prioritization of Countywide coverage for that time of day, and day of week. Visual displays of deployment plans are available for both actual and hypothetical ambulance availability levels.

- f. Automated integration with digital paging, mobile status messages and 9-1-1 ANI/ALI displays.
- g. Simultaneous and continuous printed logs of deployment.
- h. Security features preventing unauthorized access or retrospective adjustment and full audit trail documentation.

2. Communication Center Data Capabilities

The Contractor's electronic data system must be capable of producing the following reports to be utilized in measuring response time compliance:

- a. Emergency life threatening and non-life threatening response times by jurisdiction and by user definition.
- b. Unscheduled non-emergency and scheduled non-emergency response times by jurisdiction and by user definition.
- c. Out of chute response times by crew members.
- d. On-scene times.
- e. Hospital drop times by crew members.
- f. Emergency and non-emergency responses by hour and day.
- g. Dispatch personnel response time reports.
- h. Canceled run report.
- i. Demand analysis report.
- j. Problem hour assessment.
- k. Call mode by hour and day.
- l. Ambulance alert exception report.

In addition, the Contractor shall fully complete a manual "dispatch card" approved by the County for each dispatch of an ambulance when the computer is inoperable. The Contractor's personnel, following the resumption of normal service of the CAD system, shall enter manual dispatch cards into the CAD system.

3. Quality Improvement and Medical Control

The Contractor's electronic data system must be capable of capturing and reporting common data elements that are standard for the EMS industry and

the data elements. In addition, it is anticipated that the data system will be capable of reporting adherence to medical dispatch protocols, adherence to primary and secondary medical priority dispatch questioning, and provision of pre-arrival instruction.

4. Records

The Contractor shall operate and manage the data collection system in accordance with the County's standards. Contractor shall also maintain all records in compliance with HIPAA, HITECH and applicable State privacy law. It is understood that the data system shall include, but not be limited to, the following generally described sources. It is also understood that the Contractor shall make these records available upon request of the County.

- a. A uniform dispatch report form to the County and EMS Medical Director specifications.
- b. A uniform patient care form to the County and EMS Medical Director specifications.
- c. An inter-hospital patient care form to the County and EMS Medical Director specifications.
- d. Equipment maintenance and inventory control schedules as required by the County.
- e. Deployment planning reports.
- f. Continuing education and certification records documenting training and compliance.

ePCR Required

An electronic Patient Care Report (ePCR), meeting the specifications of the Medical Director, is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported. Patient care records should clearly identify those instances when two or more patients are transported in the same ambulance so that proper billing can be done. Further, a round trip transport occurs when a single ambulance takes a patient to a destination and then provides a transport back to the point of origin. Round trip transports, other than "wait and return" trips are to be counted as two transports.

In order to ensure that the County and EMS Medical Director can conduct system wide quality improvement activities, the Contractor is required to

provide the County with electronic copies of accurately completed patient care forms including, but not limited to, correct name, address, date of birth, social security number and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriately document medical necessity

Contractor shall be required to provide all patient care records in an electronic format. Proposer shall provide detailed information regarding the method proposed to accomplish this requirement, including technical specifications, edit and audit capabilities, provisions for security and the advantages of the Proposer's approach to electronic patient records. Any ePCR must, at a minimum be certified as NEMESIS Gold compliant and CEMESIS compatible.

Properly completed electronic Patient Care Reports should be delivered to the County within no more than forty-eight (48) hours of the completion of each call. For every patient care form not delivered within five (5) business days of the required delivery date, the County will deduct \$250 from the Contractor's payment. In addition, the County will deduct from the Contractor's payment \$1,000.00 for every patient care form that is not accurately completed and turned over to the County within 30 days of the scheduled date.

5. Monthly Reports Required

Contractor shall provide, by the seventh day of each calendar month, reports dealing with its performance during the preceding month as it relates to the clinical, operational and financial performance stipulated herein. The format of such reports shall be subject to County approval.

6. Financial Statements

The County may require that the Contractor submit an income statement or financial statement for any contract year during the term of the Contract. The income and financial statements shall be in a format acceptable to the County and shall be certified by a certified public accountant that has direct responsibility for financial aspects of the Contractor's operations under the County contract. It is understood that the County may conduct an audit to verify these statements and make them available to other parties as deemed appropriate.

Contractor shall also comply with such other miscellaneous reporting requirements as may be specified by the County, provided that these additional reporting requirements shall not be unreasonable or excessively cumbersome to the Contractor.

O. Internal Risk Management/Loss Control Program Required

The County believes that education and aggressive prevention of conditions in which accidents occur is the best mechanism to avoid injuries to patients and the Contractor's staff. Therefore, the County requires the Contractor to develop and implement an aggressive loss control program including, at a minimum, physical pre-screening of potential employees (including drug testing), background checks (DOJ & FBI), initial and on-going driver training, lifting technique training, hazard reduction training, as well as involvement of employees in planning and executing its safety program. Additionally, the EMS Agency requires that EMT's employed by the Contractor have a current LiveScan with the County of El Dorado EMS Agency. The LiveScan Application is available on the County EMS website: http://www.edcgov.us/Government/EMS/Live_Scan.aspx

At a minimum, Contractor will be required to comply with the County policies, procedures and protocols with regard to security, use and documentation of controlled substances.

P. Stand-By and Special Events Coverage

Upon request by law enforcement and fire department dispatchers, the Contractor shall furnish courtesy stand-by coverage at emergency incidents involving a potential danger to the personnel of the requesting agency or the general public.

Other community service oriented entities may request stand-by coverage from the Contractor. The Contractor is encouraged to provide such non-dedicated stand-by coverage to events if possible. If the Contractor is requested to provide such services with a dedicated ambulance, then the Contractor may provide such services and be reimbursed by County at a rate equal to 93% of the projected County revenue for standby services. Each dedicated event shall have a two-hour minimum, plus an hour for set-up and an hour for clean up. Contractor may also make a paramedic available for pre-scheduled stand-by and special events coverage at an hourly rate. No minimum or additional time for set-up and clean up will be allowed for paramedic-only events. Contractor will secure all billing information required by County so that County can bill the responsible parties for such services.

Q. Community Education Requirements

The County desires that its Contractor take significant steps to improve access to the 9-1-1 system and participate in community education programs emphasizing

preventative health care. These programs are to be made available to schools and community groups. It is the County's expectation that the Contractor will plan such programs working collaboratively with the County and other public safety and EMS-related groups, such as the American Heart Association, the American Red Cross, and the fire departments. Each Proposer should propose a Community Education Plan that is designed to achieve the County's goals. The plan should include participation in EMS Week activities and the provision of at least 24 hours of public relations events per year (in addition to events that are provided on a non-dedicated basis). Public Relations hours may, at the Contractor's option, be provided by in-service units/personnel. All programs shall be approved by the County.

R. Mutual Aid

The Contractor shall, at a minimum, provide mutual aid as required by the State of California Emergency Plan as maintained by the California Governor's Office of Emergency Services. Additionally, the County may enter into mutual aid agreements with other agencies which will utilize the other provider's units to occasionally respond to calls within the County's jurisdiction, provided that the level of service is substantially equal to that provided by the Contractor and the agreement is approved by the EMS Medical Director and the County. Mutual aid may be utilized to augment, but not replace, the services that the County is requiring from the Contractor.

County may enter into mutual aid agreements and require Contractor to adhere to them. In this event, County will allow Contractor to participate in the evaluation and drafting of such agreements.

S. Disaster Assistance and Response

The Contractor shall be actively involved in planning for and responding to any declared disaster in the County. Both a mass casualty incident plan and an emergency disaster plan following incident command system guidelines have been developed.

1. In the event that a disaster within the service area, the County or a neighboring County is declared, normal operations shall be suspended and the Contractor shall respond in accordance with the County's disaster plan. The Contractor shall use best efforts to maintain primary emergency services and may suspend non-emergency service as required. During the period of declared disaster, the County will not impose performance requirements and penalties for response times.

2. The County will reimburse the Contractor for the documented, direct, marginal increased cost of providing approved disaster services. The contract will contain language describing the approval process, including conditions under which limited initial approval will be automatic. This provision will only be used for situations in which the County, State or Federal Government has declared a disaster or state of emergency. Bad, or even severe weather of a nature that is foreseeable will not qualify unless an appropriate authority declares it a disaster situation and the Contractor has sustained increased expense as a direct and proximate result of the disaster.

T. Deployment Planning and Initial Plan

During the first quarter of operations, the Contractor shall adhere to or exceed the initial coverage plan submitted in its proposal. It is anticipated that the Contractor's initial coverage plan may require more or less unit hours than may be necessary after the Contractor has gained additional experience. Proposers must provide sufficiently detailed information in their submissions, including unit hours per day and shift schedules, to allow evaluation of the thoroughness of the plan.

Contractor shall maintain a minimum fleet of four (4) ambulances, at least three (3) of which shall be four-wheel drive. At minimum staffing periods, at least two (2) of the units in service must be four-wheel drive. In addition to the number of ambulances proposed, Proposers shall provide a plan using mutual aid and other resources to meet periods of peak demand and in the event of equipment problems.

Subsequent coverage plan modifications, including any changes in post locations, priorities, and around-the-clock coverage levels, must be submitted in writing to the County of El Dorado EMS Agency for review and comment at least fifteen (15) business days prior to the implementation of any proposed changes.

U. Clinical and Employee Provisions

A. Medical Oversight

The County shall furnish medical control services, including the services of an EMS Medical Director for all system participants (i.e., first responder agency, communications agency and transport agency) in accordance with the EMS Ordinance. The EMS Medical Director is employed by the County. To avoid potential conflicts of interest, the EMS Medical Director shall receive no compensation or remuneration directly from the Contractor.

1. Medical Protocols

Contractor shall comply with medical protocols and other requirements of the system standard of care as established by the EMS Medical Director. Current medical protocols including trauma transport protocols are found in the County of El Dorado EMS Policy and Procedure Manual and related materials, which may be found at: http://www.edcgov.us/Government/EMS/Policies_Procedures.aspx

Proposers are encouraged to recommend additions or changes that would improve these protocols.

2. Direct Interaction with Medical Control

Field and communications personnel have the right and responsibility to interact with the system's medical leadership on all issues related to patient care. This individual professional responsibility is essential. Particular attention has been given to including safeguards against the Contractor's organization preventing or discouraging this interaction from occurring. The EMS Medical Director recognizes the complexity of these interactions, and will not otherwise involve himself/herself in employer's labor matters.

3. Medical Review/Audits

The goal of the medical audit process is to improve patient care by providing feedback on the system and individual performance. If the audit process is to be positive, it routinely must produce improvement in procedures, on-board equipment, and medical practices. It is the Contractor's responsibility to operationalize this corrective feedback.

To the greatest extent possible, medical audits are to be scheduled in advance for the convenience of the field personnel. The Contractor shall arrange

schedule changes, if possible, to make medical audit attendance more convenient.

The EMS Medical Director may review and categorize medical audit requests, separating those with important clinical implications or which potentially involve disciplinary action from those that may be resolved by telephone, and may resolve the matter directly without further involvement, or unnecessary inconvenience of field personnel.

The EMS Medical Director may require that any of the Contractor's employees attend a medical audit when necessary. Employees may attend any audit with respect to any incident in which they were involved that is being formally reviewed, but must maintain the confidentiality of the medical audit process. Every employee involved in a case being reviewed is not required to attend unless mandated by the EMS Medical Director.

The EMS Medical Director shall at all times work with Contractor to ensure that procedures and processes, which are already in place in the Contractor's organization, are not altered unnecessarily.

4. Duties of the EMS Medical Director

The duties of the EMS Medical Director are defined by California law and outlined in the EMS Ordinance and County EMS Policy.

B. Transport Requirement Limitations

Should the Contractor determine that specific individuals have abused the required transport provision of the EMS service, they shall report the names of those individuals to the EMS Medical Director. The EMS Medical Director shall establish, within the standards of care, reasonable procedures to enable the Contractor to decline to transport such abusers after contact with on-line medical control.

C. Minimum Clinical Levels and Staffing Requirements

All ambulances rendering services shall be staffed and equipped to render paramedic care. The paramedic shall be the primary caregiver for all patients (e.g. emergency and non-emergency). The minimum requirement for the second staff member shall be an EMT.

D. Demonstrable Progressive Clinical Quality Improvement Required

The County desires that its Contractor develop and implement a comprehensive quality improvement process for the EMS system. That process shall include, at a minimum, medical dispatch personnel and transport personnel. Quality improvement processes shall be utilized to improve outcome oriented patient care and facilitate continuing education.

The Contractor shall provide in-house or sub-contracted in-service training programs designed to meet employee certification requirements that will be offered at no cost to employees.

The Contractor shall designate a Field Training Officer (FTO) that will participate in the County of El Dorado EMS Agency Medical Advisory Committee (MAC) and Continuous Quality Improvement (CQI) meetings.

The Contractor shall budget a certain dollar figure each year to be used for non-mandatory clinical upgrades. It is the County's intent to encourage and require its Contractor to anticipate increasing internal standards and the funding needs of these enhancements in addition to those that may be externally mandated.

E. Treatment of Incumbent Work Force

A number of dedicated, highly trained personnel are currently working in the County's EMS system. To ensure that all employees have a reasonable expectation of employment in the Contractor's operation, the Proposers are strongly encouraged to recruit employees currently working in the system to assure a smooth transition and to encourage personnel longevity within the system. The County has expressed its strong desire to see the incumbent employees treated fairly. Consequently, the evaluation and scoring of proposal submissions will give considerable weight to this area.

F. Character Competence and Professionalism of Personnel

The County expects and requires professional and courteous conduct and appearance at all times from the Contractor's field personnel, medical communications personnel, middle managers and top executives. The Contractor shall address and correct any occasional deviations from these standards.

All persons employed by the Contractor in the performance of work shall be competent and holders of appropriate licenses and permits in their respective professions and shall be required to pass a background (DOJ & FBI) check and drug screening procedure. The Contractor shall provide documentation to the

County of compliance with this provision, including details of its drug screening procedures.

G. Key Personnel

The County will, in part, base the award of the contract upon the qualification of the organization, and upon the qualifications of key personnel presented in the Proposer's proposal. The Contractor will be expected to furnish the personnel identified in the proposal throughout the term of the contract. The Contractor is expected to furnish the same personnel or replacement personnel with equal or superior qualifications. It is the specific intent of this provision to prevent "bait and switch" bidding practices whether intentional or not.

Additionally, the Proposer is required to provide the title, reporting relationship and limits of authority for the senior executive, on site, serving as the main contact with the County. It is the County Board of Supervisors' desire to have strong local authority and control of the operation.

H. OSHA and Other Regulatory Requirements

It is anticipated during the term of this contract that certain regulatory requirements for occupational safety and health, including but not limited to infection control and blood borne pathogens, may be increased. It is the County's expectation that the Contractor will adopt procedures that meet or exceed all requirements for dealing with these matters. The costs for any new OSHA requirement added to the system after the first year of the contract will be cause for discussions concerning adjustments in contract terms or compensation. During the first year of the contract the Contractor will be responsible for paying for any new OSHA requirements.

I. Discrimination Not Allowed

During the performance of this contract, the Proposer agrees that it will comply with all applicable provisions of federal, State and local laws and regulations that prohibit discrimination. Specifically, the Proposer warrants that it shall:

1. Not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. This shall include, but not be limited to the following: employment; upgrading; demotion; transfer; recruitment or recruitment advertising; layoff or termination; rates of pay

or other forms of compensation; and selection for training, including apprenticeship;

2. In all solicitations or advertisement for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin;
3. Comply with Executive Order 11246, as amended, if applicable, and the rules, regulations and orders of the Secretary of Labor;
4. Be responsible for determining the applicability of and compliance with any federal or State regulation enacted pursuant to: Executive Orders; federal legislation or amendments to legislation; and State legislation or amendments to legislation.

J. Work Schedules and Employee Affairs – An Employer Matter

Although this is a performance-based RFP and Proposers are encouraged to be creative in delivering service, the Proposers are expected to employ reasonable work schedules and conditions. Specifically, patient care must not be hampered by impaired motor skills of personnel working extended shifts, part-time jobs, voluntary overtime, and mandatory overtime without adequate rest.

The County expects that to attract and retain outstanding personnel, the Contractor must offer reasonable compensation. The Contractor is not to use compensation levels that are substandard in the industry in order to deliver the economic efficiencies necessary to profitably manage this contract. The County in no way intends to restrict the ingenuity of the Contractor and its employees from working out new and creative compensation (salary and benefits) programs.

The County's goal is to ensure that the Contractor, initially, and throughout the term of the contract, provides a financial benefit to encourage employee retention and recruitment for the EMS system.

The County emphasizes that the Contractor is responsible for conducting the affairs with its employees, including managing personnel and resources fairly and effectively in a manner that ensures compliance with the contract that will be ultimately executed by the Contractor. The County will not otherwise involve itself in Contractor/management/employee relationships.

VI. System Enhancements

In addition to the requirements of this RFP, the County of El Dorado is interested in the implementation of certain system enhancements. While not required, inclusion of the following enhancements, at no additional cost to the County will allow each Proposer to earn additional points in the evaluation of its proposal. Proposers may include in their proposals commitments to provide any of the following:

A. Syndromic Biosurveillance

Proposers may offer to acquire and install a Syndromic Biosurveillance system that utilizes EMS data, including that obtained during the EMD process to provide public health and homeland security alerts triggered by clusters or patterns of illness and injury within the community. If the successful Proposer installs such a system, the County may choose to expand the system to cover the entire County, at County expense.

B. Data Lockbox

Proposers may offer to establish a Data Lockbox to provide security, continuity and accountability of CAD response data. The system may also include a mechanism for third party analysis, audit and reporting of response time performance to determine contract compliance.

Proposers should identify the specific Data Lockbox system proposed and provide detailed information about the system and the company that offers it. The burden is upon the Proposer to demonstrate the superiority of the proposed system so that the County may competitively evaluate proposals.

VII. Financial and Administrative Provisions

A. Terms and Renewal Provisions

The term of the contract ultimately executed by the successful Proposer will be for a period of five (5) years beginning September 1, 2011. The successful Proposer may earn up to five (5) extensions of one (1) year each according to the terms of the contract. To earn each extension, the successful Proposer must substantially exceed the minimum requirements of the contract during the previous term. Extensions must be applied for and approved annually, to allow adequate time to conduct a new competitive procurement should the extension not be granted

B. Insurance Indemnity Provisions

Proposers will provide satisfactory evidence that if chosen as the County's Contractor, the company will be able to provide throughout the term of the contract insurance coverage meeting or exceeding the coverage, endorsements and notices required in Appendix 4, Insurance Coverage. Additionally, Proposers must agree to the indemnity provisions detailed in Appendix 4, Indemnity Provisions, which will be incorporated in the contract.

C. Performance Security

Due to the importance of the EMS System to the community it serves, the County must do everything possible to eliminate the potential for a system failure. Ambulance service is an important public service, and a well-designed system incorporates a variety of performance security measures to minimize the potential for failure and to sustain uninterrupted service in the event of the failure of the successful Proposer.

The County will use a combination of performance security provisions to safeguard the public. The County will retain and own the accounts receivable and cash flow and will own some portions of the system infrastructure necessary to provide service. Additionally, the successful Proposer will execute a three way leasing agreement or standby lease agreement which will assure the County immediate access to any successful Proposer provided equipment and supplies and other assets that the County determines are necessary for the continued operations of the system. The County will require an irrevocable letter of credit or cash deposit in the amount of fifty thousand dollars (\$50,000). The County prefers an irrevocable letter of credit, but will consider a cash deposit. The County maintains the right to terminate the contract for non-performance or major breach, and to effect a takeover as set forth in the contract.

1. Continuous Service Delivery

The Contractor expressly agrees that, in the event of a default by the Contractor, the Contractor will work with the County to assure continuous delivery of services regardless of the underlying cause of the default. The Contractor agrees that there is a public health and safety obligation to assure that the County of El Dorado is able to provide uninterrupted service delivery in the event of default even if the Contractor disagrees with the determination of default. Further, the Contractor agrees that if notified by the County of a determination of default and intent to execute an emergency takeover of the system, that the Contractor will cooperate fully with the takeover and challenge or appeal the matter only after the takeover has been completed.

2. Performance Letter of Credit or Cash Deposit

The successful Proposer will deposit with the County a cash deposit or an irrevocable letter of credit for a term of five years, subject to renewal or a new letter in the event the contract is extended, and in a form acceptable to the County. The amount of the irrevocable letter of credit or cash deposit shall be in the sum of fifty thousand dollars (\$50,000). The County prefers an irrevocable letter of credit, which must be issued by a federally insured (FDIC) banking institution, acceptable to the County, with a debt rating of 1A or higher by the FDIC; A or higher by Standard and Poor's; A or higher by Moody's investors; or, have a comparable rating by another rating system acceptable to the County.

The successful Proposer's failure to provide the required performance letter of credit or cash deposit specified herein with 30 days of the date of award, or to fail to furnish the required insurance or to execute the contract within the time allowed for submittal constitutes a failure to execute and return the Contract as required herein. Upon such failure, the successful Proposer's proposal deposit will be forfeited to the County.

The irrevocable letter of credit or cash payment will be used to assure the continued operation of the ambulance service, including, but not limited to, the conduct of a new procurement process, negotiation of a new contract and/or related administrative expenses, should the County terminate the contract because of default.

D. Contractor Default and Provisions for Early Termination

Conditions and circumstances that constitute a default of the contract include but are not limited to the following:

1. Failure of the Contractor to operate the system in a manner which enables the County and the Contractor to remain in compliance with federal or State laws, rules or regulations, and with the requirements of the County EMS ordinance and/or related rules and regulations.
2. Falsification of information supplied by the Contractor during or subsequent to this procurement process, including by way of example, but not by way of exclusion, altering the presumptive run code designations to enhance the Contractor's apparent performance or falsification of any other data required under the contract.
3. Creating patient transports so as to artificially inflate run volumes.
4. Chronic failure of the Contractor to provide data generated in the course of operations including by way of example, but not by way of exclusion, dispatch data, patient report data, response time data or financial data.
5. Excessive and unauthorized scaling down of operations to the detriment of performance during a "lame duck" period.
6. Chronic failure of the Contractor's employees to conduct themselves in a professional and courteous manner and present a professional appearance.
7. Chronic failure of the Contractor to maintain vehicles and equipment in accordance with manufacturer recommended maintenance procedures.
8. Making assignments for the benefit of creditors; filing a petition for bankruptcy; being adjudicated insolvent or bankrupt; petitioning by a custodian, receiver or trustee for a substantial part of its property; or, commencing any proceeding related to bankruptcy, reorganization arrangement, readjustment of debt, dissolution or liquidation law or statute.
9. Failure of the Contractor to cooperate with and assist the County after a default has been declared as proven herein, even if it is later determined that such breach never occurred or that the cause of the breach was beyond the Contractor's reasonable control.

10. Acceptance by the Contractor or Contractor's employees of any bribe, kickback or consideration of any kind in exchange for any consideration whatsoever, when such consideration or action on the part of the Contractor or Contractor's employees could be reasonably construed as a violation of federal, State or local law.
11. Payment by the Contractor or any of the Contractor's employees of any bribe, kickback or consideration of any kind to any federal, State or local public official or consultant in exchange for any consideration whatsoever, when such consideration could be reasonably construed as a violation of any federal, State or local law.
12. Chronic failure of the Contractor to meet the system standard of care as established by the EMS Medical Director.
13. Failure of the Contractor to maintain insurance in accordance with the contract.
14. Failure of the Contractor to meet response time requirements as set forth in the contract.
15. Failure to maintain an irrevocable letter of credit or cash deposit meeting the terms and amount specified in the contract.
16. Chronic failure to submit reports and information under the terms and conditions outlined in this RFP and any subsequent contract.
17. Any other failure of performance, clinical or other, required in the contract and which is determined by the Director of Health Services or EMS Medical Director and confirmed by the County Board of Supervisors to constitute a default or endangerment to public health and safety.

E. Provisions for Termination of Contract

In the event of default, the County will give the Contractor written notice, return receipt requested, setting forth with reasonable specificity the nature of the breach. Within five (5) calendar days of receipt of such notice, the Contractor will deliver to the County, in writing, a plan to cure such default. The plan will be updated, in writing, every week until the breach is cured. The Contractor shall have the right to cure such breach within 30 calendar days of receipt of notice of breach. If the Contractor fails to cure such default within the period allowed for cure (such failure to be determined by the sole and absolute discretion of the

County), or the Contractor fails to timely deliver the cure plan or updates to the County, the County may immediately terminate the contract. The Contractor will cooperate completely and immediately with the County to affect a prompt and orderly transfer of all responsibilities to the County.

The Contractor will not be prohibited from disputing any findings of default through litigation, provided, however, that such litigation will not have the effect of delaying, in any way, the immediate transfer of operations to the County. Such dispute by the Contractor will not delay the County's access to funds made available by the irrevocable letter of credit or cash deposit. These provisions will be specifically stipulated and agreed to by both parties as being reasonable and necessary for the protection of public health and safety. Any legal dispute concerning the finding that a default has occurred will be initiated and shall take place only after the transfer of operations to the County has been completed, and will not, under any circumstances, delay the process of transferring operations to the County or delay the County's access to performance security funds as needed by the County to finance such transfer of operations.

The Contractor's cooperation with and full support of the County's termination of the contract, as well as the Contractor's immediate release of performance security funds to the County, will not be construed as acceptance by the Contractor of the finding of default and will not in any way jeopardize the Contractor's right of recovery should a court later find that the declaration of default was made in error. However, failure on the part of the Contractor to cooperate fully with the County to effect a smooth and safe transition shall itself constitute a breach of contract, even if it is later determined that the original declaration of default by the County was made in error.

F. County's Remedies

If conditions or circumstances constituting a default as set forth in Section D exist, the County shall have all rights and remedies available by law or in equity under the contract, specifically including the right to terminate the contract. The County's remedies shall be cumulative and shall be in addition to any other remedy available to the County.

G. "Lame Duck" Provisions

Should the Contractor fail to prevail in a future procurement cycle, the Contractor will agree to continue to provide all services required in and under the contract

until a new Contractor assumes service responsibilities. Under these circumstances, the Contractor will, for a period of several months, serve as a lame duck Contractor. To assure continued performance fully consistent with the requirements of the contract through any such period, the following provisions will apply:

1. The Contractor will continue all operations and support services at the same level of effort and performance that were in effect prior to the award of the subsequent contract to a competing organization, including but not limited to compliance with the provisions related to the qualifications of key personnel.
2. The Contractor will make no changes in methods of operation, which could reasonably be considered to be aimed at cutting Contractor services and operating cost to maximize profits during the final stages of the contract.
3. The County recognizes that if a competing organization should prevail in a future procurement cycle, the Contractor may reasonably begin to prepare for transition of the service to a new Contractor. The County will not unreasonably withhold its approval of the Contractor's request to begin an orderly transition process, including reasonable plans to relocate staff, scale down certain inventory items, etc., as long as such transition activity does not impair the Contractor's performance during this period.

H. General Provisions

1. Assignment

The Contractor shall not assign any portion of the contract for services to be rendered without first obtaining written consent from the County. Any assignment made contrary to the provisions of this section shall terminate the contract and, at the option of the County, shall not convey any rights to the assignee. Any change in the controlling interest of Contractor's ownership shall, for the purposes of the contract, be considered a form of assignment. The County shall not unreasonably withhold its approval of the requested change in ownership. County may require credentials and financial information from the transferee and may base its approval or withholding of approval on the information provided.

2. Permits and Licenses

The Contractor shall be responsible for and hold any and all required federal, State and local licenses required to perform the duties under the contract. In

addition, the Contractor will make all necessary payments for licenses and permits to conduct its business and duties under the contract. The Contractor will assure that all necessary renewals are made on time. The Contractor will be responsible for assuring that all of its personnel hold valid State and local certifications at all times required to meet the Contractor's responsibilities under the contract.

3. Compliance with Laws and Regulations

All services furnished by the Contractor under the contract shall be rendered in full compliance with all applicable federal, State, and local laws, ordinances, rules and regulations. It shall be the Contractor's sole responsibility to be fully familiar with all laws, rules and regulations that apply to the services provided by the Contractor and to comply with them at all times. Furthermore, the Contractor agrees to perform in accordance with the provisions of any regulations or written guidelines established by the EMS Medical Director pursuant to the County of El Dorado EMS Ordinance.

4. Product Endorsement / Advertising

The Contractor shall not use the name or equipment of the County for the endorsement of any commercial product or service without the expressed written permission of the County.

5. Audits and Inspections

County and EMS Medical Director representatives may at any time, and without notification, directly observe the Contractor's operation of the communications center, maintenance facility and any ambulance post location. A County or EMS Medical Director representative may ride as an observer on any Contractor ambulance at any time, provided that in exercising this right to inspection and observation, County and EMS Medical Director representatives shall conduct themselves professionally and shall not interfere with the duties of the Contractor's employees, and shall at all times be respectful of the Contractor's employer / employee relationships. County and EMS Medical Director representatives shall have the right to audit the reports and data that the Contractor is required to provide under the contract. Such audits will be conducted during normal business hours with a minimum of 48 hours notice to the Contractor.

6. Return of County Equipment

The Contractor agrees to return any County issued equipment in good working order, normal wear and tear excepted, at the termination of the contract. For any County equipment not returned at the conclusion of the term, or, for any equipment returned damaged or unusable, the County shall repair or replace said equipment at the Contractor's expense and deduct an equivalent amount from the Contractor's performance security.

7. Relationship of the Parties

Nothing in the contract resulting from this RFP shall be construed to create a relationship of employer and employee or principal and agent, partnership, joint venture, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of the contract. Nothing in the contract shall create any rights or remedies in any third party, it being solely for the benefit of the County and the Contractor.

8. Rights and Remedies Not Waived

The Contractor will be required to covenant that the provision of services to be performed by the Contractor under the contract shall be completed without further compensation than that provided for in the contract. The acceptance of work under the contract and the payment therefore shall not be held to prevent maintenance of an action for failure to perform work in accordance with the contract. In no event shall the payment of consideration by the County be construed as a waiver by the County of any default of covenant by the Contractor. County's payment shall in no way impair or prejudice any right or remedy available to the County with respect to default.

9. Consent to Jurisdiction

The Contractor and its ultimate parent corporation shall consent to the exclusive jurisdiction of the courts of the State of California, or a federal court in California in any and all actions and proceedings between the parties hereto arising under or growing out of the Contract. Venue shall lie in the County of El Dorado, California.

10. End Term Provisions

The Contractor shall have ninety (90) days after termination of the contract in which to supply the required audited financial statements and other such documentation necessary to facilitate the close out of the contract at the end of the term.

11. Notice of Litigation

The Contractor shall agree to notify the County as soon as practicable or within two (2) business days, or as required to be consistent with legally mandated requirements of any litigation or significant potential for litigation of which the Contractor becomes aware which may have a material impact on or which names the Contractor. Further, the Contractor will be required to warrant that it will disclose in writing to the County all litigation involving the Contractor, the Contractor's related organization, owners and key personnel.

12. Cost of Enforcement

If either the County or the Contractor institutes litigation against the other party to enforce its rights pursuant to the contract, the actual and reasonable cost of litigation incurred by the prevailing party, including but not limited to attorney's fees, consultant and expert fees, or other such costs shall be reimbursed within ninety (90) days after receiving notice of the party which prevails.

VIII. Submission & Scoring of Proposals

A. General Submission Information

1. Proposal Submission

Proposers must submit one (1) original, so marked, and ten (10) copies of their proposal, along with any and all appendices and addenda, signed by the representative authorized to bind the Proposer to the commitments in the proposal. The proposal shall be clearly marked on the outside with the name, address and phone number of the Proposer, and the name of the Proposer's contact individual, and shall be further clearly marked as follows:

“RFP #11-0073-MAILROOM DO NOT OPEN”,

Complete submissions must be received by the County no later than 3:00 PM – April 1, 2011 at the following address:

**County of El Dorado
Procurement and Contracts
330 Fair Lane
Placerville, CA 95667**

Attn: Bonnie H. Rich

Proposers are encouraged to hand-deliver their proposals to the aforementioned to insure that they are received prior to the deadline date and time. Proposals that are received by courier, mail, certified or registered mail or any other manner after the deadline time and date will be deemed non-responsive. A Proposer may withdraw its proposal at any time **prior** to the opening deadline date and time by submitting a written request in person for its withdrawal to the County's Office of Procurement and Contracts, Attention: Bonnie H. Rich, signed by an authorized representative of the Proposer authorized to bind the Proposer to the commitments in the proposal and provided that the representative shows proof of his/her identity. Upon receipt of a request in the aforementioned manner, the proposal will not be considered by the County and will be returned to the Proposer so long as the withdrawal takes place prior to the time for opening and the Proposer signs a receipt for return of the proposal. A Proposer who withdraws its proposal prior to the opening deadline date and time may thereafter submit a new proposal so long as the new proposal is submitted **prior** to the opening

deadline date and time. Modified, revised, or new proposals offered in any other manner, oral or written, will not be considered.

It is the responsibility of the Proposer to assure that the proposal is received in the County's Office of Procurement & Contracts as directed above prior to the proposal opening deadline date and time. Proposals received beyond the opening deadline date and time will not be considered, and will be returned by the County unopened. The time stamp clock located in the office of the Procurement and Contracts Division will serve as the official time clock.

Proposers taking material exception to the County's specifications will be disqualified. The purpose of the Pre-Proposal Conference is to provide clarification of the RFP and its specifications before submission of proposals. If an organization has questions regarding the RFP and its specifications, a request for clarification should be submitted at or before the pre-bid conference to obtain a ruling on the matter before submitting a proposal.

Immediately after the passing of the deadline for proposal submissions, the Purchasing Agent will publicly open the proposals and make a list of firms that have submitted proposals. No information other than the names of the Proposers will be publicly released until after the scoring of the Proposals has been completed. The Purchasing Agent or designee shall review each proposal submission for initial responsiveness to determine if it is timely, is certified in accordance with Proposers' certification requirements, follows the instructions of the RFP, and is accompanied by the required proposal deposit pursuant to the requirements of this RFP. Failure to timely submit a proposal, or to include the required certification or mandatory proposal deposit will result in the proposal being deemed non-responsive by the Purchasing Agent and will be recommended to the County's Board of Supervisors for rejection. The Purchasing Agent will notify a Proposer of its recommendation and the date and time that the recommendation of non-responsiveness will be heard by the County's Board of Supervisors. The Proposer may appear and have an opportunity to be heard at that hearing. Failure of the Proposer to appear at the Board of Supervisors hearing on the matter will result in Proposer's deemed failure to exhaust its administrative remedy.

Proposals shall be valid for a period of 90 days after the deadline date and time for submission.

2. Procurement Time Frames

The schedule for the County of El Dorado CSA #3 procurement is outlined in the Procurement Schedule on page _4_. Failure to comply with any time frames outlined in the procurement schedule may result in automatic disqualification of the Proposer.

3. Cost of Participation

All costs associated with participation in this procurement process shall be borne by the Proposer. The County will not be responsible for any costs incurred by a Proposer or any third party as a result of participation in this process.

4. County to Investigate Credential and Proposal Submissions

The Proposer shall submit executed notarized “investigative authorization forms” for the company(s) whose credentials are submitted for review and for all owners, officers and key personnel and subcontractors. Publicly held companies need only submit the company release and those for the managers and key personnel who would be involved in the fulfillment of the contract or in the preparation of the proposal. Copies of the required release forms are provided as Appendix 3, Investigative Releases.

5. Own Expertise and Judgment Required

Each Proposer is specifically advised to use its own expertise and professional judgment in deciding upon the methods to be employed to achieve and maintain the performance required under the contract. “Methods”, in this context, means compensation programs, shift schedules, personnel policies, supervisory structures, ambulance deployment techniques, and other internal matters which, taken together, comprise each Proposer’s strategies and tactics for accomplishing the task. The County recognizes that different Proposers may employ different methods with equal success. By allowing each Proposer to select, employ and change its production methods, the County hopes to promote innovation, efficiency and superior levels of performance.

6. Estimated Business Volumes

The County specifically makes no representations or warranties regarding the number of requests for ambulance service, ambulance transports, quantities or length of long distance transports, or frequency of special events coverage that

may be associated with this procurement. Any and all historical data related to past volumes of business within the County of El Dorado EMS system are provided to illustrate the historical level of performance only, and not to guarantee future business volume.

7. Public Records Act

All proposals shall not become public information by and until the conclusion of the selection process. At the conclusion of the selection process, a proposal or portions thereof, may be disclosed except that those portions of a proposal that are identified at the time of submittal by the Proposer as trade secrets and which are deemed by the County as not being public documents that must be disclosed under the Public Records Act, or other appropriate statutes and regulations. Pricing and service elements of the successful proposal will not be considered proprietary information. Information designated as trade secret by a Proposer shall be submitted in a separate sealed envelope from the remaining proposal and clearly labeled as proprietary with the RFP number on the outside of the envelope. That separate sealed envelope shall then be placed in the sealed envelope or box containing the proposal. All materials submitted in response to this Request for Proposal shall become the property of the County and will not be returned.

8. Proposal Deposit Required

All proposals must be accompanied by a proposal deposit (not a bid bond) in the sum of \$5,000.00 in the form of a certified check or cashier's check made payable to the County of El Dorado. This proposal deposit will be returned to any unsuccessful Proposers within ten business days after the award of the contract, except that if, upon investigation of credential and proposal submissions it is determined that a Proposer has misrepresented itself or provided false or inaccurate information, then that respective Proposer's deposit shall be forfeited to the County as provided in this RFP. The successful Proposer's proposal deposit will be returned upon the signing of the contract. No interest will be paid on any proposal deposit.

9. County's Rights:

Award of a contract will be considered by the Board of Supervisors for the County. The County reserves the right to investigate, request clarification of, and verify any and all proposals, to waive any and all irregularities, and/or to reject any and all proposals as deemed by the County as necessary and/or in the best interests of the County.

B. Mandatory Table of Contents

In order to ensure that the evaluation of proposals is as equitable as possible, all proposals must be submitted in the following format. Order and numbering conventions should be consistent with the required table of contents. Proposers are further directed to Appendix 1, Expanded Mandatory Table of Contents, of this RFP for further information on the minimum requirements for each section of the Mandatory Table of Contents.

The proposals will be scored in comparison with other Proposers' offerings for each section as specified in item C. "Evaluation of Proposals" which follows in this section of the RFP.

- I. Letter of Transmittal
- II. Introduction
 - A. Description of Proposed Organization
- III. Credentials
 - A. Analogous Experience
 - B. Demonstration of Financial Depth and Stability
 - C. Documentation of Regulatory Compliance and Litigation
- IV. Clinical Performance
 - A. Clinical Credentials of Field Personnel
 - B. Financial Reserve for Clinical Upgrades
 - C. Quality Improvement Processes
 - D. In-Service Training
 - E. Preceptor Qualifications/Status
 - F. Internal Staff Support for EMS Medical Director
 - G. Electronic Patient Care Record
- V. Community Service and Education
- VI. Control Center Operations
 - A. Qualifications of Personnel
 - B. In-service Training
 - C. Methods for Fine Tuning Deployment Plans
 - D. Proposed Computer Aided Dispatch/AVL System
 - E. EMD Software Installation
 - F. Proposed Location and Operation of Communications Center
- VII. Human Resources
 - A. Treatment of Incumbent Workers
 - B. Compensation and Benefits
 - C. Leadership/Supervisory Training

- D. Diversity Awareness Training and Involvement Plan
 - E. Health and Safety Programs
 - F. Recruitment and Retention Strategies
- VIII. First Responder Program Support
 - A. First Responder Equipment and Supply Replenishment
 - B. Training Support for First Responder Program
- IX. Fleet and Equipment Issues
 - A. Proposed Vehicles and Safety Features
 - B. Ambulance Maintenance Practices
 - C. Equipment Maintenance Practices
- X. Key Personnel and Implementation Plan
- XI. Administrative
 - A. Provision of Insurance
 - B. Method of Providing Performance Security
- XII. Billing and Accounts Receivable Program Support
 - A. Medical Necessity Program
 - B. Corporate Compliance Program
- XIII. System Enhancements
 - A. Syndromic Biosurveillance
 - B. Data Lockbox

The Proposer will address each item in this section. Programs and offerings will be compared to other proposals. Any Proposer whose response fails to incorporate or utilize the minimum standards may be ruled a non-responsive, non-responsible proposer. The Proposer, at its option, may offer higher levels of performance for any component addressed in this RFP. Any additional offers will be considered as delineated in the Submission and Scoring Section of this RFP.

C. Evaluation of Proposals

Proposals will be evaluated by a Selection Committee composed of representatives selected by the County of El Dorado. The Selection Committee may also include at least one outside member with experience in evaluating high performance EMS proposals and a financial advisor.

The County’s consultants and legal advisors will not serve as members of the Selection Committee but may be asked to provide technical support for the committee. Investigations of Proposers’ submissions and services may be

conducted as deemed necessary by the County. Such investigations may include a site visit.

Proposals will be evaluated according to the following methodology:

- Compliance with the RFP

Proposals determined to be complete, follow the instructions of the RFP, including that it was received prior to the deadline for submission, the proposal deposit in the amount and form specified was included and meet the prescribed minimum standards, and format stipulated in the RFP will be scored by the Selection Committee in a non-public venue.

- Review of Proposals

The Selection Committee will score the proposals not previously rejected as non-responsive. Each of these Proposers will have an opportunity to make a one-hour oral presentation to the Selection Committee, followed by a 30 minute question and answer period. Presentations will be conducted at a place and time to be determined by the County. The Purchasing Agent will notify Proposers of the date and time of the presentations by contacting the official contact for each Proposer. The order of the presentations will be randomly determined. Each Proposer presentation shall be closed to the public and to competing Proposers to prevent any Proposer from gaining an unfair advantage by acquiring specific knowledge of a competitor's submission.

- Award of Points for Proposals to Provide Ambulance Service

Scoring will be based on a point system with points allocated to each category in the required outline format of the proposal. Deliberations by the Scoring Committee shall be a closed meeting. Each proposal will be separately and independently scored by each Selection Committee member as follows:

- a. *Compare.* Each committee member will individually compare submissions related to a single category (e.g., Human Resources - Treatment of Incumbent Workers).
- b. *Identify the strongest submission and assign maximum points.* On the basis of that comparison, each committee member will identify the

strongest submission in that category and award to that Proposer the maximum number of points for that category.

- c. *Award relative points to other submissions.* Having assigned the maximum possible points to the strongest submission, each individual committee member will then award points to the other proposals in that category, consistent with that member's assessment of the relative strengths of the competing proposals, on that category only.
- d. *Repeat the process for all criteria.* Each individual committee member will then repeat steps a. through c. for all categories shown on the scoring sheets.
- e. *Tabulate scores.* The Polaris Group or an outside accounting firm will tabulate the points.

The results of the Selection Committee process will be tabulated and recommendation will be submitted to the County Board of Supervisors for approval and authorization to negotiate a contract with the prevailing Proposer. The Purchasing Agent will notify all Proposers in advance of the Board of Supervisors meeting on consideration of the recommendation, of the date and time of the Board of Supervisors meeting and the recommendation. If a Proposer wishes to protest the recommended award, the protesting party shall submit a written protest in the form of a letter signed by an authorized representative of the Proposer, specifically stating the reason(s) for the protest and providing all relevant facts, law, rule, regulation or criteria on which the protest is based. That written protest must be received at least 24 hours prior to the meeting. Proposers will be given an opportunity to be heard at the meeting. Decision of the Board of Supervisors is final. Failure of a Proposer to follow this protest procedure prior to award will be deemed to be a failure to exhaust its administrative remedy.

D. Scoring Criteria

	<u>Item</u>	<u>Points</u>
I.	Letter of Transmittal	0
II.	Introduction	
	A. Description of Proposed Organization	0

III.	Credentials	
	A. Analogous Experience	200
	B. Demonstration of Financial Depth and Stability	200
	C. Documentation of Regulatory Compliance and Litigation	100
		500
IV.	Clinical Performance	
	A. Clinical Credentials of Field Personnel	30
	B. Financial Reserve for Clinical Upgrades	30
	C. Quality Improvement Processes	30
	D. In-Service Training	30
	E. Preceptor Qualifications/Status	10
	F. Internal Staff Support for EMS Medical Director	20
	G. Electronic Patient Care Record	10
		160
V.	Community Service and Education	60
VI.	Control Center Operations	
	A. Qualifications of Personnel	20
	B. In-service Training	20
	C. Methods for Fine Tuning Deployment Plans	20
	D. Proposed Computer Aided Dispatch/AVL System	20
	E. EMD Software Installation	20
	F. Proposed Location and Operation of Communications Center	20
		120
VII.	Human Resources	
	A. Treatment of Incumbent Workers	30
	B. Compensation and Benefits	30
	C. Leadership/Supervisory Training	30
	D. Diversity Awareness Training and Involvement Plan	10
	E. Health and Safety Programs	20
	F. Recruitment and Retention Strategies	30
		150
VIII.	First Responder Program Support	
	A. First Responder Equipment and Supply Replenishment	50
	B. Training Support for First Responder Program	50
		100

IX.	Fleet and Equipment Issues	
	A. Proposed Vehicles and Safety Features	50
	B. Ambulance Maintenance Practices	30
	C. Equipment Maintenance Practice	20
		100
X	Key Personnel and Implementation Plan	
	A. Qualifications of Key Personnel	60
	B. Implementation Plan	50
		110
XI.	Administrative	
	A. Provision of Insurance	0
	B. Method of Providing Performance Security	0
XII.	Billing and Accounts Receivable Program Support	100
XIII.	System Enhancements	
	A. Syndromic Biosurveillance	30
	B. Data Lockbox	20
		50
Total Points		1,450

APPENDIX 1

EXPANDED MANDATORY TABLE OF CONTENTS

APPENDIX 1

EXPANDED MANDATORY TABLE OF CONTENTS

The Proposer will address each item in the order and format provided below. Minimum requirements are provided for each section.

I. Letter of Transmittal

The letter of transmittal must clearly state the name or the organization submitting the proposal and identify the Proposer's authorized representative for official contacts related to this procurement. An official of the proposing organization authorized to bind the company to the commitments made in the proposal must sign the letter.

II. Introduction - Description of Proposed Organization

The Proposer will comprehensively describe the nature of the organizational entity proposed to be directly responsible for the provision of service under the contract. This must include any relationship the proposed organization may have to a "parent" or "sister" company. Financial relationships, ownership, shared directorship, or relationships with other organizations shall be defined. Organizational charts and a complete description of the proposed organization should be included.

III. Credentials

All Proposers must provide detailed information and supporting materials to enable the County to fully evaluate and verify the organization's qualifications. Entities that have multiple sites may use information from any site to establish qualifications. However, information presented which does not reflect the experience of the operational site responsible for performance under this proposal shall be noted.

Should any group of entities submit a proposal as a joint venture, or should any Proposer propose to use a subcontractor to fulfill obligations specified in this RFP, any information presented which does not reflect the experience of the operational unit submitting the proposal shall be so noted and documentation of the qualifications of the joint venture partner or subcontractor shall be included in the proposal.

The County will conduct an extensive verification of the credentials and qualifications of the Proposer receiving the best score in the proposal phase of the evaluation process. If the County finds any substantial misrepresentation of qualifications or is unable to adequately verify a Proposer's credentials, the Proposer will be found to be non-responsible and forfeit their proposal deposit to compensate the County for the time spent evaluating a proposal from a non-responsible proposer. The County will then proceed to verify the credentials of the second place Proposer, and so on, until the highest scoring Proposer is verified as a responsible, responsive proposer.

A. Analogous Experience

Each Proposer shall provide the following:

1. Documentation clearly demonstrating that the Proposer has experience managing a full service (emergency and non-emergency) high performance ALS ambulance service in a community with a population of at least 30,000 persons. Information provided should include a list of communities in which the service is operated, names, addresses and phone numbers of the EMS Medical Director(s) and contract officer(s) or designated public officials with oversight responsibility. Documentation of independently verifiable maximum (fractile) response time performance, the number of responses provided in each of the last two years and a brief description of the community, its EMS system and the services provided by the Proposer must be included.
2. Documentation of existing emergency services management systems and personnel that can facilitate the transition to managing such a service. This information should include descriptions of operational methods including, but not limited to:
 - System Status Planning and Deployment Methods
 - Communications Center Management or Contractual Relationship
 - Field Supervision
 - Training and Management of Clinical Personnel
 - Recruitment, Orientation and Retention of Personnel
 - Quality Improvement Process Management
 - Interactions with First Responders
 - Management of a Material Management and Distribution System
 - Fleet Management

- Driver Training and Risk Management
 - OSHA Compliance and Exposure Control
 - Participation in Medicare / Medicaid Compliance Program
 - Compliance and Quality Assurance Methods for 3rd Party Billing
 - Health Insurance Portability and Accountability Act (HIPAA) Compliance
 - Compliance with the Health Information Technology for Economic and Clinical Health Act (HITECH Act), enacted on February 17, 2009, which provides for privacy and security of patient health information. Part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub L 111-5, 123 Stat 115)
3. Proposer shall provide information and documentation of existing management and supervisory strength, including senior management and management bench strength, to demonstrate the organization's ability to manage such a program. The information provided should be in the form of names and resumes of existing management and supervisory personnel who will be directly responsible and accountable for providing services under this RFP.
 4. Proposer shall demonstrate its ability to comply with response times by one of the following methods:
 - 5 Experience in managing and operating a service which is required to comply with specified emergency response times based on fractile compliance (e.g. 90% of life threatening emergencies responded to within 10 minutes and 0 seconds). Documentation shall include a copy of contract language, regulation or ordinance which requires compliance and the service's response time performance for the past full year for which information is available. This information will be provided on a monthly compliance basis and in the following format:

Life Threatening Emergencies

Month												
Responses												
Exceptions												
Compliance %												

If the Proposer does not have experience managing and operating a service in which fractile compliance is required, The Proposer shall provide clear and convincing information that demonstrates the capability to implement and manage such a system. The Proposer should include information about the steps, policies, procedures, training, equipment and management techniques that would be utilized to fulfill the requirements of the contract.

B. Demonstration of Financial Depth and Stability

Proposer shall provide evidence that clearly documents the financial history of the organization. All financial information should be reported for the operational unit responsible for the proposal. If the organization is a multi-site operator, joint venture or subsidiary operation, it may report consolidated financial information provided that a letter guaranteeing the Proposer’s performance with the full faith and credit of the parent organization is included with the financial data and is signed by an official with the authority to bind the parent organization. The provider will also provide and document the following:

1. Sufficient capital to provide for implementation and start-up of the contract.
2. Financial reserves or net worth sufficient to sustain the operation in case the Proposer has incorrectly estimated expenses or profits from the operation.
3. Any facts, issues or potential event that may have a material bearing on the financial condition, solvency or credit worthiness of the organization. These should include any material contingent liabilities or uninsured potential losses.

4. If the firm or its parent is publicly traded, a copy of the most recent annual report and SEC forms 10-(K) and 10-(Q). These must include audited financial statements for at least the past two years.
5. If the firm is not publicly traded, copies of audited financial statements for the last two years, if they are available. If not, each Proposer should submit complete financial statements for the past two years together with a notarized statement from the chief executive or chief financial officer of the organization certifying that the statements are correct. The County reserves the right to audit these statements to verify them.
6. If the firm is a political subdivision or Joint Powers Authority formed by political subdivisions, a letter from the controlling entity of the political subdivision authorizing participation in this process and a copy of the Joint Powers Authority agreement. In either case, sufficient authority must be demonstrated to engage in the contemplated contract. Additionally, the Joint Powers Authority will provide documented compliance with Government Code 6500 – 6536 “Joint Exercise of Powers Act”.
7. Clear evidence of the ability to secure insurance coverage required under this procurement. This may be in the form of certificates of insurance or a letter from an appropriate insurance company documenting that coverage will be provided. Detailed insurance coverage requirements and endorsements are found in Appendix 4 to this RFP.
8. A federal programs (Medicare and Medicaid) and 3rd party payor billing and documentation compliance program. Proposer should identify its program, methods, documentation guidelines, and implementation procedures. Proposers will also identify the firm’s compliance officer and detail policies related to reporting and resolution of compliance issues.

C. Documentation of Regulatory Compliance and Litigation

The Proposer shall detail any and all regulatory investigations, findings, actions, complaints and their respective resolutions. Proposer will specifically include details about any and all emergency (911) contract terminations and non-renewals within the last two years. Additionally, the Proposer will detail the circumstances and resolution of any contract disputes or notices of non-compliance.

1. The Proposer will provide a detailed list of all litigation in which the Proposer is involved.

IV. Clinical Performance

A. Clinical Credentials of Field Personnel

Minimum: Personnel who make up every ambulance crew will be appropriately certified by the State of California. Each ambulance will be staffed with at least one (1) paramedic and one (1) EMT, properly credentialed by the Medical Director.

A detailed organizational chart should be included. Detailed job descriptions and commitments for upgraded certifications should also be provided.

B. Financial Reserve for Clinical Upgrades

Minimum: List the annual dollar amount to be reserved for non-mandatory clinical upgrades.

Funds reserved will be cumulative from one contract year to the next and will be used for clinical system improvements above and beyond those contained in the commitments made in the successful proposal and contract.

C. Quality Improvement Processes

Minimum: Internal quality improvement program that identifies deviations from medical protocols, incomplete and inaccurate patient information and opportunities for improvement.

The Proposer should describe a comprehensive quality improvement program covering all aspects of the operations that it intends to utilize in the performance of this contract. The description of the program should include the type, frequency and quantity of information that would be provided to the EMS Medical Director to support his/her clinical oversight responsibilities.

D. In-Service Training of Contractor's Employees

Minimum: Programs for employees to retain required certification and meet local requirements for their respective positions.

Proposers will describe continuing education and special classes to be offered to personnel. Proposers will also provide policies regarding which programs are required and which are voluntary as well as what, if any cost to employees is involved. Proposer should clearly describe programs for clinical upgrade training, continuing education and any tuition assistance programs for employees.

E. Preceptor Qualifications/Status

Minimum: Educational and operational experience qualifications of clinical preceptors who will support the on-going clinical development of the clinical staff.

F. Internal Staff Support for EMS Medical Director

Minimum: Describe the level, type and amount of staff support that is proposed to facilitate interaction with the duties of the EMS Medical Director.

G. Electronic Patient Care Record

Minimum: Proposer shall propose an electronic patient care record (ePCR) that will be capable of collecting and reporting all clinical and billing records required to meet the requirements of the contract and County documentation requirements. The ePCR system shall provide access for County staff and the EMS Medical Director to review and use data and information from the system for quality improvement, billing, investigative research, contract compliance and other lawful and appropriate purposes. The ePCR shall, at Contractor's sole expense be integrated to the County's billing platform in a manner that uploads all data fields required for appropriate billing in a timely manner. The ePCR must also provide for a minimum of a preliminary patient record to be left at the hospital or receiving facility following every transport.

V. Community Service and Education

Minimum: Development and implementation of community based programs, to facilitate and improve injury and illness prevention and system access.

Proposer should include a description of specific programs, including training, personnel commitments, equipment, and budgeted funds

committed for these programs. Innovative approaches and cooperative programs with other agencies are encouraged.

VI. Control Center Operations

A. Qualifications of Personnel

Minimum: Communications workers must be trained according to EMD National Standard Curriculum, be certified in EMD and receive appropriate orientation to Proposer's deployment methods. Training should include the use of pre-arrival protocols and the Proposer's computer aided dispatch system.

B. In-service Training of Contractor's Employees

Minimum: Programs for employees to retain required certification and meet local requirements for their respective positions.

Proposers will describe continuing education and special classes to be offered to personnel. Proposers will also provide policies regarding which programs are required and which are voluntary as well as what, if any cost to employees is involved. Proposer should clearly describe programs for communications upgrade training, continuing education and any tuition assistance programs for employees.

C. Methods for Fine Tuning Deployment Plans

Minimum: Describe the process for modifying deployment techniques to ensure that ambulances are appropriately located by hour of the day and day of the week to respond to requests for service. The description should describe who is involved in the process and how and at what intervals it will be accomplished. Proposers will additionally detail safeguards to assure that non-emergency requests are adequately provided for in the plan.

D. Proposed Computer Aided Dispatch/AVL System

Minimum: Proposers will provide detailed information regarding the features and capabilities of the Computer Aided Dispatch and Automated Vehicle Location Systems to be provided. The Proposer should also provide information about system redundancy, fault tolerance, manual back-up and disaster recovery features and procedures. An implementation schedule for the installation of the specified system should be included.

E. EMD Software Installation

Minimum: Proposers will provide a plan for the acquisition and installation of EMD software that is compliant with the requirements of the EMS Medical Director. The approved minimum system is the installation of the most recently released Medical version of ProQA and AQUA from Priority Dispatch Consultants. Proposers should include a detailed plan and timeline for installation, systems integration with CAD and training that will assure that both ProQA and AQUA are fully operational prior to contract implementation.

F. Proposed Location and Operation of Communications Center

Minimum: Proposer shall describe its plan to establish a communications center to provide dispatch and communications services under the proposed contract. Proposer may propose to operate its own independent center, or may subcontract communications services to either of the existing communications centers (South Lake Tahoe & Camino) currently operating in the County of El Dorado. Proposer must provide information about the proposed center, including physical plant, layout, telephony, technology, redundancy, backup power and other systems, sufficient to allow the Selection Panel to evaluate the relative strength of the proposed plan.

VII. Human Resources

A. Treatment of Incumbent Workers

Minimum: The incumbent work force will be given consideration for employment by the incoming Contractor. Seniority transfer and programs for retaining personnel should be described.

B. Compensation and Benefits

Minimum: Salary levels will be provided. Each Proposer will include detailed wage scale, compensation increases, hours worked and a complete description of the benefit package to be offered.

C. Leadership/Supervisory Training

Minimum: Proposer's initial and on-going training and development program for EMS managers and supervisors will be described.

D. Diversity Awareness Training and Involvement Plan

Minimum: The Proposer will describe its internal diversity awareness and involvement plan, including its affirmative action plan and compliance reports.

E. Health and Safety Programs

Minimum: The Proposer will document a comprehensive health and safety program designed to prevent injuries and improve the health of the work force. This will include all government mandated programs and a comprehensive driver safety program. This must also include the employee screening and drug testing programs.

F. Recruitment and Retention Strategies

Minimum: Document mechanisms to ensure that well qualified employees are recruited and retained in the system.

Proposers should describe the comprehensive program used and should include details and examples of methods and tools employed.

VIII. First Responder Program Support

A. First Responder Equipment and Supply Replenishment

Minimum: A supply and equipment exchange and/or reimbursement program designed to facilitate continuity of care and rapid transfer of patients on-scene.

B. Training Support for First Responder Program

Minimum: The Proposer will provide a detailed description of its proposed support and funding for first responder training. The Proposer will provide a detailed description of its proposed support and funding of training independent of medical training.

IX. Fleet and Equipment Issues

A. Proposed Vehicles and Safety Features

Minimum: Proposer will provide a detailed description of its proposed ambulance fleet including, at a minimum:

1. The number and type of ambulances and other vehicles proposed
2. Specifications for the proposed ambulances, including a statement describing which vehicles are new, which are used (including age and mileage) and a description of the proposed vehicle replacement strategy

3. A commitment regarding the minimum ambulance fleet size as it relates to peak deployment practices
4. A description of modifications and features of the proposed ambulances, designed to improve vehicle reliability and the safety of patients and crewmembers
5. A description of any other vehicles that will be used to fulfill the requirements of the contract including their purpose and capabilities
6. A description of the Proposer's approach to driver safety training, monitoring and remediation, including a detailed description of any driver and proposed vehicle performance monitoring system(s).

B. Ambulance Maintenance Practices

Proposer should completely describe the ambulances and other vehicles to be furnished under the contract. Details of specified modifications and maintenance practices specifically designed to increase vehicle service life and eliminate vehicle failures should be provided. Additionally, Proposer will identify the location at which ambulance maintenance will be conducted.

C. Equipment Maintenance Practices

The Proposer should provide a detailed list of all major items of clinical equipment and document maintenance procedures and contracts to be employed in maintaining them to manufacturer recommended standards.

X. Key Personnel and Implementation Plan

A. Key Personnel

Proposers will identify the key personnel that will be employed to implement and manage services proposed under the contract. At a minimum, the identity and qualifications of the individuals responsible for the overall operation as well as those with functional responsibility for managing the communications center, fleet operations, production, and quality improvement should be included. A description of each key on-site person's experience in managing and providing similar services will be included. Resumes' should be provided for each "key" person. Proposers will also detail their "management bench strength" and show how other company resources will support the operation.

B. Implementation Plan

Proposers shall submit an Implementation Plan detailing all significant milestones including planned date each step is expected to commence and be completed in order to begin services by the implementation date of the Contract. The plan should demonstrate a clear, concise and realistic plan to implement the Contract.

XI. Administrative

A. Provision of Insurance

Minimum: The Proposer will document with a certificate of insurance the availability of the specified coverage. Additionally, the Proposer must submit a letter, signed by the appropriate authority agreeing to all specified terms including indemnity provisions.

B. Method of Providing Performance Security

Minimum: Each Proposer will describe and document the method(s) by which it will provide the specified performance security.

XII. Billing and Accounts Receivable Program Support

A. Medical Necessity Program

Minimum: The Proposer will document its program for the documentation of medical necessity in EMS transportation.

B. Corporate Compliance Program

Minimum: The Proposer will provide detailed information and documentation of its Corporate Compliance program including the name and position of its Corporate Compliance Officer.

XIII. System Enhancements (These items are not required but will receive credit in the scoring of proposals)

A. Syndromic Biosurveillance

Proposers may offer to acquire and install a Syndromic Biosurveillance system that utilizes EMS data, including that obtained during the EMD process to provide public health and homeland security alerts triggered by clusters or patterns of illness and injury within the community. If the winning Proposer installs such a system, the County may choose to expand the system to cover the entire County, at County expense.

B. Data Lockbox

Proposers may offer to establish a Data Lockbox to provide security, continuity and accountability of CAD response data. The system may also include a mechanism for third party analysis, audit and reporting of response time performance to determine contract compliance.

APPENDIX 2
CONTRACTOR COMPENSATION

APPENDIX 2

CONTRACTOR COMPENSATION

The Contractor serving CSA#3 will be compensated in 60 monthly payments of \$166,500.00 for the duration of the original five-year term of the contract. Beginning in January 2013, County will annually increase monthly compensation by a percentage that is equal to the Medicare Ambulance Inflation Factor (AIF) released by the Centers for Medicare and Medicaid Studies and effective for each calendar year. In the event that the AIF is zero or a negative percentage in any given year, Contractor compensation will not be changed during that year. The County will work collaboratively with the Contractor to establish and maintain an annual balanced operational budget for CSA #3, with operating expenditures that do not exceed annual operating revenues. .

At any time during the Contract term, in the event that significant circumstances beyond the reasonable control of the Contractor or County dramatically increase or decrease Contractor's expenses or County revenues, either party may request that the other meet and confer regarding the terms of the Contract. Potential options include:

- Agree to continue the Contract without changes
- Increase or decrease Contractor compensation
- Modify the performance requirements of the Contract

Examples of circumstances beyond the reasonable control of the parties include, but are not limited to: significant changes in State or federal healthcare reimbursement, State or federal mandates that create an unfunded financial burden on either party, the repeal or reduction of certain taxes or benefit assessments, and significant changes in the payor mix.

APPENDIX 3
INVESTIGATIVE RELEASES

APPENDIX 3

INVESTIGATIVE RELEASES

INVESTIGATIVE AUTHORIZATION – ENTITY OR SUBCONTRACTOR

The undersigned entity, a prospective Contractor to provide advanced life support ambulance service for the County of El Dorado, California, recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. That assurance will require inquiry into aspects of entity's operations determined relevant by the County of El Dorado, California, or its agents. The entity specifically agrees that the County of El Dorado, California or its agents may conduct an investigation into, but not limited to the following matters:

1. The financial stability of the entity, including its owners and officers, any information regarding potential conflict of interests, past problems in dealing with other clients or cities where the entity has rendered service, or any other aspect of the entity operations or its structure, ownership, or key personnel which might reasonably be expected to influence the County of El Dorado selection decision.
2. The entity's current business practices, including employee compensation and benefits arrangements, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and general internal personnel relations.
3. The attitude of current and previous customers of the entity toward the entity's services and general business practices, including patients or families of patients served by the entity, physicians or other health care professionals knowledgeable of the entity's past work, as well as other units of local government with which the entity has dealt in the past.
4. Other business(es) in which entity owners and/or other key personnel in the entity currently have a business interest.
5. The accuracy and truthfulness of any information submitted by the entity in connection with such evaluation.

This authorization shall expire six (6) months from the date of the signature.

**AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN
BY THE ENTITY:**

Date

Entity or Subcontractor Name

Authorized Representative (Signature)

Authorized Representative (Printed)

Title

ACKNOWLEDGMENT FOLLOWS:

ACKNOWLEDGMENT

State of California)

County of _____)

On this _____ day of _____, 2011, before me, _____ (name and title), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the _____ instrument_____.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public

Notary Public Seal

Commission
Expiration Date

INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being _____ (title) for _____ (entity), which is a prospective Contractor to provide advanced ambulance service to the County of El Dorado, California, recognizes that public health and safety requires assurance of safe, reliable, and cost efficient ambulance service. That assurance will require an inquiry into matters which are determined relevant by the County of El Dorado, California or its agents, such as, but not limited to, the character, reputation and competence of the entity's owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability, and general background, and specifically agrees that the County of El Dorado, California, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire six (6) months from the signature date.

AUTHORIZATION FOR SUCH PERSONAL INVESTIGATION IS HEREBY EXPRESSLY GIVEN:

Date

Individual Name

ACKNOWLEDGMENT FOLLOWS:

ACKNOWLEDGMENT

State of California)

County of _____)

On this _____ day of _____, 2011, before me, _____ (name and title), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the _____ instrument _____.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public

Notary Public Seal

Commission
Expiration Date

APPENDIX 4

INDEMNITY AND INSURANCE COVERAGE REQUIREMENTS

APPENDIX 4

INDEMNITY

To the fullest extent of the law, CONTRACTOR shall defend, indemnify, and hold COUNTY harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, COUNTY employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with CONTRACTOR's, or any of its Member Agency's services, operations, or performance hereunder, and/or in connection with or arising from the selection of CONTRACTOR as a responsible, responsive Proposer, regardless of the existence or degree of fault or negligence on the part of COUNTY, CONTRACTOR, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of COUNTY, its officers and employees, or as expressly provided by statute. This duty of CONTRACTOR to indemnify and save COUNTY harmless includes the duties to defend set forth in California Civil Code Section 2778.

Insurance

CONTRACTOR shall provide proof of a policy of insurance satisfactory to the County of El Dorado Risk Management Division and documentation evidencing that CONTRACTOR maintains insurance that meets the following requirements set forth hereinafter. In addition, where CONTRACTOR authorizes its members to provide services specified under this Contract, CONTRACTOR shall ensure either that CONTRACTOR's policy of insurance names the Member Agencies as an additional, named insured for the purposes of this Contract, or alternatively, that the Member Agencies provide proof of a policy of insurance meeting all of the following requirements and naming the COUNTY as an additional insured for the purposes of rendering services as CONTRACTOR's subcontractor under this Contract:

- A. Full Worker's Compensation and Employers' Liability Insurance covering all employees and subcontractors of CONTRACTOR as required by law in the State of California.
- B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
- C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with CONTRACTOR's business.

- D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
- E. CONTRACTOR shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
- F. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
- G. CONTRACTOR agrees that the insurance required above shall be in effect at all times during the term of this Contract. In the event said insurance coverage expires at any time or times during the term of this Contract, CONTRACTOR agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Contract, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and CONTRACTOR agrees that no work or services shall be performed prior to the giving of such approval. In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein provided, COUNTY may, in addition to any other remedies it may have, terminate this Contract upon the occurrence of such event.
- H. The certificate of insurance must include the following provisions stating that:
 - 1. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to COUNTY, and;
 - 2. The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Contract are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
- I. CONTRACTOR's insurance coverage shall be primary insurance as respects the COUNTY, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the COUNTY, its officers, officials, employees or volunteers shall be in excess of CONTRACTOR's insurance and shall not contribute with it.
- J. Any deductibles or self-insured retentions must be declared to and approved by the COUNTY, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the COUNTY, its officers, officials, employees, and volunteers; or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- K. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the COUNTY, its officers, officials, employees or volunteers.
- L. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments

under any policy issued by any insurance company.

- M. CONTRACTOR's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Contract.
- N. In the event CONTRACTOR cannot provide an occurrence policy, CONTRACTOR shall provide insurance covering claims made as a result of performance of this Contract for not less than three (3) years following completion of performance of this Contract.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with the County Risk Management Division, as essential for protection of the COUNTY.

APPENDIX 5
EQUIPMENT FURNISHED BY THE COUNTY

APPENDIX 5

EQUIPMENT FURNISHED BY COUNTY

1. COMMUNICATIONS INFRASTRUCTURE

A high band radio is available at Barton Memorial Hospital emergency department. County provides and maintains two repeaters (MED 7 and MED 8).

ASSIGNED FREQUENCIES

<u>ASSIGNMENT</u>	<u>TRANSMIT</u>	<u>RECEIVE</u>
Dispatch	154.445	153.950
Tactical Channel	153.890	154.340
City Net	155.940	153.995
Vehicle to Vehicle	UHF high end frequencies	
Ambulance to Hospital	MED 1 to MED 10 (MED 7 is primary)	
ALS Medical Control	MED 1 to MED 10 (MED 7 is primary)	

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PREFERRED COMMUNICATION EQUIPMENT

Satellite phone system

Ambulance Contractor to provide all mobile and portable radios compatible with existing radio system.

2. MEDICAL EQUIPMENT

High-altitude Nitronox Dispenser Units

APPENDIX 6
PROPOSER CERTIFICATION

APPENDIX 6

PROPOSER CERTIFICATION

The undersigned warrants that he or she is authorized to make commitments on behalf of the Entity or subcontractor identified herein and further certifies and warrants that the contents of the Proposal containing this executed Proposer Certification is complete and that all statements made therein are true and correct. The undersigned specifically acknowledges and consents that this Proposer Certification shall constitute a warranty and material representation, the falsity of which shall entitle the County of El Dorado to pursue any remedy authorized by law, including the right of declaring any contract made as a result thereof to be void. This Proposal shall remain valid and in effect for ninety (90) days from the opening deadline date.

Date

Entity or Subcontractor Name

Authorized Representative (Signature)

Authorized Representative (Printed)

Title

ACKNOWLEDGMENT FOLLOWS:

ACKNOWLEDGMENT

State of California)

County of _____)

On this _____ day of _____, 2011, before me, _____ (name and title), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the _____ instrument _____

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public

Notary Public Seal

Commission
Expiration Date