

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



November 8, 2018

Mr. Jeff Fariss, Senior EMS Coordinator  
Kern County EMS Agency  
1800 Mount Vernon Avenue  
Bakersfield, CA 93306

Dear Mr. Farris:

This letter is in response to Kern County's 2018 EMS Plan Update submission to the EMS Authority on September 25, 2018.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Kern County's 2018 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

Kern County received its last full plan approval for its 1994 plan submission, and its last annual plan update for its 2006 plan submission.

Historically, we have received EMS Plan submissions from Kern County for the following years:

- 1994
- 1999
- 2003
- 2006
- 2012
- 2015

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

**III. Analysis of EMS System Components:**

Following are comments related to Kern County's 2018 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

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

1. Ambulance Zones

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

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

**IV. Conclusion:**

Based on the information identified, Kern County's 2018 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of*

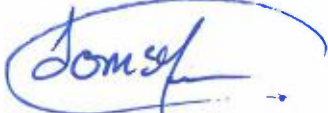
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November 8, 2018  
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*the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Kern County's next annual EMS Plan Update will be due on or before November 30, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure





KERN COUNTY  
**Public Health Services**  
DEPARTMENT

**MATTHEW CONSTANTINE**  
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

September 21, 2018

Dr. Howard Backer, MD, MPH, FACEP  
Director, California EMS Authority  
10901 Gold Center Drive, Suite 400  
Rancho Cordova, CA 95670

**KERN COUNTY EMS PLAN SUBMISSION**

Dear Dr. Backer:

In accordance with Section 1797.254 of the Health and Safety Code, please find enclosed Kern County EMS Division's EMS Plan Update for 2018.

If you have any questions or if you need additional information, please feel free to contact me at (661) 868-5216 or by email at [farissj@kerncounty.com](mailto:farissj@kerncounty.com).

Sincerely,

Jeff Fariss  
Senior EMS Coordinator

September 21, 2018

### **2018 EMS Plan Update – Kern County**

Kern County EMS Division is pleased to present the 2018 EMS Plan Update. The purpose of this notice is to provide a summary of the contents of the EMS Plan Update and highlight some of the work the Division has completed and is working toward in the near future.

2018 has been an exciting year that has brought many developments to our system. Among them was the hearing of the EMS appeal to the Emergency Medical Services Authority's denial of our EMS Plans that you heard previously. As a result Kern County EMS is now in the process of obtaining a Request For Proposal in order to return EOAs 1, 7, and 11 back to their Exclusive Operating Area status.

In May EMS hosted a Paramedic Update class, mandating that all accredited paramedics attend. It took a week to get all locally accredited paramedics through the class and up to date on all of the changes to policies, procedures and protocols.

Unfortunately, May was also the month in which we lost our longest serving Mayor, Harvey L. Hall. Shortly after his passing, the Vice President of Operations for Hall Ambulance Service Inc., contacted me and informed me that he had been receiving calls from ambulance companies throughout the state offering to send ambulances to assist during Mayor Halls' services. After receiving authorization from the regional RDMHC, CDPH, and EMSA, Kern County EMS approved the plan. More than 26 ambulances responded, some from great distances, on Saturday, June 2, to provide emergency response coverage to the greater Bakersfield area allowing Hall employees to attend the services. EMS worked with Hall Ambulance staff, Kern County Fire, Bakersfield City Fire, and BPD to assure that continuity of service to the community was maintained. To that end, EMS stood up our DOC, placing one staff member in Hall Ambulance's communication center (OCD), one staff member at the service with radio capability and 4 staff in our office monitoring the system. Each paramedic and EMT that entered our system from out of the area were granted a temporary local accreditation from Dr. Lyon allowing them to operate in our system. Hall Ambulance supplied them with radios and they were each directed to contact EMS 3 when preparing to transport in order to assure that each patient was transported to the appropriate hospital. This operation was well executed and resulted in no untoward occurrences.

In July, EMS personnel participated in the Threat and Hazard Identification and Risk Assessment at the EOC to ensure that Kern County can apply for Homeland Security Grant Funding in 2019. This is the first time the county has been required to participate in this process.

On August 1st, just after 8pm, the division received an initial report of a possible active shooter inside Mercy S.W. hospital. EMS staff immediately responded with one staff member to the incident

command post and the remaining staff to EMS headquarters where we activated our DOC. We contacted all local hospitals advising of the possibility of patient surge and possible evacuation of Mercy S. W. hospital. We advised the EOC of the situation and sent a situation report to CDPH and EMSA. We continued to closely monitor the situation until the all clear was given at 2300hrs.

In 2018, EMS has experienced change and growth in that we have taken on both the Kern County Health Care Coalition (KCHCC) and the Kern Medical Reserve Corps (KMRC). KMRC is part of a nationwide team of volunteers established following 9-11 under the office of the U.S. Surgeon General. The membership of KMRC receive training, direction, and coordination in order to be prepared for disaster response. The Kern County Health Care Coalition establishes collaborative relationships with external healthcare entities that are involved in emergency planning and response in an effort to enhance preparedness. These entities include urgent cares, surgery clinics and doctor's offices. The addition of these two programs allows us to ensure that Kern County is prepared in the event of a large scale incident.

The effects of the fires in northern California reached Kern County as well in 2018. On Sunday, July 29th EMS received, through the MHOAC program, a request from the state for Public Health nurses to respond to Shasta County to provide care for people displaced and living in shelters. The Public Health Director was notified and the information was passed on to the nursing population here at public health. 4 nurses volunteered to travel to Shasta County to assist with the shelter operations. The nurses kept in close contact while they went about their assignments assisting the people of Shasta County. These nurses are to be commended on their willingness to sacrifice to help others.

EMS continues its efforts to teach the community hands only CPR, AED, and Stop the Bleed training. In 2018 so far, we have provided hands only cpr training at the North of the River Summer Plunge, the Community Partners Day in Golden Hills, Employers Training Resource, Kern county general services and the Kern County Cert Team.

The EMS Division continues focusing our attention on Identifying trends and opportunities to improve the health and safety of the community. As evidenced by the decrease in response times for the major metro areas following our implementation of the ALS to BLS Handoff Policy. In April of this year EMS implemented a new policy that allows crews to deliver patients that meet specific criteria to the triage nurse, in the waiting room, instead of waiting for a bed in the emergency room. The theory behind this policy is that the crews can offload the patients and become available faster than if they had gone through the traditional process. Additionally, we currently have three new policies that are open for public comment that will have a definite effect on our system. They are; Against Medical Advice, Paramedic Preceptor, and the Paramedic First Responder Policy.

First response is provided predominately through three (3) fire departments, and on limited availability the Sheriff's Office. Bakersfield City Fire Department provides BLS first response and maintains one station as an ALS technical rescue program. Kern County Fire Department provides BLS services and maintains one station in the Pine Mountain Club as an ALS level service. Both Bakersfield City Fire and Kern County Fire have submitted plans to implement a more robust ALS First Response

program. The ALS First Response policy that is currently open for public comment will provide the infrastructure for their plans. California City Fire Department provides ALS first responder services. All three fire departments also operate Fireline Paramedic programs. Kern County Fire Department and Kern County Sheriff's Office provide BLS rescue helicopter services. The Sheriff's Office also provides BLS services as part of Search and Rescue teams, training division, and SWAT team operations.

Kern has ten (10) general acute care hospitals that provide basic or stand-by emergency services. The following is a summary of the hospitals providing services pertaining to the EMS system:

San Joaquin Community Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Primary Stroke Center
- Level III Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic, sexual assault

Mercy Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center
- Case specific: orthopedic

Mercy Southwest Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- Primary Stroke Center
- Case specific: obstetrical, orthopedic

Bakersfield Memorial Hospital – Bakersfield

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: cardiac, obstetrical, orthopedic

Kern Medical – Bakersfield

- Basic Emergency Services
- Base Hospital



- Level II Trauma Center
- Primary Stroke Center
- Level II Pediatric Receiving Center
- Case specific: obstetrical, orthopedic

**Bakersfield Heart Hospital – Bakersfield**

- Basic Emergency Services
- Base Hospital
- STEMI Receiving Center
- Case specific: cardiac

**Delano Regional Medical Center – Delano**

- Basic Emergency Services
- Base Hospital
- Level IV Pediatric Receiving Center

**Kern Valley Healthcare District – Mountain Mesa (Lake Isabella)**

- Stand-by Emergency Services
- EMS Receiving Hospital

**Tehachapi Hospital – Tehachapi**

- Stand-by Emergency Services
- EMS Receiving Hospital

**Ridgecrest Regional Hospital – Ridgecrest**

- Basic Emergency Services
- Base Hospital
- Level IV Trauma Center
- Level III Pediatric Receiving Center

Moving forward, Kern County EMS is looking to implement the iGel, Superglottic Airway along with the Handtevy system for improving pediatric medication dosages. We are in the process of developing an RFP to return EOAs 1, 7, and 11 to exclusive status. Additionally, we are moving forward with fees for our EOA's and Hospitals in an effort maintain financial stability in the face of the sunset of the maddy fund.

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
1.16 Funding Mechanism		X			
<b>Medical Direction:</b>					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*	X			X	
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
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			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS

In Kern County the Board of Supervisors designated the EMS Department as the Local EMS Agency. The Kern County Ambulance Ordinance, which governs the majority of the prehospital system in the County, was adopted by the Board of Supervisors in November 1990, and became effective on February 28, 1991. As a result of this ordinance and the subsequent regulations, the EMS System in Kern County became more structured and included, for the first time, measurable standards for the response of paramedic level of care to the citizens of Kern County during an emergency.

EMS includes:

- Public safety dispatch
- Fire services first response and treatment
- Private ground and air ambulance response, treatment and transport
- Law enforcement agencies
- Hospitals and specialty care centers
- Training institutions and programs for EMS personnel
- Managed care organizations
- Preventative health care
- Citizen and medical advisory groups

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.02 LEMSA MISSION

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS

KERN COUNTY HAS A ROBUST QA/QI PROGRAM FOR THE EVALUATION OF OUR SYSTEM. WE HAVE QUARTERLY QI MEETINGS, SYSTEM COLLABORATIVE MEETINGS, SPECIALTY DESIGNATION REVIEWS AND EPCR REVIEWS ALL DESIGNED TO IMPROVE OUR SYSTM.

Our EMS QI Plan is included in this document.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.03 PUBLIC INPUT

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS

THE EMERGENCY CARE ADVISORY BOARD – A SUB COMMITTEE OF THE BOARD OF SUPERVISORS - MEETS QUARTERLY  
ADDITIONALLY, WE HAVE SYSTEM COLLABORATIVE MEETINGS EVERY OTHER MONTH

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.04 MEDICAL DIRECTOR

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

DR. KRISTOPHER LYON. (BOARD CERTIFIED IN EMERGENCY MEDICINE). EMERGENCY ROOM PHYSICIAN UNDER CONTRACT WITH KERN COUNTY.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.05 SYSTEM PLAN

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#### MINIMUM STANDARDS:

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

The plan shall:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

PLEASE SEE INFORMATION INCLUDED IN THIS PLAN.

**NEED(S):**

**OBJECTIVE**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.06 ANNUAL PLAN UPDATE

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

PLEASE SEE THE INFORMATION IN THIS PLAN

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.07 TRAUMA PLANNING

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

KERN COUNTY HAS ONE LEVEL II TRAUMA CENTER, KERN MEDICAL, AND ONE LEVEL IV TRAUMA CENTER, RIDGECREST REGIONAL HOSPITAL. KERN HAS TRAUMA POLICIES AND PROCEDURES IN PLACE. [http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

#### COORDINATION WITH OTHER EMS AGENCIES:

KERN COUNTY PARTICIPATES IN REGIONAL TRAUMA COMMITTEES.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.08 ALS PLANNING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

COUNTY WIDE AMBULANCE COVERAGE WITH ALS PROVIDERS IN 100% OF THE COUNTY THROUGH PROVIDER CONTRACTS AND EXCLUSIVE OPERATIONAL AREAS. KERN ALSO UTILIZES THE AMBULANCE SERVICE PERFORMANCE STANDARDS AS WELL AS THE AMBULANCE ORDINANCE TO MANDATE ALS USE.

#### COORDINATION WITH OTHER EMS AGENCIES:

KERN COUNTY ROUTINELY PROVIDES SERVICES IN NEIGHBORING COUNTIES SUCH AS TULARE, SAN BERNARDINO, AND LOS ANGELES.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.09 INVENTORY OF RESOURCES

---

**MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

REQUIRED ANNUAL REPORTING. THE AMBULANCE PERFORMANCE STANDARDS MANDATE AN ANNUAL REPORTING OF ALL RESOURCES. THESE INCLUDE PERSONNEL, VEHICLES, EQUIPMENT, AND FACILITIES. KERN COUNTY EMS SUBMITS THESE ANNUAL REPORTS TO BOTH EMCAB AND THE BOARD OF SUPERVISORS.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.10 SPECIAL POPULATIONS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

KERN COUNTY EMS WORKS WITH OUR EOC AND DISASTER MEDICAL PLANNING. ADDITIONALLY, EMS MANAGERS BOTH THE HEALTH CARE COALITION AND THE MRC SYSTEM. WE HAVE IMPLEMENTED A PEDIATRIC SYSTEM OF CARE AND WORK WITH LOCAL HOSPITALS TO PROVIDE PUBLIC EDUCATION AND OUTREACH.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.11 SYSTEM PARTICIPANTS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

ALL PROVIDERS OPERATING WITHIN THE COUNTY OF KERN ARE APPROVED THROUGH AGREEMENTS. WE CURRENTLY HAVE 6 EXCLUSIVE OPERATING AREAS UNDER AGREEMENT AND 3 NON-EXCLUSIVE OPERATING AREAS WITH PROVIDERS UNDER AGREEMENT.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.12 REVIEW AND MONITORING

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

ALL GROUND AMBULANCE PROVIDERS SUBMIT MONTHLY COMPLIANCE REPORTS TO EMS. THESE REPORTS ARE PROCESSED FOR DETERMINATION OF COMPLIANCE WITH ALL AGREEMENTS WITH THE COUNTY. ADDITIONALLY, EMS COMPLETES EPCR . REVIEWS MONTHLY TO DETERMIN COMPLIANCE WITH POLICIES, PROCEDURES AND PROTOCOLS.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.13 COORDINATION

---

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTY EMS COORDINATORS OUR SYSTEM THROUGH OUR POLICIES, PROCEDURES AND PROTOCOLS THAT ARE REVIEWED AND UPDATED REGULARY. OUR STAFF MONITOR RADIO FREQUENCIES DAILY TO ASSURE THE SYSTEM IS RUNNING PROPERLY. WE HAVE AN ON-CALL PROGRAM THAT ASSURES THAT SOMEONE IS AVAILABLE 24/7.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.14 POLICY & PROCEDURES MANUAL

---

**MINIMUM STANDARDS:**

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

KERN COUNTIES POLICIES, PROCEDURES AND PROTOCOLS ARE AVAILABLE AT: <https://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.15 COMPLIANCE WITH POLICIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

KERN COUNTY EMS MONITORS OUR SYSTEM THROUGH MONITORING RADIO FREQUENCIES, MONTHLY COMPLIANCE DATA REPORTING, ON CALL PERSONNEL, REVIEWING EPCR'S, AND INVESTIGATION OF COMPLAINTS,.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.16 FUNDING MECHANISM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

KERN COUNTY EMS USES THE EMS FUND, TRAINING FEES, CERTIFICATION/ACCREDITATION FEES, PROVIDER FEES, AND FACILITY FEES IN ORDER TO PROVIDE SUFFICIENT FUNDING. SEE TABLE 2

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.17 MEDICAL DIRECTION

---

#### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Medical direction is provided by the EMS Agency Medical Director and through a well delineated system of on-line medical direction through the 8 base hospitals (All of which are specialty care centers) via liaison physicians and MICN's. Qi activities are activated by ;both ALS providers and base hospitals. Base hospital physicians, MICN's and first responders are all represented on the EMS Agency QI and Clinical Advisory committees. The EMS Agency Medical Director is a contributing member of EMDAAC.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.18 QA/QI

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has existing policies to assist providers to develop and implement QI programs. The EMS Agency works with providers to review system performance, and resolve issues identified through the QI process by training and discussion. See attached EQUIP.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.19 POLICIES, PROCEDURES, PROTOCOLS

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures for EMS operations. Through continuous communication with providers and advisory committees, the EMS Agency is responsive to the revision and development of policies and procedures for prehospital care. All information is posted to the Kern County EMS Website located at: <https://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/>

Kern County EMS has a county-wide Emergency Medical Dispatch system that is split between the Emergency Communications Center (ECC) and Operation Control Dispatch (OCD). Between these two dispatch centers all fire, ground ambulance and air ambulance services are dispatched.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.20 DNR POLICY

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County has developed a Withholding Resuscitation Measures Policy, located at: [http://kernpublichealth.com/wp-content/uploads/2014/09/WithholdResuscMeas\\_01012017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/WithholdResuscMeas_01012017.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.21 DETERMINATION OF DEATH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has developed a Determination of Death protocol located at: [http://kernpublichealth.com/wp-content/uploads/2018/08/ParamedicProtocols\\_20180524.pdf](http://kernpublichealth.com/wp-content/uploads/2018/08/ParamedicProtocols_20180524.pdf)  
Page 13, Protocol #107.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.22 REPORTING OF ABUSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All providers are required to comply with existing state law and are trained as such.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.23 INTERFACILITY TRANSFER

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Paramedic Protocols: [http://kernpublichealth.com/wp-content/uploads/2018/08/ParamedicProtocols\\_20180524.pdf](http://kernpublichealth.com/wp-content/uploads/2018/08/ParamedicProtocols_20180524.pdf)

EMT Protocols: [http://kernpublichealth.com/wp-content/uploads/2018/06/EMTProtocols\\_01262018\\_ni\\_lyon-approved-1.pdf](http://kernpublichealth.com/wp-content/uploads/2018/06/EMTProtocols_01262018_ni_lyon-approved-1.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.24 ALS SYSTEMS

---

#### MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Within Kern County we have three ground ambulance services that provide ALS services under written agreements. Additionally, we have three fire departments, operating under first responder policies, that are staffed as follows:

Kern County Fire – Primarily BLS with an assessment ALS engine in the Pine Mountain Club Area.

Bakersfield City Fire – Primarily BLS with a rescue paramedic on truck 15  
and

California City Fire – All ALS assessment/non transport

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.25 ON-LINE MEDICAL DIRECTION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS policies exist for determination of both base hospital and specialty care center destination. Ground transport providers will transport to the closest, most appropriate, facility. Kern County EMS provides policies and procedures to field providers which include standing orders. The field providers also have the ability to contact the base hospital physician for additional direction. MICN designation is required and provided by Kern County EMS, and MICN's serve as the field provider liaison with the base hospital and the physicians.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.26 TRAUMA SYSTEM PLAN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS maintains an active Trauma Advisory Committee (TEC) inclusive of Trauma Center hospital and non-Trauma Center hospitals. Policies are in place for a hospital to pursue a designation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.27 PEDIATRIC SYSTEM PLAN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has developed a robust Pediatric System of Care. It includes 2 level 2 pediatric receiving centers, 2 level 3 receiving centers and 1 level 4 receiving centers. We have obtained multiple transfer agreements with out of county level 1 pediatric receiving centers including Valley Children's, Los Angeles Children's, USC and Loma Linda. In addition, we have the pediatric advisory committee that meets quarterly to review the system and assure proper quality of patient care and system operations.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.28 EOA PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS currently has 6 EOA agreements in place with three transport providers. These 6 EOA's were "grandfathered", thereby not requiring a competitive bid process. This year EOA's 1, 7, and 11 were deemed Non-Exclusive by the Commission on EMS. Issuance of a Request for Proposals for EOA's 1, 7, and 11 is under construction by the County.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.01 ASSESSMENT OF NEEDS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Personnel and training needs are assessed by Kern County EMS through various committees (QI, System Collaborative, Tec, STEMI, Stroke, and Pac) and through feedback from base-hospital physicians, MICNs and provider agencies. The Kern County EMS conducts and coordinates provider training for new or revised policies and procedures, as well as Advanced Protocol Review (APR) for all paramedics on a regular basis; a requirement for accreditation/reaccreditation. All initial paramedic accreditations as well as paramedic recert's are required to pass an accreditation test with an 80% or better. All paramedics wanting to obtain a Paramedic Preceptor accreditation must pass the accreditation test with a 90% or higher.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.02 APPROVAL OF TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS complies with State regulations regarding the approval and monitoring of EMS education programs: These approved programs include EMT and Paramedic curriculum provided by a local community colleges. Kern County EMS provides an in-house authorization of MICN's.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.03 PERSONNEL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS maintains policies and procedures to satisfy this requirement.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.04 DISPATCH TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS currently has 2 PSAP's that fall under the Medical Responsibility Operator definition. Dispatch staff from both Emergency Communications Center (ECC) and Operations Control Dispatch (OCD) are mandated to carry a certification from the International Academies of Emergency Dispatch. Both dispatch agencies have attained Accredited Centers of Excellence (ACE) accreditation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.05 FIRST RESPONDER TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All persons on each non-transporting EMS first response unit are required to be EMT level certified. Policies are in place to assure this level of certification is maintained.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.06 RESPONSE

---

#### MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has implemented a Public Safety First Aid program. Kern County Sheriff is our largest Public Safety First Aid responder providing AED, CPR and Narcan administration. We have agreements with several industrial agencies to provide First Aid and EMT services throughout the county.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.07 MEDICAL CONTROL

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

All first response policies as well as first response agreements mandate medical control to the medical director.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.08 EMT-I TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All emergency medical transport vehicle personnel are mandated to be EMT level at minimum. All transport vehicles are equipped with AED's and the personnel are trained in its use.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORMS

### STAFFING/TRAINING

#### 2.09 CPR TRAINING

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS mandates all EMTs and Paramedics maintain current CPR cards as part of our local accreditation policy.

<https://kernpublichealth.com/ems-updates-news/certification-emt-i-emt-p-micn-emd/>

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.10 ADVANCED LIFE SUPPORT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Current agreements with all receiving emergency rooms/hospitals require "a physician licensed in the State of California, who is experienced in emergency medical care, assigned to the emergency department and available at all times..."

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.11 ACCREDITATION PROCESS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County Accreditation Policy meets this standard:

[http://kernpublichealth.com/wp-content/uploads/2018/05/Accreditation\\_revised\\_cn.kt\\_1-if-1.pdf](http://kernpublichealth.com/wp-content/uploads/2018/05/Accreditation_revised_cn.kt_1-if-1.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.12 EARLY DEFIBRILLATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All fire first responders are equipped and trained to provide early defibrillation. Kern County EMS has developed a Public Safety First Aid Optional Skills policy to allow for law to provide early defibrillation and narcan administration.

[http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS\\_11132015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS_11132015_Newformat.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.13 BASE HOSPITAL PERSONNEL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS requires MICN Authorization and "Refresher" training curriculum which encompasses both knowledge of policies, procedures and protocols, radio communications, and disaster response.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Several policies detail communication requirements. Kern uses a Tactile Interoperable Communications Plan as well for interagency communications coordination.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.02 RADIOS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All radios currently in use by first responders are capable of interoperable communications with each other and the hospitals:  
[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.03 INTERFACILITY TRANSFER

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All ambulances operating within Kern County conduct interfacility transfers and are properly equipped:

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.04 DISPATCH CENTER

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Dispatch communication is mandated in the EMD policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.05 HOSPITALS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

All base hospitals are required to maintain radio and telephone dedicated to paramedic/EMT communications. Specialty center policies require agreement with higher level specialty care.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.06 MCI/DISASTERS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Use of county-wide communications via MED channels, local channels, and interoperable communication channels. Managed by the Communications Division of Kern County General Services.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORMS COMMUNICATIONS

### 3.07 9-1-1 PLANNING/COORDINATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Emergency Communications Center (ECC) is e9-1-1 equipped and capable of ANI/ALI.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.08 9-1-1 PUBLIC EDUCATION

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS offers free training to the public for 9-1-1 education as requested.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.09 DISPATCH TRIAGE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS mandates the International Academies of Emergency Dispatch protocols, priority dispatch with local medical control of response configurations. Currently Emergency Communications Center is an ACE accredited dispatch center.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.10 INTEGRATED DISPATCH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Interoperability exists between fire and EMS dispatch centers and individual units. All fire departments are dispatched by one agency, and all ambulance providers are dispatched through one other agency.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established through Ordinance: <https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.02 MONITORING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established in Ordinance, contracts, performance standards, and monthly/annual reporting.

<https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.03 CLASSIFYING MEDICAL REQUESTS

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established through EMD response configurations and dispatch policies.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.04 PRESCHEDULED RESPONSES

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established in the Ambulance Performance Standards.

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

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

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Established in the Ambulance Performance Standards.

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.06 STAFFING

---

**MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Requirement for performance standards, policy, and mandatory equipment requirements.

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICU\\_Ground\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICU_Ground_12012015_Newformat.pdf)

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.07 FIRST RESPONDER AGENCIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS provides for EMT first responders, industrial first responders and Public Safety First Aid responders.

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProviderPolicy\\_-05112017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMTProviderPolicy_-05112017.pdf)

[https://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS\\_11132015\\_Newformat.pdf](https://kernpublichealth.com/wp-content/uploads/2014/09/Public-Safety-FSOS_11132015_Newformat.pdf)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.08 MEDICAL & RESCUE AIRCRAFT

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEET MINIMUM STANDARD*

Kern County EMS is unable to enter into agreements with air ambulances due to the Department of Transportation determination that air ambulances are protected by the Airline Deregulation Act. However, we have the following policies:

[http://kernpublichealth.com/wp-content/uploads/2014/09/Air\\_Ambulance\\_Performance\\_Standards\\_Final.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/Air_Ambulance_Performance_Standards_Final.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMSAircraftUse\\_03012012\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMSAircraftUse_03012012_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/BL\\_SRescueAircraftPolicies\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/BL_SRescueAircraftPolicies_12012015_Newformat.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICURotorFixed\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICURotorFixed_12012015_Newformat.pdf)

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.09 AIR DISPATCH CENTER

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

The Emergency Communications Center (ECC) coordinates the use of aircraft.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.10 AIRCRAFT AVAILABILITY

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: DOES NOT MEETS MINIMUM STANDARD

**Kern County EMS is unable to enter into agreements with aeromedical services due to the Department of Transportation's determination that air ambulances are protected by the Airline Deregulation Act. Currently, QI and Medical Direction agreements are verbal in nature with our air providers.**

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

The ability to enter into agreements with air ambulance services. Department of Transportation to change its view.

#### OBJECTIVE:

Develop and execute air ambulance service agreements for ALS air ambulance providers in Kern County.

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.11 SPECIALTY VEHICLES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has created, ALS and BLS bike medic programs, boat medic programs, and Kern County Sheriff Office Search and Rescue is approved EMT level provider.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.12 DISASTER RESPONSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is integrated into the MHOAC function and coordinates EMS resources as needed with the County Office of Emergency Services.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.13 INTERCOUNTY RESPONSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Both formal and informal agreements exist (RDMHS, MHOAC, Fire Mutual Aid, Ambulance provider agreements with neighboring counties).

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.14 INCIDENT COMMAND SYSTEM

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Incident command is addressed in the scene control policy as well as the Kern County Emergency Operations Plan:

[http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy\\_NewFormat\\_03012012.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy_NewFormat_03012012.pdf)

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.15 MCI PLANS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Multi-casualty incidents are addressed in the scene control policy as well as the EMD policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

[http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy\\_NewFormat\\_03012012.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/SceneControlPolicy_NewFormat_03012012.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.16 ALS STAFFING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The Ambulance Performance Standards mandate the staffing levels.

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.17 ALS EQUIPMENT

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Equipment is addressed in the Provider Mandatory Inventory List:

[http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ProviderMandatory-Inventory_12012015_Newformat.pdf)

and the Mobile Intensive Care Unit (MICU) Policy:

[http://kernpublichealth.com/wp-content/uploads/2014/09/MICU\\_Ground\\_12012015\\_Newformat.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/MICU_Ground_12012015_Newformat.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.18 TRANSPORT COMPLIANCE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Ordinance in place, Written agreements in place.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.19 TRANSPORTATION PLAN

---

#### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established in Ordinance, Written agreements, Ambulance Service Performance Standards:

[http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds\\_NewFormat\\_06172007.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/AmbPerfStds_NewFormat_06172007.pdf)

See AZS Forms

See: <https://kernpublichealth.com/wp-content/uploads/2015/09/AmbOrd812.pdf>

#### NEED(S):

#### OBJECTIVE:

I

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.20 "GRANDFATHERING"

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Grandfathering established by Resolution of the Board of Supervisors. See AZS tables.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.21 EOA COMPLIANCE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Ordinance, written agreements and performance measures require compliance with all federal, state, and local laws, including local policies and procedures.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.22 EOA EVALUATION

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Each EOA is evaluated monthly and annually for response compliance.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.01 ASSESSMENT OF CAPABILITIES

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Written agreements in place with all hospital facilities receiving patients.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.02 TRIAGE & TRANSFER PROTOCOLS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Protocols established, multiple policies in place. Transfer agreements required in specialty care policies.

#### COORDINATION WITH OTHER EMS AGENCIES:

HOSPITALS HAVE WRITTEN AGREEMENTS IN PLACE WITH HIGHER LEVEL AND SPECIALTY FACILITIES OUTSIDE OF KERN COUNTY.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.03 TRANSFER GUIDELINES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Established, patients identified in policies and protocols. Transfer agreements required in specialty care policies

#### COORDINATION WITH OTHER EMS AGENCIES:

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kem

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.04 SPECIALTY CARE FACILITIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Hospitals identified, included in policies. Policies specific to specialty care centers. See tables) 9

#### COORDINATION WITH OTHER EMS AGENCIES:

Hospital facilities coordinate with higher level of care and specialty facilities outside of Kern

#### NEED(S):

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.05 MASS CASUALTY MANAGEMENT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

FACILITIES PARTICIPATE IN THE KERN COUNTY HEALTH CARE COALITION (KCHCC), DISASTER EXERCISES AND DRILLS, AND COMMUNICATIONS

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.06 HOSPITAL EVACUATION

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Coordination with other facilities and alternate destinations. Communications, disaster mutual aid responses. Med-alert system

**COORDINATION WITH OTHER EMS AGENCIES:**

RDMHS/C program

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.07 BASE HOSPITAL DESIGNATION

---

#### MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Title 22 requirements must be met. Communications in place. Written agreements, and training.

8 of our 10 hospitals are currently Base Hospitals.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.08 TRAUMA SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has one level II and one level IV Trauma Center. Policies and procedures exist for patient triage, destination, and interaction with base hospitals. A Trauma Evaluation Committee was established in conjunction with the trauma center designations and meets quarterly.

[http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.09 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative and TEC. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.10 PEDIATRIC SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern county EMS has designated 5 pediatric receiving centers. Two level II, two level III and one level IV. Additionally, we have a Pediatric Advisory Committee that meets quarterly to review the system.

[http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC\\_Policy\\_11112016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_11112016.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.11 EMERGENCY DEPARTMENTS

---

#### MINIMUM STANDARDS:

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

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

#### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern county EMS has designated 5 pediatric receiving centers. Two level II, two level III and one level IV. Additionally, we have a Pediatric Advisory Committee that meets quarterly to review the system.

[http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC\\_Policy\\_11112016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/PedRC_Policy_11112016.pdf)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.12 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative and PAC. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.13 SPECIALTY SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS currently has the following specialty designations:

Trauma System of Care

Stroke System of Care

STEMI System of Care

Emergency Medical Services for Children

Burn System of Care

All policies, procedures, and protocols can be located at: <https://kernpublichealth.com/ems-updates-news/policies-procedures-and-protocols/>

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.14 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has numerous committees in place including the Emergency Care Advisory Board (EMCAB), System Collaborative, STEMI QI Committee, Stroke QI Committee, and Pediatric Advisory Committee. Both the EMCAB and System Collaborative meetings are open to the public and provide for consumer representatives.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has the following QI Committees:

STEMI QI Committee  
Stroke QI Committee  
Burn QI Committee  
Trauma Evaluation Committee  
Pediatric Advisory Committee

In addition, Kern County EMS has created an EQUIP located at: [http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP\\_08202018.pdf](http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP_08202018.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.02 PREHOSPITAL RECORDS

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS has developed the following ePCR policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies\\_05122017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies_05122017.pdf)

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.03 PREHOSPITAL CARE AUDITS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Pre-hospital care audits are performed on a regular basis as outlined in the EQUIP: [http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP\\_08202018.pdf](http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP_08202018.pdf)

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.04 MEDICAL DISPATCH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Both dispatch agencies must submit call data to EMS monthly for review, as outlined in the EMD Policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/EMD\\_Policy\\_09012016.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/EMD_Policy_09012016.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.05 DATA MANAGEMENT SYSTEM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS mandates that all approved EMS providers complete and submit electronic patient care reports. Currently NEMSIS 3.4 is being accepted: [http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies\\_05122017.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/ePCR Policies_05122017.pdf)

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.06 SYSTEM DESIGN EVALUATION

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is constantly evaluating our system. This is accomplished through various policies and procedures such as the Ambulance Performance Standards, the EQUIP, Specialty Care Center Policies, and EMS Dispatch Policies.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.07 PROVIDER PARTICIPATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS mandates participation through Health and Safety Code, Title 22 regulations, local ordinance, contracts, policies, procedures and protocols.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.08 REPORTING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS reports annually to the Emergency Care Advisory Board (EMCAB) as well as the County Board of Supervisors. These reports are posted for public review on the EMS website.

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.09 ALS AUDIT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

ALS PCR audits are conducted on a regular basis as outlined in the EQUIP: [http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP\\_08202018.pdf](http://kernpublichealth.com/wp-content/uploads/2018/08/EQIP_08202018.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.10 TRAUMA SYSTEM EVALUATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern Medical submits trauma data through Trauma One and to CEMIS. See Trauma System of Care: [http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.11 TRAUMA CENTER DATA

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Trauma system data is mandated by policy: [http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures\\_07012015.pdf](http://kernpublichealth.com/wp-content/uploads/2014/09/TraumaPoliciesandProcedures_07012015.pdf)

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is actively engaged in Public Education. EMS participates and coordinates Side-Walk CPR, conducts public education as requested, and participates in Health Fairs. Specialty Care Centers have requirements to provide for public education in policy. EMS is a Division of Public Health, which is also active in promoting EMS and community health initiatives.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.02 INJURY CONTROL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS is a Division of Public Health, EMS is active in participating in promotion of public health and safety. Trauma Centers have policy requirement to provide education to public. Other specialty care centers have requirement to promote specific public education requirements to targeted groups. Currently we are focusing on STOP the BLEED and Hands Only CPR training.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.03 DISASTER PREPAREDNESS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS has absorbed the Division of Emergency Preparedness (EP). As a result materials for education to the public on disaster preparedness. Kern Medical Reserve Corp and the Kern Health Care Coalition, are also active in promoting emergency preparedness. EMS participates in health fairs and other events as requested.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.04 FIRST AID & CPR TRAINING

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Kern County EMS coordinates an annual Sidewalk CPR event to promote education of citizens in hands-only CPR. Additionally, EMS provides Stop the Bleed training along with CPR training as requested to public.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

---

#### MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern County EMS frequently participates in coordination meetings at the EOC to prepare for disasters. Two EMS coordinators are members of Kern County Operational Area Work Group to develop mutual aid plans and procedures for the entire county. EMS is also represented on the Emergency Council by Environmental Health Division Director.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.02 RESPONSE PLANS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Department and participates regularly in the development of plans as well as participating in exercises to test the plans.

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.03 HAZMAT TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The ambulance provider contract requires all field level employees to be trained to the first responder orientation (FRO) level for hazardous materials incidents.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.04 INCIDENT COMMAND SYSTEM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

ICS is addressed and referenced in policies regarding response to emergencies. Provided in initial training through EMT and Paramedic training programs.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.05 DISTRIBUTION OF CASUALTIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

EMS distribution is accomplished through use of Reddinet system and use of patient destination protocols.

#### COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.06 NEEDS ASSESSMENT

---

#### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Kern EMS houses the Regional Disaster Medical Health Specialist position as an avenue for requesting mutual aid resources from Region V and beyond. EMS has a seat in Public Health DOC, and Kern OA EOC for coordination and request of resources. EMS participates in the annual statewide Med/Health disaster drills.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.07 DISASTER COMMUNICATIONS

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Hospitals and EMS have access to MED channels with identified channel and frequency assignment. Use of Reddinet for communications is in place as well. Kern has EMS TAC channels, interoperability channels, and has drafted a Tactical Interoperable Communication Plan for Emergency Council approval.

**COORDINATION WITH OTHER EMS AGENCIES:**

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.08 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

The Public Health Emergency Preparedness Program (PREP) is in the same division of the Public Health Department with the EMS Agency. The PREP program maintains a robust set of Plans and Standard Operating Procedures which are authenticated by EMS providers and health care facilities.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.09 DMAT TEAMS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Accomplished through Master Mutual Aid Agreement

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.10 MUTUAL AID AGREEMENTS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Accomplished through Master Mutual Aid Agreement

#### COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.11 CCP DESIGNATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Identification of two Field Treatment Sites in Kern County.

#### COORDINATION WITH OTHER EMS AGENCIES:

Kern houses the Region V RDMHS. Coordination through MHOAC/RDMHC program

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.12 ESTABLISHMENT OF CCP

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Standard met through:

[http://www.kerncountyfire.org/images/stories/emergency\\_preparedness/Kern\\_Annex\\_B4\\_Med\\_043008.pdf](http://www.kerncountyfire.org/images/stories/emergency_preparedness/Kern_Annex_B4_Med_043008.pdf)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.13 DISASTER MEDICAL TRAINING

---

#### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Initial training provided through EMT and Paramedic training programs. Annual disaster drills. Basic Haz-Mat awareness training provided in initial training curriculum.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.14 HOSPITAL PLANS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Outlined in specific policy for disaster planning. Participation in Disaster Medical Planning Group. Hospital Surge Policy:  
<http://kernpublichealth.com/wp-content/uploads/2014/09/HospitalSurgeProtocol06102008.pdf>

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.15 INTERHOSPITAL COMMUNICATIONS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Hospitals have MED radio channels/ frequencies. Use of Reddinet for communications, and deployment of Amateur Radio Operators if needed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.16 PREHOSPITAL AGENCY PLANS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Emergency plans in place, hospital policies mandate emergency/disaster plans, hospital surge policies, Med-Alert policies and communications, hospital implementation of HICS training and use.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.17 ALS POLICIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Master Mutual Aid Agreement, reciprocity processes in place, if needed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.18 SPECIALTY CENTER ROLES

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

Specialty Care Centers are required to have disaster plans in place, plans for surge, HICS, and participation in Med-Alert procedures. Participation in Disaster Medical Planning Group is requirement in written agreement.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.19 WAIVING EXCLUSIVITY

---

#### MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD

Ordinance, and Ambulance Service Performance Standards allow the Division to waive exclusivity in the event of mutual aid.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

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

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2018

**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: KERN

- A. Basic Life Support (BLS) 0 %
- B. Limited Advanced Life Support (LALS) 0 %
- 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: \_\_\_\_\_

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

- Implementation of exclusive operating areas (ambulance franchising) X \_\_\_\_\_
- Designation of trauma centers/trauma care system planning X \_\_\_\_\_
- Designation/approval of pediatric facilities X \_\_\_\_\_
- Designation of other critical care centers X \_\_\_\_\_
- Development of transfer agreements \_\_\_\_\_
- Enforcement of local ambulance ordinance X \_\_\_\_\_
- Enforcement of ambulance service contracts X \_\_\_\_\_
- Operation of ambulance service \_\_\_\_\_
- Continuing education X \_\_\_\_\_
- Personnel training X \_\_\_\_\_
- Operation of oversight of EMS dispatch center X \_\_\_\_\_
- Non-medical disaster planning X \_\_\_\_\_
- Administration of critical incident stress debriefing team (CISD) \_\_\_\_\_

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	X _____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES (FY17/18 ACTUAL)**

Salaries and benefits (All but contract personnel)	\$ 587,095.40
Contract Services (e.g. medical director)	\$ 99,960.69
Operations (e.g. copying, postage, facilities)	\$ 207,339.12
Travel	\$ 15,720.52
Fixed assets	\$ 0
Indirect expenses (overhead)	\$ 214,055.56
Ambulance subsidy	\$ 0
EMS Fund payments to physicians/hospital	\$ 1,473,910.77
Dispatch center operations (non-staff)	\$ 0
Training program operations	\$ 0
Other: COMMUNICATIONS	\$ 0
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$2,598,082.06</b>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA] (ALJ)	0
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$ 259,647.17
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies) (PMC)	\$ 0
Certification fees	\$ 44,331
Training program approval fees	0
Training program tuition/ <del>Average daily attendance funds (ADA)</del>	\$ 20,691
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital /receiving application fees	\$ 46,570

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	\$ 0
Trauma center <del>designation</del> oversight fees	\$168,222
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	\$ 55,937
Contributions	0
EMS Fund (SB 12/612)	\$ 1,890,053.51
Other grants: (HPP/PHEP)	\$ 0
(RDMHS)	\$ 112,781.38
Other fees: Misc Reimbursement	\$ -151.00
Other (specify): Sales	\$ 0
Other (specify): Budget Savings	\$ 0
<b>TOTAL REVENUE</b>	<b>\$ 2,598,082.06</b>

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

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	\$55.00
EMT-I certification (In county/Out of County)	\$37.00/\$87.00
EMT-I recertification (In County/Out of County)	\$37.00/\$57.00
EMT-defibrillation certification	\$37.00
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation (Initial/Expired)	\$64.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$87.00
MICN/ARN recertification	\$87.00
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation (Urban/Rural)	\$6,113.00/\$3,140.00
Trauma center application	\$0
Trauma center designation	\$168,222
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license (Ground/Air)	\$2,147.00/\$0
Ambulance vehicle permits (Ground/Air)	\$275.00/\$0
Other: EMT Optional Scope Accreditation	\$58.00
Other: Receiving Hospital Permit	\$1,806.00
Other: Training programs	\$15.00/hour
Other: CE Programs	\$8.00/hour
Other: Classroom Rental	\$13.00/hour

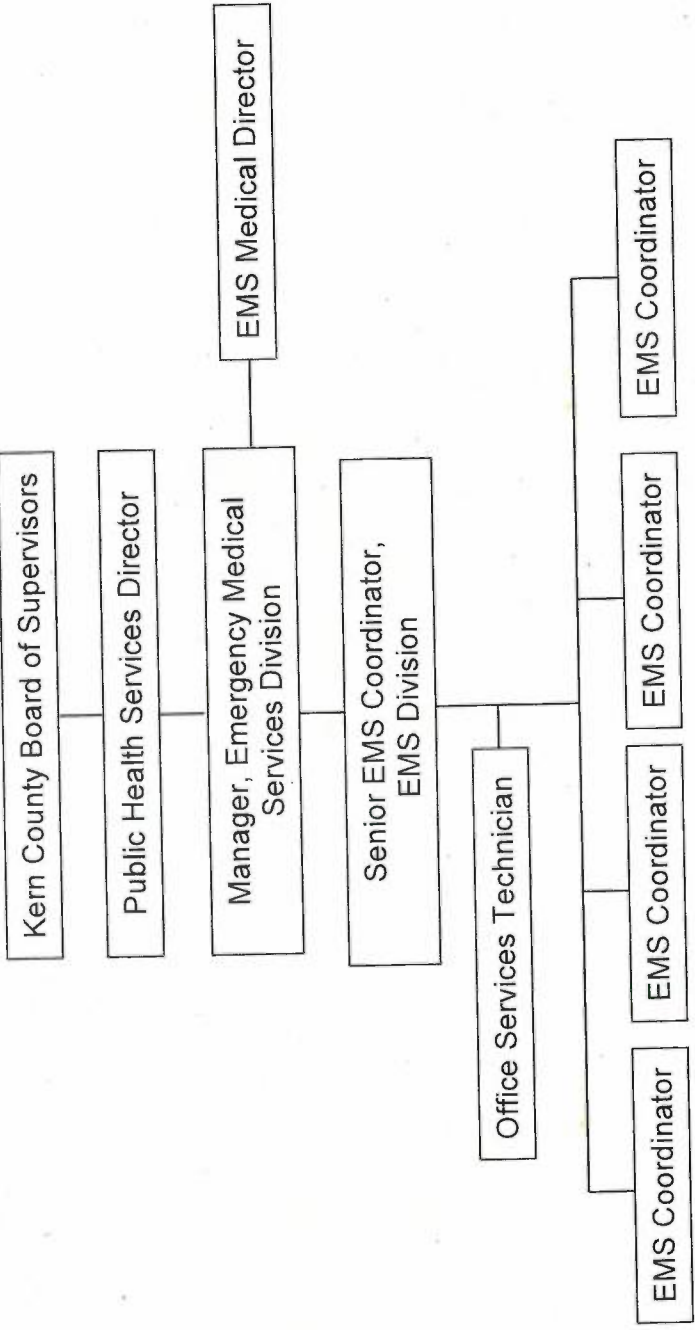
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Division	0	\$0	0%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior EMS Coordinator	2	\$32.09	42%	
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	5	\$28.46	42%	1 assigned to RDMHS Region V duties
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		\$99,999/year	N/A	Contracted per year
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Epidemiologist	.4	\$38.65	42%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Services Technician	1	\$16.95	48%	
Data Entry Clerk					



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



**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2018

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1943	0		147
Number newly certified this year	388	0		34
Number recertified this year	464	0		40
Total number of accredited personnel on July 1 of the reporting year	1943	0	142	147
Number of certification reviews resulting in:				
a) formal investigations	44	0		2
b) probation	10	0	0	0
c) suspensions	2	0	1	0
d) revocations	0	0		0
e) denials	2	0		0
f) denials of renewal	0	0		0
g) no action taken	15	0	0	0

1. Early defibrillation:

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

1355  
541

yes  no

2. Do you have an EMR training program

## TABLE 4: COMMUNICATIONS

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

County: Kern

Reporting Year: 2018

- |                                                                                                                           |                                   |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                                                               | <u>9</u>                          |
| 2. Number of secondary PSAPs                                                                                              | <u>1</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances                                                             | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines                                                               | <u>2</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft                                                                 | <u>1</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br>Emergency Communication Center                      |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br>Emergency Communication Center                                  |                                   |
| 8. Do you have an operational area disaster communication system?                                                         | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency      462.9500/467.9500                                                                         |                                   |
| b. Other methods                      other Med Channels, Cell, Reddinet                                                  |                                   |
| c. Can all medical response units communicate on the same disaster<br>communications system?                              | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System<br>(OASIS)?                                    | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services<br>(RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?                                                                                           | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?                                                                    | X Yes <input type="checkbox"/> No |

**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2018

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 8

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	-	-	-	-
Early defibrillation responder	-	-	-	-
Advanced life support responder (PMC Only)	8 min/15 min	-	-	-
Transport Ambulance	8 min/15 min	25 min/50 min	75 min	-

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2018

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria (Step 1 & 2)	956
2. Number of major trauma victims transported directly to a trauma center by ambulance (Step 1 & 2)	809
3. Number of major trauma patients transferred to a trauma center	95
4. Number of patients meeting triage criteria who weren't treated at a trauma center (Step 1 & 2)	2

### Emergency Departments

Total number of emergency departments	10
1. Number of referral emergency services	0
2. Number of standby emergency services	2
3. Number of basic emergency services	8
4. Number of comprehensive emergency services	0

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	8

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Kern

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? High schools throughout Kern County
  - b. How are they staffed? Prehospital personnel, public health nurses, medical reserve corp
  - c. Do you have a supply system for supporting them for 72 hours? X Yes  No
  
2. CISD  
Do you have a CISD provider with 24 hour capability? X Yes  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability? X Yes  No
  - b. For each team, are they incorporated into your local response plan? X Yes  No
  - c. Are they available for statewide response? X Yes  No
  - d. Are they part of a formal out-of-state response system? X Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? X Yes  No
  - b. At what HazMat level are they trained? Tech & Spec
  - c. Do you have the ability to do decontamination in an emergency room? X Yes  No
  - d. Do you have the ability to do decontamination in the field? X Yes  No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9
  
3. Have you tested your MCI Plan this year in a:
  - a. real event? X Yes  No
  - b. exercise? X Yes  No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
All counties under the California Master Mutual Aid Agreement
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
7. Are you part of a multi-county EMS system for disaster response?  
Kern does manage the RDMHS program for Region V  Yes  No
8. Are you a separate department or agency?  Yes  No
9. If not, to whom do you report? Department of Public Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No

**TABLE 8: Response/Transportation/Providers**

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

County: Kern      Provider: Bakersfield Fire Department      Response Zone: Bakersfield

Address: 2101 H Street      Number of Ambulance Vehicles in Fleet: 0

Bakersfield, CA 93301  
 One Specialty ALS station; all other  
 BLS first responder

Phone Number: 661-326-3941      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**ALS is Haz-Mat and technical rescue only**



**TABLE 8: Response/Transportation/Providers**

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

**County:** Kern **Provider:** Borax Ambulance Service **Response Zone:** Borax Mine  
**Address:** 14468 Borax Road **Number of Ambulance Vehicles in Fleet:** 1  
 Boron, CA 93516  
**Phone Number:** 760-762-7616 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

5 Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 4 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 1 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

Air Ambulance Services

\_\_\_\_\_ Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 \_\_\_\_\_ Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 \_\_\_\_\_ Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

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

**County:** Kern **Provider:** California City Fire Department **Response Zone:** California City  
**Address:** 20890 Hacienda Blvd **Number of Ambulance Vehicles in Fleet:** 0  
 California City, CA 93505  
**Phone Number:** 760-373-4841 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

Transporting Agencies

587 Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 576 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 11 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

Air Ambulance Services

\_\_\_\_\_ Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 \_\_\_\_\_ Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 \_\_\_\_\_ Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

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

County: Kern      Provider: Delano Ambulance Services      Response Zone: 3

Address: 403 Main Street      Number of Ambulance Vehicles in Fleet: 5

Delano, CA 93215

Phone Number: 661-725-3374      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Performance based on response time, not unit inventory

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

**Transporting Agencies**

4726 \_\_\_\_\_ Total number of responses      3982 \_\_\_\_\_ Total number of transports  
 3433 \_\_\_\_\_ Number of emergency responses      380 \_\_\_\_\_ Number of emergency transports  
 1293 \_\_\_\_\_ Number of non-emergency responses      3602 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses      \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency responses      \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency responses      \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

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

**County:** Kern **Provider:** US Air Force, Edwards Base **Response Zone:** Edwards AFB

**Address:** 30 Hospital Road **Number of Ambulance Vehicles in Fleet:** 2  
 Edwards, CA 93524

**Phone Number:** 661-277-2330 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

Transporting Agencies

392	Total number of responses	205	Total number of transports
347	Number of emergency responses	62	Number of emergency transports
45	Number of non-emergency responses	143	Number of non-emergency transports

Air Ambulance Services

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

**TABLE 8: Response/Transportation/Providers**

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

County: Kern Provider: Hall Ambulance Service Response Zone: 1,2,4,8,9,11, A

Address: 1001 21st Street  
Bakersfield, CA 93301  
Number of Ambulance Vehicles in Fleet: 93+ 1 DMSU + 7 Supervisor vehicles + 1 helicopter

Phone Number: 661-332-8741  
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Performance based on response time, not unit inventory

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

**Transporting Agencies**

98603 Total number of responses 70151 Total number of transports  
86978 Number of emergency responses 4102 Number of emergency transports  
11625 Number of non-emergency responses 66049 Number of non-emergency transports

**Air Ambulance Services**

363 Total number of responses 301 Total number of transports  
348 Number of emergency responses 159 Number of emergency transports  
15 Number of non-emergency responses 142 Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

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

**County:** Kern **Provider:** Kern County Sheriff's Office **Response Zone:** Countywide

**Address:** 1350 Norris Road **Number of Ambulance Vehicles in Fleet:** 1 Hoist Helicopter  
 Bakersfield, CA 93308

**Phone Number:** 661-391-7500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0.5 (not available everyday)

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

**Transporting Agencies**

Total number of responses \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

Total number of responses 3  
 Number of emergency responses 3  
 Number of non-emergency responses \_\_\_\_\_

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

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

**County:** Kern **Provider:** Kern County Fire Department **Response Zone:** Countywide; ALS in Pine Mountain Club Only

**Address:** 5642 Victor Street **Number of Ambulance Vehicles in Fleet:** 1 ALS FR station, 1 Hoist Helicopter all other BLS

Bakersfield, CA 93308

**Phone Number:** 661-391-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

Transporting Agencies

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

Air Ambulance Services

Total number of responses 32 Total number of transports \_\_\_\_\_  
 Number of emergency responses 28 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses 4 Number of non-emergency transports \_\_\_\_\_

**TABLE 8: Response/Transportation/Providers**

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

County: Kern      Provider: Liberty Ambulance Services      Response Zone: 6, 7

Address: 1325 W. Ridgcrest Blvd      Number of Ambulance Vehicles in Fleet: 12

Ridgcrest, CA 93555

Phone Number: 760-375-6565      Performance based on response time, not unit inventory

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

**Transporting Agencies**

7337      Total number of responses      5796      Total number of transports

4617      Number of emergency responses      769      Number of emergency transports

2720      Number of non-emergency responses      5027      Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_      Total number of responses      \_\_\_\_\_      Total number of transports

\_\_\_\_\_      Number of emergency responses      \_\_\_\_\_      Number of emergency transports

\_\_\_\_\_      Number of non-emergency responses      \_\_\_\_\_      Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

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

County: Kern Provider: Mercy Air Response Zone: County-wide

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 1 helicopter

Rialto, CA 92376

Phone Number: 909-357-9006 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

262 Total number of responses 259 Total number of transports  
257 Number of emergency responses 253 Number of emergency transports  
5 Number of non-emergency responses 6 Number of non-emergency transports

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #1
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Wasco and Lost Hills and surrounding unincorporated areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #2
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 3/16/1999.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Shafter, Buttonwillow and surrounding unincorporated areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Hall Ambulance Service, Inc. is the successor to Shafter Ambulance service which provided service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #3
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Delano Ambulance Service since 1/1/81
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Delano, McFarland, Woody and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Delano Ambulance Service is the provider of service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Kern County

**Area or subarea (Zone) Name or Title:**

Operational Area #4

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Hall Ambulance Service, Inc.

**Area or subarea (Zone) Geographic Description:**

Includes community of Bakersfield, Glennville and surrounding unincorporated areas.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**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., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Hall Ambulance Service, Inc. is the provider of service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #6
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Liberty Ambulance, since 11/1/2011. Purchased CARE Ambulance.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Kernville, Lake Isabella, Wofford Heights and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Liberty Ambulance is the successor to CARE Ambulance which provided services to the area since 1/1/80.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #7
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Liberty Ambulance Service since 12/96. Ownership not changed since 1972.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Ridgecrest, Inyokern and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #8
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 1/1/81.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Lamont, Arvin, Tehachapi, Frazier Park and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Hall Ambulance Service, Inc. provide service to the area since 1/1/81 without interruption.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #9
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 3/6/1995. Purchased Taft Ambulance
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of Taft, Maricopa, McKittrick and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance Services for 9-1-1, 7-digit, All ALS Ambulance Services, IFT, CCT, Non-Emergency, Standby Transportation only within the specified area or sub-area.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, 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>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>  Hall Ambulance Service, Inc. is the successor of Taft Ambulance Service which provided service to the area since 1/1/81.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Kern County
<b>Area or subarea (Zone) Name or Title:</b> Operational Area #11
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 5/19/1994.
<b>Area or subarea (Zone) Geographic Description:</b> Includes communities of California City, Boron, Mojave, Rosamond and surrounding unincorporated areas.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Adventist Health Bakersfield Telephone Number: 661-395-3000

Address: 2615 Eye Street  
Bakersfield, CA 93303

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency X Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b>Base Hospital:</b> X Yes <input type="checkbox"/> No	<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<b>Trauma Center:</b> <input type="checkbox"/> Yes X No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b>STEMI Center:</b> X Yes <input type="checkbox"/> No	<b>Stroke Center:</b> X Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Bakersfield Heart Hospital Telephone Number: 661-316-6000

Address: 3001 Sillect Ave  
Bakersfield, CA 93308

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency X Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No
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<u>Pediatric Critical Care Center</u> <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> X Yes <input type="checkbox"/> No	<u>Stroke Center:</u> Yes x No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Bakersfield Memorial Hospital Telephone Number: 661-327-4647

Address: 420 34<sup>th</sup> Street  
Bakersfield, CA 93303

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Delano Regional Medical Center Telephone Number: 661-725-4800

Address: 1401 Garces Hwy  
Delano CA, 93216

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Kern Medical Telephone Number: 661-326-1000

Address: 1830 Flower Street  
Bakersfield, CA 93306

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Kern Valley Healthcare District Telephone Number: 760-379-2681  
 Address: 6412 Laurel Ave  
 Lake Isabella, CA 93240

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: Kern

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

Facility: Mercy Hospital Telephone Number: .661-632-5000  
 Address: 2215 Truxtun Ave  
Bakersfield, CA 93301

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No
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Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------	------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<u>STEMI Center:</u> <input type="checkbox"/> Yes X No	<u>Stroke Center:</u> X Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Mercy Southwest Hospital Telephone Number: 661-663-6000

Address: 400 Old River Road  
Bakersfield, CA 93311

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Ridgecrest Regional Hospital Telephone Number: 760-446-3551

Address: 1081 N. China Lake Blvd  
Ridgecrest, CA 93555

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

County: Kern

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

Facility: Tehachapi Valley Healthcare District Telephone Number: 661-822-3241

Address: 115 W. "E" Street  
Tehachapi, CA 93581

<p><b>Written Contract:</b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b>Service:</b></p> <p><input type="checkbox"/> Referral Emergency    X Standby Emergency</p> <p><input type="checkbox"/> Basic Emergency        <input type="checkbox"/> Comprehensive Emergency</p>	<p><b>Base Hospital:</b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b>Burn Center:</b></p> <p><input type="checkbox"/> Yes X No</p>
--------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------------------------

<p><b>Pediatric Critical Care Center<sup>1</sup></b></p> <p>EDAP<sup>2</sup></p> <p>PICU<sup>3</sup></p>	<p><b>Trauma Center:</b></p> <p><input type="checkbox"/> Yes X No</p> <p><input type="checkbox"/> Yes X No</p> <p><input type="checkbox"/> Yes X No</p>	<p><b>If Trauma Center what level:</b></p> <p><input type="checkbox"/> Level I    <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>STEMI Center:</b></p> <p><input type="checkbox"/> Yes X No</p>	<p><b>Stroke Center:</b></p> <p><input type="checkbox"/> Yes X No</p>
----------------------------------------------------------------------	-----------------------------------------------------------------------

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Kern

Reporting Year: 2018

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

Bakersfield College		Telephone Number: <u>661-395-4284</u>
Training Institution:	<u>Bakersfield College</u>	
Address:	<u>1801 Panorama Drive Bakersfield, CA 93305</u>	
Student Eligibility*:	General Public	
Cost of Program:		
Basic:	<u>\$5,000</u>	Number of students completing training per year:
Refresher:		Initial training: <u>40</u>
		training:
		**Program Level <u>Paramedic</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>
		Expiration Date: <u>11/30/2019</u>
		Number of courses: <u>2</u>
		Initial training: <u>-</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>

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

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

Bakersfield College		Telephone Number: <u>661-395-4284</u>
Training Institution:	<u>Bakersfield College</u>	
Address:	<u>1801 Panorama Drive Bakersfield, CA 93305</u>	
Student Eligibility*:	General Public	
Cost of Program:		
Basic:	<u>360</u>	Number of students completing training per year:
Refresher:	<u>46</u>	Initial training: <u>60</u>
		training:
		**Program Level <u>EMT</u>
		Refresher: <u>-</u>
		Continuing Education: <u>-</u>

11/30/2019  
2  
2  
-

Expiration Date:  
Number of courses:  
Initial training:  
Refresher:  
Continuing Education:

\*Open to general public or restricted to certain personnel only.  
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Kern

Reporting Year: 2018

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

Training Institution:	Cerro Coso Community College	Telephone Number:	760-375-5001
Address:	3000 College Heights Blvd Ridgecrest, CA 93555		
Student Eligibility*:	General Public	**Program Level	EMT
Cost of Program:		Number of students completing training per year:	50
Basic:	299	Initial training:	
Refresher:	46	Refresher:	
		Continuing Education:	
		Expiration Date:	4/30/2020
		Number of courses:	2
		Initial training:	2
		Refresher:	-
		Continuing Education:	-

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Kern

Reporting Year: 2018

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

Kern County Sheriff's Office		Telephone Number: <u>661-391-7414</u>
Training Institution:	_____	
Address:	<u>962 Norris Road</u> <u>Bakersfield, CA 93308</u>	
Student Eligibility*:	Restricted	**Program Level <u>EMT</u>
	Cost of Program:	Number of students completing training per year:
	Basic: <u>0</u>	Initial: <u>20</u>
	Refresher: <u>0</u>	training:
		_____
	Refresher:	_____
	Continuing Education:	_____
	Expiration Date:	<u>1/31/2020</u>
	Number of courses:	<u>1</u>
	Initial training:	<u>1</u>
	Refresher:	_____
	Continuing Education:	_____

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

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

Kern County EMS Division		Telephone Number: <u>661-321-3000</u>
Training Institution:	_____	
Address:	<u>1800 Mt. Vernon Ave</u> <u>Bakersfield, CA 93306</u>	
Student Eligibility*:	Restricted	**Program Level <u>MICN</u>
	Cost of Program:	Number of students completing training per year:
	Basic: <u>207</u>	Initial: <u>68</u>
	Refresher: <u>147</u>	training:
		_____
	Refresher:	_____
	Continuing Education:	<u>46</u>
		_____



11/30/2020  
4  
4  
-

Expiration Date:  
Number of courses:  
Initial training:  
Refresher:  
Continuing Education:

\*Open to general public or restricted to certain personnel only.  
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Kern

Reporting Year: 2018

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

Training Institution:	Taft College	Telephone Number:	661-243-5014
Address:	29 Emmons Park Drive Taft, CA 93268		
Student Eligibility*:	General Public	**Program Level	EMT
Cost of Program:		Number of students completing training per year:	15
Basic:	253	Initial training:	
Refresher:	69	Refresher:	
		Continuing Education:	
		Expiration Date:	11/30/2019
		Number of courses:	2
		Initial training:	2
		Refresher:	
		Continuing Education:	

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

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

**TABLE 11: DISPATCH AGENCY**

**County:** Kern

**Reporting Year:** 2018

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

Emergency Communication Center		Mike Miller
Name:	Primary Contact:	
Address:	2601 Panorama Drive	
	Bakersfield, CA 93305	
Telephone Number:	661-861-2521	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33 EMD Training _____ EMT-D _____ ALS _____
		_____ BLS _____ LALS _____ Other _____
Ownership:	If Public:	If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	Joint City/County Fire communications
	Explain: _____	

Hall Ambulance Service, Inc		John Surface
Name:	Primary Contact:	
Address:	1001 21st Street	
	Bakersfield, CA 93301	
Telephone Number:	661-322-8741	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 EMD Training _____ EMT-D _____ ALS _____
		_____ BLS _____ LALS _____ Other _____
Ownership:	If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	
	Explain: _____	