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November 30, 2019

Dr. Dave Duncan, MD
Director, California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

KERN COUNTY EMS PLAN SUBMISSION

Dear Dr. Duncan:

In accordance with Section 1797.254 of the Health and Safety Code, please find enclosed Kern County EMS Division's EMS Plan Update for 2019.

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.

Sincerely,

Jeff Fariss
EMS Program Manager

November 30, 2019

2019 EMS Plan Update – Kern County

Kern County EMS is pleased to present the 2019 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 Program has completed and is working toward for the future.

2019 has been an exciting year that has brought many developments to our system. One such development was the creation of a system for the use of the discretionary portion of the Maddy Fund. EMS developed a request form that can be filled out and submitted from our website for requesting a piece of equipment, service or software that would tentatively improve the county EMS system. These requests are researched by EMS staff and a report that includes a recommendation is presented at the next EMCAB meeting.

From May 8th through May 13th, Kern County hosted the largest event in recent history in the Lightning in a Bottle Festival. This is a large music festival that attracts people from all over the United States as well as multiple countries. EMS Staff Members George Baker and Nick Lidgett were assigned to prepare EMS for this event. Together, they developed a comprehensive operations plan for this huge event that was shared with Kern County Fire, Sheriff, Behavioral Health, as well as our local ambulance services. EMS staff were present at the event 24hrs per day throughout to provide centralized dispatch of ambulances, ensure that the event promoters' medical plan was executed appropriately, to manage large scale incidents that might have occurred and assured the timely requisition of additional resources in the event they were needed. This was an extremely important event for Kern County and it was our goal to make sure that it was successful and had as little impact on our system as possible. As a result of our planning and participation in this event we saw only 6 ambulance transports, 5 AMA's, and 3 5150's during this huge event.

At approximately 10:33am, on July 4th, 2019, a 6.4 magnitude earthquake struck the desert outside of Ridgecrest. The EMS Department Operations Center was immediately activated and EMS staff responded and began disaster operations. The county wide Emergency Operations Center was activated very shortly thereafter and together we began the processes of managing the disaster.

EMS' role in managing this disaster included supporting the establishment of a shelter, ordering the transportation of supplies and nurses to respond to and man the shelter, contacting Public Health Nursing to begin the process of recruiting nurses to staff the shelter for an undetermined timeframe, contacting behavioral health and requesting CISM teams respond to provide psychiatric first aid and sending situational reports to the region preparing other areas in case we needed outside assistance. Additionally, The Kern Medical Reserve Corps were polled for volunteer availability. We received 137

responses of which 54 members indicated they were available and ready to respond. 4 registered nurses, 1 EMT, 1 Paramedic and 1 Physicians assistant were deployed and staffed the Kerr McGee Shelter for a total of 96 hours.

Shortly after the large temblor hit, Ridgecrest Regional Hospital notified us that they were evacuating the facility and requested an ambulance strike team. Hall Ambulance service was immediately contacted and provided 7 ambulances, the Disaster Medical Support Unit and one supervisor unit. These resources responded to Ridgecrest Regional Hospital and successfully evacuated 23 patients to other facilities.

At approximately 8:19pm on July, 5th, 2019, a 7.1 magnitude earthquake struck the Ridgecrest area again. For the second time in 36 hours, the EMS Department Operations Center and the countywide Emergency Operations Centers were activated.

During these two events the 911 call volume in the Ridgecrest area increased by 300%. Liberty ambulance did an outstanding job in managing the call volume over this period. On July 6th, a resource request was made by Ridgecrest Regional Hospital for a second ambulance strike team to respond to the Ridgecrest area in order to provide a break for the Liberty ambulance crews allowing them to get some, much needed, sleep and help relieve first responder fatigue.

The Kern County Fire Department responded to hundreds of calls for gas leaks, fires and assisted in the evacuation of Ridgecrest hospital on July 4th and continued to provide support for the community throughout the event. The Kern County Fire Department Operations Center that was activated on sight in Ridgecrest, was pivotal in assisting EMS in the communication with the hospital command center and vital in the organization of the evacuation.

From July 4th to July 7th, EMS staff manned both the Department Operations Center and the Emergency Operations Center 24 hours per day monitoring and providing resources as requested throughout the system. It should be noted that this is the second large scale disaster that Kern County EMS in conjunction with Kern County Fire, Hall Ambulance, Liberty ambulance as well as other county departments, has managed without needing to reach outside of our county for assistance.

I am very proud of my staff for the outstanding work they performed over these days in July, for their dedication to their work and to the county they service.

EMS is currently in the process of building a Duty Officer Response Vehicle that will act as a mobile command post allowing for response to incidents such as the Ridgecrest earth quakes providing eyes on scene for the MHOAC and thus allowing for a more accurate evaluation and response by EMS.

On October 9th, 2019, the Request for Proposal for Exclusive Operating Areas 1, 7 and 11 was presented to the public and distributed throughout the state. The RFP remained open for 45 days and we are expecting to complete the process and have new contracts signed by April of 2020.

On October 22nd, Kern County Public Health, Emergency Medical Services hosted the first of its kind, Mental Health Symposium focusing on overcoming PTSD for first responders. Featured speakers included San Diego Firefighter/Paramedic Ben Vernon, California National Guard Behavioral Health Officer Captain Danial Burns and licensed clinical social worker and division president for Aspire Behavioral Health Courtney S. Rayne. The over 300 attendees included 1st responders from Fire, Ambulance and Law enforcement were provided resources and began the discussion that hopefully will lead to a change in the culture of silence equaling strength. More than 20 1st responders reached out for assistance from the Kern Behavioral Health CISM team that was present and over 60 individuals have requested assistance in the weeks following the event.

EMS continues its efforts to teach the community hands only CPR, AED, and Stop the Bleed training. In 2019 so far, we have provided hands only CPR and stop the bleed training to hundreds of county employees, teachers and the general public.

EMS continues focusing our attention on identifying trends and opportunities to improve the health and safety of the community. In 2019 we are implementing an Inappropriate 911 User Policy that should help cut down the number of repeated unnecessary transports.

First response is provided predominately through three (3) fire departments, and on limited availability the Sheriff's Office. Bakersfield City Fire Department provides primarily BLS first response with one ALS response engine. Kern County Fire Department provides BLS services, maintains station in the Pine Mountain Club and one station in Buttonwillow that provide ALS level service. In addition, Kern County Fire has an ALS squad that they staff intermittently for training purposes. California City Fire Department provides ALS first responder services. All three fire departments also operate Fireline Paramedic programs. Kern County Fire Department provides an ALS as well as BLS rescue helicopter services and Kern County Sheriff's Office provides 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:

Adventist Health 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

Adventist Health Hospital – Tehachapi

- Basic Emergency Services
- EMS Receiving Hospital

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
- Burn Receiving Center
- 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

Date 10/00/2019

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- 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

Ridgecrest Regional Hospital – Ridgecrest

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

Sincerely,

Jeff Fariss
EMS Program Manager

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
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X	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			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

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

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
Communications Equipment:						
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			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*	X			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			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

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
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

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
Universal Level:						
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			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

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
Universal Level:						
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		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STADARDS

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

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 SYSTME.

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

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

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

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

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

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. https://kernpublichealth.com/wp-content/uploads/2019/10/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 MANAGES 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 COORDINATES 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-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

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, 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-policies/>

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

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: https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols_10_25_19.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: https://kernpublichealth.com/wp-content/uploads/2019/10/ParamedicProtocols_10_25_19.pdf

EMT Protocols: https://kernpublichealth.com/wp-content/uploads/EMTProtocols_01262018_nl_lyon-approved_CPAP.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 assessment ALS engines in Pine Mountain Club and Buttonwillow as well as an ALS squad operating intermittently for ALS training.

Bakersfield City Fire – Primarily BLS with an ALS assessment engine at station 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 advanced pediatric receiving centers, 2 general receiving centers and 1 basic receiving center. We have obtained multiple transfer agreements with out of county comprehensive 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. A Request for Proposal has been initiated and is currently open for EOA's 1, 7, and 11. Expected completion of the process is April 2020.

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-certification/>

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:

https://kernpublichealth.com/wp-content/uploads/2019/11/Accreditation_revised_cn.kt..1-jf-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

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

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

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

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

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

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

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

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.

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStd-8-23-2018.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.

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStds-8-23-2018.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.

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStd-8-23-2018.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

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

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/EMSAircraftUse_03012012_Newformat.pdf

http://kernpublichealth.com/wp-content/uploads/2014/09/BLSRescueAircraftPolicies_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://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/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/AmbPerfStdс. 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

and the Mobile Intensive Care Unit (MICU) Policy:

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:

<https://kernpublichealth.com/wp-content/uploads/AmbPerfStds-8-23-2018.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. In 2019 Kern County EMS successfully orchestrated and oversaw the evacuated Ridgecrest Regional Hospital following a 6.4 earthquake.

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

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 advanced, two general and one basic. 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

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 advanced, two general and one basic. 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

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: https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.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/ePCRPolicies_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: https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.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

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

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: https://kernpublichealth.com/wp-content/uploads/EQIP_07312019-final.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 CEMSIS. See Trauma System of Care: 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

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, Stop the Bleed, AED, Start Triage and Narcan trainings, 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 Narcan, STOP the BLEED, Hands Only CPR and Start Triage training. EMS has purchased and installed Stop the Bleed Cabinets as well as AEDs with cabinets in public areas of numerous county buildings.

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, Sidewalk CPR, Narcan, AED and Start Triage training as requested to public. Kern County EMS has created a request for training form and placed it on our website: <https://kernpublichealth.com/wp-content/uploads/2019/11/TRAINING-REQUEST-FORM-FILLABLE.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

8.01 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 and we hold the RDMHS contract for region 5. 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

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

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. Kern County EMS is conducting an Isopod drill to test our ability to wrap an ambulance and transport an exposed patient.

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: 2019

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

- ☒ **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
☒ **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 (FY18/19 ACTUAL)

Salaries and benefits (All but contract personnel)	\$ 685,748
Contract Services (e.g. medical director)	\$ 103,292
Operations (e.g. copying, postage, facilities)	\$ 186,635
Travel	\$ 9,350
Fixed assets	\$ 0
Indirect expenses (overhead)	\$ 123,549
Ambulance subsidy	\$ 0
EMS Fund payments to physicians/hospital	\$ 1,502,368
Dispatch center operations (non-staff)	\$ 0
Training program operations	\$ 0
Other: COMMUNICATIONS	\$ 0
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$2,610,942

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA] (ALJ)	\$5,372
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund	0
County general fund	\$ 138,601
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/ Average daily attendance funds (ADA)	\$ 5,559
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital /receiving application fees	\$ 270,464

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	\$ 0
Trauma center designation oversight fees	\$159,432
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	\$25,000
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	\$ 178,651
Contributions	0
EMS Fund (SB 12/612)	\$ 342,059
Other grants: (HPP/PHEP)	\$ 0
(RDMHS)	\$ 105,223
Other fees: Misc Reimbursement	\$ 1,849
Other (specify): Penalties	\$ 30,000
Other (specify): Budget Savings	\$ 0
TOTAL REVENUE	\$ 2,610,942

*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

X Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	\$100.00
EMT-I certification (In county/Out of County)	\$100.00/\$100.00
EMT-I recertification (In County/Out of County)	\$100.00/\$100.00
EMT-defibrillation certification	
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation (Initial/Expired)	\$100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$100.00
MICN/ARN recertification	\$100.00
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)	\$0
Trauma center application	\$0
Trauma center designation	\$159,432
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license (Ground/Air)	\$178,651
Ambulance vehicle permits (Ground/Air)	\$0
Other: EMT Optional Scope Accreditation	\$0
Other: Receiving Hospital Permit	\$0
Other: Training programs	\$92.00/hour
Other: CE Programs	\$92.00/hour
Other: Classroom Rental	\$0

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	EMS Program Manager	1	\$46.05	78.30%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior EMS Coordinator	1	\$37.89	83.84%	
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	5	\$34.29	82.88%	1 assigned to RDMHS Region V duties
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director		\$103,292/year	N/A	Contracted per year
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Services Technician	1	\$17.57	78.30%	
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.

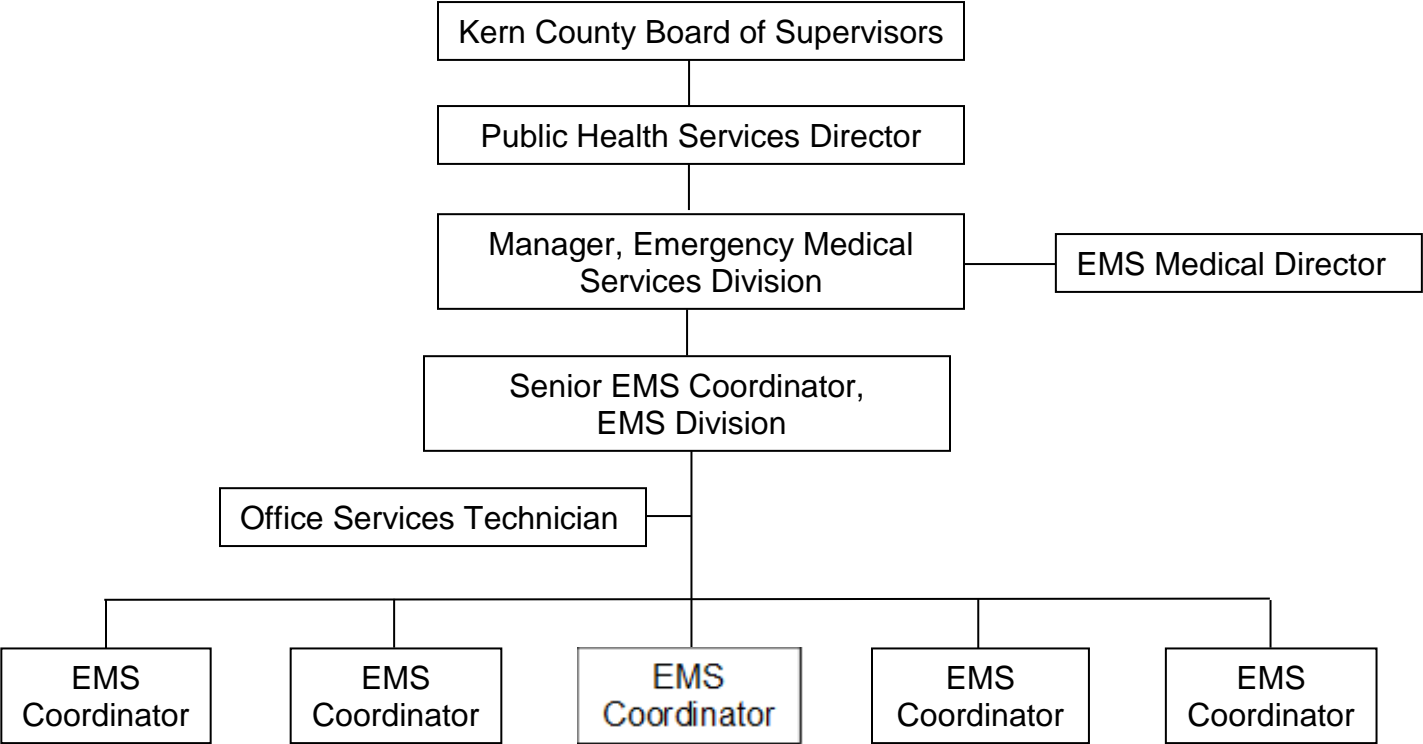


TABLE 3: STAFFING/TRAINING

Reporting Year: 2019

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1940	0		153
Number newly certified this year	204	0		34
Number recertified this year	981	0		48
Total number of accredited personnel on July 1 of the reporting year	1940	0	256	153
Number of certification reviews resulting in:				
a) formal investigations	51	0		2
b) probation	8	0	0	0
c) suspensions	0	0	0	0
d) revocations	3	0		0
e) denials	1	0		0
f) denials of renewal	1	0		0
g) no action taken	15	0	0	0

1. Early defibrillation:

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

All

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

419

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

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

County: Kern

Reporting Year: 2019

- | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 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?
Emergency Communication Center | |
| 7. Who is your primary dispatch agency for a disaster?
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 communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | 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 |
| | <hr/> |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2019

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	-	-	-	-
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: 2019

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria (Step 1 & 2)	1181
2. Number of major trauma victims transported directly to a trauma center by ambulance (Step 1 & 2)	549
3. Number of major trauma patients transferred to a trauma center	56
4. Number of patients meeting triage criteria who weren't treated at a trauma center (Step 1 & 2)	26

Emergency Departments

Total number of emergency departments	10
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	9
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: 2019

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?

X Yes ☐ No
6.

Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?

X 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 X No
8.

Are you a separate department or agency?

☐ Yes X 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 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

<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport </div> <div> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS </div> <div> <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT </div> <div> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water </div> </div>	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

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 type="checkbox"/> x 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

3 Total number of responses
3 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

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

Transporting Agencies

285 Total number of responses
254 Number of emergency responses
31 Number of non-emergency responses

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground </div> <div> <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air </div> <div> <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </div>	
<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

3786 Total number of responses
2811 Number of emergency responses
961 Number of non-emergency responses

3244 Total number of transports
177 Number of emergency transports
3049 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: 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

<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 checked="" type="checkbox"/> Transport <input checked="" 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"/> x 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Military	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" 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

294 Total number of responses
267 Number of emergency responses
27 Number of non-emergency responses

147 Total number of transports
40 Number of emergency transports
107 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

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

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

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

Transporting Agencies

106699 Total number of responses
96496 Number of emergency responses
10203 Number of non-emergency responses

74656 Total number of transports
3850 Number of emergency transports
70806 Number of non-emergency transports

Air Ambulance Services

319 Total number of responses
312 Number of emergency responses
7 Number of non-emergency responses

277 Total number of transports
178 Number of emergency transports
99 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)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <div> <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 </div>	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" 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 checked="" type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Kern **Provider:** Kern County Fire Department **Response Zone:** Countywide; ALS /BLS

Address: 5642 Victor Street **Number of Ambulance Vehicles in Fleet:** 2 ALS FR stations, 1 ALS squad, 1 ALS Rescue Helicopter, 2 Hoist Helicopters 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

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

Transporting Agencies

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

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

Air Ambulance Services

21 Total number of responses
17 Number of emergency responses
4 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:** Liberty Ambulance Services **Response Zone:** 6, 7

Address: 1325 W. Ridgecrest Blvd **Number of Ambulance Vehicles in Fleet:** 12
Ridgecrest, CA 93555

Phone Number: 760-375-6565 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Performance based on response time, not unit inventory

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

Transporting Agencies

6449 Total number of responses
4555 Number of emergency responses
1894 Number of non-emergency responses

5044 Total number of transports
230 Number of emergency transports
4814 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: 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

<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> <div> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground </div> <div> <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air </div> <div> <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water </div> <div> <input checked="" type="checkbox"/> IFT </div>	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

223 Total number of responses
221 Number of emergency responses
2 Number of non-emergency responses

223 Total number of transports
219 Number of emergency transports
4 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc.
Area or subarea (Zone) Geographic Description: Includes communities of Wasco and Lost Hills and surrounding unincorporated areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non Exclusive — <u>Competitive Bid process underway</u>
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <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> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <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> 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Hall Ambulance Service, Inc. since 3/16/1999.
Area or subarea (Zone) Geographic Description: Includes communities of Shafter, Buttonwillow and surrounding unincorporated areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <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.
Method to achieve Exclusivity, if applicable (HS 1797.224): <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 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #3
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Delano Ambulance Service since 1/1/81
Area or subarea (Zone) Geographic Description: Includes communities of Delano, McFarland, Woody and surrounding unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <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.
Method to achieve Exclusivity, if applicable (HS 1797.224): <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> 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): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <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.
Method to achieve Exclusivity, if applicable (HS 1797.224): <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 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 #6
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Liberty Ambulance, since 11/1/2011. Purchased CARE Ambulance.
Area or subarea (Zone) Geographic Description: Includes communities of Kernville, Lake Isabella, Wofford Heights and surrounding unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <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.
Method to achieve Exclusivity, if applicable (HS 1797.224): <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> 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #7
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Liberty Ambulance Service since 12/96. Ownership not changed since 1972.
Area or subarea (Zone) Geographic Description: Includes communities of Ridgecrest, Inyokern and surrounding unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive – Competitive Bid process underway
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <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> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <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> 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #8
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 1/1/81.
Area or subarea (Zone) Geographic Description: Includes communities of Lamont, Arvin, Tehachapi, Frazier Park 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. 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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #9
Name of Current Provider(s): <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
Area or subarea (Zone) Geographic Description: Includes communities of Taft, Maricopa, McKittrick and surrounding unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <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.
Method to achieve Exclusivity, if applicable (HS 1797.224): <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.

Local EMS Agency or County Name: Kern County
Area or subarea (Zone) Name or Title: Operational Area #11
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hall Ambulance Service, Inc. since 5/19/1994.
Area or subarea (Zone) Geographic Description: Includes communities of California City, Boron, Mojave, Rosamond and surrounding unincorporated areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive – Competitive Bid process underway
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.). N/A
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. N/A

TABLE 9: FACILITIES

County: Kern

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

Facility:

Adventist Health Bakersfield

Address:

2615 Eye Street

Bakersfield, CA 93303

Telephone Number:

661-395-3000

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

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

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

TABLE 9: FACILITIES

County: Kern

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

Facility: Adventist Health Tehachapi Telephone Number: 661-822-3241
Address: 115 W. "E" Street
Tehachapi, CA 93581

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: 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>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency X Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
X Yes <input type="checkbox"/> No	Yes x No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: Kern

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

Facility: Bakersfield Memorial Hospital Telephone Number: 661-327-4647
Address: 420 34th Street
Bakersfield, CA 93303

<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> X Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> 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> X Yes <input type="checkbox"/> No
------------------------------------------------------------------	-------------------------------------------------------------------

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: 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>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency X Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes X No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: 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> 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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Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes X No X Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No		<u>Trauma Center:</u> X Yes <input type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III				X Level II <input type="checkbox"/> Level IV	
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<u>STEMI Center:</u> <input type="checkbox"/> Yes X No		<u>Stroke Center:</u> X Yes <input type="checkbox"/> No	
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

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

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

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

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

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

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

TABLE 9: FACILITIES

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

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

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

TABLE 9: FACILITIES

County: Kern

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

Facility: Ridgecrest Regional Hospital

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

Telephone Number: 760-446-3551

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

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

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

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

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

Training Institution: <u>Bakersfield College</u>		Telephone Number: <u>661-395-4284</u>	
Address: <u>1801 Panorama Drive</u>			
<u>Bakersfield, CA 93305</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>360</u>	Number of students completing training per year:	
	Refresher: <u>46</u>	Initial training:	<u>60</u>
		Refresher:	<u>-</u>
		Continuing Education:	<u>-</u>
		Expiration Date:	<u>11/30/2019</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>

	Continuing Education:	-
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*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:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

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

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

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

Training Institution:		<u>Kern County EMS Division</u>		Telephone Number:	<u>661-321-3000</u>
Address:		<u>1800 Mt. Vernon Ave</u>			
		<u>Bakersfield, CA 93306</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>MICN</u>		
		Cost of Program:			
		Basic:	<u>100</u>	Number of students completing training per year:	
		Refresher:	<u>100</u>	Initial training:	<u>68</u>
			Refresher:		<u>46</u>
			Continuing Education:		<u>-</u>
			Expiration Date:		<u>11/30/2020</u>
			Number of courses:		
			Initial training:		<u>4</u>
			Refresher:		<u>4</u>

	Continuing Education:	-
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*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:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Taft College</u>		Telephone Number:	<u>661-243-5014</u>
Address:	<u>29 Emmons Park Drive</u>			
	<u>Taft, CA 93268</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>253</u>	Number of students completing training per year:	
	Refresher:	<u>69</u>	Initial training:	<u>60</u>
		Refresher:		<u>-</u>
		Continuing Education:		<u>-</u>
		Expiration Date:		<u>11/30/2019</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		<u>2</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.

TABLE 11: DISPATCH AGENCY**County:** Kern**Reporting Year:** 2019**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

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

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