



# El Dorado County Emergency Services Authority

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## JPA Systems Status Management Committee Meeting

Wednesday, February 27, 2013 – 9:00 a.m.

DS/ED Fire Station #49, Classroom Room, 501 Main Street, Diamond Springs, CA

### AGENDA

1. Approval of Agenda Teter
2. Review/Approve SSMC Meeting Minutes from January 23, 2013 Teter
3. Training Update Ransdell
  - 3.1 Target Solutions
  - 3.2 EPCR Training Course Hackett
4. Old Business Teter
  - 4.1 Upcoming Special Events (standing item) Hackett
  - 4.2 Review/Discuss Interfacility Skilled Nursing EMD Card 33
  - 4.3 Response Time Report/Medic Move-up Statistics
  - 4.4 Update of System Status Management Policy
5. New Business Teter
  - 5.1 Fire Dispatching run card changes
  - 5.2 Garden Valley Fire IFT Proposal
6. Committee Reports Sanders/Schwab
  - 6.1 EDC FCA Communications Committee Sanders
    - 6.1.1 New Repeater Project Hackett
  - 6.2 EPCR Working Group
  - 6.3 MAC Committee
  - 6.4 Ambulance Spec Committee Update
  - 6.5 EQ and Supply Update
  - 6.6 Technology Update
7. Adjournment Teter



# El Dorado County Emergency Services Authority

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## Systems Status Management Committee Meeting

Wednesday, January 23, 2013, 9:00 a.m.

Diamond Springs/El Dorado Fire Station #49, Conference Room 501 Main Street, Diamond Springs

### MINUTES

#### **Present / Pledge of Allegiance and Meeting called to order at 0904 hours**

Teter

*Chairman Teter/Cameron Park, Chiefs Dekker/Garden Valley, Ransdell/Diamond Springs, Cordero/El Dorado County Fire, Schwab/Georgetown Fire, Keating/Rescue, O'Camb/El Dorado Hills, and Executive Director Hackett/JPA* **Guests:** *Keenan/CalFire, Dave Wood/CalFire, and Mark Spaugh/Garden Valley Fire Board*

#### **1. Approval of Agenda**

Teter

*Motioned to approve Agenda with additions: Item 5.2 Flu Update, Item 5.3 Emergency MediCal by Schwab; seconded by O'Camb and motion carries unanimously.*

#### **2. Review/Approve SSMC Meeting Minutes from November 6, 2012**

Teter

*Approval Motion to approve minutes by O'Camb; seconded by Keating and motion carries unanimously.*

#### **3. Training Update**

##### 3.1 Target Solutions

Ransdell

*There are still open positions for S290 on Jan 28<sup>th</sup> – Feb 1<sup>st</sup>. Investigation Training on Feb 11 – 15<sup>th</sup>. S390 Training will be held Mar 4 - 9, 2013. Training Academy is currently being attended well. Currently Garden Valley is hosting Command 1B Training. Command 1C will be in 3 weeks. Apparatus Operator is coming up, and dates will be sent out by Chief Dekker.*

##### 3.2 EPCR Training Course

Hackett

*New Training is being discussed in order for more accurate billing and patient care reporting – the training will be posted on Target Solutions when it is completed.*

#### **4. Old Business**

Teter

##### 4.1 Upcoming Special Events

*Cameron Park Fire Crab Feed at Church of the Foothills on February 23, 2013 - tickets are \$45.*

##### 4.2 Review/Discuss Interfacility Skilled Nursing EMD Card 33

Hackett

*Cpt. Carmel Mitchell is still meeting with Dr. Brazzel to finalize process and train SNF Staff.*

##### 4.3 Response Time Report/Medic Move-up Statistics

Hackett

*Exception reports generated have been consistent and EMS waived all submissions for December. For the first time Folsom has covered move-up and covers over JPA's stats. The JPA will begin tracking call-back units for coverage, increases/decreases, and call volume by geographic areas/zones to ensure move-up and covers are strategically executed. An increased number of transfers are due to Flu and Kaiser Hospital IFTs. Director Hackett will discuss with ECC to see what reports are available to pull the statistical information needed to comprehensively analyze data for Medic Response vs move up and cover by medic unit and response area.*

**\*Note:** *Additional Review of the Ambulance Ordinance is scheduled for Wednesday at the EMS Agency on January 30, 2013 at 3:30 p.m.*

#### 4.4 Update of System Status Management Policy

*New Policy verbiage was added to consider adjustment to system*

***Motion made to add changes to the Systems Status Management Policy. Company officers will be involved via email and a copy of the Policy will be forwarded to Cpt. Mitchell at ECC. Final approval of the Policy will be made by Systems Status Management Committee. The Motion was made by Schwab; seconded by O'Camb and motion carries unanimously.***

### **5. New Business**

#### 5.1 Fire Dispatching run card changes

Teter

- a. Five Engine Response to structure fires
- b. Station 43 staffing

***\*Note: Item 5.1 both (a) and (b) have been moved to the Fire Operations Committee per the JPA Board discussion from January 16, 2013***

#### 5.2 Flu Update

Hackett

*Director Hackett will follow-up on the sticker requirement for Medics*

#### 5.3 Emergency MediCal Program

*Director Hackett will inquire with Rich Todd*

### **6. Committee Reports**

#### 6.1 EDC FCA Communications Committee

Schwab

##### 6.1.1 New Repeater Project

- *MedNet 4 needs a new antennae*

#### 6.2 EPCR Working Group

Hackett

*Less human error occurring, but we are still having missing tags.*

#### 6.3 MAC Committee

Hackett

#### 6.4 Ambulance Spec Committee Update

Hackett

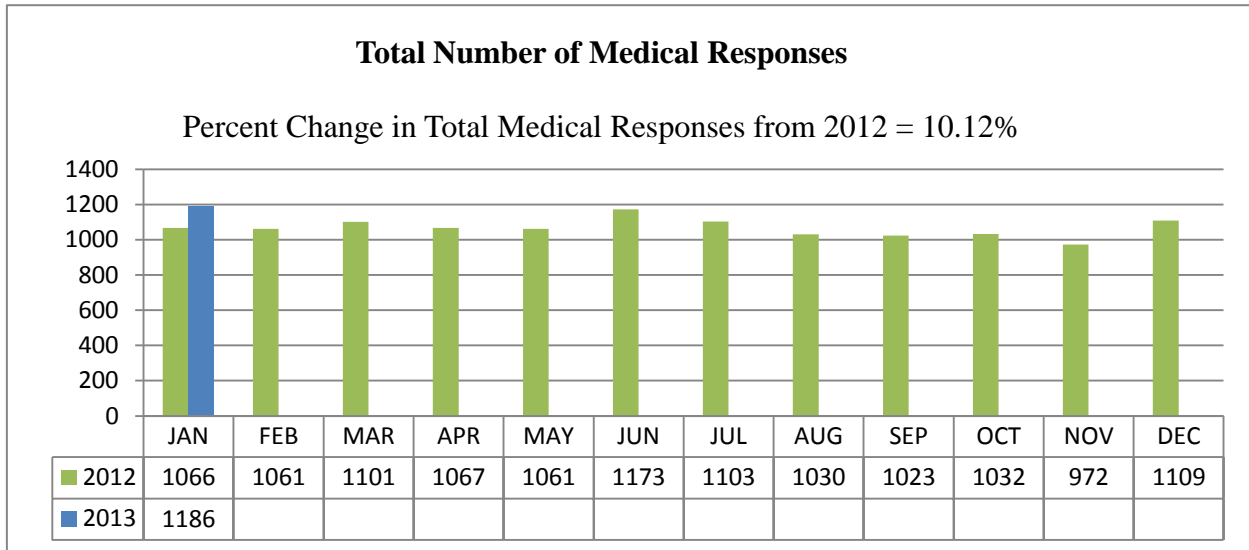
- *Discussion involved 2WD vs 4WD for ambulances in our system*

### **7. Adjournment 1137**

*Meeting adjournment Motioned by Keating; seconded by Dekker and motion passed unanimously.*

## Incident Summary Report for JANUARY

Total Number of Responses to Date (2013)                      1789  
 Total Number of Medical Responses to Date (2013)        1186

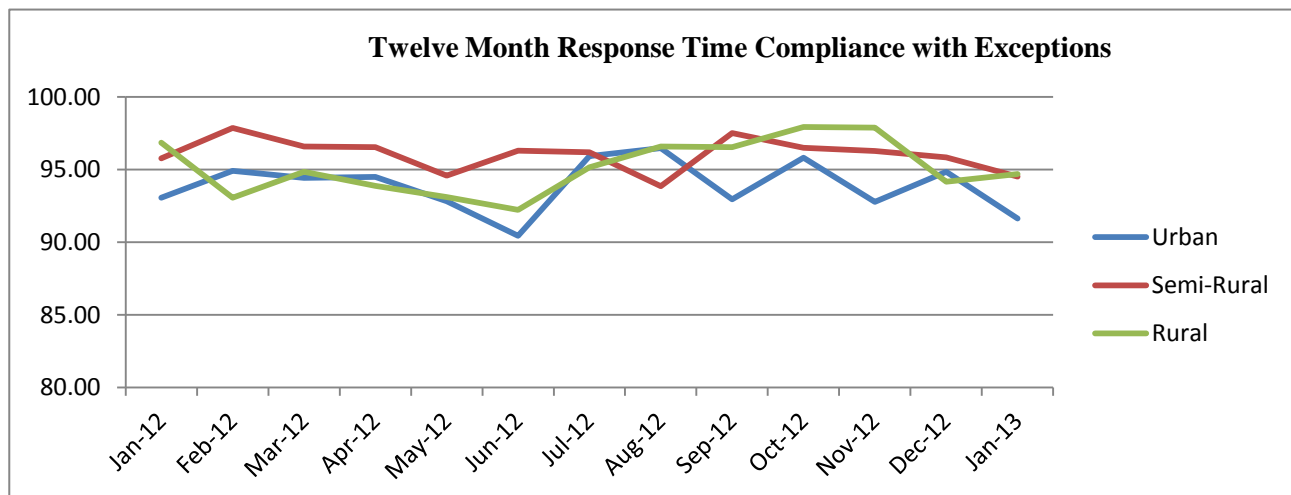


### Response Times

	Before Exception Waivers	With Waivers
Urban	89.16%	91.63%
Semi-Rural	91.51%	94.52%
Rural	91.49%	94.68%
Wilderness	100.00%	100.00%

### Exception Reports by Response Times

	Generated	Submitted to EMSA	Waiver
Urban	22	9	5
Semi-Rural	31	11	11
Rural	8	4	3
Wilderness	0	0	0



# Incident Summary Report for JANUARY

## Exception Reports

Total Number of Exception Reports    61

### Response Area

North	
72 Cool	9
74 Coloma	2
51 Garden Valley	2
64 Georgetown	1
73 Pilot Hill	1

Core	
25 Placerville	8
46 El Dorado	3
49 Diamond	2
75 Mosquito	1
26 Placerville	1

East	
18 Sierra Springs	2
17 Pollock	2
21 Camino	1

West	
84 EDH	6
88 Cameron Park	4
86 EDH	3
81 Rescue	2
89 Cameron Park	2
28 Shingle Springs	1
85 EDH	1

South	
38 Fairplay	4
19 Pleasant Valley	3

### Reason for Exception Report

Urban	
GSA to GSA	7
Distance	5
Time Stamp	3
Reduced to C-2	1
Congested Traffic	1
MDC Mapping Failure	1
County Med Inventory	1
Patient Changed Location	1
Poorly Marked Address	1
Staging 1	1

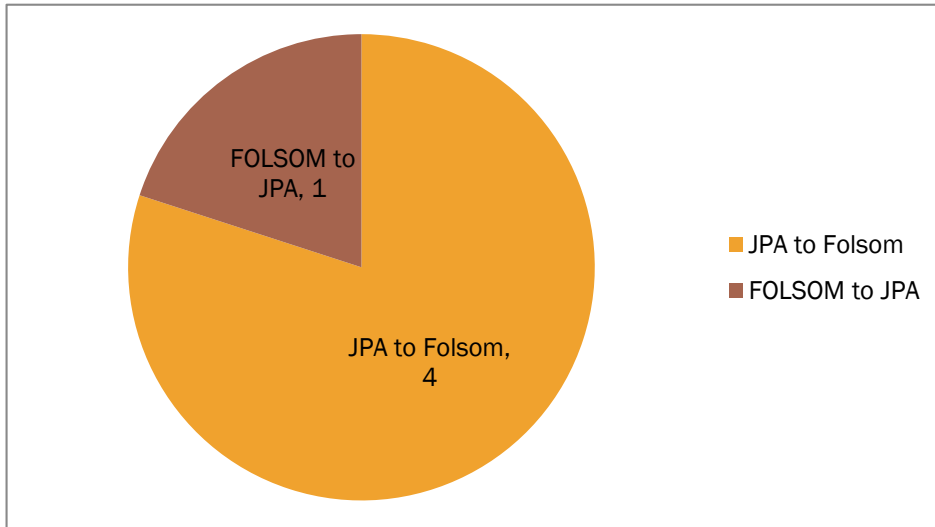
Semi-Rural	
Distance	12
GSA to GSA	7
Time Stamp	4
No visible address	3
Weather	2
Road Obtructions	1

Rural	
GSA to GSA	2
Poor Road Condititions	2
Incorrect Time Stamp	2
Distance	1
Gate	1

**MOVE-UPS**

**January 2013**

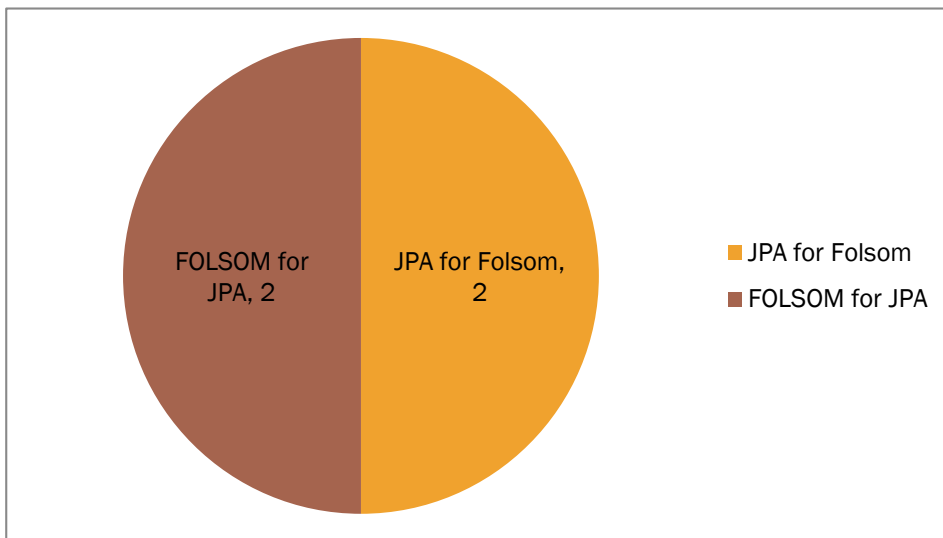
<b>JPA to Folsom</b>	<b>4</b>
<b>FOLSOM to JPA</b>	<b>1</b>



**MEDICAL CALLS**

**January 2013**

<b>JPA for Folsom</b>	<b>2</b>
<b>FOLSOM for JPA</b>	<b>2</b>

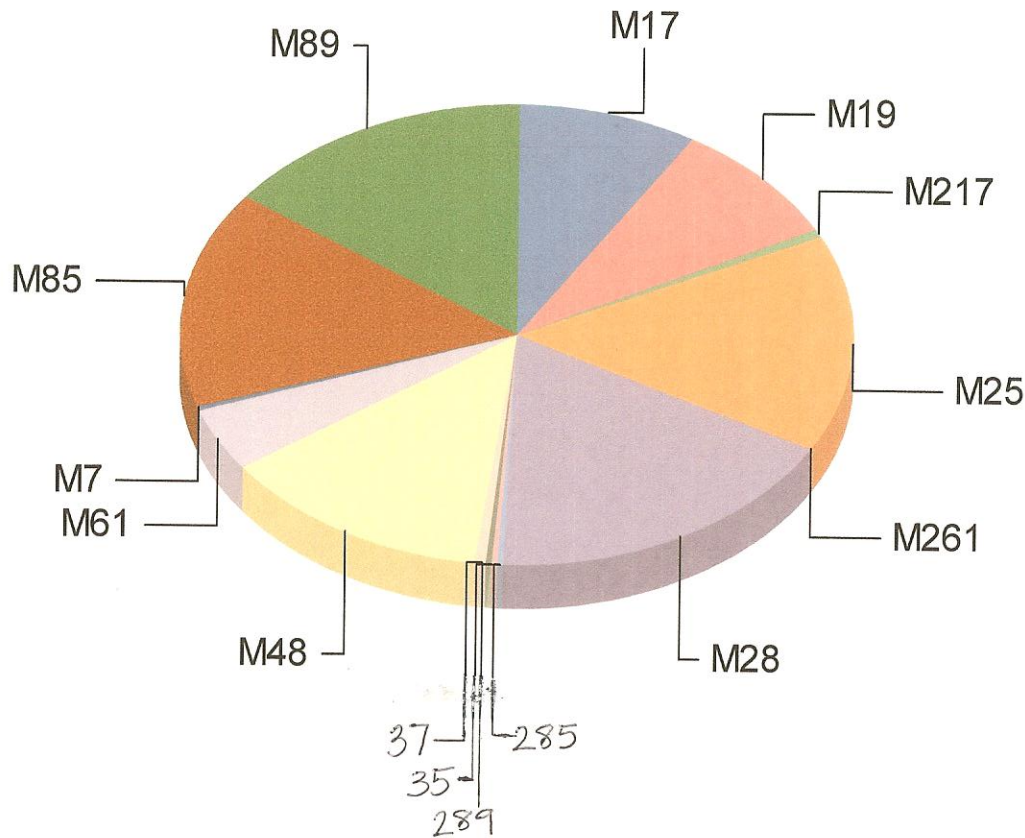


*Emergency Response Summary - Medic Units by Category - El Dorado*

*Reporting Period: 1/1/2013 to 1/31/2013*

All Incidents

## Percent by Medic Unit



M17	8.5%
M19	8.7%
M217	0.6%
M25	15.2%
M261	0.1%
M28	17.4%
M285	0.4%
M289	0.3%
M35M	0.1%
M37M	0.6%
M48	13.1%
M61	4.6%
M7	0.2%
M85	15.3%
M89	14.9%
Total:	100.0%



## El Dorado County Emergency Services Authority

Policy Subject Matter:	<b>System Status Management</b>
Review Date:	<del>09.19.2012</del> 01.23.2013
Revision Date:	10.24.2012
Creation Date:	04.06.2004

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### I. Policy:

The El Dorado County Emergency Services Authority (JPA) will continually make improvements to our System Status Management plan for enhanced delivery of high quality, advanced life support services.

### II. Purpose:

The EMS System Status Management plan was created to facilitate communication and coordination between varying agencies and disciplines, identify roles and responsibilities of each contributing agency, and provide guidance on medic unit operations that will achieve superior performance through timely and effective deployments.

### III. Definitions:

Advanced Life Support (ALS): A ground ambulance staffed by at least one paramedic (Medic) and equipped to provide advanced life support consistent with county, state, and federal laws, ordinances, regulations, policies and procedures.

Equal/Alternate Post (EAP): A location no greater than five minutes driving time from a medic unit's Primary Post location. The alternate post is available for paramedics to rehabilitate, tend to their medic units, and conduct business.

At Scene: For the purposes of this policy and procedure, "At Scene" denotes the medic unit has arrived and the wheels of the vehicle have come to a stop. This description meets our contractual agreement with the County for response time requirements.

Basic Life Support: A ground based ambulance staffed with Emergency Medical Technicians (EMT-1) and equipped to provide basic life support in compliance with all local, state, and federal laws, ordinances, regulations, policies and procedures.

Emergency Medical Services Agency (EMSA): A county agency that oversees emergency medical services in the county.

Geographic Service Area (GSA): A specific area within the JPA Response Area where medic units are assigned to provide ambulance service.



Joint Power Authority (JPA) Response Area: Those areas within the County of El Dorado where direct responsibility for ambulance service is defined by contract with the County of El Dorado.

Move-up: A term used to denote the strategic movement of a medic unit to a specific location, and/or GSA for continued service and required response time capability.

Peak Demand: The required number of medic units needed for a given period of time to meet call demands 90% of the time. Peak demand is based on the time standard of one hour from the moment of dispatch, through service delivery to the point the time the medic unit is once again available for service in its geographic service area (GSA). Rural systems will have larger GSA's and with that more medic units are needed to meet Peak Demands.

System Status Management: The art and science of matching the production capacity of the EMS system to the ever changing patterns of demand placed on the system.

System Status Plan: An algorithm for the online management of system deployment and re-deployment of medic units.

Unit Demands: Peak demand on a particular medic unit working a GSA.

#### IV. Resources:

A. JPA resources consist of approximately 49 licensed paramedics, 9 public safety-medical ~~dispatchers~~ **Communication Operators**, an Emergency Command Center with ~~6~~ **3** dedicated workstations, 18 medic units that are equipped with a variety of advanced medical equipment and medications. These resources come from the following agencies through a contractual agreement with the JPA:

- El Dorado County Fire: 25 licensed paramedics
- El Dorado Hills Fire: 6 licensed paramedics
- Cameron Park/CAL FIRE: 6 licensed paramedics
- Diamond Springs – El Dorado Fire: 6 licensed paramedics
- Georgetown Fire: 4 licensed paramedics
- CAL FIRE: 9 public safety – Emergency Medical Dispatchers (EMD)
- CAL FIRE: Emergency Command Center with 3 Dispatch Positions
- JPA: 19 medic units with advanced life support equipment and medications

B. The below listed fire districts provide ALS engines and respond to medical ~~emergencies~~ **aid-calls** in conjunction with a JPA medic unit.

- El Dorado County Fire: 6 ALS engines
- El Dorado Hills Fire: 4 ALS engines
- Cameron Park-CAL FIRE: 2 ALS engines
- Diamond Springs – El Dorado Fire: 1 ALS engine
- Georgetown Fire: 1 part-time ALS engine
- Rescue Fire: 1 part-time ALS engine
- Pioneer Fire: 1 part-time ALS engine

- Garden Valley Fire: 1 part-time ALS engine
- C. Serving our region, air ambulance helicopter service is provided by CALSTAR, CARE FLIGHT and REACH. The California Highway Patrol staffs one rescue helicopter.

**V. Training and Apparatus Maintenance:**

An effective and efficient system begins with highly trained and experienced personnel who are equipped with well maintained and reliable vehicles and equipment. The JPA is dedicated to providing a robust training program that expands the knowledge, experience and skills of its employees. Vehicles and equipment shall be regularly inspected and maintained for optimal performance and reliability. Maintenance procedures are outlined in Policy section 600.

**VI. Medic Unit Staffing Requirements:**

- A. An Advanced Life Support medic unit shall consist of two (2) medical personnel in the following two configurations:
1. Two (2) state licensed and locally accredited paramedics, and or,
  2. One (1) state licensed and locally accredited paramedic, and one (1) certified and locally accredited EMT-1.
- B. A BLS ambulance shall consist of two (2) certified and locally accredited EMT-1's.
- C. A critical care transport ambulance shall consist of one (1) state licensed and locally accredited paramedic, one (1) registered nurse competent in emergency critical care, and an approved driver.

**VII. Geographical Service Areas (GSA):**

The JPA service area has been divided into five GSAs. The goal is to maximize resource capabilities for area coverage and to provide timely ALS response, as outlined in our contractual agreement with the County of El Dorado (County). Within each GSA, a primary and alternate post assignment has been identified. Alternate post assignments must not be more than five minutes driving time from their primary post assignment. Strategic move-ups of available medic units should be utilized to maintain GSA coverage as medic units become committed to calls. GSA areas and posts are as follows:

- A. GSA areas:
- Core: Diamond Springs, Mosquito, El Dorado, and Placerville areas
  - West: Shingle Springs, Cameron Park, Rescue, El Dorado Hills, and Latrobe areas
  - East: Camino, Pollock Pines, Kyburz, Strawberry, and US Forest areas
  - North: Georgetown, Garden Valley, Cool, Kelsey, Coloma, Pilot Hill, and US Forest Service areas
  - South: Pleasant Valley, Sierra Springs, Omo Ranch, Somerset, and Grizzly Flat areas
- B. Primary post assignments:
- Core: El Dorado County Fire Station 25 and Diamond Springs-El Dorado Fire Station 48

- West: Cameron Park Fire Station 89 and El Dorado Hills Fire Station 85
- East: El Dorado County Fire Stations 17 and 21
- North: Georgetown Fire Station 61 and El Dorado County Fire Station 74
- South: El Dorado County Fire Station 19

### **VIII. Time Response Requirements:**

By contractual agreement with the El Dorado County Public Health Department – Emergency Medical Services Agency, we must satisfy certain ALS ambulance response time requirements for defined areas of the county.

Exceptions to these time requirements are allowed for unavoidable situations such as disaster events, communication failure, adverse traffic conditions, and severe weather conditions, to name a few. The time requirements and exception waivers can be found in the Master Contract between the County of El Dorado and the JPA.

### **IX. System Status Levels:**

System status levels have been established to provide guidance on the management of JPA resources to maximize effectiveness for GSA coverage and response times. On average the JPA deploys eight (8) medic units, 24/7/365 to cover five (5) GSA areas. The system has the capacity to staff additional medic units for disaster events, long distance transfers, system draw down, and to stand-by at special events such as the County Fair. The system is very fluid and medic unit status can run the spectrum of medic unit availability.

As the system is drawn down of available medic units, it is essential that strategic move-ups be considered to maintain coverage of those GSAs that, historically, have the highest probability of calls for service, and from which medic units can be deployed for a timely and efficient response. Calls for service and GSA data have been analyzed to determine the priority in which each GSA should be maintained with coverage. That analysis is depicted below.

The system status shall be defined as follows:

- Level 1 – One medic unit available in the system
- Level 2 – Two medic units available in the system
- Level 3 – Three medic units available in the system
- Level 4 – Four medic units available in the system
- Level 5 – Five medic units available in the system
- Level 6 – Six medic units available in the system
- Level 7 – Seven medic units available in the system
- Level 8 – Eight medic units available in the system
- Level 9 – Nine medic units available in the system

The ECC shall post medic units according to the current system status levels as follows:

### System Status Posting

	Core	West	East	North	South				
Level 1	CORE								
Level 2	CORE	WEST							
Level 3	CORE	WEST	ST 21						
Level 4	CORE	WEST	ST 21	ST 61/74					
Level 5	CORE	WEST	ST 17	ST 61/74	ST 19				
Level 6	CORE	WEST	ST 17	ST 61/74	ST 19	CORE/ WEST			
Level 7	CORE	WEST	ST 17	ST 61/74	ST 19	CORE/ WEST	CORE/ WEST		
Level 8	CORE	WEST	ST 17	ST 61/74	ST 19	CORE/ WEST	CORE/ WEST	WEST	
Level 9	CORE	WEST	ST 17	ST 61	ST 19	CORE/ WEST	CORE/ WEST	WEST	CORE / WEST

#### X. Strategic Move-ups and Assignments:

System Status Management is an on-going planning process that involves not only a reaction to what is taking place, but also an intuitive examination of what future needs might include. As draw downs occur, planning for current and future ALS service needs can be accomplished by taking into consideration the following factors:

- Numbers of units committed at any given time
- Call volume (below, at, and/or above normal for that period)
- The nature of the ALS calls (traffic collisions, MCI's, and major injury patients)
- Turn-around time for units to return to service (out-of-county transports)
- Remoteness of current calls (rural and wilderness settings)
- Time, - day of the week, - holiday periods
- Weather conditions (rain, -snow)
- Special events that are taking place (County Fair, - parades)

- Emergencies such as **fires**, crime scenes, hazmat spills, etc.
- Empirical and historical knowledge of the ECC
- **Extended mission times**
- **Destination hHospital dDiversions**

**A. Specific Instructions to the ECC:**

**~~A.B.~~**

1. West and East GSA coverage shall~~ould~~ be balanced, i.e.: two and two, and not one and three.
2. The ECC **Duty Officer or designee** may deviate from the normal Post assignments when extenuating circumstances occur (i.e. MCI's, disaster events, and etc.).
3. Move-up assignments should be given to the closest available medic unit to minimize **any the** delay in achieving a higher system status level. **Exception: the ECC Duty Officer may deviate from the closest medic concept when the move-up is strategic to pending incidents (for example, code-2 IFT requests, coverage of the core, or coverage of Station 74).**
4. Between 0900 and 2100 hours, the ECC shall make Post assignments based on the above listed guidelines.
5. Between 2100 and 0900 hours, the ECC shall continue to follow these guidelines only when:
  - a. Level 2 has been reached OR
  - b. It is anticipated that for the next 15 minutes, four or more medic units will be unavailable for service.
  - c. The ECC finds it necessary, due to situational priorities.
  - d. **A Move-up in pProgress may be kept at a post beyond 2100 Hours at the discretion of the ECC Duty Officer or designee to maintain GSA coverage.**

**XI. Patient Transfers:**

The JPA provides ALS services for patient transfers between a variety of facilities and destinations in our region.

**A. Specific Instructions to the ECC:**

1. Code 3 **inter-facility transfer (IFT)medic-unit** requests, regardless of destination, shall be filled with the closest available medic unit.
- ~~1-2.~~ **Code 2 IFT requests, regardless of destination, shall be filled with the first available medic unit not assigned to a call in the opportunity based rotation list. If the next up medic on the list is already assigned to an incident when an IFT is scheduled, they will stay in their current position on the list and the next available medic will be utilized. Transfers during the hours of 0900 and 2100 should follow the opportunity based rotation list unless the ECC Duty Officer or designee determines an operational need to deviate from it. GSA coverage will be maintained using the established procedures during the IFT. The medic unit assigned to the IFT will be rotated to the bottom of the list after completing the transfer. The opportunity based rotation list will be as follows: M61, M19, M85, M17, M28, M89, M48, and M25. The opportunity based rotation list will be reset each morning at 0900. The intent of the opportunity based rotation list is to balance out the medic unit utilization hours amongst all JPA medics units.**
- ~~2. Inter-facility transfers, in-county or out-of-county, with a Code 2 request:~~

- ~~a. Originating from a non-health care facility shall be normally assigned to the closest medic unit.~~
- ~~3. If the patient transfer is a planned need, scheduled greater than 1 hour out, the ECC shall activate a call-back procedure, the transfer shall be confirmed as a Code 2 response, and then placed on hold until the system status can satisfy the request without a call-back.~~
- 3. Pending IFT's with greater than a 2 hour mission response time may be staffed with a call back unit.
- 4. For Long Distance-IFT's beyond Sacramento County, the ECC may back fill with a call back unit.
- 5. IFT's will rotate through the system based at the time of GSA coverage.

4.

## XII. Mutual Aid:

Occasionally a request will come from Sacramento Regional Fire **Emergency Communications Center Dispatch** (SRFECCD) to move up and cover a station in Folsom. To comply with this request the Camino ECC **Duty Officer or designee** will send a medic unit if it is available. The ECC **Duty Officer or designee** will make the appropriate move ups in GSA coverage as outlined in IX. Systems Status Posting. The ECC **Duty Officer or designee** has the discretion to decline mutual aid depending on the current demands that exist within our own systems status management.

1. Specific instructions for Medic Unit personnel responding to mutual aid in Sacramento County:
  - a. Upon leaving El Dorado County advise **the Camino** ECC that the unit will be switching over to the **SRFECCRFD** frequency.
  - b. Come up on the **SRFECCD** frequency A2 and advise of availability for assignment and proceed as directed.
  - c. If the Medic Unit is not equipped with a Sacramento County 800 frequency radio, proceed to Folsom Station 37 located at 70 Clarksville Road (near E. Bidwell and Clarksville) as there are two portable 800 frequency radios there for our use. Once in possession of the portable radios follow (a. and b. above). Upon release from **SRFECCD** return the radios to Station 37.
  - d. If assigned a call in Sacramento County, request from the **Camino** ECC an Incident Report number for the Patient Care Report. This number will be needed for the El Dorado County EMSA billing system. An FC34 from **SRFECCD** would be beneficial for future reports and billing but is not necessary.
  - e. Upon release from **SRFECCD** return to El Dorado County and notify **the Camino** ECC of availability.

## XIII. Call-Backs:

The **Camino** ECC and provider agency chiefs have the discretion to call-back employees to staff additional medic units, as deemed necessary, to maintain **System S** status levels.

### A. Triggers for initiating a call-back:

1. The **Camino** ECC shall attempt to staff an additional medic unit when Level 3 has been reached and it is anticipated that it will remain at that level for a period of 15 minutes or more.
2. The **Camino** ECC shall attempt to staff an additional medic unit when **Marshall Hospital is on diversion and the County System Status Management is at Level 4.**

4.3. Pending IFT's with greater than a 2 hour mission response time may be staffed with a call back unit.

B. Procedures for call-backs:

1. The closest agency Duty Chief with reserve capacity where the coverage is needed shall be contacted to determine if they can fill the need. The agency will have five minutes to make that determination. If the agency is unable to staff an additional medic unit, the next closest agency provider in proximity will be contacted with the same time element.
2. If the ECC is unable to staff an additional medic unit with JPA resources, mutual aid shall be sought. Refer to Mutual Aid policy for guidelines.

**XIV. Operational Overview:**

Requests for an ALS ambulance usually begin with a 911 call (either by landline or cellular phone) to a Public Safety Answering Point (PSAP). There are three PSAPs in El Dorado County: the El Dorado County Sheriff's Communication Center (Central Dispatch), Placerville Police Department Dispatch Center, and the South Lake Tahoe Police Department Dispatch Center. ALS requests can also be received over a public safety radio frequency from a public safety agency.

After answering the 911 call, the PSAP/ASAP dispatcher will interview the reporting person (RP) for information to determine the nature, location and severity of the emergency situation. When the emergency involves a request for an ALS medic unit response, the PSAP dispatcher will transfer the call to the CAL FIRE/CalFire ECC in Camino. The Camino ECC dispatcher/Communication Operator will gather pertinent information from the RP and dispatch appropriate resources to provide ALS services. The Camino ECC dispatchers/Communication Operators are also trained and certified in Emergency Medical Dispatch to provide First-Aid and CPR instruction to those who are on-scene with the patient, for immediate care and treatment.

Dispatched medic unit(s) and fire agency resources respond to the scene and provide ALS services to stabilize the patient for transport. The System Status Management plan is designed to make strategic movements of medic units to respond to ALS calls within defined response times.

It is not uncommon for patients to refuse treatment from medics and fire personnel. If the patient appears to be able to make a competent decision on his-her medical care, the patient shall be asked to sign a release waiver. If the patient is incompetent to make such a decision because of a mental illness or dysfunction and/or substance abuse, the local law enforcement agency with jurisdiction will be summoned to the scene to evaluate the patient for a 5150 Welfare and Institutions Code (W&I) mental health commitment. If the patient is placed under a 5150 W&I hold by a law enforcement officer, the officer may direct medics to provide ALS services and transport the patient to a medical hospital for further treatment.

Patients will be evaluated for transportation to the most appropriate receiving medical facility. In some instances, the patient's injuries or medical condition may require use of an air ambulance helicopter.

**XV. Operational procedures:**

The following procedures were developed utilizing many years of past experiences and should be used to help guide personnel actions to achieve optimum performance.

- A. **The Camino** Emergency Command Center (ECC) Procedures: Upon receiving an ALS request, **the following guidelines shall be followed;**~~the ECC Dispatchers shall do the following;~~
1. The Call Taker will initially question the Reporting Party (RP) for basic call information: verification of emergency location, verification of RP call back phone number, and basic type of emergency. The Call Taker will then enter the call into the Computer Aided Dispatch (CAD) Pending Events for the Initial Attack **Dispatcher.**~~Dispatcher.~~
  2. The Initial Attack **Dispatcher** ~~Dispatcher~~ will dispatch the appropriate resources to the emergency, based on the predetermined response plan.
  3. While the Initial Attack **Dispatcher** ~~Dispatcher~~ is dispatching resources to the emergency, the Call Taker continues to question the RP using the Medical Priority Dispatch System (EMD Protocols). Based on the answers given by the RP, the calls are given a code. Responding resources are reduced to a Code 2 response for Alpha level calls. **Bravo, Charlie, Delta, and Echo**~~Echo, Delta, Charlie, and Bravo~~ level responses are continued as Code 3 responses.
  4. The Command Channel ~~Dispatcher~~**Communication Operator** will positively check back the resources responding to the incident. Upon confirmation of responding resources, the Command Channel ~~Dispatcher~~**Communication Operator** will give the responding resources additional pertinent information about the call, and reduce the resources to Code 2, if appropriate, for an Alpha level response.
  5. All further radio traffic, such as resource status changes and transport status, shall be conducted on the appropriate command channel.
- B. Medic Unit Procedures: To meet contractual response time requirements between the County and the JPA, the below listed guidelines shall be followed by all medic units.
1. Posting: When the **Camino** ECC dispatches a medic unit to move up and cover a geographic response area (GSA) the medic unit shall be en route immediately to their posting location and notify **the Camino** ECC.
  2. Locations: Medic units shall remain within 5 minutes of the dispatched move-up and cover locations. Station 89 will be the posting location for move-up and cover assignments in the West end. The only exception is for Medic 28 when already in quarters, they shall remain in quarters for West end coverage.
  3. Hospital: Medic units shall be available for dispatch within 10 minutes of arrival at the hospital. **All medics shall clear the destination hospital within 30 minutes after arrival.** Exception: Circumstances dictate a longer period at the hospital and the medic unit has informed the **Camino** ECC.
  4. **Medic units shall inform the Camino ECC of their intended route of travel when returning from MFER and AFER destination hospitals. This will allow the ECC Duty officer or designee to preplan GSA coverage needs.**



- 4.5. Medic units shall maintain communication with Camino ECC and monitor their radio (appropriate local net and command frequencies) at all times.
- 5.6. The Camino ECC will indicate on each FC-34 the response time for the GSA that the medic unit responded to. All medic unit personnel shall be aware of and report any exceptions to the maximum response time standards as established by the County and the JPA. Medic personnel shall use “exception” forms to complete their reports.
- 6.7. Reconcile any changes to time (FC-34) and transport mileage upon scene to provide accurate data. The reports are to be emailed or faxed to the JPA office (530-642-0628).



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Marty Hackett  
Executive Director

## **IFT CAR Proposals**

**I am asking that we take a look at these 2 options for an Interfacility Transfer (IFT) Car. This proposal is meant only for the delivery service for IFT, Long Distance Transfers such as to Stanford or SF General, and Surge. Its primary purpose is for generating monies for the JPA and alleviating the current budget strains, but there are also farther reaching advantages than just monetary returns for the JPA. First this creates better service for our citizenry by keeping emergency response ambulances available for emergency service by reducing the number of IFT's that could be tasked to them, and avoiding extra move-ups out of their primary response locations. Second it also places another ambulance in service when levels are low and there is a surge. Third it provides a place of employment for laid off workers. Fourth it sets up an entry level position for someone seeking permanent employment in the ambulance or firefighting service (Plan A only), or it allows extra income for permanent firefighter employees who wish to participate (Plan B only).**

### **Plan A (Full Time Employment Car)**

- 1) Scope of Work**
  - A) IFT – Primary purpose**
  - B) Long Distance Out of County Transfers**
  - C) Surge**
- 2) Work Schedule**
  - A) 0800 – 1700 Monday-Friday**
  - B) Overtime - time and a half over 40 hours per government code.**
- 3) Employment**
  - A) Limited term – 18 months**
  - B) At will**
  - C) Extension past 18 months at department discretion**
  - D) One Paramedic – w/Critical Care course preferably**
  - E) One EMT**
  - F) 30 day noticed required (Exceptions can be made by the hiring Member Agency upon written request)**

- 4) **Salary**
  - A) **Fixed Rates TBD**
  - B) **Overtime**
    - 1) **Provided through a telestaff system**
    - 2) **Running list from EDH med tech list or Countywide overtime list**
    - 3) **Fixed price for showing up to fill vacancies**
      - a) **Hourly wages TBD**
      - b) **Hours less than 4 hours will get a fixed 4 hour payment.**
- 5) **Training**
  - A) **Attach to an existing EMT/EMTP training county program to maintain a 2 year rotation of training with the ability to use any county program to make up training as needed paid for by the JPA.**
- 7) **Contract**
  - A) **Pending Approval**
- 8) **Hiring**
  - A) **Member Agency is tasked for permanent and daily replacement hiring.**
- 9) **Benefits**
  - A) **Workers Comp Insurance**
  - B) **Vacation compiled at 1 day off every 7 weeks**
  - C) **Sick days – 5 a year**
- 10) **Concerns**
  - A) **This would be primarily an entry level position and turnover will be expected. Hiring and finding replacement personnel for continuing training, vacation, sick leave must be constantly attended to. The tasked Member Agency will be asked not only to do this, but attend all meetings and meet the regulations provided in the JPA Contract.**
- 11) **Advantages**
  - A) **A permanent employee who will be more familiar with the intricacies and special needs of this employment.**
  - B) **A reduced wage for services than contract employees**

## **Plan B (Contract Employees)**

- 1) Scope of Work**
  - A) IFT – Primary purpose**
  - B) Long Distance Out of County Transfers**
  - C) Surge**
- 2) Work Schedule**
  - A) 0800 – 1700 Monday-Friday**
  - B) Overtime - time and a half over 8 hours per government code.**
- 3) Employment**
  - A) Independent Contract Employees pooled from all over our county – will be given 1099's individually**
  - B) At will**
  - C) One Paramedic daily – w/Critical Care course preferably**
  - D) One EMT daily**
  - E) In the case of laid off employees a permanent non-benefited position(s) will be offered upon agreement with the managing Member Agency.**
- 4) Salary**
  - A) Fixed Rate TBD**
  - B) Overtime**
    - 1) Provided through a telestaff system**
    - 2) Running list from a countrywide volunteer list**
    - 3) Fixed price for showing up to fill vacancies**
      - a) Hourly wages as stated above**
      - b) Hours less than 4 hours will get a fixed 4 hour payment.**
- 5) Training**
  - A) All volunteers for this program will be required to show proof to the managing Member Agency of current EMT and EMTP license's and training according to all county protocols at the expense of the volunteer.**
- 6) Contract**

- A) Pending Approval**
- 7) Hiring**
  - A) Member Agency is tasked for daily and/or permanent hiring.**
- 8) Benefits**
  - A) NA**
- 9) Concerns**
  - A) Training of so many personnel throughout the county who do not work regularly with each other the operations of an IFT car could be problematic at first.**
  - B) There may be days when no one volunteers to work.**
- 10) Advantages**
  - A) There would be no need for taking time off for training as all considered volunteers will have appropriate certifications.**
  - B) The ability to replace income for our firefighter personnel who may be tasked with reduction of wages or benefits in future negotiations.**