

MEMORANDUM

DATE: May 5, 2003

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons

FROM: Charlotte Aros, Secretary

RE: INFORMATIONAL MAILING

Enclosed for your information and review are the following items:

1. **POLICY CHANGE NOTICE #64** – please incorporate these into your Policy, Procedures and Protocols Manual as directed in this notice.
 - **Please be advised that use of Versed (Midazolam) will be allowed following these steps:**
 - A. **Orientation of current and new paramedics, MICNs and ED physicians to the dosage and special information differences between Valium and Versed.**
 - B. **Stocking of ALS units with Versed.**
 - C. **Written notification by the PCNC to North Coast Emergency Medical Services and each assigned ALS Provider that use of Versed has been activated (this can be on a provider by provider basis or all at once).**

2. **FOR YOUR INFORMATION:**
 - A. Public Hearing on Regional Trauma Project and Joint Powers Governing Board meeting announcement.
 - B. Bertha Russ Lytle Foundation letters of support request.
 - C. **Certification Fee Comparison and Increase Notice – Effective June 1, 2003.**
 - * Please note that North Coast EMS has maintained relatively low certification fees for many years. Unfortunately, we face a significant revenue shortfall due to state

budget cuts and increasing operating expenses, and have no choice but to raise fees, as shown. We apologize to all these effected by this necessary step.

- D. "Regional Disaster Medical Health Specialist Program" letter from EMSA.
- E. FY 02-03 General Fund Grant #EMS-2036 Third Quarter Progress Report
- F. Regional Trauma Project (EMS-1091) Fourth Quarter Report.
- G. Prehospital Multi-Casualty Incident/Disaster Preparedness Project Third Quarter Progress Report.
- H. Rural Outreach Medical Training Grant (EMS-2056) Third Quarter Progress Report.

CHANGE NOTICE

CHANGE #64

May 2, 2003

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

Note: Record change notice on Record of Change Form. Insert this change notice behind the record of change sheet.

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
Replace	#5332	Scope of Practice/Procedure – EMT-II Benzodiazepines	2
Replace	#4002	Certification Fee Schedule – Effective June 1, 2003	4

Subject: Certification
Fee Schedule

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures

- II. Purpose
To establish a fee schedule and policy for all certification levels.

- III. The following schedule of fees are established to offset costs; all fees are payable in advance:

EMT-I (Re)certification	\$40.00
EMT-I Skills Test & Retest	100.00
EMT-I written test for recertification or retest	20.00
EMT-II (Re)certification	50.00
EMT-II Test & Retest	50.00
EMT-P Accreditation (including cases when there has been a lapse of accreditation)	100.00
EMT-P Reaccreditation, when there has been a lapse of accreditation, but EMT-P is still within the same two (2) year licensure cycle.	50.00
Extension of Accreditation Time Limit Without Cause	50.00
Special Care Transfer Paramedic Accreditation (Hep/Nitro)	20.00
MICN (Re)authorization	100.00
MICN Skills Test & Retest	50.00
Written Retest	20.00
Reactivation from LOA	20.00
Card Replacement	10.00
Suspension Reinstatement	25.00
Special Test	50.00
“Rush” of Certification, Accreditation or Authorization Card	15.00
Returned Check	25.00
First Responder Program Approval (Fee charged for private organizations with a recognized role in first aid or prehospital care training only.)	25.00

North Coast EMS will deduct a 20% administrative fee from all certification fees that are returned because applicant decides not to certify/authorize after the background investigation has been initiated.

Subject: Certification
Fee Schedule

- IV. Policy (for initial, recertification/authorization, and all retests)
- A. Test registration must be received by North Coast EMS at least fourteen (14) days prior to the scheduled test date. If registration is not received fourteen (14) days prior to the requested test session, registrant will be given the choice of attending the next regularly scheduled EMS testing session.
 - B. Test registration must be submitted with the necessary certification/testing fee, plus a separate check of \$25.00 (or cash), made out to North Coast EMS. The \$25.00 will be returned to registrant when (s)he arrives at the scheduled test session. If unable to attend test session, the \$25.00 will be returned only if registrant cancels by calling North Coast EMS at least twenty-four (24) hours prior to the test session (s)he has scheduled. If registrant does not arrive for the scheduled test session without a twenty-four (24) hour prior notification, the \$25.00 will be forfeited. An additional \$25.00 must be submitted with every test session registration.
 - C. If there is a group of four (4) or more individuals who are in need of a recertification test and would like to be tested as a group on a day other than a regularly scheduled testing session applicants shall write a letter to North Coast EMS at least fourteen (14) days in advance of desired testing date.
 - 1. The letter of request must contain:
 - a. The names of all interested individuals.
 - b. The level of test needed for each applicant listed.
 - c. The test registration fee and appropriate certification/authorization fee from each applicant listed.
 - d. The date that the group would like to be tested.
 - e. The location at which the group would like to be tested.
 - 2. This test session shall be for recertification and involve the written test only.
 - 3. The test date will be set subject to North Coast EMS staff availability.
 - E. Certification fees are waived for active North Coast EMS regional firefighters applying for EMT-I. Documentation will be met by including the Fire Chief's signature on the application. (CDF seasonal and Forest Service firefighters are not eligible for this waiver.)
 - F. "Volunteers" may request a waiver of certification fees by sending a letter of waiver request to North Coast EMS with the certification application. The letter must state the applicant's name, address, phone number, provider agency affiliation, and that at no time do they receive money for performing patient care in the field. The waiver request will be evaluated

Subject: Certification
Fee Schedule

by the North Coast EMS Executive and/or Medical Director(s). The decision will be final unless an appeal is presented to the Joint Powers Governing Board.

- G. If EMT-I certification fees are paid by a personal check, certification will be held for thirty (30) days from the date of receipt of the check.
- H. Allow at least thirty (30) days upon receipt of a completed application by North Coast EMS for a certificate to be issued. An individual may request that his/her certification/accreditation/authorization card be processed sooner, or that we rush the process and call the employer immediately to confirm certification/accreditation/ authorization, by requesting "Rush" in writing, and enclosing an additional \$15.00 Rush Fee, payable by cash or money order only. In this case, we will call the employer immediately after confirming certification, accreditation or authorization, and the certification card will be processed within ten (10) working days of North Coast EMS receipt of the completed application, written "Rush" request, and fee.
- I. No EMT-I, EMT-II, EMT-P, or MICN will exercise his/her skills unless they are currently certified/authorized/accredited. The certification/accreditation/authorization requirements include the submittal of the appropriate paperwork and fee. If a check covering the fee is returned by the bank for any reason, the individual will be immediately suspended for a thirty (30) day period and will be required to pay the Returned Check Fee of \$25 and any other associated costs. (The thirty (30) day suspension begins upon written notification from North Coast EMS and, as long as returned check fee and any other associated costs are paid, ends thirty calendar days later. North Coast will also notify employer and base hospital by phone.)
- J. There is no provision for extension of expiration dates on certifications. When an individual's certification/authorization/accreditation card expires, the individual is no longer certified/authorized/accredited and is no longer allowed to function at their former level of certification/authorization/accreditation.
- K. The fee for a returned check is \$25.00. If an individual's check is returned by the bank, North Coast EMS will not accept a check from, or extend credit to, that individual in the future.
- L. Special Care Transfer Paramedic Accreditation fee is in addition to the initial accreditation fee. This accreditation will allow individuals to

Subject: Certification
 Fee Schedule

transfer patients who require an established Nitro/Heparin drip. This fee must be accompanied by the appropriate application and paramedic's are not allowed to function in this capacity without North Coast EMS authorization.

Subject: Scope of Practice/Procedure – EMT-II
Benzodiazepines

- I. Indications
 - A. Sustained and/or recurrent grand mal seizures.
 - B. Before cardioversion in conscious patients.

- II. Therapeutic Effects
 - A. Decreased cerebral irritability.
 - B. Relaxes skeletal muscles.
 - C. Sedation.

- III. Contraindications
 - A. Absolute:
 - 1. Suspected or known allergy to Benzodiazepines.
 - B. Relative:
 - 1. Shock.
 - 2. Pregnancy.
 - 3. Trauma to rectum (for rectal administration).
 - 4. Congenital or surgical anomaly of the rectum (for rectal administration).

- IV. Adverse Effects
 - A. Respiratory depression or arrest may be caused or worsened by Benzodiazepines.
 - B. Drowsiness, vertigo, ataxia, transient hypotension.
 - C. Rectal injury may occur due to forceful entry of the syringe.
 - D. Inadequate absorption, following rectal administration.

- V. Administration of Diazepam
 - A. Adult:
 - 1. 2.5-20 mg IV push in 2.5 mg increments titrated to effect. May give up to 40 mg in status epilepticus. 5-10 mg IM.
 - B. Pediatric:
 - 1. 0.1-0.3 mg/kg slow IV push or 0.5 mg/kg (maximum dose 20 mg) rectally.

- VI. Administration of Midazolam (Paramedic Scope Only)
 - A. Adult:
 - 1. 1-2.5 mg slow IV (over 2-3 min); may be repeated if necessary in small increments (total maximum dose not to exceed 0.1 mg/kg)

Subject: Scope of Practice/Procedure – EMT-II
Benzodiazepines

- B. Pediatric:
 - 1. 0.1-0.15 mg/kg IM. IV route (6-12 m/o to y/o): Initial dose 0.05-0.1 mg/kg IV, then titrated to 0.6 mg/kg. IV route (6-12 y/o): Initial dose 0.025-0.05 mg/kg IV, then titrated to max 0.4 mg/kg.

VII. Special Information

- A. Never give without resuscitation equipment available.
- B. Push as close to the hub as possible. Benzodiazepines may precipitate if mixed with other drugs or IV solutions.
- C. Effects of Benzodiazepines are potentiated with alcohol and other sedatives.
- D. Painful upon IM administration, unpredictable absorption.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

MEMORANDUM:

DATE: April 28, 2003

TO: Joint Powers Governing Board Members and Alternates

FROM: Larry Karsteadt, Executive Director

RE: Special JPA Meeting and Regional Trauma Plan Public Hearing

There will be a special JPA meeting on **Thursday May 22, 2003 at 10:30 a.m. at Eureka Public Marina, Wharfinger Building, # 1 Marina Way**, to consider approval of the regional trauma plan. This meeting will immediately follow a **9:00 a.m. Public Hearing** on the Regional Trauma Plan.

We look forward to seeing you there.

Memorandum

Date: April 28, 2003

To: County Boards of Supervisors, Joint Powers Governing Board, Humboldt/Del-Norte County Medical Society, County Health Officers, County Health Department Directors, Hospital Nursing Executives, Emergency Medical Care Committees, Prehospital Care Nurse Coordinators, Prehospital Care Medical Directors, Fire Chiefs' Associations, ALS Providers and Interested Others

From: Larry Karsteadt, Executive Director

Re: Request for Letters of Support for the Bertha Russ Lytel Foundation Grant Application – Fiscal Year 2003-2004

North Coast EMS faces a significant revenue deficit this coming year due to state funding cuts and increased operating expenses, and ongoing support of the Bertha Russ Lytel Foundation is even more critical then in the past.

Please submit, as soon as possible and no later than **Wednesday, May 7, 2003** (mail, fax # 445-0443 or e-mail to execdir@northcoast.com) a letter of support addressed to: George Hindley, Manager, Bertha Russ Lytel Foundation, c/o North Coast EMS, 3340 Glenwood St., Eureka, CA 95501. A sample letter is attached for your reference.

John Kelsey, M. D. has served as our Regional Medical Director for that last year. Bertha Russ Lytel Foundation support (currently \$7,500) has allowed North Coast EMS to retain Dr. Kelsey to authorize all medical operations administered by our office, approve basic and advanced life support treatment protocols, oversee medical direction of Emergency Medical Technician-IIs and Paramedics, sign certificates and supervise quality improvement review of prehospital personnel. Dr. Kelsey's oversight role is critical to the functioning of the EMS system within the North Coast EMS region. He has also been instrumental in the process to develop the Regional Trauma Plan and has taken an active role in numerous other projects.

Your assistance in supporting Bertha Russ Lytel Foundation funding for North Coast EMS is greatly appreciated.

Thank you.

April 30, 2003

George Hindley
Bertha Russ Lytel Foundation
c/o North Coast EMS
3340 Glenwood Street
Eureka, CA 95501

Dear Mr. Hindley:

On behalf of _____, please accept this letter of endorsement for continued fiscal support for the North Coast EMS Regional Medical Director for Fiscal Year 2003-2004.

The Medical Director of North Coast EMS is responsible for providing EMS system medical oversight for the counties of Del Norte, Humboldt, Lake and southern Trinity. Dr. John Kelsey, Regional Medical Director, approves basic and advanced life support treatment protocols, oversees medical direction of Emergency Medical Technician-IIs and paramedics, authorizes all medical operations administered by North Coast EMS, signs certificates and supervises quality improvement review of prehospital personnel. His medical expertise and experience are essential to the provision of quality emergency medical patient care in the North Coast EMS region.

Dr. Kelsey is Board Certified in Emergency Medicine, has eight years of experience in emergency medicine as a physician and over 14 years of experience in EMS. He is currently an Emergency Department physician at St. Joseph Hospital in Eureka and is a member of the California State Association of Medical Directors. He successfully advocates on behalf of the rural community and the north coast of California, has been central to the process to develop a Regional Trauma Plan and provides medical oversight of several special projects.

We urge you to fund the Regional Medical Director position at least at the same level as last year (\$7,500). Dr. Kelsey's position is mandated by the State of California and is vital to the continued medical quality of the EMS system on the north coast.

Thank you for your continued investment in our community.

CERTIFICATION FEE SURVEY
(information obtained February 2003)

Agency	EMT-I	EMT-II	EMT-P	MICN	
Alameda	\$35.00	N/A	\$25.00	N/A	
Coastal Valley	\$35.00	\$50.00	\$100.00	\$50.00	
Kern	\$37.00	Unk	Unk	Unk	
Mt. Valley	\$30.00	N/A	\$50.00	\$50.00	\$15 added fee if not in within 30 days prior for all levels
Nor Cal	\$45.00	N/A	\$100.00	\$80.00	
Orange	\$25.00	Unk	Unk	Unk	
Santa Barbara	\$22.00	N/A	\$52.00	N/A	
Santa Clara	\$20.00	Unk	Unk	Unk	

North Coast EMS Fee's

Previous
 EMT-I \$20.00
 EMT-II \$50.00
 EMT-P \$50.00
 MICN \$50.00

New Fee's as of June 1, 2003

EMT-I \$40.00
 EMT-II \$50.00
 EMT-P \$100.00
 MICN \$100.00

April 17, 2003

Carol MacRae
Contracts Manager
EMS Authority
1930 Ninth Street, Suite 100
Sacramento, CA 95814

RE: FY 02-03 General Fund Grant #EMS 2036 Third Quarter Progress Report

Dear Carol:

The General Fund Third Quarter Progress Report for Fiscal Year 2002-2003 (Contract #EMS-2036) is attached.

Please call if you have any questions.

Sincerely,

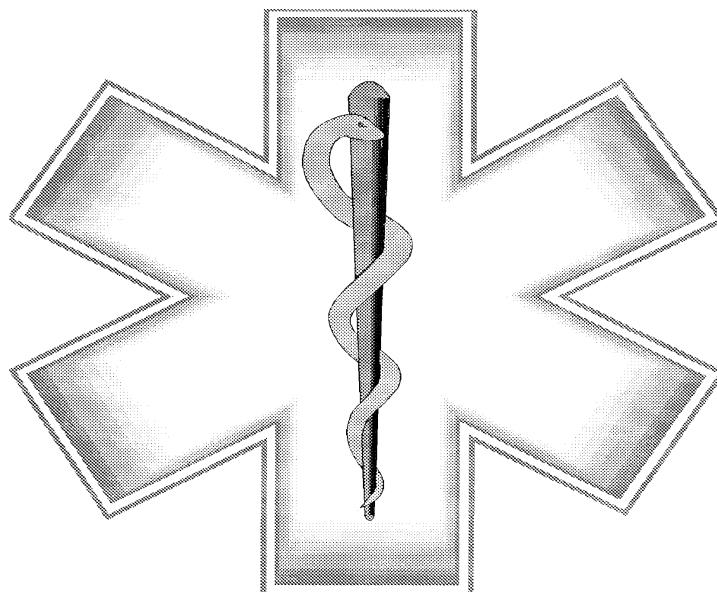
Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

cc: Joint Powers Governing Board
County Health Officers
EMCC Chairpersons
Information Mailing

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Quarter 3 Progress Report

January 1, 2003 – March 31, 2003

General Fund Contract # EMS-2036

April 17, 2003

Overview:

In the third quarter of Fiscal Year 2002-2003, North Coast Emergency Medical Services (EMS) continued to serve as the local EMS agency for the functions delegated by Del Norte, Humboldt, Lake and southern Trinity Counties. The Agency continued to manage the regional EMS system in accordance with state law and guidelines, under direction of the Joint Powers Governing Board and in coordination with a large network of organizations and individuals. North Coast EMS staff and contractors facilitated the planning, coordination and evaluation of the EMS system through a program of community consensus, patient and EMS participant advocacy and continuous quality improvement.

The Joint Powers Governing Board directed the activities of North Coast EMS during the third quarter of FY 2002-2003. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Chuck Blackburn, Vice-Chairperson, Del Norte County; and Supervisor Rob Brown, Lake County. Alternates to the JPA Board were: Supervisors Martha McClure, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Ed Robey, Lake County.

The Agency was managed by the following general fund employees (a total of around 3.91 FTE is covered by the General Fund budget – please note that another 0.15 FTE for each staff position is covered by the Trauma Project):

- Larry Karsteadt, Executive Director (0.85 FTE)
- Wendy Chapman, Training Coordinator (0.85 FTE)
- Maris Hawkins, Program Assistant II (0.51 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (0.85 FTE)
- Charlotte Arnos, Secretary (0.85 FTE).

Several part-time independent consultants totaling less than 0.5 FTE were involved with general fund operations, including:

- John Kelsey, M.D., Regional Medical Director
- Pat Farmer, R.N., Mobile Intensive Care Nurse & Base Hospital Site-Visit Coordinator
- Pam Haynes, RN, Emergency Dept Approved for Pediatric Site-Visit Coordinator
- Tim Citro, EMT-P, AED Tape Review
- Jay Myhre, EPCIS Programmer
- Willie Sapeta, Lake Test Proctor
- Virginia Plambeck, CISM
- Ezequiel Sandoval, Office Computer Maintenance

Numerous individuals and organizations within the three and one-third county area directly contributed to the regional accomplishments during the first quarter.

North Coast Emergency Medical Services General Fund #2036 - Quarter 3 Progress Report

January 1, 2003 to March 31, 2003

The following report on progress at North Coast EMS during the second quarter of Fiscal Year 2002-03 meets the requirements of the California EMS Authority General Fund Contract #EMS-2036 and the document entitled: "Funding of Regional EMS Agencies with General Fund Monies (June, 2001)." The report specifically addresses the goals, workload indicators, accomplishments and problems relative to contract objectives and as specified by the California EMS Authority (EMSA).

1.0 System Organization and Management

Objective: To develop and maintain an effective management system to meet the emergency medical needs and expectations of the population served.

Workload Indicators:

Total Static Population Served = **216,200**

Total Annual Tourism Population = **+3 million**

Number of Counties = **3.3** (Del Norte, Humboldt, Lake, s. Trinity)

Geographic Size of Region = **6,840 square miles** (5,840 in the three JPA member counties and approximately 1,000 in southern Trinity County, which equals roughly one-third of the County)

Accomplishments: This quarter,

1. North Coast EMS personnel attended the following state EMS meetings:
 - a. Emergency Medical Directors Association of California (EMDAC)
 - b. Rough and Ready State Exercise/Conference
 - c. Emergency Medical Services Administrators Association of California (EMSAAC) – Conference Call
 - d. Trauma Fund (AB430) – Conference Call
 - e. EPCIS Special Project – Conference Call

2. North Coast EMS personnel attended the following regional meetings:
 - a. Joint Powers Governing Board
 - b. Humboldt/Del Norte Medical Advisory Committee (MAC)
 - c. Lake and Humboldt County Emergency Medical Care Committees (EMCC)
 - d. Lake County Ambulance Ordinance Subcommittee
 - e. Regional Trauma Advisory Committee Meetings (southern and northern sections)
 - f. Humboldt County Fire Chiefs Association
 - g. Humboldt County Child Death Review Team
 - h. Humboldt County Injury Prevention
 - i. Child Seat Safety Committee
 - j. Humboldt/Del Norte Disaster Committee

- k. Domestic Terrorism Grant
 - l. Fire Safe Council
 - m. Humboldt County Health Officer
 - n. Southern Humboldt Ambulance
 - o. Humboldt County MCI/Communications
 - p. Trauma Catchment Meeting – Humboldt
 - q. Hospital Transfer Meeting – Humboldt
 - r. Prehospital MCI/Disaster Steering Committee – Del Norte, Humboldt and Lake
3. North Coast EMS continued contracts with several GF and special project contractors, including: Dr. John Kelsey, Pat Farmer, R.N., Pam Haynes, R.N., Tim Citro, EMT-P, Jay Myhre, Ezequiel Sandoval, The Abaris Group and Pam Haynes, R.N. (Trauma), City Ambulance of Eureka, Inc. (Rural Outreach), the Northern California Safety Consortium (MCI/Disaster), Virginia Plambeck (CISM) and Moss, Levy and Hartzhiem (Agency Audit via a formal RFP process). We also initiated a second contract with City Ambulance (Rural Outreach – second half) and contracts with Heather Gramp (Special Project Proposal) and Mary Donati, R.N., Lake County Trauma Coordinator.
 5. The Agency distributed draft and final policies, protocols and information items for regional review and input in three Informational Mailings, including: CQI, Field Care Audit, Field Internship, Accreditation, MICN, EMT-I Scope of Practice, Cardiac Pacing, First Responder /BLS Supply and Equipment, Bypass and Patient Determination, Quarterly Reports, Regulation Drafts (EMD, DMS, Ambulance Strike Teams), HIPAA Information, Trauma Triage, Trauma Patient Destination, Sample Transfer Guidelines, and Benzodiazepine (covers Versed), etc.
 6. North Coast EMS maintained (www.northcoastems.com), which has policies, procedures, upcoming training, the EMS Plan, the Call of the Month, Trauma Plan, Cardiac Pacing, links to other EMS web sites and other information posted regularly.
 7. The Agency continued to oversee three grants from the EMSA: the Prehospital Multi-Casualty Incident/Disaster Preparedness special project, the Rural Outreach Medical Training special project and the Regional Trauma Project. We also formally requested contract extensions for both special projects due to the late start-up.
 8. The Agency submitted the third quarter Trauma Project quarterly report and second quarter reports (General Fund, Rural Outreach, Prehospital MCI/Disaster)
 9. One JPA Governing Board meeting was convened by teleconference during the quarter.
 10. The Agency audit was conducted for FY 2001-02; the audit report was sent to the EMSA and will be distributed to Governing Board at the April meeting.
 11. The Agency formally opposed the proposal to relocate EMSA to DHS.
 12. Office rent was increased and a new lease was executed.
 13. North Coast EMS commented to the EMSA on the proposed EMD and DMS Regulations.

14. Statements of Economic Interest were distributed for completion as required to all JPA members, staff and relevant contractors.

Issues/Solutions:

1. North Coast EMS and the other regional agencies, all of which are in need of a state General Fund augmentation, received a 4% cut in FY 2002-03. Fortunately, because of AB430 Trauma System Care Systems Plan Preparation and Implementation Funding, we will be able to delay significant staff and/or contractor cuts. However, increasing operational costs and cost of living expenses will continue and we will receive the same 4% state GF cut next which equates to a cumulative loss of around \$20,000 over two years. Consequently, we anticipate a significant budget and workload reduction unless state General Fund assistance, special project and/or local funds (including certification fees, county shares, trauma center fees) increase next year.
2. Although the relative workload is greater, current General Fund staff size at North Coast EMS is less by almost one FTE than in the late 1980s. Consequently, participation in state and local events and staff travel have decreased.
3. After informing us that the revision of the Regional EMS Plan was not necessary because the State EMS System Guidelines and Standards were under revision, the EMSA requested a summary update by February 2003. We believe that our GF and special project quarterly and annual reports serve as updates to the EMS Plan, and we requested and received an extension until the end of May 2003. However, limited staff size, management of four major projects and other priorities will require a second extension request to July or August.

2.0 Staffing and Training

Objective: To ensure personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Workload Indicators:

Total Number of Personnel Certified/Authorized/Accredited by Regional Agency = **1,428**
Total Number of Personnel Completing Training Courses Approved by Regional Agency = **177**
Total Number and Type* of Approved Training Programs Approved by Region = **33**
Total Number and Type of Training Programs Conducted by Regional Agency = **None**
Total Number of Continuing Education Providers Authorized by Regional Agency = **40**

* - for Type of Certificate or Program, see below (#1 and 2 respectively).

Status: This quarter,

1. The following EMS personnel possessed North Coast EMS issued documents:

- a. Certified EMT-Is = 1112 (177 are ETAD certified)
- b. Certified EMT-IIIs = 3

- c. Accredited Paramedics = 106
- d. Authorized MICNs = 135
- e. Field Training Officers = 50
- f. Heparin/Nitro Infusion Medics = 24

2. Regional instructors conducted the following North Coast EMS approved training programs:

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	9	2
b. EMT-I =	15	3
c. Paramedic =	1	
d. Field Training Officers =	3	
e. Mobile Intensive Care Nurse =	2	1
f. AED Skills Evaluator =	1	
g. Emergency Medical Dispatch =	1	
h. Lake County EMT-I Tests Sessions =	1	?
i. Heparin/Nitro Infusion =	several	?
j. First Responder	See special project report	

- 3. Instructors reported that a total of **126** students completed the primary classes (EMT-I, Paramedic, MICN).
- 4. Humboldt Regional Occupations Paramedic (HROP) Program internship was completed.
- 5. Approval for 40 continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.
- 6. Agency staff is in the process of complying with Department of Justice requirements with regard to conducting background checks.
- 7. A few licensure or certification reviews were conducted or continued.
- 8. The Agency proceeded with the administration of the Rural Outreach Medical Training special project grant. Several First Responder classes are currently underway.
- 9. The Agency implemented additional Heparin and Nitroglycerine Infusion programs.
- 10. The Agency distributed draft policies associated Cardiac Pacing and Benzodiazepine.
- 11. Agency staff attended EMT-I and First Responders classes.

Issues/Solutions:

- 1. Implementation of Cardiac Pacing and Versed are underway thanks to Pam Haynes and Louis Bruhnke.

2. Both the Rural Outreach and MCI/Disaster special projects require three-months extensions because of the late state budget and so contractors can complete all objectives.
3. North Coast EMS was asked by Humboldt County to evaluate a potential decrease from the current paramedic response level to the EMT-II level in southern Humboldt County. Although this could be a fallback option, we support continuation of paramedics as the first priority. A complete assessment was conducted and submitted to the County and those present at the meeting in Garberville.
4. North Coast EMS submitted an exemption request on behalf of the Humboldt Regional Occupations Program (HROP) to allow the September scheduled paramedic class to be conducted, and allow eligible graduates to be licensed, regardless of the outcome of the national accreditation process. Because the paramedic program is conducted every other year, it is not possible for the accreditation process to be completed before the state imposed deadline of January 1, 2004. We believe that those programs that overlap the deadline should be exempted this one time from the accreditation mandate. Unfortunately, the EMSA denied our request, which will likely mean that the paramedic program will be discontinued. This issue is scheduled for consideration at the April JPA-Governing Board meeting.

3.0 Communications

Objective: To develop and maintain an effective communications system that meets the needs of the EMS system.

Workload Indicators:

Total Number of Primary and Secondary PSAPs = **11**

Total Number of EMS Responses = **4533** Prehospital Care Reports were submitted

Total Number of Ambulances Dispatched = **4420** transports were reported

Total Number of Emergency Medical Dispatch (EMD) Programs Approved by Region = **3**

Total Number and Type of EMD Programs Authorized by Agency = see #1 & 2 below.

Status: This quarter,

1. North Coast EMS again utilized the Priority Dispatch Corp, USA to conduct one Emergency Medical Dispatch training program in the region this quarter. Located in Utah, Priority Dispatch Corp, USA is Certified by the National Academy of EMD and is the oldest and most widely used program in the world.
2. Eleven (11) Public Safety Answering Points (PSAPs) were utilized by regional EMS providers as follows (several PSAPs directly dispatch ambulances):

PSAP	Location	EMD Utilized
a. Del Norte Co. Sheriffs Department	Del Norte County	No
b. Humboldt Co. Sheriffs Department	Humboldt County	No
c. Humboldt State University	"	No

d. Arcata Police Department	“	No
e. Eureka Police Department	“	Yes
f. California Highway Patrol - Arcata	Del Norte & Humboldt	No
g. Fortuna Police Department	Humboldt County	Yes (backup only)
h. California Division of Forestry - Fortuna	“	Yes (secondary PSAP)
i. Trinity Co. Sheriffs Department	Trinity County	No
j. Lake Co. Sheriffs Department	Lake County	No?
k. California Highway Patrol – Ukiah	Mendocino County	No

3. Six (6) non-PSAP ambulance dispatch centers were utilized within the region for dispatching ambulances:

a. K’ima:w Tribal Police	Humboldt County	No
b. City Ambulance of Eureka	“	No
c. Southern Trinity Rescue Dispatch	“	No
d. Redwood Empire Life Support	Sonoma County	No
e. CDF – Howard Forest	Mendocino County	No
f. CDF – Napa	Napa County	No

4. North Coast EMS maintained contracts requiring field to hospital communications and recording equipment with six (6) base hospitals, one alternative base hospital and 19 LALS/ALS providers.

5. The North Coast EMS region continued to utilize a Med-Net Communications System installed in 1977-78 that includes six (6) county owned and one (1) fire district owned Mt. Top Repeater, eight (8) hospital owned base station radios and numerous provider-owned mobile units (estimate 40).

6. Humboldt County assumes maintenance responsibility for the Pierce Mt-Top Repeater.

7. North Coast EMS and all counties have contributed their Regional Med-Net Repeater Replacement Trust Fund share this year for long-term repeater replacement.

8. As a participant in the State Domestic Preparedness Equipment program conducted by Humboldt County O.E.S., North Coast EMS continued to coordinate discussion regarding the EMS portion of this grant. A meeting was convened and the Agency distributed a bid request to determine the primary steps and costs associated with establishing a single Med-Net MCI/Disaster channel for Humboldt County. We also asked CDF if they would be interested in housing the MCI/disaster station for central ambulance dispatch instead of City Ambulance of Eureka, Inc. This will also be discussed at the April JPA meeting to ensure that all three counties have MCI/Disaster Med Net capabilities.

9. The Agency submitted comments to the EMSA regarding the proposed EMD Regulations.

Issues/Solutions:

1. Janelle Rivera, Lake County Central Dispatch, verbally informed us that budget cuts have forced

discontinuation of the EMD program. We have not received this in writing as requested, but assume that the program has officially been terminated.

2. As mentioned in #8 above, the lack of a single, common ambulance and hospital Med Net capability in Humboldt County is being invested for funding as part of an OES coordinated Domestic Terrorism grant. North Coast EMS needs to ensure that all three counties have this capability as well.
3. Chief John McFarland, Crescent Fire Protection District, requested that we evaluate and approve a formal first responder dispatch program for Del Norte County to help resolve differences in opinion. We are in the process of reviewing submitted materials.

4.0 Transportation

Objective: To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Workload Indicators:

Total Ambulance Response Vehicles = Estimate **47**

Total First Responder Agencies = **40** approved by North Coast EMS

Total Patients Transported = **4,420** transports were reported in the PCR program

Total Patients Not Transported = **382** Against Medical Advise Patients (AMA) were reported

Total Number of LALS/ALS Providers Authorized by Region = **19**

Total Number of Transport Providers in Region = **15**

Status: This quarter,

1. North Coast EMS continued Advanced Life Support Agreements with 19 providers, First Responder Agreements with 40 fire districts, AED Agreements with 40 service providers, and ETAD Agreements with 15 providers.
2. JPA member counties continued permits or contracts with 7 ambulance services; another 8 fire districts provide transport in Lake County. All but one fire district in Lake County have executed the local Joint Powers transport arrangement.
3. Lake County submitted the revised Ambulance Ordinance to County Council for review. The Ordinance includes both private and public transport providers.
4. The Agency continued the process to revise the Air Medical Policy.
5. North Coast EMS continues to implement the Hep/Nitro Infusion program throughout the region.
6. The Agency distributed Cardiac Pacing policies to the region for review, and implementation is expected in the coming quarter. A Benzodiazepine Policy (includes Versed) is also out for comment.

7. Revision of the North Coast EMS Patient Destination and Transfer Policy continued.
8. Comprehensive review and revision of North Coast EMS ALS Treatment Guidelines was continued, including modification of the EPCIS audit criteria.

Issues/Solutions:

1. City Ambulance, Inc. reassumed ambulance transport responsibilities in southern Humboldt County after Southern Humboldt Area Rescue discontinued services. Humboldt County and local representatives are exploring options for long-term ambulance coverage. North Coast EMS provided data and comparative analysis of a return to EMT-II level vs. paramedic level services in southern Humboldt. The Agency does not believe this is a good idea, although EMT-II should be considered as a back-up plan. Humboldt County also requested us to fund an outside contractor to investigate a Weaverville-type option. This request will be considered at the next JPA meeting.
2. Limited staff size and focus on Regional Trauma Plan development has again delayed the Air Ambulance Policy revision process.
3. Issues regarding potential non-compliance with the ambulance permit of the single private ambulance provider in Lake County have been raised at several EMCC meetings. The Health Officer is investigating.

5.0 Assessment of Hospitals and Critical Care Centers

Objective: To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Workload Indicators:

Total Base Hospital Contacts = **2908**

Total Patients Received = **4420** patients were transported

Total Number of Hospitals Designated by Region = **12**

Total Number of Base and Alternative Base Hospitals = **7**

Total Number of Emergency Departments Approved by Pediatrics (EDAPs) = **5**

Status: This quarter,

1. North Coast EMS patients continued to be transported to seven (7) hospitals located within the region. Six are licensed as basic emergency departments (one in Del Norte County, three in Humboldt County and two in Lake County) and one is a stand-by ED (Jerold Phelps in southern Humboldt). Patients are transferred to at least 20 facilities located outside of the region.
2. North Coast EMS continued formal designation of six (6) base hospitals and one (1) alternative base hospital. All but two facilities (Jerold Phelps and Sutter-Lakeside) are also a North Coast EMS designated Emergency Department Approved for Pediatrics (EDAP).

3. The Agency continued to work with base hospital Prehospital Care Medical Director and Prehospital Care Nurse Coordinator, as needed, to address disclosure protected quality improvement issues.
4. The Patient Destination and Hospital Transfer Policy revision and discussion was continued.
5. The Executive Director and Pat Farmer, R.N., Nurse Contractor, generated follow-up correspondence with Sutter-Lakeside Hospital regarding its Base Hospital probation and with Mad River Hospital specific to the last site-visit.
6. North Coast EMS completed an updated assessment of the potential impact of closure of the emergency department at the General Hospital campus in Eureka to the JPA Governing Board. A response was received from Ken Stiver, M.D. This issue will be discussed at the April JPA meeting.
7. As part of the state funded trauma project, North Coast EMS personnel/contractors and numerous regional representatives continued the process to develop a draft Regional Trauma Plan and associated policies. Draft comments are due in May, the Public Hearing is scheduled for May 22, and JPA Board approval should occur the same day. See Trauma quarterly report.
8. The Heparin and Nitroglycerine Infusion program was implemented in other locations to allow specially trained and accredited paramedics to utilize these procedures during inter-facility transfers.
9. The Executive Director coordinated a statewide effort to highlight education trauma cases at the forthcoming EMSAAC conference in San Diego.

Issues/Solutions:

1. The Sutter-Lakeside Hospital probation as a base hospital was continued. Although improvements have been acknowledged, we continue to have serious concerns with regard to Lakesides ability to oversee CQI issues. Possible options will be discussed at the next JPA meeting.
2. Relative to the closure of the ED at the General Hospital campus, the Agency and St. Joseph Hospital continue discussions of possible options to offset the increasing ED volume in Eureka. This issue will be addressed at the April JPA meeting.
3. Relative to the Trauma Project, Mad River Hospital representatives have recently raised concerns about the inflexibility of the triage policy and the catchment area plan. We intend to modify the draft policy and are addressing the catchment area issue.
4. Both the Patient Destination/Bypass Policy and the Transfer Guideline have been reevaluated to ensure optimum value. The Agency has coordinated recent discussions in Humboldt County to better understand both issues.

6.0 Data Collection and Evaluation

Objective: To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Workload Indicators:

Total Patient Care Reports Generated = **4533**

Total Trauma Patients = **541**

Total Cardiac Patients = **392** (285 Chest Pain and 107 Cardiac Arrest Patients)

Total Medical Patients = **3879** (includes Total Transports less Trauma)

Total Pediatric Patients = **231**

Total Number of CQI Cases in Region = **6?**

Status: This quarter,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained and upgraded. North Coast EMS continued the revision of all ALS policies in concert with a revision of the “Treatment Guidelines” portion of the EPCIS program.
2. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations. Base hospitals have been increasingly involved and in aggressively investigating and addressing local CQI issues, allowing North Coast EMS to increasingly be able to provide support rather than to prompt or guide them. This is an important advance.
3. The Agency continued to promote expansion of the EPCIS reporting process to include AMAs and emergency transfers.
4. The EMS Coordinator distributed several HIPAA related documents to clarify that as a government agency with oversight authority, North Coast EMS, our CQI program and data system are exempt from HIPAA requirements.
5. North Coast EMS is a participant in the multi-LEMSA process to develop a web-based EPCIS program.

Issues/Solutions:

1. The EMS Coordinator continued revision of the EPCIS “Treatment Guideline” category, the category used to conduct electronic PCR audits, to more closely reflect local protocols and practices.
2. Lake County prehospital personnel complained that our EPCIS enroll process was too slow. Although we estimate that this usually takes about 10 minutes from the request, we have streamlined the process to ensure that everyone follows the correct process.

3. Lake County prehospital personnel again raised concerns about the potential conflict between the new Central Dispatch number and the EPCIS program. We previously distributed a memo suggesting that the first two digits be dropped for any provider who elects to use the optional dispatch number. Also, as far as we can tell, use of that optional, shortened number should not be a problem. If it is, the EPCIS programmer has indicated that it cannot be fixed. Please note that all of our LEMSA neighbors use EPCIS as well.

7.0 Public Information and Education (PI&E)

Objective: To ensure that the population within the jurisdiction of the regional EMS agency has access to information and public information courses as it relates to emergency medical services.

Workload Indicators:

Total Public Information and Education Courses Conducted and/or Approved by Agency = See #1
Total Number of Public Information and Education Events Involving Agency = See #1 below

Status: This quarter,

1. North Coast EMS continued to participate in PIE activities by attending Injury Prevention, Child Death Review Team, EMSC and Child Safety Seat Committee meetings.
2. One layperson AED program continued to provide services in Humboldt County and other inquiries regarding this have been received.
3. North Coast EMS has distributed requests for Kris Kelly Star of Life Award nominations for EMS Week (scheduled for the week of May

Issues/Solutions:

1. Staff size, particularly with the state GF cut and additional workload because of the Trauma Project and special projects, is inadequate to provide more than a limited involvement in PIE.

8.0 Disaster Medical Response

Objective: To ensure the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in a neighboring jurisdiction.

Workload Indicators:

Total Number of Disaster/MCI Responses (responses with 5 or more victims) = **NA**
Total Disaster Drills Involving Staff = **2**
Total Disaster-related Meetings Attended by Staff = **5**

Status: This quarter,

1. Agency staff attended Humboldt-Del Norte Disaster and the Lake EMCC Committee meetings, several disaster planning or review meetings.
2. North Coast EMS administered the “Prehospital MCI/Disaster Preparedness” special project coordinated by the Northern California Safety Consortium.
3. The Executive Director coordinated the process to utilize Humboldt County OES Bioterrorism Funds to enhance the Med Net System for MCI/Disaster purposes. .
4. The EMS Coordinator participated in statewide disaster medical services activities, including Disaster Medical Assistance Team planning (DMAT) and international disaster programs involving the Ukraine.
5. The EMS Coordinator drafted an MCI Principles document and the special project coordinator drafted the Regional Trauma Plan as part Prehospital MCI/Disaster Special Project. Several Steering Committee meetings were conducted as well. See the MCI/Disaster Project quarterly report.
6. Agency personnel commented on draft State Disaster Medical Guidelines and Standards, specifically endorsing the need for adequate state funding of local efforts (particularly in rural areas) and again urging flexibility with regard to Board of Supervisors designation of local DMS responsibilities.

Issues/Solutions: None.

North Coast EMS Agency

Prehospital Activity Overview (Part 2) by County

Date: 01/01/2003 to 03/31/2003

County	ALS	BLS	Code 2	Code 3	Code 2 to 3	BH Contact	Chest Pain	Cardiac Arrest	ALOC	Resp. Distress
Del Norte	311	140	294	0	9	491	33	11	29	61
	Percent: 11%	11%	10%	0%	25%	17%	12%	10%	9%	13%
Humboldt	1506	561	1431	5	8	1665	151	39	144	219
	Percent: 52%	46%	48%	100%	22%	57%	53%	36%	47%	45%
Lake	1086	517	1245	0	19	728	98	57	134	201
	Percent: 37%	42%	42%	0%	53%	25%	34%	53%	44%	41%
Other	20	4	22	0	0	24	3	0	0	4
	Percent: 1%	0%	1%	0%	0%	1%	1%	0%	0%	1%
<hr/>										
Total:	2923	1222	2992	5	36	2908	285	107	307	485

North Coast EMS Agency

Prehospital Activity Overview (Part 1) by County

Date: 01/01/2003 to 03/31/2003

County	Responses	Transport	IFT	AMA	Gender		Pediatric (<14)	Seniors (>60)	Trauma	Triage-Criteria				
					Male	Female				Physio	Anatomic	Mech.	Hi-Energy	Other
Del Norte	523	513	2	67	271	252	21	229	106	1	4	9	7	86
Percent:	12%	12%	1%	18%	13%	11%	9%	11%	20%	5%	31%	14%	30%	22%
Humboldt	2221	2178	99	190	1050	1165	132	899	236	7	6	36	5	181
Percent:	49%	49%	26%	50%	49%	49%	57%	44%	44%	35%	46%	55%	22%	46%
Lake	1765	1705	286	122	820	939	77	887	196	12	3	20	11	120
Percent:	39%	39%	74%	32%	38%	40%	33%	44%	36%	60%	23%	31%	48%	31%
Other	24	24	0	3	13	11	1	8	3	0	0	0	0	3
Percent:	1%	1%	0%	1%	1%	0%	0%	0%	1%	0%	0%	0%	0%	1%
Total:	4533	4420	387	382	2154	2367	231	2023	541	20	13	65	23	390

North Coast EMS Agency

Prehospital Activity Overview (Part 2) by Provider

Date: 01/01/2003 to 03/31/2003

Provider	ALS	BLS	Code 2	Code 3	Code 2 to 3	BH Contact	Chest Pain	Cardiac Arrest	ALOC	Resp. Distress
Arcata-Mad River Ambulance	384	170	354	2	0	337	44	11	41	44
Percent:	13%	14%	12%	40%	0%	12%	15%	10%	13%	9%
City Ambulance	1010	315	955	3	7	1169	92	25	92	157
Percent:	35%	26%	32%	60%	19%	40%	32%	23%	30%	32%
Clearlake Oaks Fire	39	20	60	0	0	49	3	3	5	11
Percent:	1%	2%	2%	0%	0%	2%	1%	3%	2%	2%
Del Norte Ambulance	311	140	294	0	9	491	33	11	29	61
Percent:	11%	11%	10%	0%	25%	17%	12%	10%	9%	13%
Hoopa	112	76	122	0	1	159	15	3	11	18
Percent:	4%	6%	4%	0%	3%	5%	5%	3%	4%	4%
Kelseyville Fire	188	85	121	0	7	104	22	9	7	21
Percent:	6%	7%	4%	0%	19%	4%	8%	8%	2%	4%
Lakeport Fire	37	34	35	0	0	31	6	1	2	7
Percent:	1%	3%	1%	0%	0%	1%	2%	1%	1%	1%
Lakeshore Fire	2	1	2	0	0	2	1	0	0	1
Percent:	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lucerne Fire	68	16	78	0	0	45	6	5	5	14
Percent:	2%	1%	3%	0%	0%	2%	2%	5%	2%	3%

Prehospital Activity Overview (Part 2) by Provider

Date: 01/01/2003 to 03/31/2003

Provider	ALS	BLS	Code 2	Code 3	Code 2 to 3	BH Contact	Chest Pain	Cardiac Arrest	ALOC	Resp. Distress
Nice Fire	70	33	81	0	0	18	5	3	10	15
Percent:	2%	3%	3%	0%	0%	1%	2%	3%	3%	3%
RELS	561	298	706	0	11	336	40	33	95	119
Percent:	19%	24%	24%	0%	31%	12%	14%	31%	31%	25%
South Lake County Fire	95	27	134	0	1	118	12	3	6	13
Percent:	3%	2%	4%	0%	3%	4%	4%	3%	2%	3%
Southern Trinity Area Rescue	20	4	22	0	0	24	3	0	0	4
Percent:	1%	0%	1%	0%	0%	1%	1%	0%	0%	1%
Upper Lake Fire	26	3	28	0	0	25	3	0	4	0
Percent:	1%	0%	1%	0%	0%	1%	1%	0%	1%	0%
Total:	2923	1222	2992	5	36	2908	285	107	307	485

North Coast EMS Agency

Prehospital Activity Overview (Part 1) by Provider

Date: 01/01/2003 to 03/31/2003

Provider	Respon- ses	Transport	IFT	AMA	Gender		Pediatric (<14)	Seniors (>60)	Trauma	Triage-Criteria				
					Male	Female				Physio	Anatomic	Mech.	Hi-Energy	Other
Arcata-Mad River Ambulance	636	625	97	86	296	340	40	221	56	4	2	5	1	46
Percent:	14%	14%	25%	23%	14%	14%	17%	11%	10%	20%	15%	8%	4%	12%
City Ambulance	1356	1334	2	25	644	709	52	625	124	3	3	26	2	87
Percent:	30%	30%	1%	7%	30%	30%	23%	31%	23%	15%	23%	40%	9%	22%
Clearlake Oaks Fire	64	61	0	9	30	32	2	35	3	0	0	0	0	4
Percent:	1%	1%	0%	2%	1%	1%	1%	2%	1%	0%	0%	0%	0%	1%
Del Norte Ambulance	523	513	2	67	271	252	21	229	106	1	4	9	7	86
Percent:	12%	12%	1%	18%	13%	11%	9%	11%	20%	5%	31%	14%	30%	22%
Hoopa	229	219	0	79	110	116	40	53	56	0	1	5	2	48
Percent:	5%	5%	0%	21%	5%	5%	17%	3%	10%	0%	8%	8%	9%	12%
Kelseyville Fire	324	312	174	6	153	171	9	198	9	1	0	2	0	5
Percent:	7%	7%	45%	2%	7%	7%	4%	10%	2%	5%	0%	3%	0%	1%
Lakeport Fire	78	75	35	6	36	42	2	33	9	0	0	1	1	7
Percent:	2%	2%	9%	2%	2%	2%	1%	2%	2%	0%	0%	2%	4%	2%
Lakeshore Fire	3	3	1	0	0	3	0	1	0	0	0	0	0	0
Percent:	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lucerne Fire	98	93	0	12	46	50	1	51	5	0	0	0	1	3
Percent:	2%	2%	0%	3%	2%	2%	0%	3%	1%	0%	0%	0%	4%	1%

Prehospital Activity Overview (Part 1) by Provider

Date: 01/01/2003 to 03/31/2003

Provider	Respon- ses	Transport	IFT	AMA	Gender		Pediatric (<14)	Seniors (>60)	Trauma	Triage-Criteria				
					Male	Female				Physio	Anatomic	Mech.	Hi-Energy	Other
Nice Fire	107	104	18	2	53	53	6	59	15	0	1	0	5	5
Percent:	2%	2%	5%	1%	2%	2%	3%	3%	3%	0%	8%	0%	22%	1%
RELS	904	879	58	48	399	504	45	442	98	5	2	5	0	70
Percent:	20%	20%	15%	13%	19%	21%	19%	22%	18%	25%	15%	8%	0%	18%
South Lake County Fire	158	149	0	37	87	71	11	53	51	4	0	11	4	25
Percent:	3%	3%	0%	10%	4%	3%	5%	3%	9%	20%	0%	17%	17%	6%
Southern Trinity Area Rescue	24	24	0	3	13	11	1	8	3	0	0	0	0	3
Percent:	1%	1%	0%	1%	1%	0%	0%	0%	1%	0%	0%	0%	0%	1%
Upper Lake Fire	30	30	0	2	17	13	1	16	6	2	0	1	0	1
Percent:	1%	1%	0%	1%	1%	1%	0%	1%	1%	10%	0%	2%	0%	0%
Total:	4534	4421	387	382	2155	2367	231	2024	541	20	13	65	23	390

North Coast EMS Agency

Type of Patient (Count)

Date: 01/01/2003 to 03/31/2003

Provider Agency	Type of Patient (See Footnote for Code Description)																								Total	
	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	118	119	120	121	122	199	200	300		400
Arcata-Mad River Ambulance	20	4	1	41	11	54	5	10	11	15	3		2		27	12	44	28	5	15	2	106	2	45	122	585
City Ambulance	61	2	6	92	25	90	16	31	20	23	8	2	1		39	36	157	68	9	29	8	172	3	18	326	1242
Clearlake Oaks Fire	1	1		5	3	3	2	2		1		2			4	1	11	2				14			7	59
Del Norte Ambulance	28	2	4	29	11	32	6	16	11	15	3	4	1	1	14	10	61	24	1	23		67	1	7	127	498
Hoopa	18		3	11	3	14	5		3	5		1			8	6	18	2		2	1	31	4	4	83	222
Kelseyville Fire	5			7	9	25	6	6	5	1		4			4	2	21	5		5	1	63	1	22	32	224
Lakeport Fire	2			2	1	6		4	2		2				1	2	7	1		1		18		10	10	69
Lakeshore Fire						1											1									2
Lucerne Fire	3		1	5	5	8	1	1	2	2				1	5		14	1	1	3	2	23	1	1	12	92
Nice Fire	5		1	10	3	8	3	3	2	1	1	1			6	2	15	1	2	1	2	7		1	19	94
RELS	52	3	3	95	33	43	14	20	14	8	8	3	1	2	53	7	119	24	9	18	3	194	11	13	132	882
South Lake County Fire	2		1	6	3	13	3	5	2		1				18	4	13	3		6	1	17			43	141
Southern Trinity Area Rescue	3					3		1	1	1					1		4	1		1	2	1		1	4	24
Upper Lake Fire	2		1	4		3									1	1				2	2	5			8	29
Total:	202	12	21	307	107	303	61	99	73	72	26	17	5	4	181	83	485	160	27	106	24	718	23	122	925	4163

Footnote - Description of Patient Type Codes

- | | | | |
|------------------------------------|-------------------------------|--------------------------------|----------------------------|
| 101 Abdominal Pain | 108 CVA/Stroke/TIA | 115 Pain, Non-Specific | 199 Other Illness |
| 102 Airway Obstruction | 109 Diabetes Complication | 116 Poisoning/OD | 200 Obstetric |
| 103 Allergic Reaction | 110 Drug/Alcohol Intoxication | 118 Respiratory Distress | 300 Psychiatric |
| 104 Altered Level of Consciousness | 111 Hypotension | 119 Seizure | 400 Trauma/Traumatic Shock |
| 105 Cardiac Arrest | 112 Hypertension | 120 Unconscious, Cause Unknown | |
| 106 Chest Discomfort, Cardiac | 113 Hypothermia/Frostbite | 121 Syncope | |
| 107 Chest Discomfort, Non-Cardiac | 114 Heat Illness | 122 Cardiac Dysrhythmia | |

North Coast EMS Agency
Type of Patient by Age Report

NOTE: Read percentages down

Date: 01/01/2003 to 03/31/2003

Type of Patient	Patient Age										Total
	Unknown	< 1	1-4	5-12	13-15	16-20	21-40	41-55	56-70	> 70	
Acute abdomen	0	0	0	0	2	11	47	68	28	46	202
					2.41%	5.29%	6.53%	7.72%	3.94%	3.38%	4.85%
Airway obstruction	0	2	4	1	0	1	0	1	1	2	12
		5.88%	5.00%	1.28%		0.48%		0.11%	0.14%	0.15%	0.29%
Allergic reaction	0	0	0	1	1	0	4	8	2	5	21
				1.28%	1.20%		0.56%	0.91%	0.28%	0.37%	0.50%
Altered level of consciousness	0	0	2	2	4	13	42	61	53	130	307
			2.50%	2.56%	4.82%	6.25%	5.83%	6.92%	7.45%	9.54%	7.37%
Cardiac Arrest	1	2	1	1	1	0	5	26	29	41	107
	16.67%	5.88%	1.25%	1.28%	1.20%		0.69%	2.95%	4.08%	3.01%	2.57%
Cardiac dysrhythmia	0	0	0	0	0	0	2	7	5	10	24
							0.28%	0.79%	0.70%	0.73%	0.58%
Chest discomfort, cardiac	0	0	0	0	0	0	17	103	90	93	303
							2.36%	11.69%	12.66%	6.83%	7.28%
Chest discomfort, non-cardiac	0	0	0	1	1	5	19	13	7	15	61
				1.28%	1.20%	2.40%	2.64%	1.48%	0.98%	1.10%	1.47%
CVA/Stroke/TIA	0	0	0	0	0	0	1	10	9	79	99
							0.14%	1.14%	1.27%	5.80%	2.38%
Diabetes complication	0	0	0	1	2	0	9	17	17	27	73
				1.28%	2.41%		1.25%	1.93%	2.39%	1.98%	1.75%
Drug/alcohol intoxication	0	0	0	0	3	10	25	27	5	2	72
					3.61%	4.81%	3.47%	3.06%	0.70%	0.15%	1.73%
Heat illness	0	0	0	0	0	0	1	2	0	1	4
							0.14%	0.23%		0.07%	0.10%
Hypertension	0	0	0	0	0	0	1	3	6	7	17
							0.14%	0.34%	0.84%	0.51%	0.41%

Type of Patient by Age Report

NOTE: Read percentages down

Date: 01/01/2003 to 03/31/2003

Type of Patient	Patient Age										Total
	Unknown	< 1	1-4	5-12	13-15	16-20	21-40	41-55	56-70	> 70	
Hypotension/non-traumatic shock	0	0	0	0	0	0	1	8	4	13	26
							0.14%	0.91%	0.56%	0.95%	0.62%
Hypothermia/frostbite	0	0	1	1	1	1	0	1	0	0	5
			1.25%	1.28%	1.20%	0.48%		0.11%			0.12%
Obstetric	0	2	0	0	1	5	14	0	0	1	23
		5.88%			1.20%	2.40%	1.94%			0.07%	0.55%
Other Illness	0	7	13	12	5	20	98	134	129	300	718
		20.59%	16.25%	15.38%	6.02%	9.62%	13.61%	15.21%	18.14%	22.03%	17.25%
Pain, non-specific	0	1	0	1	2	4	29	49	39	56	181
		2.94%		1.28%	2.41%	1.92%	4.03%	5.56%	5.49%	4.11%	4.35%
Poisoning/OD	1	0	6	1	5	10	33	15	10	2	83
	16.67%		7.50%	1.28%	6.02%	4.81%	4.58%	1.70%	1.41%	0.15%	1.99%
Psychiatric	0	0	0	1	9	13	49	39	8	3	122
				1.28%	10.84%	6.25%	6.81%	4.43%	1.13%	0.22%	2.93%
Respiratory distress	0	10	11	7	4	8	34	61	125	225	485
		29.41%	13.75%	8.97%	4.82%	3.85%	4.72%	6.92%	17.58%	16.52%	11.65%
Seizure	0	2	16	7	5	9	48	38	21	14	160
		5.88%	20.00%	8.97%	6.02%	4.33%	6.67%	4.31%	2.95%	1.03%	3.84%
Syncope	0	0	0	0	1	15	9	13	18	50	106
					1.20%	7.21%	1.25%	1.48%	2.53%	3.67%	2.55%
Trauma/traumatic shock	4	8	26	40	36	81	230	170	99	231	925
	66.67%	23.53%	32.50%	51.28%	43.37%	38.94%	31.94%	19.30%	13.92%	16.96%	22.22%
Unconscious, cause unknown	0	0	0	1	0	2	2	7	6	9	27
				1.28%		0.96%	0.28%	0.79%	0.84%	0.66%	0.65%
Grand Total:	6	34	80	78	83	208	720	881	711	1362	4163
Read Grand Total percentages across:	0.14%	0.82%	1.92%	1.87%	1.99%	5.00%	17.30%	21.16%	17.08%	32.72%	

April 10, 2003

Maureen McNeil, Chief
EMS Authority
1930 9th Street
Sacramento, Ca 95814-7043

Re: EMS-1091: Fourth Quarter Report (January 1, 2003 – March 31, 2003)

Dear Maureen

The fourth quarter report for the Regional Trauma Project (EMS-1091) is attached.

We have completed the system assessment and policy development phase of the trauma planning process. We have completed several drafts of the trauma system plan and are ready to send out our final draft for a forty-five day public comment period. Following this we will be submitting our plan to our JPA Board of Directors for their approval.

Please contact me if you have any questions.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Joint Powers Governing Board
Informational Mailing
Region Trauma Advisory Committee
The Abaris Group

North Coast EMS Regional Trauma Project
EMS-1091 – Quarter III Progress Report
4/15/03

The progress report for the period covering January 1,2003 to March 31,2003 follows. Quarter IV progress involved the completion of several drafts of our trauma plan. This process included the input of many stakeholders in both the Del Norte/Humboldt County area and the providers in Lake County.

Project Goal and Objectives:

North Coast EMS will study and develop a formal trauma system in accordance with state regulations. This will include the development of a multi-agency trauma system planning effort to:

- (A) Submit a comprehensive Regional Trauma Care System Plan to the EMS Authority for approval; and,
- (B) Implement an approved trauma plan.

Status Report on Goals/Objectives

1. Establish Stakeholder Committee:

A. Accomplishments: During the fourth quarter, North Coast EMS continued to meet with the Regional Trauma Advisory Committee (RE-TAC) both in Lake and in the Del Norte/Humboldt counties. The Executive Director further summarized project goals at local meetings, such as: the Emergency Medical Care Committee, the Medical Advisory Committee (Del Norte/Humboldt) and the Joint Powers Governing Board. The Executive Director and Regional Medical Director continued to meet or converse with local hospital administrators, general surgeons, etc. about the project. The Humboldt (northern) and Lake County (southern) RE-TACs met in January and March during this quarter. Their focus has been to provide input on policy development and formalizing the quality assurance/system improvement plan. They have reviewed and commented on the draft Regional Trauma Plan and have had preliminary discussion on various trauma registries.

B. Issues/Solutions: No further issues noted on this goal.

2. Plan for Trauma System Development:

A. Accomplishments: Collaborative decision-making sessions were held at both ReTAC meetings in the Del Norte/Humboldt and the Lake County areas, to obtain broad input from providers on the components of the trauma system.

A draft of the Trauma Center Designation Standards has been approved by the ReTAC Committees. The Abaris Group attended Humboldt/Del Norte Medical Advisory Committee meetings and the Lake County Emergency Medical Care Committee meetings in January and March of this quarter.

B. Issues/Solutions: No further issues noted on this goal.

3. Develop Trauma Care System:

A. Accomplishments:

The trauma plan Mission Statement and goals were approved by the ReTAC Committees. A review was made of all the existing EMS policies related to Injury Management, Trauma Triage Criteria, Trauma Patient Destination, Patient Transfer Policy, and Hospital By-Pass Policy, which includes language addressing the management of the trauma patient. These policy drafts were distributed for formal regional review and comment, and will be adopted prior to trauma system implementation.

The Trauma System Quality Assurance/System Improvement process has been drafted and reviewed. The following policies were drafted for review by the ReTAC Committees: Data Collection and Management, Delineation of Trauma Center Catchment Areas, Repatriation of Stable Trauma Service Health Plan Members, Trauma Center Agreements for Interfacility Transfers, and Trauma Center Marketing and Advertising.

The Trauma Coordinators in the northern and southern regions of North Coast EMS have scheduled meetings, solicited information on current transfer practices, are in the process of revising existing Trauma Protocols and planning forthcoming trauma training activities. All of the hospitals in the regions, with the exception of Jerold Phelps in Garberville, continue to send representatives to RE-TAC meetings. A letter was received from St. Joseph Hospital administration that identified interested in participating as a Level III Trauma Center; the other facilities are more likely to be Level IVs.

B. Issues/Solutions: No further issues noted on this goal.

4. Draft Trauma Plan:

A. Accomplishments:

Several drafts of the trauma system plan were reviewed during the course of the fourth quarter. A final draft of the plan has been completed and is being distributed for a forty-five day public comment period. Components of the trauma plan address, geographic variations, urban and rural issues, seasonal visitor impacts, cultural diversities, the rationale for the trauma system design, determined the number and location of trauma centers, projected trauma volume, identified the resource requirements, service areas, patient triage and destination policy, transport times financial issues and coordination with neighboring systems.

B. Issues/Solutions: Make whatever changes are requested as a result of the public comments.

5. Provide for Public Comment:

A. Accomplishments: In process at this time

B. Issues/Solutions: None

6. Obtain Local Approval

A. Accomplishments:
Nothing to report

B. Issues/Solutions:
None

7. Submit Trauma Plan to the EMSA

A. Accomplishments:
Nothing to report

B. Issues/Solutions:
None

8. Implement Trauma Care System

A. Accomplishments:
Nothing to report

B. Issues/Solutions:
None

April 15, 2003

Carol MacRae
Contract Manager
EMS Authority
1930 Ninth Street
Sacramento, CA 95814

RE: EMS Contract #2055 - Prehospital Multi-Casualty Incident/Disaster Preparedness Project

Dear Carol,

The third quarterly progress report for the Prehospital Multi-Casualty Incident/Disaster Preparedness Project is enclosed. Please call if you have any questions regarding this project.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Joint Powers Governing Board
County Health Officers
MCI Project Steering Committee
Northern CA Safety Consortium

Prehospital Multi-Casualty Incident/Disaster Preparedness Project
Grant #2055 Quarter II Progress Report - 1/16/03 to 04/15/03
North Coast EMS and the Northern California Safety Consortium (NCSC)

The Prehospital Multi-Casualty Incident/Disaster Preparedness Project (MCI) special project initiated in the first quarter of FY 2002-03 continued in the third quarter with the contract team Northern California Safety Consortium (NCSC).

Objectives:

1. Special Project Administration

A request for extension of the project until September 30, 2003 was submitted due to the delay in initiating the project. The second quarter report was prepared and submitted.

2. Steering Committee

Meetings have been held with steering committee members from Del Norte, Humboldt and Lake counties. Each objective of the project was discussed and activities were tailored to individual county needs based on input received.

3. Develop a formal MCI plan

Additional plans from other counties and EMS regions were reviewed. The Humboldt County Emergency Response Plan Medical Annex was reviewed in detail. Del Norte and Lake counties were discovered to not have a current plan in this area. Humboldt County intends to include the MCI Plan by reference in its emergency plan replacing large portions of the current medical annex. The Coastal Valley EMS MCI Plan was selected as the model upon which to base the North Coast EMS MCI Plan. The Coastal Valley plan was adopted in 2002 and utilizes the standard definitions contained in the Disaster Medical Standards and FIRESCOPE. The Coastal Valley Region borders Humboldt and Lake counties. The first draft of the MCI plan was prepared and submitted to steering committee members for their review. (Appendix A) It was also distributed to interested members of the Humboldt-Del Norte Medical Society Disaster Preparedness committee and the Humboldt-Del Norte County Medical Advisory Committee. The plan contains a standardized patient tracking element.

4. Standardized Training

The format of MCI conferences were discussed with steering committee members in Humboldt and Lake counties. Lake County would prefer a full day format with the same program offered two consecutive days to allow for maximum participation. It may be more beneficial in Humboldt County to hold several half day conferences in three different locations to maximize attendance. ICS training was identified as needed in Lake County and in the north and south sections of Humboldt County. The ICS structure is well known and utilized in the Arcata and Eureka areas. A resource list of training programs is continuously being updated. FIRESCOPE MCI training material have been received.

5. Standardized identification systems and planning tools

Standardized identification devices were discussed in three counties of the region. A triage tag produced by Disaster Management Systems (Appendix B) was recommended by a member of the Lake County steering committee and this tag was discussed in Humboldt County. This new tag includes the START triage methodology and contains bar coded strips for tracking of patients and their belongings which could be pertinent as evidence in the event of a hazardous materials or terrorism incident. Additional planning resources catalogues and related information have been received.

6. Conduct Exercises

The scope of a proposed exercise in Lake County has been determined to be a motor vehicle accident involving a tour bus to be staged at a central location. In Humboldt County, the steering committee has indicated a preference for a series of drills utilizing the same scenario to be held in different locations in the County. A single exercise will be designed to evaluate the effectiveness of the new MCI plan in areas where the ICS is currently utilized, and in areas where it is not. The drills will be scheduled after the training conferences are conducted in these same areas. The possibility of combining efforts with a FAA required airport drill at the McKinleyville airport is still being discussed. NCSC is currently developing an exercise for the Humboldt County Public Health Department focused on a bioterrorism attack involving botulinum toxin. That drill is scheduled for May 28, 2003.

7. Evaluating prehospital response to MCIs and disasters

A standardized evaluation instrument is included in the draft MCI plan. The audit criteria in the EPCIS program for MCI/Disaster have not yet been assessed.

8. Model Programs to support NEST development

The Federal Emergency Management Agency's Community Emergency Response Team (CERT) program is an integral part of homeland security and likely to be financial supported at the federal level. For this reason, it is preferable to focus on this program instead of the NEST model as part of the MCI project. FEMA is releasing new materials focusing on initiating CERT teams and this information has been ordered. Humboldt County is in the process of contracting for an organization to take the lead role in CERT development in the County.

April 07, 2003

Carol MacRae, Contracts Manager
Emergency Medical Services Authority
1930 Ninth Street
Sacramento, Ca 95814

Re: FY 2002/03 EMS-2056 Quarter 3 Progress Report

Dear Carol:

The third quarter progress report for the Rural Outreach Medical Training grant (EMS-2056) is enclosed.

Please call if you have any questions,

Sincerely,

Wendy Chapman, Training Coordinator
North Coast EMS

cc: JPA Governing Board
County Health Officers
EMCC Chairpersons
Jaison Chand, City Ambulance of Eureka, Inc.
Tom Ford, EMT-P, City Ambulance of Eureka, Inc.
Kevin O'Neil, CDF Fortuna
John McFarland, Crescent Fire Protection District

North Coast Emergency Medical Services
3340 Glenwood Street
Eureka, California 95501

Progress Report – Quarter 3
January 1, 2003 – March 31, 2003

Contract Number - EMS-2056

April 7, 2003

**Serving the Counties of Del Norte, Humboldt,
Lake and southern Trinity**

Rural Outreach Medical Training Project
North Coast EMS Special Project # EMS-2056

Quarter 3 Progress Report – 04/07/03

1) Objective 1: Administer the project.

Activity 1.1: Select Project Coordinator.

A second half contract was drafted, revised, signed and approved during the third quarter. The second contract contains the continuation of the project, including conducting the training, purchasing equipment and books, creating the focused education courses and hiring instructors.

Activity 1.4 Write Quarterly and Final Reports.

The third quarter report was generated by Project Coordinator and forwarded to North Coast EMS for submittal to EMSA.

Problems: Due to the late start of this project, as a result of state budget issues, we will be sending a letter requesting a three (3) month extension. In addition to beginning this project behind schedule, we have added courses and extended the training to more areas than anticipated.

2) Objective 2: Conduct feasibility assessment and develop optimum training strategy.

Activity 2.1 Conduct survey to determine current levels of training and first responder agency needs.

Two additional surveys have been returned since the 2nd quarter report.

Activity 2.2 Set strategic locations for rural and remote training sites.

Sites were selected for the first five (5) First Responder courses.

1. Hoopa Fire Department
2. Crescent City Fire Department
3. Mattole Grange (midway between Honeydew and Petrolia fire departments)
4. Beginnings Fire Department (Possibly Garberville) for several departments along the Garberville/Redway to Shelter Cove Corridor.
5. Southern Trinity VFD.

Activity 2.4 Determine individual agencies' needs and announce courses.

Phone contacts, e-mails and personal meetings are ongoing to contact the many rural departments this grant is intended to serve. As indicated above, five (5) courses are currently in progress or scheduled and additional sites are actively being sought.

3) Objective 3: Develop focused CE courses.

Activity 3.1 Determine course content.

The cover letter and survey sent to all agencies in the North Coast EMS region introduced the focused CE course concept and requested agencies to respond with areas of interest. From this several subjects are planned: MI, assessment, MCI/triage, AED, CPR, basic 1st aid and extrication.

Activity 3.2 Develop training outlines in approved North Coast EMS structure and first responder instruction manuals.

Several of these topics have well developed courses of instruction already available in North Coast EMS, e.g. CPR and AED. Rough outlines have been constructed for the other segments and will be completed as the First Responder courses take shape.

Activity 3.3 Select strategic sites for CE training.

The initial survey sent to all first response agencies within the North Coast EMS region asked for available training facilities. Most responding agencies indicated available training space.

4) Objective 4: Conduct First Responder courses.

Activity 4.1 Select instruction materials.

Experienced First Responder instructors were surveyed and almost unanimously stated they used and recommended the Brady text “First Responder a Skills Approach” by Limmer, Karren and Hafen. This text was selected and an initial purchase has been received.

Activity 4.2 Select and prepare instructors.

A list of potential instructors has been constructed and reviewed with North Coast EMS. Instructors have been hired for four (4) First Responder courses and several potential instructors have been identified for one or more additional courses.

Activity 4.3 Survey agencies for effective course scheduling.

This item so far has consumed the majority of the coordinator’s time. Continuing phone, e-mail, US mail and personal contacts have yielded the progress noted below in 4.4.

Activity 4.4 Coordinate and conduct courses.

To date the following courses have been conducted or are in the final stages of planning:

1. Hoopa: 21 students began the course on March 15, 2003. Personnel from Hoopa VFD, Weitchpec FVD and Willow Creek VFD are participating. The last day of class will be April 5, 2003.
2. Crescent City: More than 40 students have indicated an interest in this class to start April 12, 2003. Personnel from Crescent Fire, Gasquet VFD and several other surrounding Fire Departments are expected to attend.

3. Petrolia/Honeydew: 20-30 students have indicated interest in this class, to be conducted at the Mattole Grange hall. The first class is scheduled for April 25, 2003 with the course completion on May 11, 2003. Petrolia VFD, Honeydew VFD and several members of a newly formed group from Prosper Ridge are expected to attend.
4. Garberville/Beginnings: Six small volunteer fire departments on the corridor between Garberville and Shelter Cove have expressed interest in a First Responder course to be held in either Garberville or Briceland. An instructor has just been hired for this class. The anticipated beginning of instruction is in late April.
5. Southern Trinity County: Two groups have expressed interest in a First Responder course. The Southern Trinity VFD with stations in Ruth and Mad River would like a class and Zenia VFD has also requested one. Unfortunately the driving time between these two departments is significant so it's unlikely they can be combined. Two instructors have indicated willingness to put on the class but as yet there is no estimated start date.
6. Several areas have been identified for the sixth class and planning is ongoing to secure a site, students and an instructor. It will hopefully be ready to go sometime in May.

5) **Objective 5: Conduct Focused CE Courses**

Activity 5.1 Select instructors

It is anticipated that the instructor list generated for the First Responder courses will prove sufficient for the CE Courses in Humboldt, Del Norte and Southern Trinity Counties. If more are needed for Lake County the coordinator will attempt to locate local instructors for this area.