City of Anaheim

ANAHEIM FIRE & RESCUE

August 31, 2022

The Honorable Erick L. Larsh
Presiding Judge of the Superior Court
Orange County Grand Jury
700 Civic Center Dr. W.
Santa Ana, California 92701

Honorable Erick L. Larsh:

The City of Anaheim appreciates the time and effort the Grand Jury spent on the development of their report on "Emergency Medical Responses in Orange County". I have reviewed the report and authorize the attached response to the Subpoena issued by the Grand Jury and in line with the extension to respond granted on August 1, 2022. Please note that Anaheim Fire & Rescue is a department of the City of Anaheim and not a separate entity, and this constitutes the response of the City, by and through its fire department. We take very seriously the role that local government has in the protection of life and property for the residents and visitors we serve in the City and surrounding area. The city values the opportunity to respond to the report and share our perspective on the history of EMS in our county, and to provide a response to each of the issues outlined by the Grand Jury in their report

If the city of Anaheim can provide additional information, or clarification of our response, please do not hesitate to call me.

Respectfully,

Jim Vanderpool
City Manager

Response to Grand Jury Report
July 2022
FINDINGS

1) **The respondent agrees with the finding.**
2) **The respondent disagrees wholly or partially with the finding; in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.**

Findings – 1,3,4,5,9

FINDING #1

F1 – Despite fire departments throughout Orange County having evolved into emergency medical departments, most have not updated their emergency response protocols accordingly, but have simply absorbed emergency medical responses into their existing fire response models.

- **The City of Anaheim Wholly disagrees with this finding.**

The Grand Jury has been given inaccurate information on this Finding. The Fire Departments in Orange County have been in the emergency medical field since its inception. The City of Anaheim's Fire Department has been managing EMS in Anaheim since prior to the 1960s.

The Anaheim Fire Department has been managing and staffing, with firefighters, the Advanced Life Support (ALS) units in the City continuously serving the residents of Anaheim and supporting the broader EMS system in Orange County. Along with the ALS system, the Fire Department has been managing, contracting for, and now staffing the Basic Life Support transportation units in Anaheim.

All emergency response protocols are maintained by the City of Anaheim and have been continuously updated over the years to reflect the current configuration of our system. This is something that each City in Orange County does and those that belong to the Metro Net JPA maintain emergency protocols that deal with dispatch, including criteria-based dispatch.

The EMS protocols maintained by the Local Emergency Medical Services Agency, OCEMS, have only recently been changed in Orange County to allow for the use of private Paramedics in the system. The private providers in California are drawn to the 911 response and transportation system because they see a profit in it. Public agencies have the duty to act for all emergency incidents in their jurisdiction regardless of the profitability or cost recovery.

Specifically in Anaheim we have continuously adjusted our model to serve the needs of the community we serve. In 2001, Paramedic squads were placed into service to serve the Disneyland resort area in a more efficient manner. In 2011 the departments BLS units were staffed with ALS gear and now represent an almost 30% increase in ALS service to the city and surrounding area. In 2017 our city started the first of its kind mid-level provider unit to respond to low acuity medical aids and help with the rising homeless problems. In 2021, Anaheim started the transition of ambulance management, and staffing to the public sector to provide an enhanced service to Anaheim. These are just a few of the examples of the progression and continued updating of the emergency medical response protocols in Anaheim.

Below is a History of Emergency Medicine in Orange County

The emergency medical services (EMS) system can be viewed as system coordination and collaboration by all emergency medical services stakeholders. It requires coordinated efforts, system resources, trained personnel, communication, and equipment to safely and effectively respond and care for the emergency needs of a

community. Only as researchers, physicians and healthcare providers gained understanding and knowledge of the human body and learned ways to positively impact outcomes, did humanity see overall improvement in the health and wellness of society. It is important to understand that fire departments and EMS grew in parallel with scientific research, both adapting and changing as new information became available. To say that fire departments have become medical response departments since the onset of 9-1-1 is to minimize the complexity and growth of our great Orange County emergency medical services history. Since its origin, the Anaheim Fire Department has embraced the call to respond to those in need and has played an integral role in the history of Orange County EMS, preserving life, health and property, long before the advent of 9-1-1. The Anaheim Fire Department has evolved, adapted and changed as our history below reveals.
Pre-hospital care and rescue techniques were primitive at best, outside of wartime. Educated personnel, equipment and medical direction were lacking in most areas of the United States until the late 1960's. In fact, the first noted ambulance service was a covered horse-drawn cart, later replaced by mortician-operated ambulances. The high costs and rising demand for services eventually forced many businesses to abandon their work in EMS. Fire departments absorbed the responsibility in collaboration with local ambulance services. Eventually, the demand for emergency medical services outweighed what most urban settings could manage. The increased EMS demand made way for the development of municipal services (Brady 2000).

The 1966 publication, "Accidental Death and Disability: The Neglected Disease of Modern Society" by the National Academy of Sciences, National Resource Council identified deficiencies in pre-hospital care and proposed ideas for improvements in a civilian system approach to the care of the trauma patient using physician-staffed ambulances (Brady 2000). The publication also proposed ideas for accident prevention, emergency first aid, and medical communications in collaboration with hospitals who would care for the trauma patient. The council prepared guidelines for the development of an EMS system. The publication, often referred to as the "White Paper" helped to establish future initiatives.

The National Safety Act is one example of such an initiative, passed by Congress in 1966. The Safety Act charged the Department of Transportation (DOT) the responsibility to create minimum standards for accident victims. The Highway Safety Act distributed millions in grant funds between 1968 and 1979 to assist states in the development of EMS systems, emergency services education, and advanced life support (ALS) pilot programs. Their efforts created the national standard curricula for all levels of the emergency medical technicians (EMT) (Brady 2000).

Recognizing the high number of deaths from cardiac arrest and trauma, research studies were conducted by physicians to reduce the morbidity and mortality for these patients. Doctors from around the world were identifying solutions, but it was Dr. Frank Pantridge in Belfast, Northern Ireland who published the first scientific study in 1966 defining a Mobile Coronary Care Unit (MCCU). Dr. Partridge's ideas were emulated in the United States (EMS Museum).

In the late 1960's, after noting the value of mobile coronary care programs in existence, expert physicians in Los Angeles County developed their own MCCU program. In collaboration with a local hospital, they created a "hospital coronary care unit on wheels". Around this time, the same expert physicians proposed a Los Angeles paramedic training program. The Los Angeles Board of Supervisors in concert with key stakeholders within the medical community arrived at the conclusion that fire personnel could best be trained as paramedics. A registered nurse responded with the paramedics because of California laws at the time (Los Angeles County EMSA).

Response to Grand Jury Report
July 2022

On July 14, 1970, the Wedworth-Townsend Paramedic Act was passed. The Act was signed into law and California became the first state to adopt legislation defining "certification" for paramedics to provide advanced medical life support.

In 1972, the Warren 9-1-1 Emergency Assistance Act was passed which established the number "9-1-1" as the universal emergency phone number. The Act encouraged the local government to develop and improve emergency communication procedures and to facilitate quick response from police, fire and medical personnel for any person seeking emergency assistance. The Act would not be imposed until 1985.

In 1973, Congress passed the Emergency Medical Services Act (EMS Act). The Act allocated millions of federal grant funding for special projects, research and the development of regional trauma care services. Fifteen core components of the EMS system were identified. EMS system participants had to incorporate the fifteen components to be eligible for funding. The Act was amended in 1976 and again in 1979 to include the addition of two major components.

The lack of trauma and transport service was noted early on in Orange County. In March of 1944, the Mayor for the City of Anaheim signed and approved Resolution No. 1369, noting the unnecessary death and disability that was occurring in the North Orange County area. Because of population boom and traffic increase on North Orange County highways, a great number of traffic accidents were noted. Ambulance service was not available to the citizens in North Orange County, especially in the unincorporated areas. The result was an increase in wait times for accident victims waiting to leave the scene to receive definitive care at the hospital. Ambulance service was available centrally in Santa Ana. The City Council of the City of Anaheim requested that the Board of Supervisors of Orange County take immediate steps to establish ambulance service in North Orange County. In the late 1960's, Los Angeles County was not alone in their challenge to provide a systematic approach to EMS implementation. In 1968, the Orange County Board of Supervisors appointed a committee called the Emergency Medical Care Committee (EMCC). The committee was comprised of 11 appointed members with background in healthcare and emergency response. They included:

- *County Health Officer*
- *County Director of Communications and Transportation*
- *Sheriff*
- *California Highway Patrol Captain*
- *California County Medical Association (OCMA), 3 physicians*
- *American Red Cross*
- *County Fire Warden*
- *Comprehensive Health Planning Council*
- *Police Chief's Association*
- *Fire Chief's Association County*
- *Hospitals in Orange County*

Response to Grand Jury Report
July 2022

They initially were tasked with review of the ambulance services operating within the county, emergency medical care offered within the county and first-aid practices in the county. Resolution No. 72-238 authorized reappointment of the EMCC and further authorized the committee to be responsible for planning and organizing all aspects emergency medical care needed to protect public welfare (Board Actions). The OC fire service naturally took on a leadership role in the development of a comprehensive EMS system.
The committee was utilized in an advisory capacity and regularly made recommendations to the board which resulted in such actions as:

- *Resolution No. 71-1107 designated the County Health Officer as the certifying authority for paramedic training and paramedics*
- *In 1973, Orange County implemented its first paramedic training program*
- *An emergency communications system was implemented*
- *Paramedic Receiving Center Criteria developed for hospital categorization to care for general emergencies*
- *Development of Base Station Hospitals who had medical control authority*

EMCC realized that to prevent death and disability, a coordinated systematic approach beginning with field triage, field resuscitation and rapid transport to a definitive specialty center was needed for the emergency patient.
The following were Board Actions or Resolutions filed in Orange County:

- *On July 18, 1972, Resolution No. 72-818 approved the execution of the first Orange County Mobile Intensive Care Training Program at the Orange County Medical Center (OCMC). The medical center was later purchased by the University of California at Irvine Medical Center.*
- *On September 13th, 1973 - Resolution No. 73-263, the County Health Officer is appointed the certifying authority for the mobile intensive care nurses (MIC).*
- *On January 15th, 1974, Board Action authorized the signing of Base Station agreements with Huntington Intercommunity Hospital, St. Jude Hospital and Mission Community Hospital as part of a county-wide Mobile Intensive Care Program. Later, four other hospitals would enjoy base station status.*
- *On March 12th, 1974, Board Action approved to increase training capacity for Mobile Intensive Care Paramedics at the Orange County Medical Center.*
- *On April 23rd, 1974 – Resolution No. 74-587, Board Action to endorse the submission of an application for the development of a county-wide Mobile Intensive Care Paramedic Program.*

Recognizing the need to establish a comprehensive emergency medical system in Orange County, in 1976 the Board of Supervisors designated and financed the Office of Emergency Medical Services (OEMS) to create a regional comprehensive emergency medical services system. System stakeholders included EMS provider agencies, the medical community, local health system agencies, and the public and educational institutions (Emergency Medical Services Plan for Orange County December 1978).

On April 1, 1977, the first Emergency Medical Services Grant Proposal was submitted to the Department of Health Education and Welfare for the planning and feasibility for a Regional Emergency Medical Services System for Orange County, California. A HEW/EMS grant was secured in July of 1977. Following the guidelines set by the EMSS Act, Orange County would set out to incorporate the 15 EMS components into their emergency response plan (Emergency Medical Services Plan for Orange County December 1978).
Over the next year, several accomplishments were noted: recourse inventory for each manpower category identified, training levels assigned, 32 emergency medical technician – paramedics (EMT-P) and 98 EMT-Ps

recertified, planning for training programs was completed for emergency department nurses, critical care nurses, physicians, mobile intensive care nurses and mobile intensive care physicians, an ambulance radio grant was secured, county ambulance ordinance was developed and adopted by the Board of Supervisors, an EMS medical director was hired and eight physician expert consultants hired under contract. Critical care plans and treatment protocols were developed, and hospital transfer agreements were established (Emergency Medical Services Plan for Orange County December 1978).

In Orange County, communications were funded through a DOT/OTS grant for the purchase and installation of radios in all OC operated ambulances. The radios provided the necessary link between the BLS and ALS systems. Communication was an integral component identified by the EMSS Act. While Orange County's ALS communication at that time was excellent, they identified that a third component, a coordinated dispatch system was needed. 55 different telephone numbers existed for access to EMS through police and fire agencies. While the State of California was applying pressure on local agencies to incorporate a universal phone number, funding deficiencies, equipment challenges, and conflict in State legislation would slow the achievement. A 9-1-1 system for the Orange County area would not be realized until 1985. Until that time, the OCEMS encouraged the fire chiefs to develop a joint powers agreement for a coordinated dispatch system. Huntington Beach, Fountain Valley, Seal Beach, Westminster, along with Garden Grove and Orange, already had coordinated dispatch systems (Emergency Medical Services Plan for Orange County December 1978).
In 1977, well before the implementation of 9-1-1 in Orange County, there were 2,341 firemen trained to the level of first responders. Of those, 2,107 were trained to the basic first aid level and 100% had CPR training. Additionally, 1,194 were trained to the EMT-A level (ambulance) – the national standard. The Orange County Fire Chiefs agreed to train 100% of all firemen to the EMT-A level within a 2-year period. A number of local training programs were available. Additionally, there were 259 certified paramedics in Orange County. The local health officer designated the University of California at Irvine Medical Center (UCIMC) as the official paramedic training center. A Paramedic Master Plan was developed by the Board of Supervisors. The plan identified coverage, number of units and expected response times. The plan also identified the need to maintain competency through ongoing training and education. Of the 16 listed paramedic units providing services in Orange County, 15 of the agencies were fire department based while only one; Santa Ana-Tustin Community Hospital, was a combination unit. There were 22 ambulance service providers (Emergency Medical Services Plan for Orange County December 1978).
The 1978 Orange County Emergency Medical Services Plan, states:

> *"In Orange County the fire services are responsible for providing first response to medical emergencies when requested. The fire departments are also responsible for responding a heavy rescue vehicle to emergencies involving trapped victims. At present, these fire services are capable of responding to 90% of all medical emergencies within 4 minutes. Transportation in most cases provided by private ambulance companies. In critical cases the paramedics accompany the patient in the ambulance. These patients are transported to the nearest Paramedic Receiving Center." (Emergency Medical Services Plan for Orange County, page 80, December 1978).*

In 1978, Orange County Emergency Medical Services submitted its Emergency Medical Services Plan to the State in December of 1978.

In 1980, the California Emergency Medical Services System and the Pre-Hospital Emergency Medical Care Personnel Act established the California Emergency Medical Services Authority (EMSA). The law mandated state responsibility for emergency medical services by designation of a local EMS agency. The local agency (LEMSA) would be responsible to regulate, monitor, plan and coordinate pre-hospital emergency medical

services, hospital emergency programs and the development of designations standards for hospitals receiving EMS patients.

The California Health and Safety Code, Division 2.5, Chapter 4, recognized the considerable investment local city governments and fire services had on the development, implementation, and collaboration of an emergency medical services system. Section 1797.201 allowed for the continued administration of EMS services for those cities or fire districts who had established services prior to June 1, 1980, or until such time as the agency assigned administrative responsibility to the LEMSA. The City of Anaheim has not assigned administrative responsibility to the LEMSA and continues to exercise the right to maintain local control over its pre-hospital emergency medical services program.

In 1980, Orange County became the first regionalized, organized trauma system in the state. In 1982 the Orange County Board of Supervisors designated the Heath Care Agency as the local EMS Agency (LEMSA) (healthdisasteroc.org 2012).

On December 16th, 1975 during a City Council Meeting, Anaheim Fire Chief James Riley reported on a new agreement request by Anaheim Memorial Hospital. The new agreement was an outgrowth from a proposal from Anaheim Memorial Hospital in April of 1974. In the proposal, one paramedic unit would be provided, housed at Anaheim Memorial Hospital, and controlled by the Anaheim Fire Department Communication Center. The unit was complemented with a paramedic-trained nurse who would normally be on duty in the emergency department. The Anaheim Fire Department responded on average to 170 medical aid calls per month with ~ 100 of those calls requiring paramedic services.

In the City of Anaheim in 1966, the Fire Department had three paramedic units in service: Medic 4-3, 4-4 and 4-5, and had 27 certified paramedics. They reported to Anaheim Memorial Hospital and Base Station. The three paramedic units of the Anaheim Fire Department served a population of 198,576 within 39.9 square miles (Emergency Medical Services Plan for Orange County, December 1978).

Response to Grand Jury Report
July 2022

F3 – ALS staffed ambulances or smaller squad vehicles are often the most appropriate response to medical calls and do not compromise the quality of medical care.

- **The City of Anaheim wholly disagrees with this finding.**

The Grand Jury has not been given all the information on this topic. The premise of this finding deals with equipment and personnel. The most appropriate response vehicle to most medical aids is a fire engine/truck with medical, forcible entry, and extrication equipment and the most appropriate staffing is a 4-0 staffed unit. Anaheim Fire & Rescue (AF&R) has embraced the call to respond to those in need and has played an integral role in the growth and expansion of Orange County's emergency medical services system. AF&R has evolved, adapted, and changed over time to respond and care for the emergency needs of the growing community. Just as technical advances have allowed our fire department to respond with better tools and equipment on fire and technical rescue calls, Anaheim EMTs and paramedics respond to its communities needs with increased knowledge and skills on medical emergencies. AF&R today is a multi-disciplinary, all-risk, all-hazard public safety department responding to and performing on medical emergencies, hazardous material responses, special and technical rescues, fire prevention, code enforcement, public education and disaster preparedness and much more. AF&R can respond to emergency situations quickly in a fiscally responsible manner. The training of the personnel is also important MCI training, incident command training, and all risk emergency training are a few of the training programs that define a fire based EMS system. The additional staffing on the unit is important to provide enough personnel to treat a wide variety of emergencies as well as providing a safety officer on scene.

In 2016, Anaheim was successful in partnering with Care Ambulance and Kaiser to put into service a specialty unit with a Nurse Practitioner and a Captain Paramedic to respond to low-acuity medical aid calls in the community. The Community Care Response Unit (CCRU) has been a huge success in Anaheim and evolved to help the Anaheim system deal with the homeless, inmates at Anaheim's jail, and frequent 911 callers. The program moved from a pilot program and now is part of the normal Anaheim Fire Department budget. The unit is dispatched in coordination with front line paramedic units, and when a call is determined by the first arriving unit or dispatches call triaging to be a low acuity call with no extra personnel needed, the other units are cancelled and the CCRU continues. The CCRU was put on hold when the pandemic hit and hopes to resume operations soon.

Most systems in California that utilize an ALS ambulance for their paramedic response also respond a fire engine/truck for technical expertise, personnel, and other additional support. A 2-person staffed ALS ambulance responding by itself to a medical aid could compromise patient care. Often, even with criteria-based dispatch, accurate information is not relayed to the units responding to an emergency. A simple patient fall response can turn into a patient experiencing a stroke or cardiac event which need additional personnel to treat and sometimes move the patient. The advantage of having a fully staffed fire engine/truck on scene also adds the critically needed safety officer to the incident. With the changing environment that EMS personnel have been asked to respond to over the last few years, this position has become critical to first responder safety.

Response to Grand Jury Report
July 2022

F4 – There has been a breakdown of communication and trust between OCEMS and Orange County Fire Chiefs.

- **The City of Anaheim partially agrees with this finding**

The trust that is built up in a system runs two ways. Over most of the last 30+ years, there has been a very harmonious relationship between the OC Fire Chiefs and OCEMS. All policies and procedures were collaborated on and when there was a disagreement, the Medical Director's medical control and the cities' rights to administer their own systems were always taken into consideration. Over the last few years, this balance of medical direction versus administrative rights has been challenged by the current medical director. The OC Fire Chiefs continue to work with the Medical Director to collaborate on policies and procedures that deal with OCEMS and the medical control of EMTs and paramedics responding to emergencies.

Response to Grand Jury Report
July 2022

F5 – Over-deployment of firefighters for medical calls contributes to the current climate of forced hiring and firefighter fatigue.

- **The City of Anaheim wholly disagrees with this finding**

The Grand Jury does not have all the current information on this finding. There is one issue in this finding and one missing: the fatigue of firefighters that are being forced hired, and the fatigue of our private partners in the ambulance industry.

The deployment of Anaheim Firefighters in the City of Anaheim to medical aids has not contributed to forced hiring and firefighter fatigue. EMS has been a part of the Fire Department deployment model since the 1960s and has grown and adapted to the changing City and community over the years. The forced hiring of personnel over the last couple of years has a direct connection to the hiring freeze put on by most cities during the pandemic and the record setting fire seasons that have plagued California for years. The fatigue that the emergency response industry has seen over the last few years has been brought on by the changing call volume and type of responses, from a growing homeless population and from rampant drug use and overdoses.

The second issue, that is not mentioned in the Finding, is the fatigue and forced hiring in the private ambulance industry. Over the last year, private companies have not been able to staff ambulances and have been forced to contract with fire departments to provide service for their contracted areas. In Orange County, the main ambulance company delivering transport services has stopped all special event standbys and has restricted most paid leave from its employees due to the lack of staffing. The Ambulance Association of California put out a letter to the State EMS agency in August of 2021 dealing with the struggles the private ambulance industry is having with staffing, stating:

> *"A shortage of EMS workers throughout the United States has impacted California's ambulance services ability to increase staffing to offset APOT. Paramedics have been particularly difficult to recruit despite up to a $15,000 recruitment bonus, relocation bonus, employee referral bonuses, pay step increases for experience, and relocation assistance. There simply isn't enough of EMS workers to hire to meet the current demand. This is due to training programs being shut down at the beginning of the Covid crisis interrupting the supply chain of new recruits.*
> *EMS workers are tired. In one county, the invocation of a fatigue policy by EMS crews has more than doubled since January."*
> ***California Ambulance Association, letter to Dave Duncan, Director of California EMSA, Aug. 27, 2021***

Anaheim was able to quickly adapt to the lack of stability in the private industry and in 2020 Anaheim moved to bring the ambulance transport portion of the system in-house. Anaheim can purchase and staff ambulances to create a cost effective and more efficient model to deliver ambulance transport in the City and surrounding areas. This program has also put into place a pathway to public safety for the youth in Anaheim.

Response to Grand Jury Report
July 2022

F9 – OCEMS has the authority and responsibility to inspect all for-profit ambulances operating in Orange County; however, publicly owned ambulances are not automatically subject to OCEMS oversight.

- **The City of Anaheim partially agrees to this finding**

OCEMS does have the authority to inspect for-profit ambulances and does not have the authority or responsibility to inspect publicly owned vehicles. The premise of this finding is that the public ambulances are not appropriately equipped or maintained. All public (Fire based) ambulances in Orange County meet all required elements for ambulance equipment per Orange County policy 720.30. Prior to a few years ago, all the public based ambulances in Orange County were inspected by OCEMS each year. It was determined that the fire departments were far exceeding the minimum requirements of the inspections and the personnel from OCEMS were directed to the private industry to tackle the large amount of BLS companies in the County. All fire department vehicles go through a rigorous inspection process on a weekly basis that exceeds the inspections done by the County. Additionally, the County does not have the resources or personnel to inspect the private ambulances currently under its authority and would not have the compacity to inspect more ambulances at this time.

Response to Grand Jury Report
July 2022

The following findings concern other agencies outside of the City of Anaheim, so Anaheim Fire & Rescue does not have information with which to agree or disagree:

F2 – Despite use of a tiered dispatch system, OCFA's deployment of resources for medical responses are the same for nearly all calls, resulting in unnecessary wear and tear on expensive fire-fighting equipment and public infrastructure.

F6 – Code 3 response is over utilized by OCFA, unnecessarily putting the responders and public at risk.

F7 – Since the outbreak of the COVID pandemic, there has been an emergency medical personnel shortage. The pandemic also has contributed to longer wait times at hospitals resulting in firefighter personnel being out of service for longer periods.

F8 – There are specific areas within Orange County, such as Laguna Woods and Seal Beach, that have an extremely high percentage of medical calls which, under the current model, results in the stations servicing those communities to require two engines.

F10 – Placentia's changes to the emergency medical response protocols after leaving OCFA have resulted in improved medical call response times.

Response to Grand Jury Report
July 2022
Recommendations

1) **The recommendation has been implemented, with a summary regarding the implemented action.**
2) **The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.**
3) **The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.**
4) **The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation thereof.**

Required Responses – 1,4,5

R1 – As recommended in the 2012 and 2014 OCFA Standards of Coverage and Deployment Plans, as well as other studies, the Grand Jury recommends that, by 2024, all Orange County fire agencies utilize criteria-based dispatch protocols and send a single unit response to those incidents triaged as non-life-threatening (BLS). F1, F2, F5

- **The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation thereof.**

The Grand Jury does not have the correct information on this recommendation. Criteria based dispatch has been in place for Orange County Fire Departments for over 20 years. All calls that come in through 911 are screened and put through an Emergency Medical Dispatch protocol that has been approved by the LEMSA Medical Director and is reviewed yearly.

Sending a single resource to those incidents that are triaged as non-life-threatening (BLS) is a determination that needs to be made by each city and it needs to take into consideration all factors including resources and call volume.

Anaheim provides a higher level of care to its residents and staffs all units with at least two Paramedics. Due to the ALS availability on all units, the 911 dispatchers immediately notify the closest paramedic unit to a medical call and complete the triaging of the call while units are enroute. This shortened time of dispatch can lead to dramatically improved results on critical calls. When a patient is having a heart attack, stroke, traumatic event, or life-threatening allergic reaction time is critical. If certain criteria are met, Anaheim does have the ability to cancel a larger response and send one unit or other appropriate resources as needed.

Response to Grand Jury Report
July 2022

R4 – While OCEMS should recognize how certain policy changes may pose operational challenges to emergency responders in the field, fire leadership should recognize and respect the independent oversight authority and expertise of OCEMS. F4

- **The recommendation has been implemented, with a summary regarding the implemented action.**

The Grand Jury does not have all the information on this recommendation. Fire leadership recognizes the Medical Director's oversight and medical control over policies and procedures that cover the medical treatment of patients.

To use one of the examples from this Grand Jury report, the Medical Director for the County has determined that an Advanced Life Support (ALS) response in the County consists of (2) paramedics. In the Grand Jury report, on page 6 paragraph 2, it is mentioned that "according to several OCEMS employees" they believe that a single paramedic response is sufficient to provide medical care to a patient. This is not the current policy written by the Medical Director of the County. In OCEMS Policy 700.00, an ALS unit is defined as having (2) paramedics. Operationally, a department may choose to configure their response in multiple ways, including sending a BLS unit, 1 paramedic, or 2 paramedics. Although response might be different, the definition of an ALS is set in policy. Anaheim fully recognizes the Medical Directors oversight and authority on this topic.

The Medical Director does not have the authority to regulate non-patient related policies. The EMS Act in California is very clear that the city or jurisdiction under Health and Safety Code § 1797.201 has the authority and responsibility to the administration of their system. For instance, the medical director has the authority and responsibility to determine the drug given for a specific emergency, but they do not have the authority to determine which unit is sent to that emergency and how many people are staffed on that unit.

R5 – Departments with publicly owned ambulances should allow OCEMS to inspect their ambulances for compliance with State EMS guidelines and adopt OCEMS recommendations. F9

- **The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation thereof.**

- *OCEMS does not have the authority or responsibility to inspect publicly owned vehicles.*
- *All public (Fire based) ambulances in Orange County meet or exceed all required elements for ambulance equipment per policy 720.30.*
- *Additionally, the County does not have the resources to inspect the private ambulances currently under its authority and would not have the compacity to inspect more ambulances.*

The following recommendations concern other agencies outside of the City of Anaheim, so Anaheim Fire & Rescue does not have information with which to agree or disagree:

R2 – By 2024, OCFA should station a paramedic squad vehicle, which is more nimble and less costly to operate, in place of a second engine in stations with high volumes of medical calls. F8

R3 – OCFA should immediately stop the practice of requesting Code 3 responses on all non-life threatening (BLS) calls. F6