



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
EMERGENCY MEDICAL SERVICE DISTRICT**

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Michael J. Harris, Director  
James E. Pointer, M.D., Medical Director

April 9, 1999

Mr. Richard Watson, Director  
EMS Authority  
1930 9th Street, Suite 100  
Sacramento, CA 95814-7043

Dear Mr. Watson:

Enclosed is the Alameda County Emergency Medical Services Agency, 1999 EMS System Plan Update. The entire staff has reviewed this document and changes have been made where appropriate. Please contact me at (510) 628-5080 or Kris Helander-Daugherty at (510) 628-5082 if you or your staff have any questions.

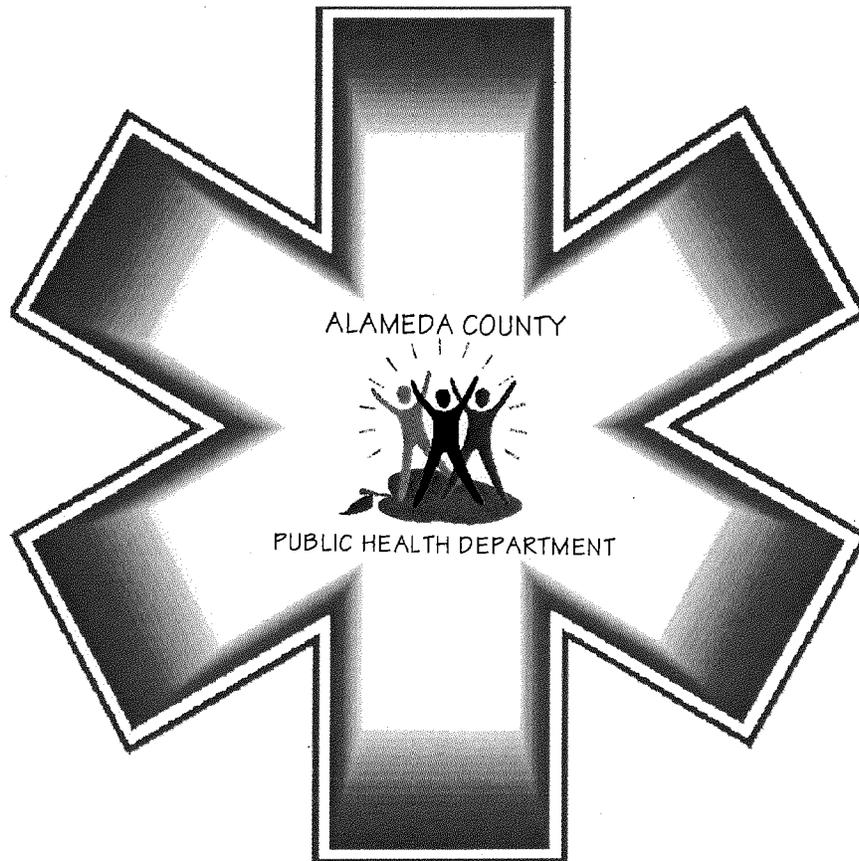
Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Harris". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael J. Harris  
EMS Director

EMSA cover letter.doc

**Alameda County**  
**Emergency Medical Service District**  
A Division of the Department of Public Health



**EMS SYSTEM PLAN**  
**1999**

**Michael J. Harris, Director**  
**James E. Pointer, MD, Medical Director**  
1000 Broadway, Suite 5024, Oakland, CA 94607  
(510) 628-5060

*Prepared By: Kristyn Helander-Daugherty, Prehospital Care Coordinator  
and the staff at the EMS Agency*

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# SECTION ONE

## ALAMEDA COUNTY EMERGENCY MEDICAL SERVICE DISTRICT EMS SYSTEM PLAN UPDATE 1999

### SUMMARY OF CHANGES

The Alameda County EMS Agency embarked on a five-year EMS System Redesign Project in May 1994. A significant amount of time, effort and planning has gone into evaluating the current system and recommending changes for the future.

In December 1998, the end-product of the redesign project was released in the form of a Request for Proposal (RFP). Contained in the RFP were system specifications for Emergency/Non-Emergency triage, Direct Medical Control and a Data Management system.

Specifications were developed for ambulance transportation, however, the lack of more than one qualified bidder compelled the agency to enter into "sole-source" negotiations with the current provider.

Another significant change has been the change in leadership in the EMS Director and Medical Director positions.

- After thirteen years with the Alameda County EMS Agency, Diane Akers left to pursue a consulting career.
- E. Pat Gary, M.D. left the EMS Agency after being appointed Chief-of-Staff at the hospital where she concurrently worked.

In August 1997, James E. Pointer, M.D. returned to the Alameda County EMS Agency after a nearly ten-year absence. Immediately upon beginning his position he also took over the responsibilities of the Director with the resignation of Ms. Akers. Dr. Pointer has made many new and innovative changes to the system.

Mr. Michael J. Harris was hired and began his tenure as EMS Director in March 1998. Mr. Harris brings many new and progressive ideas to the agency while maintaining the vision established in the system redesign project.

## UPDATES OF SPECIFIC INFORMATION

<b>Table 1</b>	"Summary of System Status"
<b>Tables 2 – 7</b>	"System Resources and Operations"
<b>Tables 8 – 11</b>	"Resource Directories"
<b>Assessment Forms</b>	Assessment forms have been completed for each standard

## PROGRESS FROM PREVIOUS YEAR

### A. Major Changes:

- **December 1997** - The EMS Agency relocated to the building housing the rest of the Department of Public Health.
- **May 1998** - The EMS Council completed their work. The Council, a multidisciplinary team of Alameda County EMS professionals, was charged with determining the feasibility of implementing the recommendations made by the EMS Task Force. In April 1998, a preliminary report was sent the Alameda County Board of Supervisors (Attachment x). The report summarized the recommendations of the Council and requested permission to move forward with the release of a Request for Proposal for essential services.
- **December 1998** – A Request for Interest for an advance life support delivery system (medical ambulance transportation) was released.
- **December 1998** – Request For Proposal for Emergency/Non-emergency Triage and Dispatch, Direct Medical Control and Data Management System released.
- **February 1999** - Began sole-source contract negotiations with American Medical Response for ambulance transportation.
- **March 1999** - The EMS for children Project funded by a grant from the State EMS Authority was completed. Projects completed as part of this program include:
  - Implementation of Emergency Department Guidelines through consultation site visits
  - Developed *Pediatric Tertiary Care Consultation and Interfacility Guidelines*
  - Developed *Standards for Pediatric Critical Care Centers (PCCC)*
  - PCCC designation site review performed at Children's Hospital, Oakland
  - Developed and distributed Prehospital Pediatric Educational and Training Assessment survey
  - Review and revise all Alameda County pediatric-related prehospital policies and procedures.

**B. Specific Objectives:**

1. To complete the EMS for Children Project grant. The EMSC consultant will be turning this program over to EMS Agency Staff in March 1999.
2. To implement a new contract for ambulance service to include fire first response Advanced Life Support. This new contract will change the response time requirement in the County from 10 minutes to eight minutes for ALS first response and 12 minutes for transport ambulance response, and ambulance staffing from two paramedics to one paramedic/one EMT.

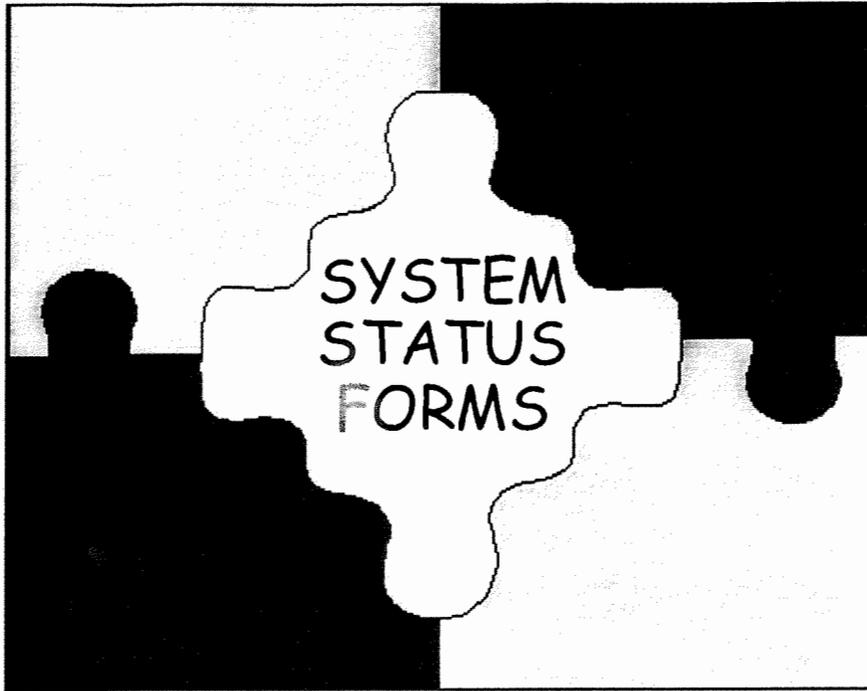
Note: The original time frame for this project was postponed one year as a result of the passage of proposition 218. The status of agency funding was undetermined until mid-1997. The existing contract with AMR was extended and the process was shifted to 1998.

3. To hire a CQI specialist to develop a quality improvement program within the county in conjunction with the data management system
4. To obtain and implement an integrated data management system that captures patient information from the time 9-1-1 is accessed through patient disposition.
5. To implement a new integrated emergency medical dispatch system that provides pre-arrival/post dispatch instructions as well as call prioritization.
6. To implement a non-emergency medical dispatch system to direct patients to the most appropriate care once it has been determined that an emergency does not exist.
7. To create and maintain system databases to track:
  - EMT Certification
  - Unusual Occurrences
  - Cardiac arrest/defibrillation statistics and outcome data
  - Paramedic Immunization Pilot Project data
8. To appoint an EMS advisory commission to assist with updating the five-year plan and provide input on system changes.

**C. Timeline/Actions:**

<b>Objective</b>	<b>Time frame/ Implementation</b>	<b>Actions</b>
1. <b>Ambulance Service Contract</b>	February - July, 1999	Begin negotiations Develop reimbursement formula for fire first response ALS Approve negotiated contract (Board of Supervisors) Implement new service
2. <b>CQI Specialist</b>	June 1999	Develop job description Post position – advertise Interview qualified candidates Hire selected candidate
3. <b>Data Management System</b>	August 1999	RFP released (December 1998) Review proposals (April 1999) Implement selected program
4. <b>EMD Program</b>	August 1999	RFP released (December 1998) Review proposals (April 1999) Implement selected program
5. <b>Non-Emergency Dispatch System</b>	August 1999	RFP released (December 1998) Review proposals (April 1999) Implement selected program
6. <b>System databases:</b> <ul style="list-style-type: none"> <li>• EMT Certification</li> <li>• Unusual Occurrences</li> <li>• Cardiac arrest statistics</li> <li>• Paramedic Immunization Pilot Project data</li> </ul>	February 1999 March 1999 February 1999 done	Maintain databases with regular input from users. Generate reports.
7. <b>Disaster Planning</b> Iridium satellite cell phones RIMS computer capabilities at DOC Biochemical resource information handbooks	May 1999 May 1999 May 1999	Order necessary equipment and distribute/install
8. <b>Local EMS Advisory Commission</b>		Appoint a local EMS commission through the Board of Supervisors. Members should represent a cross-section of stakeholders in the system. Set-up initial meetings. Establish a charter.

## SECTION TWO



### **System Status Summary (Table 1)**

#### **System Status Assessment Forms**

System Organization and Management (1.01 - 1.28)

Staffing and Training (2.01 - 2.13)

Communications (3.01 - 3.10)

Response/Transportation (4.01 - 4.22)

Facilities/Critical Care (5.01 - 5.14)

Data Collection/System Evaluation (6.01 - 6.11)

Public Information and Education (7.01 - 7.04)

Disaster Medical Response (8.01 - 8.19)

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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**A. SYSTEM ORGANIZATION AND MANAGEMENT**

**Universal Level: Agency Administration**

1.01 LEMSA Structure		✓		✓	
1.02 LEMSA Mission		✓			✓
1.03 Public Input		✓			
1.04 Medical Director		✓	✓		

**Universal Level: Planning Activities**

1.05 System Plan		✓		✓	
1.06 Annual System Plan Update		✓		✓	
1.07 Trauma Planning*		✓	✓	✓	
1.08 ALS Planning*		✓		✓	
1.09 Inventory of Resources		✓		✓	
1.10 Special Populations		✓	✓		
1.11 System Participants		✓	✓	✓	

**Universal Level: Regulatory Activities**

1.12 Review & Monitoring		✓		✓	
1.13 Coordination		✓			
1.14 Policy & Procedure Manual		✓		✓	
1.15 Compliance w/ Policies		✓		✓	

**Universal Level: System Finance**

1.16 Funding Mechanism		✓			
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**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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**Universal Level: Medical Direction**

1.17 Medical Direction*		✓			
1.18 QA / QI		✓	✓		
1.19 Policies, Protocols Procedures		✓	✓	✓	
1.20 DNR Policy		✓			
1.21 Determination of Death		✓			
1.22 Reporting of Abuse		✓	✓		
1.23 Interfacility Transfer		✓		✓	

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems		✓	✓	✓	✓
1.25 On-Line Medical Direction		✓	✓	✓	

**Enhanced Level: Trauma Care System**

1.26 Trauma System Plan		✓		✓	
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**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan		✓		✓	
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		✓			✓
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**B. STAFFING / TRAINING**

**Local EMS Agency**

2.01 Needs Assessment		✓	✓	✓	
2.02 Approval of Training		✓	✓	✓	

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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2.03 Personnel		✓			
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**Dispatchers**

2.04 Dispatch Training		✓		✓	✓
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**First Responders (non-transporting)**

2.05 First Responder Training		✓	✓		✓
2.06 Response		✓		✓	
2.07 Medical Control		✓			

**Transporting Personnel**

2.08 EMT-I Training		✓	✓		
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**Hospital**

2.09 CPR Training		✓			✓
2.10 Advanced Life Support		✓			✓

**Enhanced Level: Advanced Life Support**

2.11 Accreditation Process		✓			
2.12 Early Defibrillation		✓			
2.13 Base Hospital Personnel		✓			

**C. COMMUNICATIONS**

**Communications Equipment**

3.01 Communication Plan*		✓	✓	✓	
3.02 Radios		✓	✓		
3.03 Interfacility Transfer*		✓		✓	

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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3.04 Dispatch Center		✓			
3.05 Hospitals		✓	✓		
3.06 MCI/Disasters		✓			

**Public Access**

3.07 9-1-1 Planning/Coordination		✓	✓		✓
3.08 9-1-1 Public Education		✓			

**Resource Management**

3.09 Dispatch Triage		✓	✓		
3.10 Integrated Dispatch		✓	✓	✓	

**D. RESPONSE / TRANSPORTATION**

**Universal Level**

4.01 Service Area Boundaries*		✓	✓		✓
4.02 Monitoring		✓	✓		✓
4.03 Classifying Medical Requests		✓		✓	
4.04 Prescheduled Responses		✓		✓	✓
4.05 Response Time Standards*	✓			✓	✓
4.06 Staffing		✓			
4.07 First Responder Agencies		✓		✓	
4.08 Medical & Rescue Aircraft*		✓			✓

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
4.09 Air Dispatch Center		✓			
4.10 Aircraft Availability*		✓			
4.11 Specialty Vehicles*	✓			✓	
4.12 Disaster Response		✓			
4.13 Intercounty Response*		✓		✓	✓
4.14 Incident Command System		✓		✓	
4.15 MCI Plans		✓			

**Enhanced Level: Advanced Life Support**

4.16 ALS Staffing		✓	✓	✓	
4.17 ALS Equipment		✓			

**Enhanced Level: Ambulance Regulation**

4.18 Compliance		✓			
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**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		✓		✓	
4.20 Grandfathering		✓			
4.21 Compliance		✓			
4.22 Evaluation		✓			✓

**E. FACILITIES / CRITICAL CARE**

**Universal Level**

5.01 Assessment of Capabilities		✓	✓	✓	
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**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
5.02 Triage & Transfer Protocols*		✓			
5.03 Transfer Guidelines*		✓			
5.04 Specialty Care Facilities*		✓		✓	
5.05 Mass Casualty Management		✓	✓		
5.06 Hospital Evaluation*		✓			

**Enhanced Level: Advanced Life Support**

5.07 Base Hospital Designation*		✓		✓	
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**Enhanced Level: Trauma Care System**

5.08 Trauma System Design		✓		✓	
5.09 Public Input		✓			

**Enhanced Level: Pediatric Emergency & Critical Care System**

5.10 Pediatric System Design		✓		✓	
5.11 Emergency Departments		✓	✓	✓	
5.12 Public Input		✓			

**Enhanced Level: Other Speciality Care System**

5.13 Speciality System Design		✓			
5.14 Public Input		✓			

**TABLE 1: SUMMARY OF SYSTEM STATUS**

Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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**F. DATA COLLECTION / SYSTEM EVALUATION**

**Universal Level**

6.01 QA/QI Program		✓	✓		✓
6.02 Prehospital Records	✓			✓	✓
6.03 Prehospital Care Audits		✓		✓	✓
6.04 Medical Dispatch	✓			✓	
6.05 Data Management System*	✓			✓	✓
6.06 System Design Evaluation		✓		✓	
6.07 Provider Participation		✓			✓
6.08 Reporting		✓		✓	

**Enhanced Level: Advanced Life Support**

6.09 ALS Audit		✓		✓	
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**Enhanced Level: Trauma Care System**

6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data		✓	✓		

**G. PUBLIC INFORMATION AND EDUCATION**

**Universal Level**

7.01 Public Information Materials		✓	✓	✓	
7.02 Injury Control		✓	✓	✓	

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
7.03 Disaster Preparedness		✓	✓		
7.04 First Aid & CPR Training	✓			✓	✓

**H. DISASTER MEDICAL RESPONSE**

**Universal Level**

8.01 Disaster Medical Planning*		✓			
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓		✓	
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties*		✓		✓	
8.06 Needs Assessment		✓	✓		
8.07 Disaster Communications*		✓			
8.08 Inventory of Resources		✓			
8.09 DMAT Teams		✓	✓		
8.10 Mutual Aid Agreements*		✓			
8.11 CCP Designation*		✓			
8.12 Establishment of CCPs		✓			
8.13 Disaster Medical Training		✓	✓		
8.14 Hospital Plans		✓	✓		

**TABLE 1: SUMMARY OF SYSTEM STATUS**

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan
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8.15 Interhospital Communications		✓			
8.16 Prehospital Agency Plans		✓			

**Enhanced Level: Advanced Life Support**

8.17 ALS Policies		✓			
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**Enhanced Level: Specialty Care Systems**

8.18 Specialty Center Roles		✓			
8.19 Waiving Exclusivity		✓			

## PLANNING ACTIVITIES

### 1.01 LEMSA STRUCTURE

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The Alameda County EMS Agency has a professional staff of 11 individuals who administer the EMS system, including physicians, nurses, paramedics, data specialists and clerical support. The agency also uses outside contractors when needed for specialized programs (e.g. EMS for Children)

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

A Quality Improvement specialist.

#### OBJECTIVE (S)

To hire a Quality Improvement specialist by June 1999.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.02 LEMSA MISSION

**STANDARD:** Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The Alameda County EMS Agency has been involved in planning, implementation and evaluation activities of the EMS system since its beginning in 1974. System changes are based on QA/QI outcomes and system evaluation processes in some areas (e.g. Trauma, system redesign, disaster, policy development), however, the lack of an integrated data system has made a completely integrated system evaluation process impossible.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

An integrated data management system and QA/QI program.

#### OBJECTIVE (S):

To implement an integrated data management system and QA/QI program. An RFP was released in December, 1998 that included a data management system. QA/QI activities are being integrated into all contracts and agreements within the EMS system.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.03 Public Input

**STANDARD:** Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Multiple committees with a broad range of representation, including consumers, are involved in EMS system development. (See 1.04)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## AGENCY ADMINISTRATION

### 1.04 Medical Director

**STANDARD:** Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The local EMS agency medical director should have administrative experience in emergency medical services systems.

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Full-time EMS Medical Director, Board Certified in Emergency Medical and Internal Medicine, Fellow of the American College of Emergency Physicians.
- Advisory groups established:
  - Medical Advisory Committee – Physician based
  - Emergency Medical Oversight Committee – Open forum
  - Research Committee
  - Policy and Procedure Committee
  - Trauma Audit Committee (TAC)
  - EMS for Children Committee

**COORDINATION WITH OTHER EMS AGENCIES:** Contra Costa County for TAC

**NEEDS:** None

**OBJECTIVE (S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.05 System Plan

**STANDARD:** Each local EMS agency shall develop an EMS system plan, based on community need and utilization of appropriate resources, and shall submit to the EMS authority. The plan shall:

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS System plan, updated annually, that identifies:

1. Areas of compliance
2. System needs, including a plan and time line for meeting needs.

**COORDINATION WITH OTHER EMS AGENCIES:** Review of Contra Costa's Plan

#### NEEDS:

Coordinate System Plan with the EMS Agency annual report.

#### OBJECTIVE (S):

To coordinate system plan with annual report

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)  
 Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.06 Annual Plan Update

**STANDARD:** Each local EMS agency shall develop an annual update to its EMS system Plan and shall submit it to the EMS Authority. The update shall:

- a) Identify progress made in plan implementation
- b) Changes to the planned system design.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

System Plan submitted July 1996. Updates submitted in 1997 and 1999.

### COORDINATION WITH OTHER EMS AGENCIES:

Section 1.05

### NEEDS:

### OBJECTIVE (S):

To update system plan yearly and submit to EMSA.

### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.07 Trauma Planning

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Trauma System Plan
- Facilities designated in 1987. Current agreements for adult and pediatric trauma

#### COORDINATION WITH OTHER EMS AGENCIES:

Audit/QA functions with Contra Costa County

#### NEEDS:

#### OBJECTIVE (S):

- 1) To develop trauma annual report 1998
- 2) To pursue trauma research

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.08 ALS Planning

**STANDARD:** The local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

ALS available county-wide since 1986 with the exception of the City of Alameda..

**COORDINATION WITH OTHER EMS AGENCIES:** As needed

**NEEDS:** Upgrade service level in Alameda to the ALS level.

#### **OBJECTIVE (S):**

- Approval for implementation of ALS program occurred in January 1999.
- Work with the Alameda City Fire Department to facilitate the implementation of their ALS program

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

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.09 Inventory of Resources

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Resource Directories updated. (Table 8 – providers, 10 – facilities, and 11 – dispatch agencies). Current as of January, 1999.

Collaborating Agencies Responding to Disaster (CARD) proposal

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

**OBJECTIVE (S):** To maintain resource directory and submit with system plan update.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.10 Special Populations

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy Manual – Populations identified and special services offered:

#### Pediatric Patients:

- Patient Care Policies: 7301 – 7315 – ALS/BLS treatment protocols; 8040 - Consent guidelines; 10101 - Cryochoyrotomy; 10102 – Endotracheal intubation; 10103 – ET medication Administration; 10112 - Rectal valium; use of Broselow tape; Pulse Oximetry; End-tidal CO<sub>2</sub> detection
- Dispatch Policies: 5153 - Choking, 5154 - Mouth-to-Mouth resuscitation,

#### Elderly Patients:

- Patient Care Policies: 7006 - Elder (/child) abuse reporting; 8030 - Do Not Resuscitate

#### Disabled Patients:

- Patient Care Policies: 8120 - Home health equipment; 10110 - Stoma care
- Participation on the following committees:
  - Continuum of Care Committee (homeless);
  - Commission for the Disabled and Out-reach Subcommittee (disabled)

#### Non-English speaking:

- 9-1-1 video in 7 languages
- Language translation services

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## PLANNING ACTIVITIES

### 1.11 System Participants

**STANDARD:** Each local EMS agency shall identify optimal roles and responsibilities of system participants.

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

**Policies:** Policies contained in the EMS Policy manual identify the optimal role and responsibility for system participants.

**Contracts:**

- Emergency ambulance response through Exclusive Operating Area designations in the Cities of Albany, Berkeley, and Piedmont. The remaining area of the County is designated as a separate EOA awarded to a private provider.
- Fire Departments for first responder services (ALS/BLS) and defibrillation
- Trauma Centers for trauma services
- Air Medical Transportation

**Facility Designation:**

- Receiving Hospitals
- Pediatric Critical Care Centers
- Trauma centers
- Burn Centers

### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** Contracts with receiving hospitals to obtain outcome data on EMS patients

**OBJECTIVE (S):** To coordinate with Alameda County receiving hospitals to obtain receiving hospital contracts.

### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## REGULATORY ACTIVITIES

### 1.12 Review & Monitoring

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Site visits
- Audits
- Data collection

**COORDINATION WITH OTHER EMS AGENCIES:** See 1.07

**NEEDS:** More comprehensive data collection and analysis; Coordinated quality improvement

**OBJECTIVE (S):**

- 1) To implement comprehensive data collection as the result of Dec. 1998 RFP
- 2) To hire quality improvement expert
- 3) To utilize Research Committee in approving and conducting EMS research

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

- Short-range (one year or less)
- Long-range (more than one year)

## REGULATORY ACTIVITIES

### 1.13 Coordination

**STANDARD:** Each local EMS agency shall coordinate EMS system operations.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Council
- Emergency Medical Oversight Committee
- Research Committee

**COORDINATION WITH OTHER EMS AGENCIES:** As needed

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## REGULATORY ACTIVITIES

### 1.14 Policy & Procedures Manual

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

A policy manual is given to each provider agency. Every new paramedic is given a policy manual as part of local accreditation orientation. Updates are mailed out when policies are changed. A Field Manual was developed in a small take-along size in 1998. Copies of the Field Manual and/or computer disks with policies made available to all system providers.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Many policies developed in conjunction with Contra Costa County

#### **NEEDS:**

1. Re-defined policy development process.
2. Establish an EMS website and make policies available online.

#### **OBJECTIVE (S):**

1. To implement planned policy development process with timelines – target January 1999 (done)
2. To make policies available on an EMS website (June 1999)

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

- Short-range (one year or less)  
 Long-range (more than one year)

## REGULATORY ACTIVITIES

### 1.15 Compliance with Policies

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- **QI:** policies #2250 - 2280
- **Policy Review:** #1610
- **Incident Review:** #2300, 2600, and 2700

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

See 1.12

#### OBJECTIVE (S):

See 1.12

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## SYSTEM FINANCE

### 1.16 Funding Mechanism

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Special Tax District funding

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** N/A

**OBJECTIVE (S):** N/A

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.17 Medical Direction\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Designation of Base Hospitals
- Contracts
- EMS Policy Manual
  - QI - Policy 2280
  - Role and responsibility - Policy 9401; 7000
- Full-time Medical Director

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:** N/A

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.18 QA / QI

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

**GOALS:** Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Provider based QI plans
- EMS Policy Manual – Policies 2250 - 2280
- EMS QI plan
- Trend identification
- Training based on trends
- Policy review

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

See 1.12, 1.17

#### OBJECTIVE (S):

See 1.12, 1.17

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.19 Policies, Procedures, Protocols

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

a) triage; b) treatment; c) medical dispatch protocols; d) transport; e) on-scene treatment times; f) transfer of emergency patients; g) standing orders; h) base hospital contact; i) on-scene physicians and other medical personnel; j) local scope of practice for prehospital personnel.

**GOALS:** Each local EMS agency should develop (or encourage the development of) prearrival/post dispatch instructions.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

#### EMS Policy Manual

**Triage:**

Dispatch – 5111 B 5135; MCIs – 8070 B 74; Haz/Mat - 8080

**Treatment:** Section 6000 and 7000

**Dispatch:** 5110

**Transport:** 8100, 8105, 8130, 8850, 8851

**On-scene treatment times:**

7000, 8006 (trauma standards).

Instructions within treatment protocols if early transport recommended – 7209, 7212, 7218, 7219, 7302, 7305, 7306, 7309.

**Transfers:** 8110, 9600

**Standing orders:**

Policy 7000.

All standing orders identified as non-shaded boxes in treatment algorithms (Section 7000)

**Base contact:**

Policy 7000.

Base physician orders identified as shaded boxes in treatment algorithms (Section 7000)

Base contact requirements are defined in protocol. (Section 8000, 10000)

**On scene physician:** 8025

**Local scope:** 7001, 3201, 3202, 8005, 8006, 8033

Designated Emergency Medical Dispatch Centers offering prearrival/post dispatch instructions

### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:**

- 1) Uniform dispatch throughout county that includes pre-arrival instructions/call prioritization
- 2) Non-Emergency Triage (NET) center

**1.19 Policies, Procedures, Protocols (Continued)**

**OBJECTIVE (S):**

To develop uniform dispatch and NET through RFP process

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

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.20 DNR Policy

**STANDARD:** Each local EMS agency shall have a policy regarding "DO NOT Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy Manual – Policy #8030

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.21 Determination of Death

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy Manual – Policy #8030

### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** None

**OBJECTIVE (S):** N/A

### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.22 Reporting of Abuse

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

**GOALS:** Develop a written policy for reporting SIDS death.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – Policy #7006
- Mandated SIDS training completed.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:** N/A

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### 1.25 On-Line Medical Direction

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

**GOALS:** Each EMS system should develop a medical control plan which determines:

- a) the base hospital configurations for the system;
- b) the process for selecting base hospitals, including a process for designation which allows for eligible facilities to apply;
- c) the process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Designate Base Hospitals
- Base Hospital Contracts
- EMS Policy Manual Policy #3400, 3500, 7000, 8800, 9401
- Reevaluate as part of the EMS System Redesign Project
- ALS Provider contract

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):** To investigate and develop alternative on-line Medical Director under current RFP

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

- Short-range (one year or less)
- Long-range (more than one year)

## MEDICAL DIRECTION

### 1.23 Interfacility Transfer

**STANDARD:** THE local EMS Medical Director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – Policy #8110 and 9600
- Add New Policy 4605 to allow scheduled paramedic IFT

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

**OBJECTIVE (S):** To monitor and refine process for paramedic IFT's

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### 1.24 ALS Systems

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- ALS Provider Agency Contracts
  - Transport
  - Non-transport
- Exclusive Operating Areas designated as part of the contract

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

1. Updated contracts for ALS service
2. Review EOA plan

**OBJECTIVE (S):** To contract with ALS providers (transport and first responder) under provisions of new RFP.  
To review EOA plan.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less) #1
- Long-range (more than one year) #2

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**1.26 Trauma System Plan**

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

- a) the optimal system design for trauma care in the EMS area;
- b) the process which allows all eligible facilities to apply.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:** Update trauma system report

**OBJECTIVE (S):** To develop an updated trauma system report

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

### 1.27 Pediatric System Plan

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Trauma System Plan
- EMSC project; Site visits in process
- Policies/protocols developed
- Peds protocols: Addition of the Broselow tape for calculating pediatric drug doses.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

- 1) To maintain staffing EMSC
- 2) To support hospitals and ALS providers in providing services to children
- 3) To investigate use of PEPP course

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS**

**1.28 EOA Plan**

**STANDARD:** The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) The optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) The process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EOA Plan developed as part of the Request for Proposal (RFP) process – 1989

Service Area	Service provided by:
**The City of Albany	Albany Fire
**The City of Berkeley	Berkeley Fire
**The City of Piedmont	Piedmont Fire
** The City of Alameda	Alameda City Fire
The remaining cities in the county and the un-incorporated areas.	American Medical Response

\*\*Meets criteria for non-competitive selection under 1797.201

The providing of emergency medical services in Alameda County is defined as:

- ▶ The services needed to provide urgent medical care in a condition or situation in which the individual has a need for immediate medical attention or where the potential for such need is perceived by emergency medical personnel; or
- ▶ With respect to interfacility transfers, qualified medical personnel of the transferring facility.
- ▶ Any transportation needs pursuant to a request for an emergency ambulance shall be deemed the providing of emergency medical services.

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEEDS:** Update EOA plan with system changes to service areas and/or provider agencies.

**OBJECTIVE(S):** To update the EOA plan as needed.

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

- Short-range (one year or less)
- Long-range (more than one year)

## B. STAFFING / TRAINING – LOCAL EMS AGENCY

### 2.01 Assessment of Needs

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

**GOALS:**

1. Develop on-going training programs based on trend identification through the CQI process,
2. Re-evaluate staffing requirements

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Provider agency QI Plan
- Incident Review
- Ride-alongs

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:**

- Continued assessment and re-evaluation of personnel and training needs.
- An integrated data management system to implement CQI system wide.

**OBJECTIVE(S):**

- To conduct training sessions regarding Policy changes
- To hire a full time QA/I PHCC (early 1999)
- Implement a data management system

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

- Short-range (one year or less)
- Long-range (more than one year)

## B. STAFFING / TRAINING – LOCAL EMS AGENCY

### 2.02 Approval of Training

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

**GOALS:** Approve CE providers, pre-hospital provider programs, according to state guidelines, and monitor to ensure compliance.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- CE Provider Approval process policy #4600
- 12 pre-hospital provider programs (as of 6/98)
- 28 CE Providers approved (as of 6/98)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:**

**OBJECTIVE(S):** Audit CE providers

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

- Short-range (one year or less)
- Long-range (more than one year)

## B. STAFFING / TRAINING – LOCAL EMS AGENCY

### 2.03 Personnel

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS policies defining certification, accreditation, authorization and certification review:

- EMT-P accreditation #3302
- MICN authorization # 3400
- Base Physician authorization # 3500
- EMT-1 certification Process # 3200, 3201(defib), 3202 (intubation)
- Dispatcher authorization # 3800
- Incident Review Process # 2300

**COORDINATION WITH OTHER EMS AGENCIES:** State EMS Authority

**NEEDS:** None

**OBJECTIVE(S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## DISPATCHERS

### 2.04 Dispatch Training

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard (partial)  meets goal

EMD training and testing is provided at ALCO-CMED, Oakland Fire, Fremont Fire. Medical Dispatcher in the Cities of Albany, Piedmont, Berkeley and Alameda currently do not trained medical dispatcher in EMD nor do they offer EMD to the caller.

- Policy #4800 and 5100 (EMD Program approval and EMD agency responsibilities)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

EMD training and testing of all medical dispatch personnel in accordance with EMS Authority's Emergency Medical Dispatch Guidelines.

#### OBJECTIVE(S):

To select and implement a nationally recognized EMD training program countywide that meets the standards established in the EMS Authority's EMD Dispatch Guidelines.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less) - selection of EMD program
- Long-range (more than one year) - implementation of EMD program countywide

## FIRST RESPONDERS (NON-TRANSPORTING)

### 2.05 First Responder Training

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

**GOALS:** 1) At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice. 2) At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal (partial)

- EMS Policy Manual – policy #8005 (standards for First Responder personnel)
- First Responder agreements
- Defibrillation available county wide.
- EMT-s personnel on each non-transporting first response unit with the exception of the City of Oakland

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

EMT-I trained personnel in the City of Oakland

#### OBJECTIVE(S):

To work with the City of Oakland and the Oakland Fire department to upgrade training level to EMT-I/

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## FIRST RESPONDERS (NON-TRANSPORTING)

### 2.06 Response

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

#### EMS Policy Manual

- Section 5000 – Law enforcement guidelines
- Section 7,000, 8,000 and 10,000 (ALS/BLS policies and procedures)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Update law enforcement guidelines

#### OBJECTIVE(S):

To meet with the Police Chief Association to seek input on updating law enforcement guidelines.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## FIRST RESPONDERS (NON-TRANSPORTING)

### 2.07 Medical Control

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – sections 7000, 8000 and 10,000.
- First Responder Agency Agreements

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## TRANSPORTING PERSONNEL

### 2.08 EMT-I Training

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## HOSPITAL

### 2.09 CPR Training

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

We currently do not have a mechanism to require allied health personnel who provide direct emergency patient care to meet this standard. We are, however, confident that ED personnel receive CPR training.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

A mechanism to require all allied health personnel that provide emergency patient care to be trained in CPR.

#### OBJECTIVE(S):

To implement Receiving Hospital contracts.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## HOSPITAL

### 2.10 Advanced Life Support

**STANDARD:** All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

We currently do not have a mechanism to require ED physicians and RN's to meet this standard or goal. We are, however, confident that ED personnel receive ALS training.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

A mechanism to require that all personnel that provide emergency patient care be trained in ACLS. (Board certification????)

#### OBJECTIVE(S):

To implement Receiving Hospital contracts.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**2.11 Accreditation Process**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – policy # 3302
- EMS Orientation
- Local optional scope of practice skills demonstration
- EMS QI Plan

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**2.12 Early Defibrillation**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy Manual – policy # 3201

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**2.13 Base Hospital Personnel**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – policy # 3400, 3500, 4500.
- EMS Orientation
- EMS approved MICN course

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.01 Communications Plan\*

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal (partial)

- 800 MHz radio system
- EMS Policy Manual – policy # 10001, 8070
- Cell phones and satellite technology utilized in some parts of the County.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Expand the use of cellular technology (regular cell phones and iridium satellite cell phones)

#### OBJECTIVE(S):

To implement cell phone use on ambulances

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.02 Radios

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- 800 MHz radio system

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.03 Interfacility Transfer\*

**STANDARD:** Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephones.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- 800 MHZ radio system if in county. Cell phones utilized by some provider agencies.
- Out-of-county receiving facilities notified by company dispatch or the base hospital.
- Any transportation needs pursuant to the request for an emergency ambulance, is considered the provision of emergency medical services, including Interfacility transfers. (See 1.28 – EOA Plan)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Ability to communicate with out-of-county facilities during transfers.

#### OBJECTIVE(S):

To require the use of cell phones by transporting agency personnel.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.04 Dispatch Center

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- 800 MHz radio system
- 800 MHz radio procedure (policy #10001)
- Policy (#8070) defining radio use during a Multi-casualty Incident.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.05 Hospitals

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS policy manual
- Telephone
- Via ALCO-CMED on 800 MHZ
- HAM radio during disasters

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## COMMUNICATIONS EQUIPMENT

### 3.06 MCI/Disasters

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy Manual

- # 10001 (800 MHZ radio procedure)
- #8070 (MCI plan)

Disaster response plan

- Iridium cell phones

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**PUBLIC ACCESS**

**3.07 9-1-1 Planning / Coordination**

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Enhanced 9-1-1 available county-wide

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:**

Improve training standards, access, quality of care and turn-around times for 9-1-1 calls needing a medical response.

**OBJECTIVE(S):**

To work with the cities and police agencies to

- improve dispatcher level of training, 9-1-1 access and turn-around time for calls that need a medical response.
- Monitor dispatch times from first ring at the PSAP to on-scene.

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

- Short-range (one year or less)
- Long-range (more than one year)

## PUBLIC ACCESS

### 3.08 9-1-1 Public Education

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Recommendation from the EMS Council as part of the EMS System Redesign Project to include public information programs as a requirement of all contracts and agreements.
- PSA sent to television and radio stations as part of *EMS Week* activities.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESOURCE MANAGEMENT

### 3.09 Dispatch Triage

**STANDARD:** The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

See standard 2.04 for proposed EMD system.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:**

**OBJECTIVE(S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESOURCE MANAGEMENT

### 3.10 Integrated Dispatch

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

800 MHZ radio system

ALS Transport Provider contract

Mutual aid provided between the current ambulance provider agencies (private and public)

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

#### **NEEDS:**

Formalized mutual aid agreements.

#### **OBJECTIVE(S):**

To include formalized mutual aid agreements between provider agencies during ambulance transport providers contract negotiations.

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

- Short-range (one year or less)
- Long-range (more than one year)

## RSEPNSE AND TRANSPORTATION

### 4.01 Service Area Boundaries\*

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

**GOALS:** The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

ALS Transport Provider Agreements with American Medical Response, Albany Fire Department, Berkeley Fire Department and Piedmont Fire Department. Response zones established as part of the provider agreements.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** Medical Transportation ordinance for BLS medical transportation.

**OBJECTIVE(S):**

1. Review draft ordinance developed in 1992.
2. Develop a medical transportation ordinance.
  - a. appoint a committee to draft a document
  - b. distribute for public comment
  - c. present to the County Board of Supervisors and City Managers

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

- Short-range (one year or less)  
 Long-range (more than one year) to completion

## RESPONSE AND TRANSPORTATION

### 4.02 Monitoring

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Adherence to statutes, regulations, policies, and procedures is monitored through the established Incident Review Process – EMS Policy # 2300.
- ALS provider contracts established for emergency medical transport.

### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** Medical Transportation ordinance for non-emergency transport.

**OBJECTIVE(S):** See 4.01

### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.03 Classifying Medical Requests

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The County currently uses a locally developed system of Emergency Medical Dispatch (EMD). The EMD program mainly provides pre-arrival/post-dispatch instructions to callers. In the majority of the County, with the exception of the City of Oakland, requests for emergency service are dispatched code 3 (fire first responders and ALS ambulance).

EMS policies defining the EMD program: # 5100 - 5135

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** An EMD system that classifies requests for medical assistance and determines the appropriate level of response.

**OBJECTIVE(S):** To implement an EMD program system that classifies requests for medical assistance and determines the appropriate level of response.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.04 Prescheduled Responses

**STANDARD:** Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

New policy / procedure # 4605 (dated September 15, 1998) allows approved service providers to use paramedic personnel for scheduled interfacility transfers.

#### COORDINATION WITH OTHER EMS AGENCIES:

For possible incident review if unusual occurrence or patient care issues identified during a scheduled interfacility transfer into or from another county.

**NEEDS:** Periodic monitoring of approved service providers.

#### OBJECTIVE(S):

1. Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer. – (on-going)
2. Review patient care data entered into the EMS system data management system (currently under development. See section 6 for data system planning standards)
3. What else were we planning to do?

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less) - #1
- Long-range (more than one year) - #2

## RESPONSE AND TRANSPORTATION

### 4.05 Response Time Standard\*

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

**GOALS:** Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a) the response time for a BLS and CPR capable first responder does not exceed: Metro/urban—5 minutes, Suburban/rural—15 minutes, Wilderness—(AQAP);
- b) the response time for early defibrillation capable responder does not exceed: Metro/urban—5 minutes, Suburban/rural—(AQAP), Wilderness—(AQAP);
- c) the response time for an ALS capable responder (not functioning as the first responder) does not exceed: Metro/urban—8 minutes, Suburban/rural—20 minutes, Wilderness—(AQAP);
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban—8 minutes, Suburban/rural—20 minutes, Wilderness—(AQAP).

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- **ALS Ambulance:** The current response time for the ALS ambulance is 10 minutes, however this is calculated from the time the ALS provider receives the call, not from the time of 9-1-1 contact. Response time requirements and financial penalties for non-compliance are defined in contracts between the EMS Agency and ALS service providers specify.
- **First Responder:** There is no response time requirement or monitoring of BLS/ALS first responders.
- **Defibrillation:** Policies/agreement require a five-minute response time for defibrillation, however the EMS Agency is unable to enforce this standard or obtain data to monitor compliance.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

### NEEDS:

1. Response time standards that are calculated from the time 9-1-1 is accessed. (See attachment x for proposed response time standards)
2. Monitor response time compliance and establish and enforce meaningful penalties for non-compliance.
3. Require response time compliance from BLS providers.

#### 4.05 Response Time Standard (Continued)

##### OBJECTIVE(S):

1. To implement response time standards that are calculated from the time 9-1-1 is accessed.
2. To establish a process for monitoring response time compliance systemwide.
3. To develop a mechanism to establish and monitor BLS response time compliance.

##### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less) # 1 and # 2
- Long-range (more than one year) # 3

## RESPONSE AND TRANSPORTATION

### 4.06 Staffing

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS policies that define transport provider staffing and equipment requirements:

- # 8300 (staffing requirements),
- # 8400 (equipment requirements and inspection),
- # 8430 (equipment list).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** N/A

**TIME FRAME FOR MEETING OBJECTIVE(S):** N/A

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.07 First Responder Agencies

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

First responder agencies have been integrated into the EMS system.

EMS Policies pertaining to first responder agencies:

Section 5000 – Law Enforcement guidelines

Section 7000, 10,000 – ALS/BLS patient care protocols and procedures

# 2260 & 2270 (BLS/ALS First Responder QA) # 2300 (Incident Review), # 3200,

3201, 3202, 3302 and 3307 (certification/accreditation), # 4200 & 4205

(defibrillation program requirements), # 4405 (First responder paramedic

program requirements) # 8000 (scene management), # 8010 (canceling

responding units), # 8410 & 8420 (equipment lists).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

### NEEDS:

- Monitor first responder agreements and update as needed.
- Obtain EMS system data from first responder agencies
- Develop a mechanism of accountability for first responder agencies
- Update law enforcement guidelines.

### OBJECTIVE(S):

1. To establish an on-going monitoring process of first responder agreements and enforceable consequences for non-compliance.
2. To establish reporting requirements for data collection as part of the EMS data management system currently under development.
3. To include law enforcement guidelines in the 1999 policy review process.

### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.08 Medical & Rescue Aircraft\*

**STANDARD:** The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: a) authorization of aircraft to be utilized in prehospital patient care; b) requesting of EMS aircraft; c) dispatching of EMS aircraft; d) determination of EMS aircraft patient destination; e) orientation of pilots and medical flight crews to the local EMS system; and, f) addressing and resolving formal complaints regarding EMS aircraft.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

1. EMS Policies defining EMS Aircraft operations: policy # 4700 (program approval), # 8130 (requesting and transport guidelines), 8070 (use during a multicasualty incident), # 2300 (incident review process).
2. Existing EMS Aircraft agreements
  - ALS** – CALSTAR. Reach and Stanford Life Flight
  - BLS** – East Bay Regional Parks

#### COORDINATION WITH OTHER EMS AGENCIES:

The ALS Rescue aircraft are based in neighboring counties.

**NEEDS:** Updated EMS Aircraft agreements.

**OBJECTIVE (S):** To update EMS Aircraft agreements.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.09 Air Dispatch Center

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- ALCO-CMED is the designated dispatch center for EMS Aircraft.
- EMS policies defining EMS Aircraft utilization:
  - # 8130 (EMS Aircraft Transportation),
  - # 8070 (Multicasualty Incident).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.10 Aircraft Availability\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy # 8130 identifies the availability and staffing configuration of EMS Aircraft.
- The EMS Agency has written agreements with CALSTAR, Reach, Stanford Life Flight and East Bay Regional Parks.
- The CHP and Coast Guard helicopter are utilized occasionally. No written agreements exist with these agencies.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.11 Specialty Vehicles\*

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Specialty vehicles are available to the EMS system through the fire departments, however, there is no comprehensive list of available resources developed by or available to the EMS Agency.
- There are no specific policies that allow or disallow the use of specialty vehicles for transport.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Identify specialty vehicles that exist in the County and plan for their use as needed.

#### OBJECTIVE(S):

1. To survey fire, police and private transport provider for the availability of specialty vehicles. Check to see if a list of available resources already exists.
2. To coordinate the use and dispatch of specialty vehicles with appropriate agencies.
3. Revise EMS policies to identify and authorize specialty vehicle use.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.12 Disaster Response

**STANDARD:** The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Health Care disaster response plan
- Operational Area Disaster Medical Health Coordinator (OHDMHC) plan – Regional Emergency Operations center (REOC)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.13 Inter-County Response\*

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

**GOALS:** The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Alameda County currently does not have written agreements or a mutual aid plan to allow EMS transport vehicles or personnel to respond to requests for aid. Vehicles and personnel have responded through direct provider to provider requests for mutual aid.

The fire service has a mutual aid and automatic aid plan for fire response coordinated through Lawrence Livermore Lab.

**COORDINATION WITH OTHER EMS AGENCIES:** See Needs and Objectives below.

#### NEEDS:

A Medical Mutual Aid plan with neighboring .  
Written agreements to establish financial accountability.

#### OBJECTIVE (S):

1. Develop a Medical Mutual Aid Plan in conjunction with neighboring Counties (Contra Costa, San Mateo, San Francisco, Santa Clara, San Joaquin)
2. Obtain written agreements to established financial accountability for requests for mutual aid.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less) #1
- Long-range (more than one year) #2

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>San Ramon Regional Medical Center</b> 6001 Norris Canyon Rd. San Ramon, CA 94623			<b>Primary Contact: Paul Luehrs</b>	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>Kaiser Hospital, Oakland</b> 280 West Mac Arthur Blvd. Oakland, CA 94611			<b>Primary Contact:</b> Felicia Green, RN		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

<b>Kaiser Hospital, Hayward</b> 27400 Hesperian Blvd. Hayward, CA 94545			<b>Primary Contact:</b> Jay Goldman, MD		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

<b>Summit Medical Center</b> 350 Hawthorne Street Oakland, CA 94609			<b>Primary Contact:</b> Paula Vannicola, V.P.		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>Alta Bates Medical Center</b> 2450 Ashby Avenue Berkeley, CA 94705			<b>Primary Contact:</b> Pat Wentworth, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>San Leandro, Hospital</b> 13855 East 14th Street San Leandro, CA 94578			<b>Primary Contact:</b> Karen Lemelin, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Washington Hospital</b> 2000 Mowry Avenue Fremont, CA 94538			<b>Primary Contact:</b> Rose Romero, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

## RESPONSE AND TRANSPORTATION

### 4.14 Incident Command System

**STANDARD:** The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

A multi-casualty response plan has been developed (EMS Policy # 8070) that establishes procedures for medical management and incident command during a multi-casualty response. Revised January 1999.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** Training on the newly revised policy.

**OBJECTIVE(S):**

1. Policy update training prior to implementation.
2. "Table-top" exercises to re-enforce policy training.
3. Critiques of actual MCI responses.

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

- Short-range (one year or less)
- Long-range (more than one year)

## RESPONSE AND TRANSPORTATION

### 4.15 MCI Plans

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The Alameda County MCI response plan is based on state guidelines, standardized incident command and START Triage.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: ADVANCED LIFE SUPPORT

### 4.16 ALS Staffing

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

**GOALS:** The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members. On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillator.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

All ALS transport vehicles are staffed with two ALS crew members.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Beginning in July 1999, each ALS transport vehicles will be staffed with one ALS and one BLS crew member.

- Add a defibrillation training requirement for any transport vehicles staffed in a one ALS one BLS crew configuration.

#### OBJECTIVE(S):

To ensure that the defibrillation training requirement is included during contract negotiations to ensure that the BLS crew member is trained to provide defibrillation.

#### TIME FRAME FOR MEETING OBJECTIVE(S):

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADADVANCED LIFE SUPPORT**

**4.17 ALS Equipment**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Written agreements/contracts with ALS transport providers to appropriately equip each ALS vehicle with ALS/BLS equipment specified in policy.
- EMS Policy # 8430 establishes the equipment that must be stocked on each ALS transport vehicles.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: AMBULANCE REGULATIONS**

**4.18 Compliance**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- ALS Transport Provider Agreements/contracts
- Agreement/Contract Audits
- EMS Policy Manual
- Incident Review Process

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS**

**4.19 Transportation Plan**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- RFP process for ALS transportation (December 1998)
- Provider contracts

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** An updated transportation plan

**OBJECTIVE(S):** To update the transportation plan

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS**

**4.20 Grandfathering**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Not applicable. Areas not part of the EOA are covered by cities that meet the requirements of 1797.201.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

### 4.21 Compliance

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Contracts
- Audits
- EMS Policy Manual
- Incident Review Process

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS**

**4.22 Evaluation**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The design of EOAs is evaluated at the time of contract negotiations.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE(S):** Re-evaluate EOA plan.

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

- Short-range (one year or less)
- Long-range (more than one year)

## E. FACILITIES / CRITICAL CARE

### 5.01 Assessment of Capabilities

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

**GOALS:** The local EMS agency should have written agreements with acute care facilities.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The following assessment mechanisms have been established and are periodically reassessed:

- Trauma Center Audits
- Trauma Center Contracts
- Pediatric Critical Care Center Standards

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Receiving Hospital agreements (discussion phase)

#### OBJECTIVE (S):

To negotiate receiving facility agreements.  
Designate a Pediatric Critical Care Center.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

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*diversion/closure  
review process?  
for all hosp?  
yes c policy  
9702*

## E. FACILITIES / CRITICAL CARE

### 5.02 Triage & Transfer Protocols\*

**STANDARD:** The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policies that assist with prehospital triage:

Policy # 8070 (MCI) 8080 (Haz-Mat), 7213 (Trauma), 7009 (Burns)

EMS Policy that assist hospitals with transfer protocols:

Policy #: 9600

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## E. FACILITIES / CRITICAL CARE

### 5.03 Transfer Guidelines\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policy that establish transfer protocols have been established:

- Policy #: 9600

Pediatric Consultation and Transfer Guidelines developed November 1998

Any transportation needs that request an emergency ambulance shall be deemed the providing of emergency medical service.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## E. FACILITIES / CRITICAL CARE

### 5.04 Specialty Care Facilities\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

The EMS Agency has designated the following:

- Receiving hospitals
- Trauma Centers
- Base Hospitals

Recognition of State designated burn centers

Pediatric Critical Care Center Standards approved December 1998.

The agency monitors trauma centers and base hospitals through contracts. The agency is unable to monitor receiving hospitals except through the incident review.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Receiving hospital agreements to establish standards and a mechanism for monitoring.

#### OBJECTIVE (S):

To negotiate receiving facility agreements.

To designate a Pediatric Critical Care Center

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## E. FACILITIES / CRITICAL CARE

### 5.05 Mass Casualty Management

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Periodic disaster drills (annual) and training seminars.
- EMS Policy that establish procedures for coordinating hospital communications and patient flow have been established: Policy #: 8070 (MCI)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## E. FACILITIES / CRITICAL CARE

### 5.06 Hospital Evaluation\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Disaster preparedness plan

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**5.07 Base Hospital Designation\***

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Original designation process – 1982

Reevaluation – 1992 (committee appointed by the Board of Supervisors)

Reevaluation – 1996 EMS System Redesign Project

Request for Proposal released December 1998 for direct medical control services.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** A single medical control provider.

**OBJECTIVE (S):** To implement a medical control system through a competitive process as recommended by the EMS Council.

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**5.08 Trauma Care System**

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Trauma System Plan (Original plan completed 1985, operational 1987)
- EMS Policy and Procedure Manual – policy # 7213
- Reevaluation – 1996-98 EMS System Redesign Project (Trauma Planning Team)

**COORDINATION WITH OTHER EMS AGENCIES:** Trauma Audit Process is coordinated with Contra Costa County.

**NEEDS:** Updated Trauma System Plan

**OBJECTIVE (S):** To update the Trauma System Plan to include EMS Council recommendations and the changing needs of the system.

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

- Short-range (one year or less)
- Long-range (more than one)

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*need to update  
based on  
new regs*

**ENHANCED LEVEL: TRAUMA CARE SYSTEM**

**5.09 Public Input**

**STANDARD:** In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Policy Review Process – policy # 1610
- EMS System Redesign Project

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

### 5.10 Pediatric System Design

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Trauma System Plan
- EMSC Project (1996-99)
- EMS Policies (#7009 Burn center, #7213 Trauma Center, #7003 General Transport Guidelines, #9600 Transfer Guidelines, #9000 Receiving Hospitals)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** Completed EMSC recommendations.

**OBJECTIVE (S):** To obtain the formal EMS-Children Plan from the EMSC consultant and integrate the recommendations into the County EMS Plan and EMS policies.

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

### 5.11 Emergency Departments

**STANDARD:** Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including: a) staffing; b) training; c) equipment; d) identification of patients for whom consultation with a pediatric critical care center is appropriate; e) quality assurance/quality improvement; and f) data reporting to the local EMS agency.

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS Policies established to identify pediatric critical care centers/trauma centers:

- 7213 Trauma center; 7009 Burn Center , 8105 5150 receiving facility for adolescents

Facilities identified as pediatric critical care centers/trauma centers:

- Children's Hospital: Trauma Center, Burn Center

Administration, Personnel and Policy Guidelines developed for the care of Pediatric Patients in the Emergency Department (September 1997, Revised October 1998)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** Identify emergency departments that meet the pediatric care center criteria.

**OBJECTIVE (S):** To complete the implementation of Pediatric Emergency Department Guidelines through consultation site visits

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM**

**5.12 Public Input**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMSC project
- Multidisciplinary Advisory Committee
- Policy Review Process

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEM

### 5.13 Specialty System Design

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – policy # 7213, 8105
- Burn Centers
- 5150 Facilities
- Incident Review Process – policy # 2300

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEM

### 5.14 Public Input

**STANDARD:** In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Policy Review Process

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.01 QA/QI Program

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS policies and procedures that define QA/QI activities:

- EMS Policy Manual – policy # 2250 – 2280
- Incident Review Process – policy # 2300
- Trauma Audit Process – policy # 2600
- Provider QA Plans
- Data Collection Planning Team (1996-97)

### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

1. A comprehensive integrated data management system
2. A data manager
3. A coordinated QA/QI Plan
4. QA/QI Coordinator

#### OBJECTIVE (S):

1. To collect and manage data on all 9-1-1 patients.
2. To provide the QA/QI Coordinator with the necessary information to accurately evaluate patient care provided.
3. To provide the information necessary to analyze and evaluate all components of the 9-1-1- system.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)  
 Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.02 Prehospital Records

**STANDARD:** Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**CURRENT STATUS:**  Does not meet standard    meets standard    meets goal

EMS policies defining the use of the PCR - policy # 8820, 8230, 9404, 9405(f). The number of PCRs not left with the patient at the hospital is too high.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### **NEEDS:**

1. To have 90% of PCRs left with the patient at the appropriate facility.
2. To have a PCR that is electronically generated.

#### **OBJECTIVE (S):**

1. To improve the process to enable field personnel to complete and leave the PCR with the patient.
2. To include a PCR compliance component to ALS provider agreements/contracts.
3. To include an electronically generated PCR to the data management system requirements.

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

- Short-range (one year or less) #1 and #2
- Long-range (more than one year) #3

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.03 Prehospital Care Audits

**STANDARD:** Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

**GOALS:** The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

EMS policies and procedures defining the audit process:

- Trauma Audit process - policy # 2600
- Response Time Audits
- Provider Audits
- Incident Review process - policy # 2300

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

1. A comprehensive integrated data management system
2. System standards
3. A coordinated QA/QI Plan
4. QA/QI Coordinator

#### OBJECTIVE (S):

To select/build a data management system that has the ability to track patient care from the time 9-1-1 is accessed through patient disposition.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.04 Medical Dispatch

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- The EMS Agency currently does not have a mechanism to review dispatching data other than the Incident Review Process – policy # 2300 that identifies problem calls reported to EMS.
- EMS System Redesign Project includes a computerize and standardized EMD program and data management system.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

1. A comprehensive integrated data management system
2. A coordinated QA/QI Plan
3. QA/QI Coordinator

#### OBJECTIVE (S):

1. To have readily available data to review dispatch response priority and pre-arrival/post dispatch instructions.
2. To insure an ongoing QA/QI feedback loop with dispatch agencies.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.05 Data Management System\*

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

**GOALS:** The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

A Request for Proposal for an integrated data management system has been released. Responses due back March 1999.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** An integrated data management system that includes system response data and clinical performance/outcome data from all provider agencies and hospitals.

#### **OBJECTIVE (S):**

1. To choose a data management system that can be customized to fit specific QA/QI requirements established by Alameda County EMS and the State standards.
2. To implement an integrated data management system that includes system response data and clinical performance/outcome data from all provider agencies and hospitals.

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

- Short-range (one year or less) #1
- Long-range (more than one year) #2

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.06 System Design Evaluation

**STANDARD:** The local EMS agency shall establish an evaluation program to evaluate EMS system effectiveness at: a) meeting community needs, b) appropriateness of guidelines and standards, c) prevention strategies that are tailored to community needs, d) assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

System evaluation programs established to evaluate EMS system effectiveness have included:

- Emergency Medical Care Committee (1982-1994)
- Fitch Report (1988)
- EMS Task Force (1994)
- EMS Council as part of the EMS System Redesign Project (1995-98)
- Prevention activities (immunization project, pedestrian safety)

#### COORDINATION WITH OTHER EMS AGENCIES:

##### NEEDS:

1. A comprehensive integrated data management system to evaluate overall EMS system effectiveness.
2. An EMS Advisory Board to oversee EMS Agency planning.

##### OBJECTIVE (S):

1. To implement a comprehensive integrated data management system.
2. To establish an EMS Advisory Board.

##### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)  
 Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.07 Provider Participation

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Provider contracts and agreements (ALS providers, Base Hospitals, Trauma Centers, First Responder, Early defibrillation). (limited participation)
- EMS Policy Manual - QA policies # 2255 - 2280

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

#### NEEDS:

Contracts/agreements with all system participants to require participation in the system wide evaluation program.

#### OBJECTIVE (S):

To have written agreements/contracts requiring participation from all service providers and hospitals.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## F. DATA COLLECTION / SYSTEM EVALUATION

### 6.08 Reporting

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- "Annual Report" to the Board of Supervisors
- EMS Council Update Report – 1998
- Presentation to Board of Supervisors regarding EMS Council recommendations and proposed RFP for ambulance transportation, Emergency/Non-Emergency Triage, Direct Medical Control and data management system - May? And August? 1998.

### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** An updated annual report to present to the Board of Supervisors, system participants and the EMS Advisory Board (To be established)

**OBJECTIVE (S):** To prepare an updated annual report to include the EMS System Plan. (See standard: 1.05 System Plan).

### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**6.09 ALS Audit**

**STANDARD:** The process used to audit treatment provided by advanced life support providers shall evaluate both base hospitals and prehospital activities.

**GOALS:** The local EMS agency's integrated data management system should include prehospital, base hospital and receiving hospital data.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS policies that define the audit process – policy # 2250 – 2280, 2700
- EMS policies that define the Incident Review Process – policy # 2300, 2600
- Required provider QA Plans

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:** An integrated data management system that includes data from all system participants.

**OBJECTIVE (S):** To implement an integrated data management system that includes data from all system participants

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: TRAUMA CARE SYSTEM

### 6.10 Trauma System Evaluation

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Bay Area Trauma Registry (1987-90)
- Trauma -1 (1990 to present)
- Trauma audit process
  - EMS policy # 2600
  - Zone Trauma Audit Committee
- Bi-county Trauma Audit Committee (TAC) (with Contra Costa Co.)
- Policy Review Process

**COORDINATION WITH OTHER EMS AGENCIES:** Contra Costa County (TAC)

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## ADVANCED LEVEL: TRAUMA CARE SYSTEM

### 6.11 Trauma Center Data

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

**GOALS:** The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Trauma Contracts
- Trauma audit process EMS policy # 2600
- Trauma -1 data
- Autopsy Review
- EMS system redesign process

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

**OBJECTIVE (S):** N/A

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

- Short-range (one year or less)
- Long-range (more than one year)

## G. PUBLIC INFORMATION AND EDUCATION

### 7.01 Public Information Materials

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

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS video (in 7 languages) "Every Second Counts"
- Phone First program
- Injury/Illness Prevention Programs (Pedestrian safety, immunization pilot project)
- EMS Brochure and EMS Week activities
- Grief Support Brochure
- EMS System Redesign project
- On-going articles in the EMS and Public Health newsletters on disaster planning

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** Identify new areas of public education needed in the community.

**OBJECTIVE (S):** To continue with public education information education program, adding new programs as identified. (proposed programs: car seat safety checks, in-home safety checks for the elderly)

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

- Short-range (one year or less)
- Long-range (more than one year)

## G. PUBLIC INFORMATION AND EDUCATION

### 7.02 Injury Control

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

Trauma Program – Safe Streets (City of Oakland)

Trauma Program – Backing-up injuries

Walk Your Child to School Day – City of Oakland(11/20/98)

Oakland Pedestrian Safety Project – City of Oakland

Paramedic immunization pilot project (May 1998-99)

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:** Expand participation in injury and illness prevention programs. Coordinate with the Dept. of Public Health Injury Prevention division.

#### OBJECTIVE (S):

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## G. PUBLIC INFORMATION AND EDUCATION

### 7.03 Citizen Disaster Preparedness

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

**GOALS:** The local EMS agency in conjunction with the local Office of Emergency Services (OES), should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

#### Meets Standard

- Disaster preparation information packets available at EMS.
- Access to State OES library
- Disaster preparation lectures given upon request
- Disaster response information, CCP manuals and training packets shared with OES.
- Terrorism Conference (10/23/98)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEEDS:** None

#### OBJECTIVE (S):

To continue public education and information on disaster preparedness.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## G. PUBLIC INFORMATION AND EDUCATION

### 7.04 First Aid & CPR Training

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

1. Include a public education program promoting first aid and CPR training into prevention activities performed by the agency.
2. Develop goals for training the general public and high-risk groups if first aid and CPR

#### OBJECTIVE (S):

1. Assign public education, including citizen first aid and CPR to one of the program staff.
2. Develop a strategy for promoting first aid training and citizen CPR.
3. Develop goals for training the public and high-risk groups in first aid and CPR.

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less) #1 and 2
- Long-range (more than one year) #3

## H. DISASTER MEDICAL RESPONSE

### 8.01 Disaster Medical Planning\*

**STANDARD:** In coordination with the local Office of Emergency Services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Health Care Model Contingency Plan; EMS disaster response plan
- Region 2 – REOC quarterly meetings with OADMHC
- Mutual aid agreements with nearby counties
- Annual training

**COORDINATION WITH OTHER EMS AGENCIES:** Region 2

**NEEDS:** None

**OBJECTIVE (S):** None

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.02 Response Plans

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- All EMS disaster response plans are multi-hazard functional plans.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.03 Haz/Mat Training

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Haz/Mat training provided by employer
- Annual Haz/Mat drill conducted to test plan
- EMS Policy Manual – policy # 8080
- City of Oakland Terrorism program – Federal Justice Department's Office for State and Local Domestic Preparedness
- Bay Area and Alameda County Terrorism Task Force

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.04 Incident Command System

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- All medical response plans include ICS.
- Health Care ICS (HCICS) incorporated in the Operational Area Plan at the EOC in Dublin and Health Care DOC in Oakland.
- ICS training is provided in all disaster training and MCI critiques.

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.05 Distribution of Casualties\*

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Disaster response plan
- MCI Policy

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.06 Needs Assessment

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

**GOALS:** The local EMS agency's procedures for determining necessary outside assistance should be exercised early.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMSA and OES RIMS forms available at County EOC, Health Care DOC and other appropriate locations.
- Annual disaster exercise

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.07 Disaster Communications\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- 800 MHZ radio system; specific talkgroups identified
- HAM radio
- State OES RIMS Computer system via Operational Area EOC

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.08 Inventory of Resources

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Public Health Resource Directory

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.09 DMAT Teams

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Alameda County supports a Region II Level 2 DMAT team jointly with other Bay Area Counties; Alameda County DMAT team members involved in planning and have activation status on the team.
- Alameda County subsidizes the DMAT Team, recruits team members, provides a DMAT Coordinator, and facilitates planning and training.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.10 Mutual Aid Agreements\*

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Region II – REOC Medical Mutual Aid Plan
- Resource information provided to Region 2
- Participant – Operational Area Disaster Medical Health Coordinator Group

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.11 CCP Designation\*

**STANDARD:** The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Disaster Response Manual – identifies potential 52 CCP sites

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.12 Establishment of CCPs

**STANDARD:** The local EMS agency, in coordination with the local OES, shall develop plans to establish CCPs and a means for communicating with them.

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- CCP manual – includes information on how to design, implement and operationalize a CCP
- 800 MHZ and HAM radio will be utilized for communicating with CCP sites

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.13 Disaster Medical Training

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Review of Hospital and Provider disaster plans
- Participate in planning and evaluating, as needed
- Haz/Mat training provided by employer
- EMS Policy Manual – policy # 8080
- Critique of actual incidents, as needed
- Joint training with City of Oakland Terrorism Program (Federally subsidized and sponsored by Justice Department)

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.14 Hospital Plans

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Training to facilitate integration with County Operational area plan.
- Annual disaster drill with hospitals, Cities providers, Health Care DOC and County OES, to test internal and external disaster plans.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

#### OBJECTIVE (S):

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.15 Inter-Hospital Communications

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- 800 MHZ and HAM radio tested and evaluated frequently.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEEDS:

#### OBJECTIVE (S):

#### TIME FRAME FOR MEETING OBJECTIVE (S):

- Short-range (one year or less)
- Long-range (more than one year)

## H. DISASTER MEDICAL RESPONSE

### 8.16 Prehospital Agency Plans

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

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Review of Prehospital and acute care hospital disaster plans.
- Resource material and training offered to providers and hospitals.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

**ENHANCED LEVEL: ADVANCED LIFE SUPPORT**

**8.17 ALS Policies**

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – policy # 8070

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: SPECIALTY CARE SYSTEMS

### 8.18 Specialty Center Roles

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- EMS Policy Manual – policy # 8070

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

## ENHANCED LEVEL: SPECIALTY CARE SYSTEMS

### 8.19 Waiving Exclusivity

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

**CURRENT STATUS:**  Does not meet standard  meets standard  meets goal

- Region 2 Medical Mutual Aid Plan

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEEDS:**

**OBJECTIVE (S):**

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

- Short-range (one year or less)
- Long-range (more than one year)

# SECTION THREE

## System Resources and Operations

System Organization and management (Table 2)

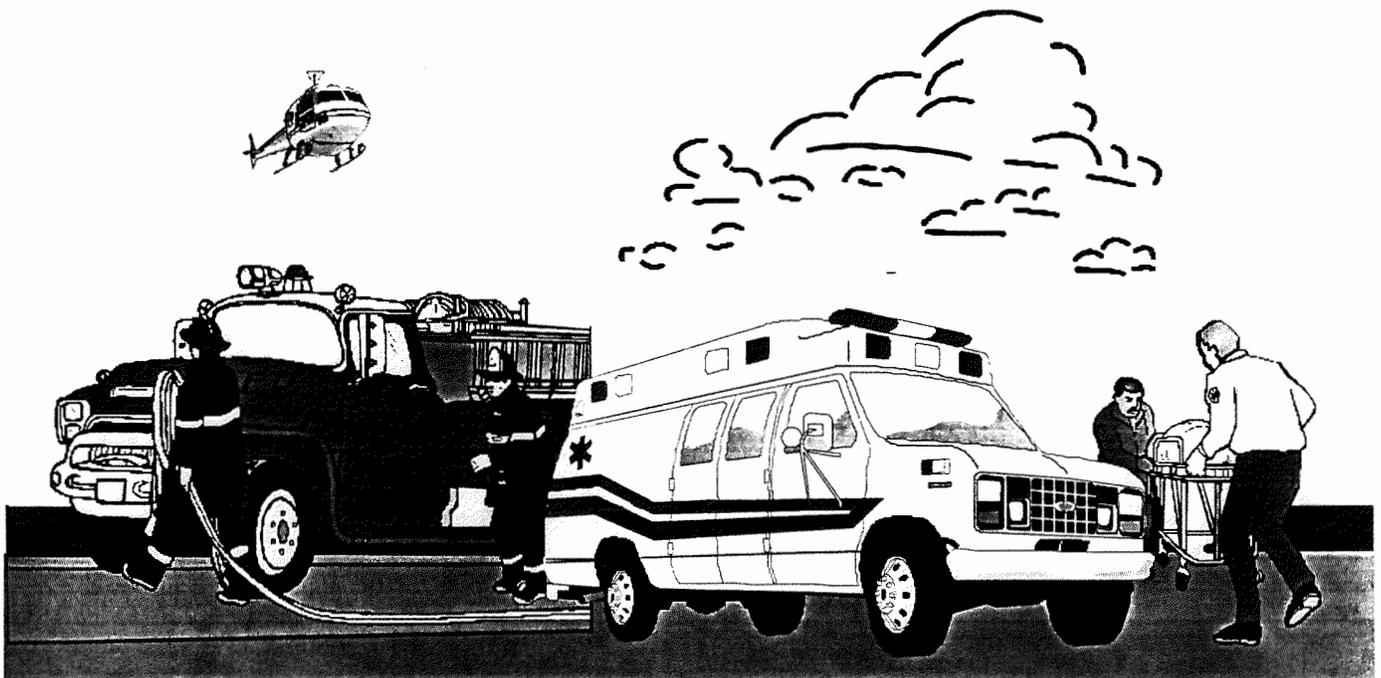
Personnel and Training (Table 3)

Communications (Table 4)

Response and Transportation (Table 5)

Facilities and Critical Care (Table 6)

Disaster Medical (Table 7)



## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

EMS System: Alameda County

Reporting Year: 1998-1999

TOTAL POPULATION ..... 1,364,600

Percentage of population served by each level of care by county:

(Identify for the maximum level of service offered.)

- a. Basic Life Support (BLS) City of Alameda (79,700)..... 5.84%
- b. Limited Advanced Life Support (LALS)..... N/A
- c. Advanced Life Support (ALS) Remaining areas of the County (1,284,900)..... 94.16%

#### TYPE OF AGENCY:

- Public Health Department
- County Health Services Agency
- Other (non-health) County Department
- Joint Powers Agency
- Private Non-profit Entity
- Other: \_\_\_\_\_

#### THE PERSON RESPONSIBLE FOR DAY-TO-DAY ACTIVITIES OF EMS AGENCY REPORTS TO:

- Director of Public Health
- Public Health Officer
- Health Services Agency Director/Administrator
- Board of Directors
- Other: \_\_\_\_\_

#### INDICATE THE NON-REQUIRED FUNCTIONS WHICH ARE PERFORMED BY THE AGENCY:

- Implementation of exclusive operating areas (ambulance franchising)
- Designation of trauma centers/trauma care system planning
- Designation/approval of pediatric facilities
- Designation of other critical care centers
- Development of transfer agreements
- Enforcement of local ambulance ordinance
- Enforcement of ambulance service contracts
- Operation of ambulance service
- Continuing education
- Personnel training
- Operation of oversight of EMS dispatch center
- Non-medical disaster planning
- Administration of critical incident stress debriefing (CISD) team
- Administration of disaster medical assistance team (DMAT)
- Administration of EMS Fund [Senate Bill (SB) 12/612]

## Table 2 - System Organization & Management (cont.)

### EMS Agency Budget for FY: 1998 - 1999

#### EXPENSES:

1. Salaries and benefits - all but contract personnel (1000).....	\$1,126,326
2. Contract Services - Medical Director, Diversified (3411) .....	128,784
3. Operations (3816, 3851, 3871, 3881, 3111, 3231, 3426, 3551) .....	358,925
4. Travel/Training (3351, 3361, 3362, 3831).....	35,556
5. Fixed assets (5311, 5312) .....	460,000
6. Indirect expenses - overhead (4271, 4625, 4630, 4816, 3413) .....	334,820
7. Ambulance subsidy - AMR, Berkeley, Albany, Piedmont (3411).....	998,934
8. EMS Fund (SB12/612).....	2,134,207
(553 - Discretionary [ALS] \$587,536, 426 - Uncompensated physician care, ACCMA Administration, Disproportionate care \$1,546,671)	
9. Dispatch center operations - non-staff (3391).....	821,000
10. Specialized Services .....	1,794,805
Poison Center, EMS News, First Responder, System Evaluation, Computer Maintenance, Defibrillator Maintenance, EMS for Children, Communications (3811, 3411)	
11. Trauma Centers/Base Hospitals (3411).....	6,531,283
12. Supplemental Assessment (3411).....	126,595
13. Injury Prevention (3411).....	128,000
14. Contingency .....	130,512

**TOTAL EXPENSES     \$15,109,747**

#### SOURCES OF REVENUE:

15. Other local tax funds (e.g., EMS district).....	\$11,119,703
16. Certification fees .....	18,750
17. Charges for Service .....	171,000
18. Interest on investments .....	200,000
19. EMS Fund (SB12/612).....	2,642,313
20. Available Fund Balance .....	975,981

**TOTAL REVENUE     \$15,109,747**

**Table 2 - System Organization & Management (cont.)**

**Fee structure for FY: 1998-1999**

First responder certification .....	\$ 0.00
EMS dispatcher certification .....	0.00
EMT-I certification .....	35.00
EMT-I recertification .....	35.00
EMT-defibrillation certification .....	0.00
EMT-defibrillation recertification .....	0.00
EMT-II certification .....	N/A
EMT-II recertification .....	N/A
EMT-P accreditation .....	25.00
Interfacility transfer provider .....	10,000.00 (one-time fee)
.....	50.00/call (after the first 200 calls)
Mobile Intensive Care Nurse (MICN) accreditation .....	25.00
MICN recertification .....	N/A
EMT-I training program approval .....	0.00
EMT-II training program approval .....	N/A
EMT-P training program approval .....	0.00
MICN training program approval .....	0.00
Base hospital application .....	0.00
Base hospital designation .....	0.00
Trauma center application .....	0.00
Trauma center designation .....	0.00
Pediatric facility approval .....	0.00
Pediatric facility designation .....	0.00
Other critical care center application .....	10,000
Ambulance service license .....	N/A
Ambulance vehicle permits .....	N/A

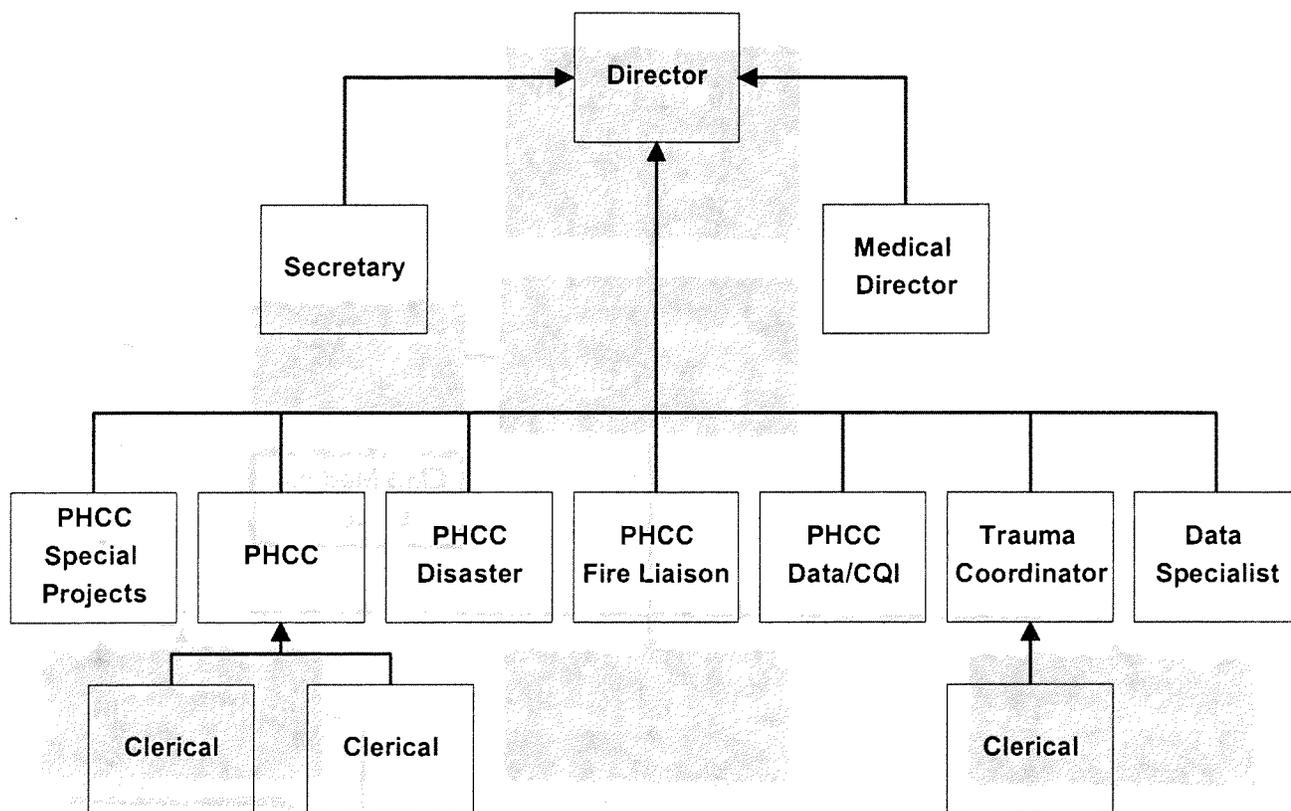
**Table 2 - System Organization & Management (cont.)**

EMS System: Alameda County

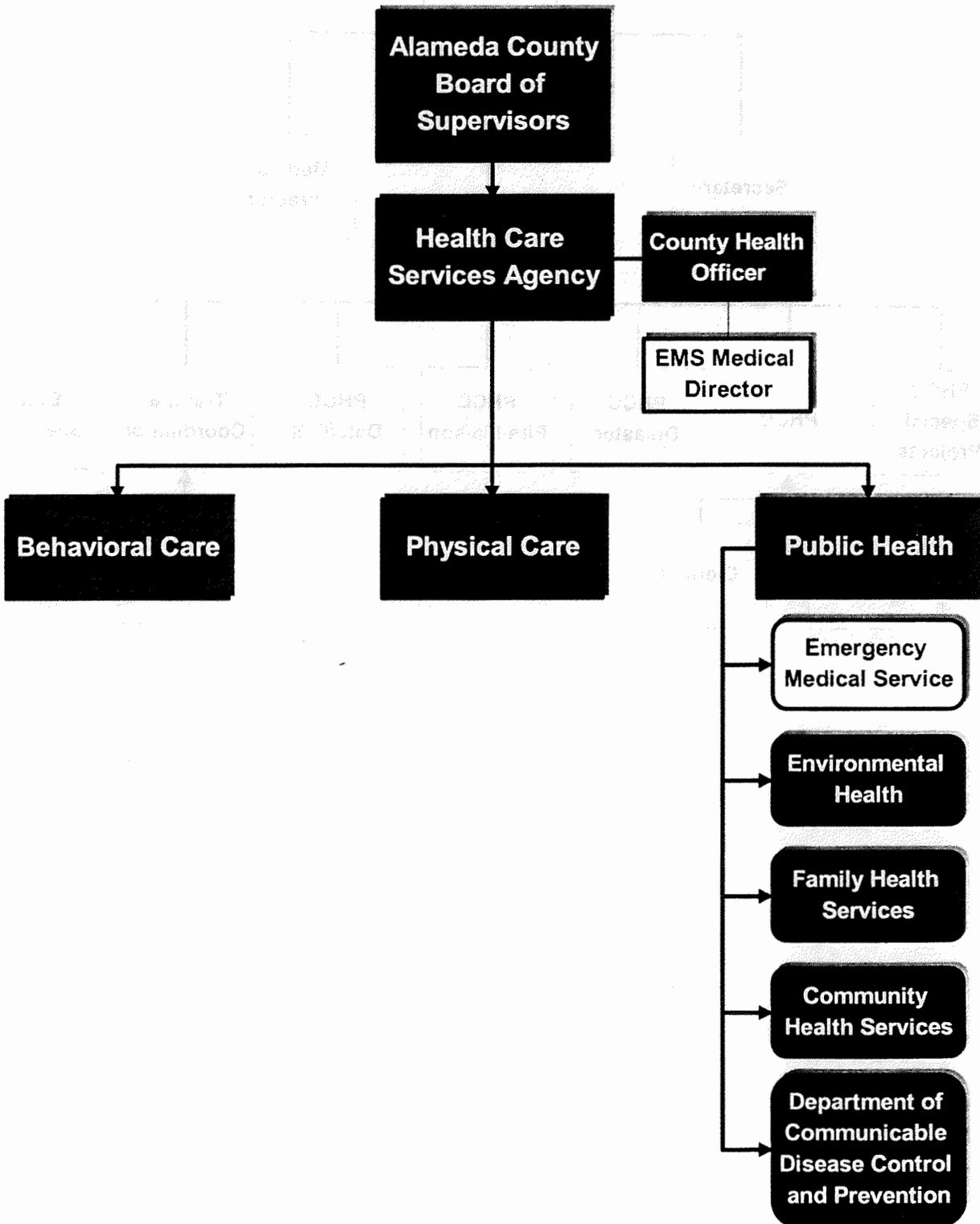
Reporting Year: 1998-1999

CATEGORY	ACTUAL TITLE	FTE (EMS only)	TOP SALARY By Hourly Equivalent	BENEFITS (% of Salary)
EMS Administrator/ Coordinator/Director	Director, EMS	1	\$ 35.83	26%
Program Coordinator Field Liaison Non-clinical	Prehospital Care Coordinator	3	25.76	26%
Trauma Coordinator	Clinical Nurse IV - Trauma Coordinator	1	31.86	26%
Medical Director	Medical Director	1	69.00	26%
Disaster Medical Planner	Prehospital Care Coordinator	1	25.76	26%
Data Evaluator/Analyst	Information Systems Specialist	1	23.38	26%
Executive Secretary	Secretary I	1	19.88	26%
Other Clerical	Medical Clerk	1	14.18	26%
Data Entry Clerk	Specialist Clerk	2	14.18	26%
Other: Fire Liaison Nurse	Prehospital Care Coordinator	1	28.04	26%

# ALAMEDA COUNTY EMERGENCY MEDICAL SERVICE AGENCY



# ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS**

**Personnel/Training**

Revision #3

EMS System:

Alameda County

Reporting Year: **1998**

	<b>EMT - Is</b>	<b>First Responder</b>	<b>Paramedics</b>	<b>MICNs</b>	<b>EMS Dispatchers</b>
Total certified	1892	272	N/A	N/A	63
Number newly certified/accredited this year	218	N/A	68	7	N/A
Number recertified this year	315	0	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	513	N/A	N/A
a) formal investigations	0	0	2*	0	0
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

\* Investigation conducted by the EMS Authority

1. **Number of EMS dispatchers trained to EMSA standards:** **63**
2. **Number of personnel trained in Early defibrillation:** **1134**
  - a) Number of EMT-I defibrillation certified **862**
  - b) Number of public-safety defibrillation certified (non-EMT-I): **272**
3. **Do you have a first responder training program?**  yes  no  
(Oakland Fire department)

# TABLE 4: SYSTEM RESOURCES AND OPERATIONS

## Communications

Revision #1 [12/23/98]

EMS System: Alameda County

Reporting Year: 1998

1. **Number of primary Public Service Answering Points (PSAP)** 13  
 (including BART, UC Hayward and CHP for cell phones)
2. **Number of secondary PSAPs** 3  
 (Oakland, Fremont, ALCO-CMED)
3. **Number of dispatch centers directly dispatching ambulances** 5  
 (Alameda, Albany, Berkeley, Piedmont, AMR)
4. **Number of designated dispatch centers for EMS Aircraft** (ALCO-CMED) 1
5. **Do you have an operational area disaster communication system?** yes  no 
  - a. Radio primary frequency: 800 MHz Radio A-1
  - b. Other methods: HAM Radio, Some Cell Phones
  - c. Can all medical response units communicate on the same disaster communications system? yes  no
  - d. Do you participate in OASIS? yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system? yes  no 
    - Within the operational area? yes  no
    - Between the operational area and the region and/or state? yes  no

# TABLE 5: SYSTEM RESOURCES AND OPERATIONS

## Response/Transportation

EMS System: Alameda County

Revision #1 [2/3/99]

Reporting Year: 1998

TRANSPORTING AGENCIES:	Alameda City Fire	Albany Fire	AMR	Berkeley Fire	Piedmont Fire
Number of Exclusive Operating Areas (EOA)	**	**	1	**	**
<b>Percentage of total population covered by EOAs</b>	N/A	N/A	84.3%	N/A	N/A
Total Population: 1,354,600 Population of cities outside the EOA: 214,400					
<b>Total number responses:</b> 105,365	<b>4140</b>	<b>705</b>	<b>93,348</b>	<b>6,536</b>	<b>636</b>
a) Number of emergency responses (Code 3: lights & sirens)	4030	705	75,205	6,536	587
b) Number non-emergency responses (Code 2: expedient)	110	0	18,143	0	49
<b>Total number of transports:</b> 76,356	<b>2638</b>	<b>589</b>	<b>67,656</b>	<b>5,041</b>	<b>432</b>
a) Number of emergency transports (Code 3: lights and siren)			4,770		32
b) Number of non-emergency transports (Code 2: expedient)			62,886		400

\*\* Meets criteria for non-competitive selection under 1797.201

EARLY DEFIBRILLATION		Number
<b>PROVIDERS</b>		
<b>Number of public safety defibrillation providers:</b>		<b>26</b>
Automated (Semi-automatic)		13
Manual		13
<b>Number of EMT-Defibrillation providers:</b>		<b>13</b>
Automated (Semi-automatic)		13
Manual		0
<b>DEFIBRILLATION STATISTICS</b> (partial data as of 4/7/99)		
<b>Total patient hook-ups</b>		<b>578</b>
Numbering meeting determination of death criteria		189
<b>Total hook-ups minus determination of death</b>		<b>376</b>
Total patient defibrillated		120
<b># in V-fib/V-tach</b>		<b>107</b>
# witnessed arrest		59
<b># bystander CPR</b>		<b>65</b>
# patients discharged from the hospital		17

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

**AIR AMBULANCE SERVICES:** (CALStar, Life Flight, Reach, East Bay Regional Parks, CHP)

	1997	1998
<b>7. Total number of responses:</b>		
a) Number of emergency responses	Unk.	Unk.
b) Number of non-emergency responses	Unk.	Unk.
<b>8. Total number of transports</b>		
a) Number of emergency transports (Trauma)	100	99
b) Number of non-emergency transports	Unk.	Unk.

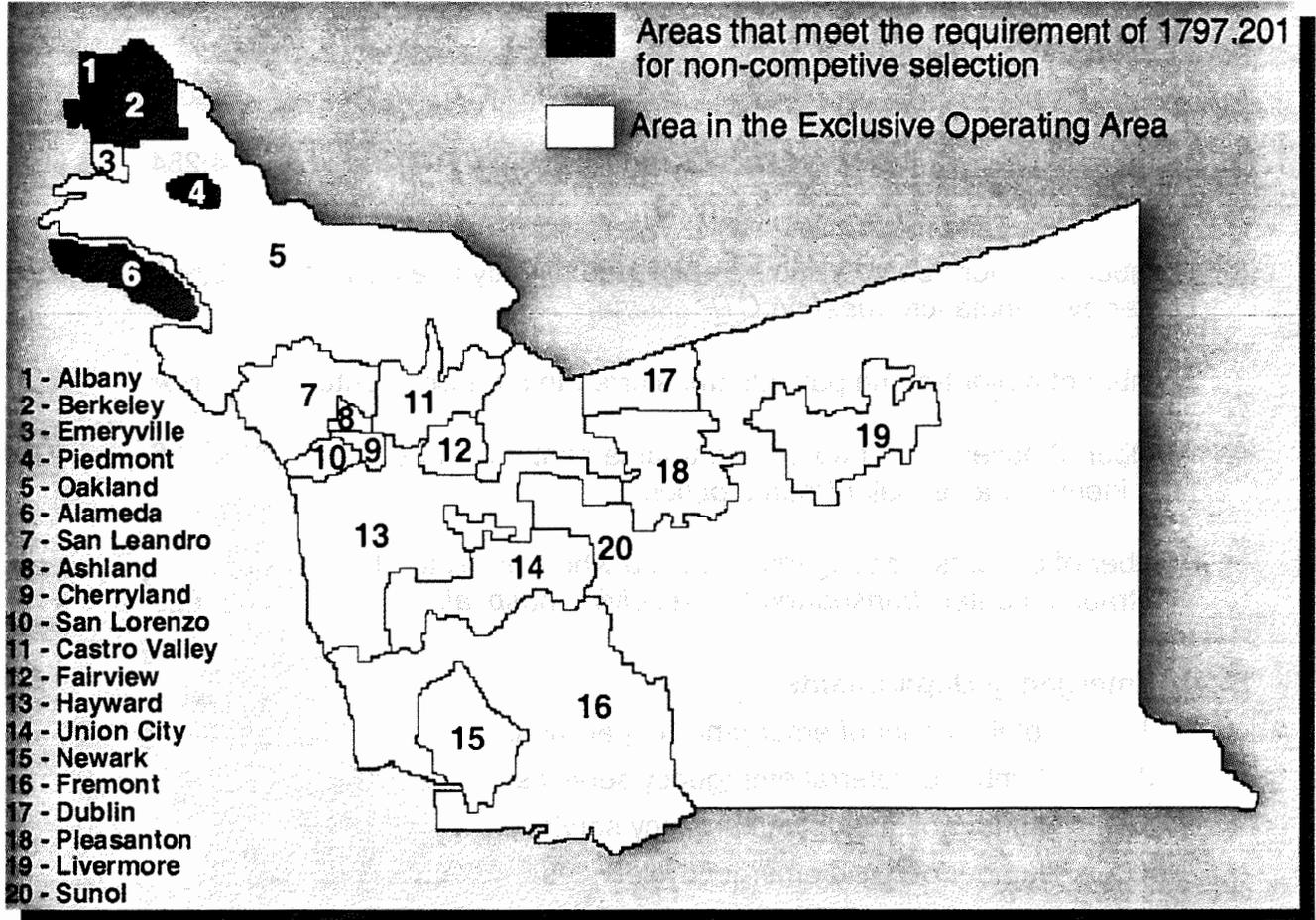
**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.

	METRO/ URBAN/SUBURBAN	RURAL	WILDERNESS
1. BLS and CPR capable first responder	5 minutes	As quick as possible	As quick as possible
2. Early defibrillation responder	5 minutes	As quick as possible	As quick as possible
3. Advanced life support responder**	8 minutes	15 minutes	25 minutes
4. Transport Ambulance**	12 minutes	20 minutes	35 minutes

\*\* By contract 7/99

# Alameda County Exclusive Operating Area



**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care** Revised 11/98

EMS System: Alameda County

Reporting Year: 1997 – 1998

**A. Trauma:**

	<u>1997</u>	<u>1998</u>
1. Number of patients meeting Critical trauma patient (CTP) triage criteria:	4,284	3,987
2. Number of major trauma victims transported directly to a trauma center by ambulance ( <i>meeting CTP criteria</i> )	3,655	3,576
3. Number of major trauma patients transferred to a trauma center	N/A	N/A
4. Number of patients not treated at a trauma center who were later identified as a major trauma patient	26	23
5. Number of patients meeting triage criteria who weren't treated at a trauma center ( <i>transported to a receiving hospital</i> )	629	416

**B. Emergency Departments:**

1. Total number of emergency departments	<u>12</u>
2. Number of referral emergency services	<u>0</u>
3. Number of standby emergency services	<u>0</u>
4. Number of basic emergency services	<u>12</u>
5. Number of comprehensive emergency services	<u>0</u>

**C. Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>3</u>

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS --  
Disaster Medical**

Revision #1 [12/21/98

EMS System: Alameda County

Reporting Year: 1998

**A. SYSTEM RESOURCES**

**1. Casualty Collections Points (CCP)**

- a. Where are your CCPs located?: 52 potential sites have been selected
- b. How are they staffed?: Personnel from evacuating hospitals;  
potential DMAT team
- c. Do you have a supply system for supporting them for 72 hours?  yes  no  
*[Additional information on the Disaster Response Plan is available from the EMS Office]*

**2. CISD**

- a. Do you have a CISD provider with 24 hour capability?  yes  no

**3. Medical Response Team**

- a. Do you have any team medical response capability  yes  no
- b. For each team, are they incorporated into your local response plan? N/A
- c. Are they available for statewide response? N/A
- d. Are they part of a formal out-of-state response system? N/A

**4. Hazardous Materials**

- \*\*\* a. Do you have any HazMat trained medical response teams?  yes  no
- b. At what HazMat level are they trained?  
Haz-mat Teams: Specialist Technician
- c. Do you have the ability to do decontamination  
in an emergency room?  yes  no
- d. Do you have the ability to do decontamination in the field?  yes  no

**B. OPERATIONS**

- a. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  yes  no
- b. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?: 20 (estimated)
- c. Have you tested your MCI Plan this year in a:  
real event?  yes  no  
exercise?  yes  no

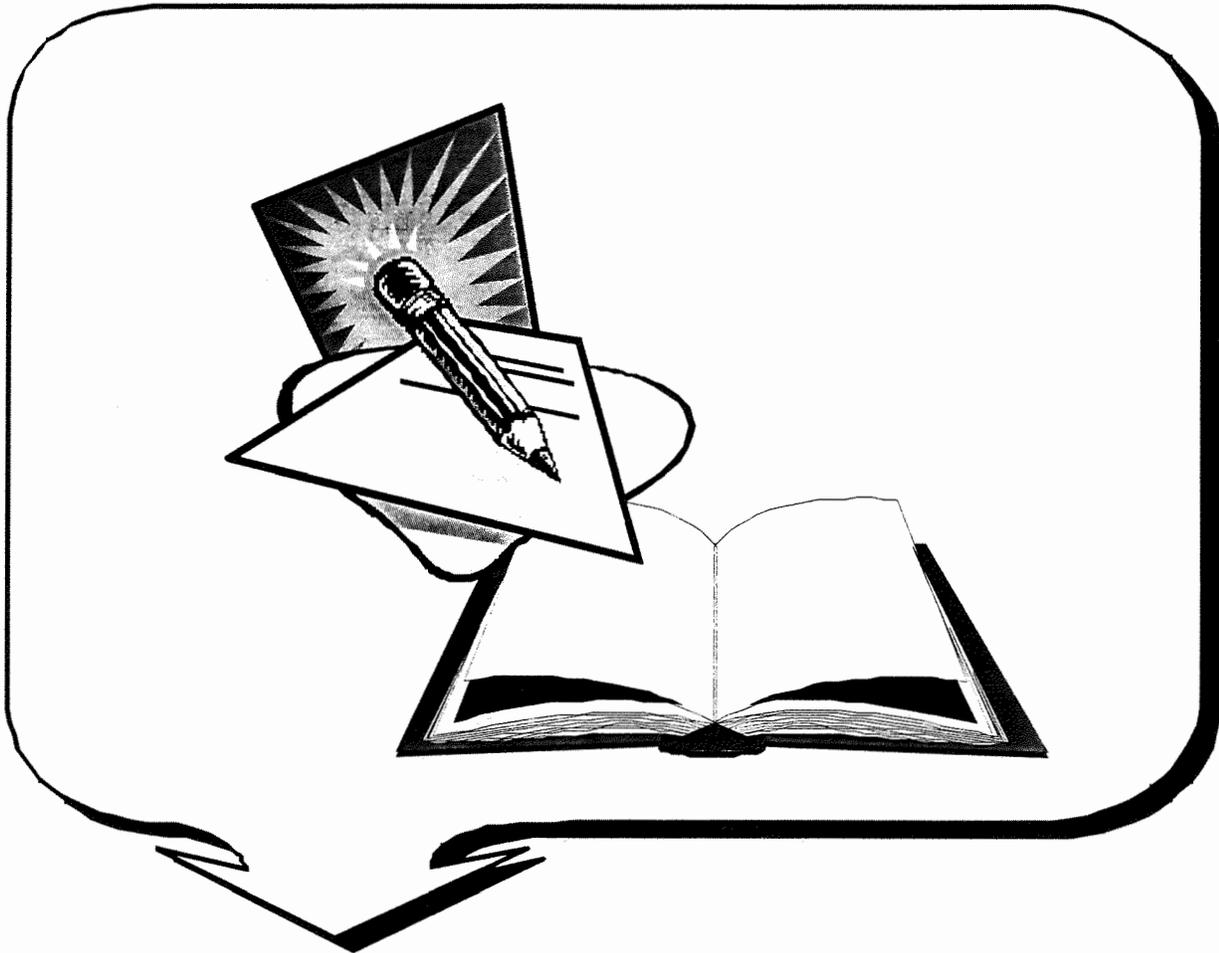
**TABLE 7: SYSTEM RESOURCES AND OPERATIONS --  
Disaster Medical**

- 4.\*\* List all counties with which you have a written medical mutual aid agreement:  
Contra Costa County  N/A  yes  no
- 5.\*\* Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  N/A  yes  no
- 6.\*\* Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  N/A  yes  no
7. Are you part of a multi-county EMS system for disaster response?  yes  no
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  N/A  yes  no

**[\*\* Not applicable - SB 1841 (SEMS legislation) has made formal agreement unnecessary. Hospitals and Clinics participate on a regular basis without the need for formal agreements.]**

**(\*\*\*City of Oakland is in the process of training and equipping first responders for enhanced HAZ MAT response; this resource will be shared throughout Alameda County.)**

## SECTION FOUR



### **Resource Directories**

Providers (Table 8)

Approved Training Programs (Table 9)

Facilities (Table 10)

Dispatch Agencies (Table 11)

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Berkeley Fire Department</b> 2121 McKinley Street Berkeley, Ca 94703				<b>Primary Contact:</b> Kevin Revilla (510) 644-6595	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 70 BLS 113 EMT-D 43 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 3

<b>Oakland Fire Department</b> 250 Fallon Street Oakland, CA 94607				<b>Primary Contact:</b> Don Parker Jean English (510) 238-6725	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 272 FR-Defib 162 BLS 162 EMT-D
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Alameda County Fire Department</b> 1426 164th Avenue San Leandro, CA 94578				<b>Primary Contact: Al Kleveno</b> (510) 618-3485	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 170 BLS 170 EMT-D 70 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain	<b>If Public:</b> <input type="checkbox"/> City; <input checked="" type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 0</b>

<b>Piedmont Fire Department</b> 120 Vista Avenue Piedmont, CA 94611				<b>Primary Contact: Dave Swan</b> Scott Barringer (510) 420-3030	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 10 BLS 11 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 1</b>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Livermore/Pleasanton Fire Department</b> 4550 East Avenue Livermore, CA 94550				<b>Primary Contact:</b> Sabina Imrie (925) 454-2315	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 63 BLS 63 EMT-D 30 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Hayward Fire Department</b> 25151 Clawiter Road Hayward, CA 94545				<b>Primary Contact:</b> Steve Faelz (510) 583-4935	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 99 BLS 115 EMT-D 16 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Lawrence Livermore National Lab</b> P.O. Box 5505 (L-388) Livermore, CA 94566				<b>Primary Contact: Randy Bradley</b> (925) 423-1803	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Interim Mou Only	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 37 BLS 37 EMT-D 14 ALS	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input checked="" type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 1</b>

<b>Newark Fire Department</b> 37101 Newark Blvd. Newark, CA 94560				<b>Primary Contact: Brian Caminada</b> (510) 793-1400	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 23 BLS 23 EMT-D 12 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 0</b>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Alameda (City) Fire Department</b> 1300 Park Street Alameda, CA 94501			<b>Primary Contact:</b> Mike Hoag/ Bob Buell (510) 748-4601		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 102 BLS 102 EMT-D	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b>

<b>Emeryville Fire Department</b> 2333 Powell Street Emeryville, CA 94608			<b>Primary Contact:</b> Rick Hurtado (510) 596-3750		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 25 BLS 25 EMT-D 5 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Albany Fire Department</b> 1001 Marin Avenue Albany, CA 94706				<b>Primary Contact:</b> Jeff Keary (510) 528-5771	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 12 BLS 12 EMT-D 8 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 0</b>

<b>Dept of Forestry and Fire</b> 11345 Pleasanton - Sunol Road Pleasanton, CA 94566				<b>Primary Contact:</b> Mike Martin (925) 862-2197	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes -Through Alameda County Fire <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 15 BLS 7 EMT-D 4 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Fed Govt	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input checked="" type="checkbox"/> State; <input type="checkbox"/> Fire District; <input checked="" type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances: 0</b>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Fremont Fire Department</b> 39100 Liberty Street Fremont, CA 94537				<b>Primary Contact:</b> Bob O'Brien (510) 494-4223	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Letter of Agreement	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 96 BLS 64 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If Public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Lawrence Berkeley Lab Fire Department</b> No. 1 Cyclotron Road, Bldg. 48 Berkeley, CA 94720				<b>Primary Contact:</b> Stacey Cox (510) 486-6015	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 13 BLS 14 EMT-D 2 ALS	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>East Bay Regional Park District</b> P.O. Box 5381 Oakland, CA 94605			<b>Primary Contact:</b> Lucy Wooschlager (510) 635-0138 x2517 Andrew White (helo)		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 17 BLS 19 EMT-D	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input checked="" type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no - helo 12 hrs/day	<b>Number of ambulances:</b> 0

<b>American Medical Response</b> 640 143rd Ave. San Leandro 94577			<b>Primary Contact:</b> Mike Esslinger (510) 895-7633		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 282 ALS 172 BLS	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 31

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>California Highway Patrol (Helicopter Unit)</b> 2700 Airport Road Napa, CA 94558			<b>Primary Contact:</b> Sgt. Lonti Russell (707) 257-0103		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 4 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input checked="" type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 7:30a – 12a staffed 12a – 7:30 on-call	<b>Number of ambulances:</b> 0

<b>CALSTAR California Shock Trauma Air Rescue</b> 20876 Corsair Blvd Hayward, CA 94545			<b>Primary Contact:</b> Joanne Rubin (925) 798-1666		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input checked="" type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> 31 ALS	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Alameda County

Reporting Year: 1998

<b>Life Flight</b> 300 Pasteur Drive Stanford, CA 94305			<b>Primary Contact:</b> Donna York (650) 725-4828		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> Water	<b>Air classification:</b> <input type="checkbox"/> Auxiliary rescue <input checked="" type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b>  15 ALS	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If Public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 9: RESOURCES DIRECTORY**  
**-- Approved Training Programs**

Revision #1 [12/12/98]

<b>Training Institution Name / Address:</b> East Bay Regional Parks 2950 Peralta Oaks Court Oakland, CA 94605		<b>Contact Person/ Telephone:</b> Lucy Wooschlager (510) 635-0135 X2517
<b>Student Eligibility:</b> * East Bay Regional Park Employees	<b>Cost of Program:</b> Basic <u>    0    </u> Refresher <u>    0    </u>	<b>Program Level:**</b> FIRST RESPONDER <b>Number of students completing training per year:</b> Initial training: Refresher: Cont. Education Expiration Date: 4/99  <b>Number of courses:</b> Initial training: ANNUAL Refresher: Cont. Education:

<b>Training Institution Name / Address</b> Oakland Fire Department 2500 Fallon Street Oakland, CA 94607		<b>Contact Person/Telephone:</b> Jean English (510) 238-6725
<b>Student Eligibility: *</b> FIRE FIGHTERS (OFD GIVEN PRIORITY)	<b>Cost of Program</b> Basic <u>    0    </u> Refresher <u>    0    </u>	<b>Program Level:**</b> FIRST RESPONDER <b>Number of students completing training per year:</b> Initial training: AS NEEDED BASIS Refresher: AS NEEDED BASIS Cont. Education AS NEEDED BASIS Expiration Date: 8/99  <b>Number of courses:</b> Initial training: AS NEEDED Refresher: AS NEEDED Cont.Education: AS NEEDED

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

**TABLE 9: RESOURCES DIRECTORY**  
**-- Approved Training Programs**

Revision #1 [12/18/98]

<b>Training Institution Name / Address</b> Chabot College 25555 Hesperian Blvd. Hayward, CA 94545		<b>Contact Person/Telephone:</b> Steve Prizborowski (510) 786-6898 (EMT-I) David J. Daub (510) 786-6903 (EMT-P)																
<b>Student Eligibility: *</b> OPEN	<b>Cost of Program:</b> <table border="0"> <tr> <td></td> <td><b>EMT-I</b></td> <td><b>EMT-P</b></td> </tr> <tr> <td>Basic</td> <td>\$84.50</td> <td></td> </tr> <tr> <td></td> <td>\$2000.00</td> <td></td> </tr> <tr> <td>Books</td> <td></td> <td>\$150.00</td> </tr> <tr> <td>Uniforms and supplies</td> <td></td> <td>\$100.00</td> </tr> </table>		<b>EMT-I</b>	<b>EMT-P</b>	Basic	\$84.50			\$2000.00		Books		\$150.00	Uniforms and supplies		\$100.00	<b>Program Level:**</b> EMT-I EMT-P <b>Number of students completing training per year:</b> Initial training: Refresher: Cont. Education Expiration Date: 4/30/2000 12/31/2000	
	<b>EMT-I</b>	<b>EMT-P</b>																
Basic	\$84.50																	
	\$2000.00																	
Books		\$150.00																
Uniforms and supplies		\$100.00																
* Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.		<b>Number of courses:</b> Initial training: ANNUAL Refresher: Cont. Education:																

**TABLE 10: RESOURCES DIRECTORY**

Revision #1 [12/23/98]

**-- Facilities**

EMS System: Alameda County

Reporting Year: 1998

<b>Alameda Hospital</b> 2070 Clinton Ave. Alameda, CA 94501			<b>Primary Contact:</b> Art Glaser, MD	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>ValleyCare Medical Center</b> 5575 W. Los Positas Blvd. Pleasanton, CA 94588			<b>Primary Contact:</b> Dennis Alfaro, MD	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>St. Rose Hospital</b> 27200 Calaroga Avenue Hayward, CA 94545			<b>Primary Contact:</b> Carol Boynton, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>Eden Hospital</b> 20103 Lake Chabot Road Castro Valley, CA 94546			<b>Primary Contact:</b> Rose Corcoran, RN	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:**** Level II

<b>Children's Hospital</b> 747 52nd Street Oakland, CA 94609			<b>Primary Contact:</b> Dr. Mary Rutherford	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:**** Level II

<b>Highland General Hospital</b> 1411 E - 31st. Street Oakland, CA 94602			<b>Primary Contact:</b> Steve Thomas, RN	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** NICU <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:**** Level II

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>Alta Bates Medical Center</b> 2450 Ashby Avenue Berkeley, CA 94705			<b>Primary Contact:</b> Pat Wentworth, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>San Leandro, Hospital</b> 13855 East 14th Street San Leandro, CA 94578			<b>Primary Contact:</b> Karen Lemelin, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Washington Hospital</b> 2000 Mowry Avenue Fremont, CA 94538			<b>Primary Contact:</b> Rose Romero, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>Kaiser Hospital, Oakland</b> 280 West Mac Arthur Blvd. Oakland, CA 94611			<b>Primary Contact:</b> Felicia Green, RN	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Kaiser Hospital, Hayward</b> 27400 Hesperian Blvd. Hayward, CA 94545			<b>Primary Contact:</b> Jay Goldman, MD	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Summit Medical Center</b> 350 Hawthorne Street Oakland, CA 94609			<b>Primary Contact:</b> Paula Vannicola, V.P.	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

**TABLE 10: RESOURCES DIRECTORY**  
**-- Facilities**

Revision #1 [12/23/98]

<b>San Ramon Regional Medical Center</b> 6001 Norris Canyon Rd. San Ramon, CA 94623			<b>Primary Contact:</b> Paul Luehrs	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 11: RESOURCES DIRECTORY**  
**-- Dispatch Agency**

Revision #1 [12/23/98]

EMS System: Alameda County

Reporting Year: 1998

<b>Alameda County -Central Medical Dispatch</b> (ALCO-CMED) 2000 150th Ave., San Leandro, CA 94578		<b>Primary Contact:</b> Robert Bassett (510) 667-7776		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Disaster <input checked="" type="checkbox"/> Water	<b>Number of Personnel providing services:</b> 32 (EMD)		
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	<b>If public:</b> <input type="checkbox"/> City; <input checked="" type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 0

<b>Oakland Fire Department</b> 250 Fallon Street Oakland, CA 94607		<b>Primary contact:</b> Jean English (510) 238-6725		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Air <input checked="" type="checkbox"/> Disaster <input checked="" type="checkbox"/> Water	<b>Number of Personnel providing services:</b> 21 (EMD)		
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 0

**TABLE 11: RESOURCES DIRECTORY**  
**-- Dispatch Agency**

Revision #1 [12/23/98]

<b>Fremont Fire Department</b> 39100 Liberty Street Fremont, CA 94538		<b>Primary Contact:</b> Larry Andersen (510) 494-4275		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Air <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> Water	<b>Number of Personnel providing services:</b> 10 (EMD)		
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If public:</b> <input checked="" type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 0

<b>American Medical Response</b> 640 143 <sup>rd</sup> Ave San Leandro, CA 94577		<b>Primary Contact:</b> Mike Eslinger (510) 895-7633		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Air <input checked="" type="checkbox"/> Disaster <input type="checkbox"/> Water	<b>Number of Personnel providing services:</b> 0 (EMD)		
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<b>If public:</b> <input type="checkbox"/> City; <input type="checkbox"/> County; <input type="checkbox"/> State; <input type="checkbox"/> Fire District; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 31

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
 SACRAMENTO, CALIFORNIA 95814-7043  
 (916) 322-4336 FAX: (916) 324-2875



April 10, 2003

Cindy Abbissinio, EMS Director  
 1850 Fairway Drive  
 San Leandro, CA 94577

*Cindy*  
 Dear ~~Ms.~~ Abbissinio:

We have completed our review of *Alameda's 2001 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
6.05 Data Management System	Provide an update on Alameda's implementation plan for a data management system that includes system response data and clinical performance for all provider agencies and hospitals.
7.04 First Aid and CPR Training	Need to develop a program to promote first aid and CPR training for the general public.

These comments are for your information and may be addressed in your annual update. Your next EMS Plan update will be due one year from your approval date. **In your annual update, please do not reference EMS Policy Manual number in the current status section. Explain in detail the current status of each section.** If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

Richard E. Watson  
 Interim Director

REW:SS

*Hope all is well in your family  
 new poster.*