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May 5, 1999

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1930 9th Street, Suite 100
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Attn: Michele Rains

EMS System Plan Annual Update – 1999

Enclosed please find a copy of the Contra Costa County EMS System Plan annual update for 1999. If you have any questions or require further information, please do not hesitate to call me or Lauren Kovaleff at the Contra Costa EMS Agency.

Sincerely,



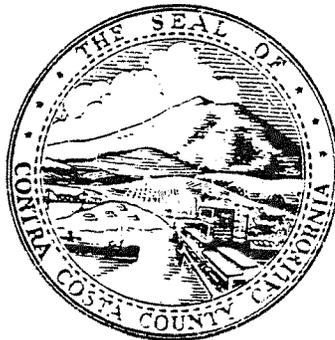
Art Lathrop
EMS Director

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cc: William B. Walker, MD, Health Services Director



**Contra Costa County
Health Services
Emergency Medical Services**



EMS Plan - Annual Update

1999

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SECTION I: SUMMARY OF CHANGES TO EMS PLAN

Revisions to EMS Planning:

The initial approach we had developed to assess local adherence to state standards, has made annual evaluation cumbersome and overly time consuming. In an effort to streamline and standardize our EMS system planning and evaluation process, we have modified the formatting of our System Assessment Form to more closely resemble that suggested by the Authority. A new assessment form has been completed for each standard whether or not there has been a change in either the standard's need or objective. Although Contra Costa meets or exceeds all "required" standards or is in the process of doing so, several standards have been targeted for re-evaluation and redesign if found to be needed. This select group of standards, identified in Section III, will be the target for next year's EMS annual evaluation.

SECTION II: UPDATES OF SPECIFIC INFORMATION

SECTION III: PROGRESS FROM PREVIOUS YEAR

EMSA Table 1: Summary of System Status

EMS System Contra Costa County Reporting Year: 1998

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		

Planning Activities

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

Regulatory Activities

1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X		Update planned.	
1.15 Compliance w/Policies		X			Update planned.

System Finances

1.16 Funding Mechanism		X			
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X			
1.18 QA/QI		X	Being addressed.		X
1.19 Policies, Procedures, Protocols		X	Met in most areas as planned.		
1.20 DNR		X	X		
1.21 Determination of Death		X	X		
1.22 Reporting of Abuse		X	X		
1.23 Interfacility Transfer		X	X		

Enhanced Level: Advanced Life Support

1.24 ALS System		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System

1.26 Trauma System Plan		X			
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan	X				X
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			Update planned.
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B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

Dispatchers

2.04 Dispatch Training		X			
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First Responder (non-transporting)

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

Transporting Personnel

2.08 EMT-1 Training		X	X		
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	Not planned.		

Enhanced Level: Advanced Life Support

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

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communications Plan		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X			

Public Access

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

Resource Management

3.09 Dispatch Triage		X	Being addressed.		
3.10 Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X		Update planned.
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Pre-scheduled Responses		X			
4.05 Response Time Standards		X	Being addressed.		
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Intercounty Response		X	X	X	
4.14 Incident Command System		X		X	
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation

4.18 Compliance		X			
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Enhanced Level: Exclusive Operating Permits

4.19 Transport Plan		X			
4.20 "Grand fathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	Being addressed.		
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X			

Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation		X			
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Enhanced Level: Trauma Care System

5.08	Trauma System Design		X			
5.09	Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design		X		Enhancement planned.	
5.11	Emergency Departments		Being addressed.		Enhancement planned.	
5.12	Public Inputs		X			

Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	Being addressed.	X	
6.04 Medical Dispatch		X			
6.05 Data Management System		X	Being addressed.	X	
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	Being addressed.	X	
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X			
7.02 Injury Control		X	No plan.		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	No plan.		

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X			
8.02 Response Plans		X	X		
8.03 HAZMAT Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	No plan.		
8.06 Needs Assessment		X	X		
8.07 Disaster Communication		X			
8.08 Inventory of Resources		X	No plan.		
8.09 DMAT Teams		X	X		
8.10 Mutual Aid Agreements		X			
8.11 CCP Designation		X			
8.12 Establishment of CCP's		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Inter-hospital Communications		X			
8.16 Prehospital Agency Plans		X			

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X			X
8.19 Waiving exclusivity.		X			

Completed Assessment Forms.

Assessment forms have been updated for all standards to simplify and standardize the annual assessment process.

System Organization and Management

Agency Administration

Standard:

1.01 LEMSA Structure. *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: Standard met.

The Contra Costa County Board of Supervisors has designated Contra Costa Health Services as the local EMS Agency. Currently, the EMS Agency has ten staff positions including an EMS Director, EMS Medical Director, EMS Program Coordinator, Health Services Emergency Preparedness Manager, two Prehospital Coordinators, Trauma Nurse Coordinator, Training Coordinator, and two clerical staff.

System Organization and Management

Agency Administration:

Standard:

1.02 LEMSA Mission. *Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality/evaluation process to identify needed system changes.*

Current Status: Standard met.

The EMS Agency's stated mission is to plan, implement, and evaluate the EMS System. Local data is used to identify necessary system changes, and/or to evaluate the need/effect of recommended changes.

System Organization and Management

Agency Administration

Standard:

1.03 Public Input. *Each local EMS agency shall actively seek and shall have a mechanism (including the Emergency Medical Care Committee and other sources) to receive appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.*

Current Status: Standard met.

A system of advisory committees including the Emergency Medical Care Committee (EMCC), and the Medical Advisory Committee has developed over the years to provide EMS system related input and recommendations to the Board of Supervisors, the Health Services Department and the EMS Agency.

System Organization and Management

Agency Administration

Standard:

1.04 Medical Director. *Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.*

Recommended Guidelines:

Administrative Experience. *The local EMS agency medical director should have administrative experience in emergency medical services systems.*

Advisory Groups. *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.*

Current Status: Standard and recommended guideline met.

The EMS Agency has a half time well prepared EMS Medical Director who is actively involved in local and statewide EMS related activities. The EMS Medical Director reports directly to the County Health Officer on medical matters and to the EMS Director on operational issues. Specialty resources, including advisory groups or specialty medical consultants, are in place or are developed to provide input into specialized system issues.

System Organization and Management

Planning Activities

Standard:

1.05 System Plan. *Each local EMS agency shall develop an EMS system plan based on community need and utilization of proper resources, and shall submit it to the EMS Authority. The plan shall:*

- a) assess how the current system meets guidelines,*
- b) identify system needs for patients within each of the clinical target groups, and*
- c) provide a methodology and time line for meeting these needs.*

Current Status: Standard met.

The EMS Plan is the foundation for a process of ongoing planning and implementation for Contra Costa County EMS. Many of the activities directed by this plan focus on target issues and evaluation of the system's performance outcomes.

System Organization and Management

Planning Activities

Standard:

1.06 Annual Plan Update. *Each local EMS agency shall develop an annual update to its EMS system Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.*

Current Status: Standard met.

An approved EMS system plan in the required format has been in place since 11/95. Tables have been updated annually and have been submitted to EMSA. Changes in plan documentation and administration will simplify annual progress reporting

System Organization and Management

Planning Activities

Standard:

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

Recommended Guideline:

Trauma Center Agreements. *The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.*

Current Status: Standard and recommended guideline met.

There is a trauma system and a designated/contract Level II trauma center in Contra Costa County. All essential components of the approved trauma system plan are in place, including criteria for hospital designation, medical control, and data collection. Trauma triage policies have been approved. Integration of all the existing EMS system components into a functional trauma system has been fully completed.

Coordination With Other EMS Agencies:

Contra Costa County works closely with neighboring Alameda County with respect to care provided critical trauma patients. Each county recognizes the other's trauma centers, and local critical pediatric trauma is transported/transferred to Children's Hospital Trauma Center in Oakland. There is also an extensive bi-county (Alameda and Contra Costa County) medical review process of trauma patient care.

System Organization and Management

Planning Activities

Standard:

1.08 ALS Planning. *Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.*

Current Status: Standard met.

Advanced life support services are provided countywide. All emergency ambulance services routinely respond ALS resources to emergency medical requests. An innovative rural ALS first response unit has been implemented to respond to the identified needs in one rural area (Byron). Four fire districts, Moraga-Orinda Fire Protection District, San Ramon Valley Fire Protection District, Bethel Island Fire Protection District and Contra Costa Fire Protection District have established ALS first response units.

Coordination With Other EMS Agencies:

Not applicable.

System Organization and Management

Planning Activities

Standard:

1.09 Inventory of Resources. *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: Standard met.

Inventories exist for personnel, vehicles (air and ground), facilities, and agencies within the jurisdiction of Contra Costa County.

System Organization and Management

Planning Activities

Standard:

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

Recommended Guidelines:

Special Services. *Each local EMS agency should develop services, as appropriate, for special population groups requiring specialized EMS services as appropriate. (e.g., elderly, handicapped, children, non-English speakers).*

Current Status: Standard met/Recommended guideline being addressed.

Groups served by the EMS system that may require specialized services have been identified. Some targeted specialty population planning has occurred to date particularly in trauma, and in pediatrics.

System Organization and Management

Planning Activities

Standard:

1.11 System Participants. *Each local EMS agency shall identify the optimal roles and responsibilities of system participants.*

Recommended Guidelines:

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

Current Status: Standard and recommended guideline met.

The EMS Agency has contracts, written agreements or letters of understanding with EMS providers which reflect identified roles, responsibilities and performance standards. EMS providers with such agreements include emergency ambulance providers, trauma center, medical dispatch centers, first responder agencies, and emergency helicopter provider agencies.

System Organization and Management

Regulatory Activities

Standard:

1.12 Review & Monitoring. *Each local EMS agency shall provide for review and monitoring of EMS system operations.*

Current Status: Standard met.

The Board of Supervisors appoints the local Emergency Medical Care Committee. The EMCC provides advice and recommendations with respect to ambulance services and emergency medical care to the County Board of Supervisors, the Health Services Department and the EMS Agency. EMCC standing committees have been developed to provide input and recommendations on the specific components of the EMS system. EMS system operations are monitored and evaluated using data. Written agreements are in place which identify minimum EMS performance standards for system participants. Contra Costa County EMS system's operational performance is evaluated, documented, and reported on a regular basis.

System Organization and Management

Regulatory Activities

Standard:

1.13 Coordination. *Each local EMS agency shall coordinate EMS system operations.*

Current Status: Standard met.

Substantial coordination exists between the EMS Agency and the system providers. System coordination is provided through a revamped network of the Emergency Medical Care Committee, EMCC standing committees, advisory committees and multi-county advisory committees. These committees operate with varying missions and meeting schedules based on needs.

System Organization and Management

Regulatory Activities

Standard:

1.14 Policy & Procedures Manual. *Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, transport services, and hospitals) within the system.*

Current Status: Standard met.

A comprehensive EMS Agency policies/procedures and a prehospital care manual are available to all the EMS providers within the system.

Need(s): An ongoing review process is being undertaken to assure that EMS policies and prehospital care manual are current.

Objective: A systematic method of policy/procedure review and update is in place.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

System Organization and Management

Regulatory Activities

Standard:

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

Current Status: Standard met.

The EMS Agency has contracts, written agreements or letters of understanding with EMS providers which include emergency ambulance providers, trauma center, medical dispatch centers, first responder agencies, and emergency helicopter provider agencies. These agreements provide mechanisms to monitor, evaluate and enforce compliance with system policies and regulations with respect to emergency medical services. There is an ambulance ordinance in place that provides limited support to the monitoring and enforcement issues.

Need(s): The current local ambulance ordinance has been in place for a number of years and should be amended or replaced with a new comprehensive ambulance ordinance as system needs change.

Objective: A revamped county Ambulance Ordinance in place to provide standards and procedures for emergency and non-emergency ambulances operating within the county.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

System Organization and Management

System Finances

Standard:

1.16 Funding Mechanism. *Each local EMS agency shall have a funding mechanism that is sufficient to ensure its continued operation and shall maximize use of the Emergency Medical Services Fund.*

Current Status: Standard met.

EMS Agency and support program funding is derived from several sources: the County Special Benefit Assessment (Measure H), the County general fund, grant funds, certification fees, funds derived from Senate Bill 612, and other fees from EMS system participants. The existing funding sources appear adequate.

System Organization and Management

Medical Direction

Standard:

1.17 Medical Direction. 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 hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers.

Current Status: Standard met.

The County has designated two base hospitals (one of the two is also designated as the trauma system base). Roles and responsibilities of the base hospitals and base hospital personnel are identified in the County's policies, procedures and protocols manual. ALS providers, as well as first responder agencies participating in the First Responder Defibrillation Program, are under the medical control of the County EMS Medical Director.

Coordination With Other EMS Agencies:

Not applicable.

System Organization and Management

Medical Direction

Standard:

1.18 QA/QI. *Each local EMS agency shall establish a quality assurance (QA)/quality improvement (QI) program to ensure adherence to medical direction policies and procedures, including mechanism for compliance review. Provider-based programs approved by the EMS agency and coordinated with other system participants may be included.*

Recommended Guideline:

Provider QA/QI In-house. *Prehospital care providers should be encouraged to establish in-house procedures that identify methods of improving the quality of care provided.*

Current Status: Standard met/Recommended guideline being addressed.

A formal system-wide QI plan which integrates/interfaces with prehospital care provider CQI programs is evolving within the county. All ALS providers and ALS support providers, e.g. emergency medical dispatchers, have active CQI programs. A common data collection set has been established and patient care data from the field is collected on palm pad computers with Westech software allowing for enhanced CQI processes.

Need(s): A system-wide QI Plan should be further integrated with input from EMS providers. QI activities should occur under supervision of the EMS Medical Director and should be monitored by appropriate oversight, with regular reports to the EMCC and other advisory committees.

Objective: A system-wide CQI plan that is monitored by a quality council and integrates individual provider QI plans.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

System Organization and Management

Medical Direction

Standard:

- 1.19 Policies, Procedures, Protocols.** *Each local EMS agency shall develop written policies, procedure, 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,*
 - l) on scene physicians and other medical personnel,*
 - j) local scope of practice for prehospital personnel.*

Recommended Guidelines:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

Current Status: Standard met/Recommended guideline being addressed.

Detailed policies, procedures and protocol exist for clinical and operational prehospital situations. County transfer guidelines and a procedure for on-scene physicians and other medical personnel are in place. A Countywide system of emergency medical dispatching that includes pre-arrival instructions is almost fully implemented.

System Organization and Management

Medical Direction

Standard:

1.20 **DNR.** *Each local EMS agency shall have a policy regarding "Do Not Resuscitate" (DNR) situations, in accordance with the EMS Authority's DNR guidelines.*

Current Status: Standard met.

An EMS "Do-Not-Resuscitate" policy, developed in accordance with EMSA's DNR guidelines is in place for prehospital personnel.

System Organization and Management

Medical Direction

Standard:

1.21 Determination of Death. *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: Standard met.

An EMS policy is in place regarding determination of death.

System Organization and Management

Medical Direction

Standard:

1.22 Reporting of Abuse. *Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.*

Current Status: Standard met.

An EMS Policy is in place for reporting child and elder abuse, and suspected SIDS deaths.

System Organization and Management

Medical Direction

Standard:

1.23 Interfacility Transfer. *The local EMS medical director shall establish policies and protocols for scope of practice of all prehospital medical personnel during interfacility transfers.*

Current Status: Standard met.

Policies and procedures have been developed and are in place that identify the scope of practice for prehospital medical personnel during interfacility transfers.

System Organization and Management

Advanced Life Support

Standard:

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

Recommended Guideline:

Exclusive Operating Areas Developed. *Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.*

Current Status: Standard and recommended guideline met.

Written agreements exist between the ALS providers and the EMS Agency. Exclusive operating areas have been developed.

System Organization and Management

Advanced Life Support

Standard:

1.25 On-line Medical Direction. *Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse.*

Recommended Guideline:

Medical Control Plan. *An EMS system should develop a medical control plan that determines:*

- a) Base hospital configuration for the system;*
- b) Base hospital selection and designation processes that allow all eligible facilities to apply;*
- c) The process for determining when prehospital providers should appoint an in-house medical director.*

Current Status: Standard and recommended guidelines met.

Two base hospitals have been designated by/for the County, each providing on-line medical control by physicians or authorized registered nurses. One of the two base hospitals also provides medical control for all trauma cases. There is a base station application and selection process for designation. Prehospital providers that furnish advanced life support are required to have an EMS Medical Director. The local EMS Agency Medical Director serves in this capacity for fire agency providers.

System Organization and Management

Trauma Care System

Standard:

- 1.26 Trauma System Plan.** *The local EMS agency shall develop a trauma care system plan which determines:*
- a) *The optimal system design for trauma care in the EMS area, and*
 - b) *The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.*

Current Status: Standard met.

A trauma care system plan has been developed and successfully implemented. It was determined that only one trauma center was needed within the County, and John Muir Medical Center has been designated as the local level 2 trauma center.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

- 1.27 Pediatric System Plan.** *The local EMS agency shall develop a pediatric emergency medical and critical care system plan that determines:*
- a) The optimal system design for pediatric emergency medical and critical care in the EMS area, and*
 - b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.*

Current Status: Standard met.

As the result of a 2-year grant from EMSA, the planning, development and implementation of an emergency medical and critical care system plan for pediatric patients is essentially complete. This plan will assist the EMS Agency in promoting high quality care in the prehospital care system, emergency departments, trauma and tertiary care centers, interfacility transfer arena, and will promote illness and injury prevention and educational activities throughout the community. A designation process is in place for designating "pediatric critical care centers" which includes a formal site review by pediatric care experts. All 8 acute care hospitals within the County have met the local standards established for designation as "pediatric critical care centers".

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

1.27 Pediatric System Plan. *The local EMS agency shall develop a pediatric emergency medical and critical care system plan that determines:*

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

Current Status: Standard not met.

Currently, most seriously injured children are transported or interfacility transferred to Children's Hospital Oakland. Pediatric treatment, advanced airway and other prehospital procedures for children have been implemented in the County. While the seriously injured child component has been comprehensively addressed, the EMS Agency has begun to evaluate the total pediatric emergency medical and critical care system needs.

Need(s): A comprehensive pediatric emergency medical and critical care system plan needs to be developed. The components of the plan would include the development of triage protocols, criteria for designation of pediatric facilities, and the drafting and execution of agreements between the EMS Agency and the designated receiving and specialty care facilities.

Objective: Implementation of a comprehensive pediatric emergency medical and critical care system plan for Contra Costa County.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

System Organization and Management

Exclusive Operating Area

Standard:

1.28 EOA Plan. *The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of available 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: Standard met.

All residents and visitors of Contra Costa County have access to ALS services. The Moraga Fire District is "grandfathered" as an exclusive operating area (EOA) under 1797.201 of the H&S code. The other EOA's have not been reviewed in several years and their configuration may no longer be appropriate.

Need(s): A review of the EOA configuration and definitions needs to be conducted.

Objective: A review and redesign the EOA system, as necessary.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

Staffing/Training

Local EMS Agency

Standard:

2.01 Assessment of Needs. *The local EMS Agency shall routinely assess personnel and training needs.*

Current Status: Standard met.

The EMS Agency sets standards for training and requires EMS provider agencies to assure that their personnel meet these standards. EMS routinely assesses training needs when new skills or programs are added to the EMS system.

Staffing/Training

Local EMS Agency

Standard:

2.02 Approval of Training. *The EMS Authority and/or local EMS agencies shall have a mechanism to approve an emergency medical services education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with State regulations.*

Current Status: Standard met.

Procedures and mechanisms are in place to approve EMS education programs. There is periodic on-site monitoring of teaching activities.

Staffing/Training

Local EMS Agency

Standard:

2.03 Personnel. *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 that could impact EMS personnel certification.*

Current Status: Standard met.

Procedures, policies and requirements are in place to credential first responder defibrillator personnel, EMT-I's, EMT-P's, and MICN's. Provisions are included for the Agency to be notified in the event of unusual occurrences that could impact local EMS Agency credentialing.

Staffing/Training

Dispatchers

Standard:

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

Recommended Guideline:

Training/Certification According to State Standards. *Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.*

Current Status: Standard and recommended guideline met.

Dispatch training standard adopted countywide and currently dispatcher covering over 90% of the county are trained and tested in accordance with EMSA Emergency Medical Dispatch Guidelines.

Staffing/Training

First Responders (non-transporting)

Standard:

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

Recommended Guideline:

Defibrillation. *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.*

EMT-I. *At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.*

Current Status: Standard met and recommended guideline met in most areas.

A first responder master plan which is coordinated by the EMS Agency and which includes policies, procedures and treatment guidelines is in place for the county. First response units are staffed with defibrillation trained, and to a large degree, EMT-I personnel. A number of fire first responder units are staffed with EMT-P's. Defibrillation programs for first responders receive ongoing support.

Staffing/Training

First Responders (non-transporting)

Standard:

2.06 Response. *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: Standard met.

All fire services provide first responder services. There are also law enforcement and industrial teams that may respond.

Staffing/Training

First Responders (non-transporting)

Standard:

2.07 Medical Control. *Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS Agency medical director.*

Current Status: Standard met.

The County EMS Agency policies and procedures manual provides medical protocols for EMS first responders. Monitoring and evaluation of first responder efforts have been incorporated within the County system. Fire first responders complete patient care report forms. Fire agencies provide first responder paramedic services under the medical oversight of the EMS Medical Director.

Staffing/Training

Transport Personnel

Standard:

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

Recommended Guidelines:

Defibrillation. *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: Standard and recommended guideline met.

Emergency ambulance staffing standard is that all emergency medical transport vehicles are staffed at the EMT-P level. All fire first responder units are staffed and equipped to provide defibrillation.

Staffing/Training

Hospital

Standard:

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

Current Status: Standard met.

All first responders, ambulance personnel and hospital personnel who provide direct emergency patient care are trained in CPR.

Staffing/Training

Hospital

Standard:

2.10 Advanced Life Support. *All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.*

Recommended Guideline:

Board Certification. *All emergency department physicians should be certified by the American Board of Emergency Medicine (ABEM).*

Current Status: Standard met.

All emergency department physicians and registered nurses that provide direct emergency patient care are trained in advanced life support. Most receiving hospitals do require that emergency physician staff be ABEM certified.

Staffing/Training

Advanced Life Support

Standard:

2.11 Accreditation Process. *The local EMS Agency shall establish a procedure for accreditation of advanced life support 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 improvement process.*

Current Status: Standard met.

Procedures are in place for accrediting advanced life support personnel that include orientation to system policies and procedures, orientation to roles and responsibilities of providers within the local EMS system, and testing for optional scopes of practice. Provider CQI programs must interface with the county process.

Staffing/Training

Advanced Life Support

Standard:

2.12 Early Defibrillation. *The local EMS Agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.*

Current Status: Standard met.

Policies and procedures for first responder defibrillation programs are in place.

Staffing/Training

Advanced Life Support

Standard:

2.13 Base Hospital Personnel. *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: Standard met.

Base hospital personnel are prepared to provide consultation to prehospital personnel and are familiar with radio communications techniques.

Communications

Communications Equipment

Standard:

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

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

The EMS communications plan includes common radio frequencies for use by ambulances and hospitals, the use of cell phones by paramedics, fire/ambulance radio communications, and CAD linkages among ambulance, fire and Sheriff's Dispatch centers. All elements of this plan are implemented except for final CAD linkages to some fire dispatch centers, which are in progress.

Communications

Communications Equipment

Standard:

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

Recommended Guideline:

Enhanced Radio Capability. *Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communications.*

Current Status: Standard and recommended guideline met.

Medical transport vehicles are required to have radio capability to communicate with dispatch, with fire agencies, and for ambulance to hospital communication.

Communications

Communications Equipment

Standard:

3.03 Interfacility Transfer. *Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities. This could be accomplished by cellular telephone.*

Current Status: Standard met.

All permitted ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through the MEDARS system (T-Band) frequencies and/or by cellular telephone.

Communications

Communications Equipment

Standard:

3.04 Dispatch Center. *All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the capability of communicating with a single dispatch center or disaster communications command post.*

Current Status: Standard met.

All ambulances are capable of communicating on the MEDARS radio system.

Communications

Communications Equipment

Standard:

3.05 Hospitals. *All hospitals within the EMS system shall (where physically possible) be able to communicate with each other by two-way radio.*

Recommended Guideline:

Access to Services. *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: Standard and recommended guideline met.

Although the MEDARS system is designed to permit radio communications between hospitals, ambulances and the County, design requires that hospitals communicate via the County Communications Center.

Communications

Communication Equipment

Standard:

3.06 MCI/Disasters. *The local EMS agency shall review communication 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: Standard met.

Emergency communications procedures are in place to provide system coordination during a multi-casualty or disaster event. The disaster plan including the communication component has been integrated with other agencies within the County.

Communications

Public Access

Standard:

3.07 9-1-1 Planning/Coordination. *The local EMS agency shall participate in on-going planning and coordination of the 9-1-1 telephone service.*

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

Enhanced 9-1-1 has been implemented in Contra Costa County, and is functional throughout the County.

3.08.1 Communications

Public Access

Standard:

3.08 9-1-1 Public Education. *The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service, as it impacts system access.*

Current Status: Standard met.

The EMS Agency, along with the EMCC has developed and distributes a 9-1-1 access brochure to assist with the educational process.

Communications

Resource Management

Standard:

3.09 Dispatch Triage. *The local EMS agency shall establish guidelines for proper dispatch triage, identifying appropriate medical response.*

Recommended Guideline:

Priority Reference System. *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: Standard met/Recommended guideline being addressed.

An Emergency Medical Dispatch program has been implemented throughout most of the County.

Communications

Resource Management

Standard:

3.10 Integrated Dispatch. *The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.*

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

Currently the County Sheriff operates in a radio communication and resource coordination role for emergency ambulances. Fire/ambulance/Sheriff's Dispatch CAD linkages assure coordinated response and enables Sheriff's Dispatch to maintain and ambulance unit status.

Response and Transportation

Standard:

4.01 Service Area Boundaries. *The local EMS agency shall determine the boundaries of emergency medical transportation service areas.*

Recommended Guidelines:

Formalized EOA's. *The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical exclusive operating areas (e.g., ambulance response zones).*

Current Status: Standard and recommended guideline met.

The Board of Supervisors has defined exclusive operating areas for EMS ground ambulance providers. These zones remain intact but have been informally restructured for purposes of data reporting.

Coordination With Other EMS Agencies.

No impact on other EMS Agencies.

Need(s): A review of exclusive operating area (EOA) boundaries needs to be conducted for both air and ground. Agreements are needed with air transport agencies.

Objective: Re-evaluate current configurations of exclusive operating areas and adjust if indicated.

Time Frame for Meeting Objective:

_____ Short-range Plan
 X Long-range Plan

Response and Transportation

Standard:

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

Recommended Guideline:

Licensing Mechanism. *The 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, wherever possible, replace any other local ambulance regulatory programs within the EMS area.*

Current Status: Standard and recommended guideline met.

A County ambulance ordinance and County contracts with emergency ground ambulance providers provide a mechanism for the local EMS Agency to permit and monitor medical transportation services.

Response and Transportation

Standard:

4.03 Classifying Medical Requests. *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: Standard met.

Criteria for determining the appropriate level of emergency medical response have been established.

Response and Transportation

Standard:

4.04 Pre-scheduled responses. *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 EMS agency policy.*

Current Status: Standard met.

Existing ALS provider system status plans do not allow for utilization of emergency resources for pre-scheduled non-emergency use.

Response and Transportation

Standard:

4.05 Response Time Standards. *Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of 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.*

Recommended Guideline:

Minimum Response Time Standards. *Emergency medical service areas designated so that, for 90% of emergent responses, the response time for each of the following does not exceed:*

- a) BLS/CPR provider
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible
- b) First responder defibrillation provider
Metro/urban--5 minutes
Suburban/rural-- as quickly as possible
Wilderness--as quickly as possible
- c) ALS provider (not functioning as first responder)
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible
- d) BLS/ALS transport (not functioning as first responder)
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

Current Status: Standard met/Recommended guidelines being addressed.

Emergency ambulance provider contracts and enhanced first responder agreements established by the EMS Agency specify response time standards. Response times are measured from receipt of call at secondary PSAP to arrival on scene. Standards are met for all transport and enhanced first responder providers.

Coordination With Other EMS Agencies.

No impact on other EMS Agencies.

4.06 Response and Transportation

Standard:

4.06 Staffing. All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS Agency regulations.

Current Status: Standard met.

Adequate regulations, policies and procedures exist to assure that ambulances are staffed and equipped according to current State and local standards.

Response and Transportation

Standard:

4.07 First Responder Agencies. *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: Standard met.

The EMS Agency has been integrally involved with first responder agencies in both first responder coordination, EMT training and elevation of programs to the first responder defibrillation level of care. Interest in ALS first response services has been raised by several fire agencies. A first responder master plan is in place that includes standards for enhanced first responder programs. Fire agencies electing to provide ALS first responder services have entered into written agreements with the EMS Agency. Such agreements include standards for quality improvement processes and data collection.

Response and Transportation

Standard:

- 4.08 Medical & Rescue Aircraft.** *The local EMS agency shall have a process for categorizing medical/rescue aircraft and shall develop policies/procedures for:*
- a) authorizing aircraft to be utilized in prehospital care.*
 - b) requesting of EMS aircraft.*
 - c) dispatching of EMS aircraft.*
 - d) determining EMS aircraft patient destination.*
 - e) orientation of pilots/flight crews to local EMS system.*
 - f) addressing and resolving formal complaints regarding EMS aircraft.*

Current Status: Standard met.

Helicopter guidelines provide a mechanism for emergency helicopter access. The EMS Agency has developed policies and procedures to classify and to authorize air medical programs to respond within the County.

Coordination With Other EMS Agencies.

No formal coordination with other local EMS agencies.

Response and Transportation

Standard:

4.09 Air Dispatch Center. *The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.*

Current Status: Standard met.

Air medical and air rescue requests are made by the appropriate fire/medical dispatch agency.

Response and Transportation

Standard:

4.10 Aircraft Availability. *The local EMS agency shall identify the availability of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS system.*

Current Status: Standard met.

Two air ambulance helicopter services provide emergency helicopter coverage on a daily rotation. Medical helicopters are requested through fire/medical dispatch centers. Procedures to classify and to authorize air medical programs to respond within the County have been developed. Enhanced written agreements are in draft.

Coordination With Other EMS Agencies.

No formal coordination with other EMS agencies.

Need(s): Enhanced written agreements with agencies providing air medical services are needed.

Objective: Complete the enhanced written agreement process for air ambulances.

Time Frame for Meeting Objective:

 X Short-range Plan

 Long-range Plan

Response and Transportation

Standard:

4.11 Specialty Vehicles. *Where applicable, the local EMS agency shall identify the availability and staffing of all terrain vehicles, snow mobiles, and water rescue and other transportation vehicles.*

Recommended Guidelines:

Planning for Response. *EMS agency should plan for response by and use of all terrain vehicles, snowmobiles, and water rescue vehicles in areas where applicable, which considers existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.*

Current Status: Standard met.

Individual fire and police agencies within the County have rescue capabilities relevant to local areas.

Coordination With Other EMS Agencies.

Not applicable.

Response and Transportation

Standard:

4.12 Disaster Response. *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: Standard met.

A comprehensive medical disaster plan following SEMS is in place for the County.

Response and Transportation

Standard:

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

Recommended Guideline:

Formal Agreements. *Mutual aid agreements and automatic aid agreements that identify the optimal configuration and responsibility for EMS responses are encouraged and coordinated by the county.*

Current Status: Standard and recommended guideline met.

Mutual aid responsibilities met through the California Master Mutual Aid Agreement.

Coordination With Other EMS Agencies.

Coordinated through State and Region II medical disaster plans.

Response and Transportation

Standard:

4.14 Incident Command System. *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: Standard met.

An effective comprehensive multi-casualty response plan is in place for EMS incidents within the County. The incident command system is utilized for multi-casualty incidents. Hospitals have adopted and trained in the Hospital Emergency Incident Command System.

Response and Transportation

Advanced Life Support

Standard:

4.17 ALS Equipment. All emergency ALS ambulances shall be appropriately equipped for the scope of practice of level of staffing.

Current Status: Standard met.

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped for the scope of practice of its level of staffing.

Response and Transportation

Ambulance Regulation

Standard:

4.18 Compliance. *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: Standard met.

The county has an ambulance permit process in place which pertains to ground ambulances. The county has written agreements with EMS ground providers that define and require compliance with EMS policies and procedures. The EMS agency has developed new policies and procedures for classification and authorization of EMS Aircraft. Written agreements are in draft.

Response and Transportation

Exclusive Operating Permits

Standard:

- 4.19 Transportation Plan.** *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: Standard met.

The Contra Costa County Board of Supervisors has approved an EMS ground transportation plan.

Response and Transportation

Exclusive Operating Permits

Standard:

4.20 "Grandfathering". 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 "grand fathering" under Section 1797.224, H&SC.

Current Status: Standard met.

Exclusive operating areas that have been granted comply with the H&S Code.

Response and Transportation

Exclusive Operating Permits

Standard:

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

Current Status: Standard met.

County ordinance, contracts and EMS Agency policies and procedures require compliance of ambulance providers.

Response and Transportation

Exclusive Operating Permits

Standard:

4.22 Evaluation. *The local EMS agency shall periodically evaluate the design of exclusive operating areas.*

Current Status:

Exclusive operating areas are periodically reviewed.

Facilities and Critical Care

Standard:

5.01 Assessment of Capabilities. *The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.*

Recommended Guideline:

Written Agreements. *The local EMS agency should have written agreements with acute care facilities in its services area.*

Current Status: Standard met/Recommended guideline being addressed.

The EMS Agency, in conjunction with the EMCC's Facilities & Critical Care standing committee, has developed and conducted an assessment of receiving hospital capabilities. Written contracts with receiving hospitals are being developed.

Facilities and Critical Care

Standard:

5.02 Triage & Transfer Protocols. *The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.*

Current Status: Standard met.

The local EMS Agency has developed comprehensive prehospital triage and transfer protocols.

Coordination With Other EMS Agencies.

There is coordination with Alameda County on trauma triage.

Facilities and Critical Care

Standard:

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

Current Status: Standard met.

The EMS Agency has developed criteria to help identify patients who should be considered for transport or transfer to facilities with specialized or limited capabilities and has assisted in developing transfer agreements among these facilities.

Coordination With Other EMS Agencies.

There is no formal coordination with other EMS Agencies.

Facilities and Critical Care

Standard:

5.04 Specialty Care Facilities. *The local EMS agency shall designate and monitor ambulance receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.*

Current Status: Standard met.

The EMS Agency designates and monitors ambulance receiving facilities, including a specialty care facilities for trauma patients. Work is being done to assure that children are transported to receiving hospitals specifically staffed and equipped to care for pediatrics patients.

Coordination With Other EMS Agencies.

The local trauma system/center evaluation process is performed in conjunction with neighboring Alameda County's trauma review process.

Facilities and Critical Care

Standard:

5.05 Mass Casualty Management. *The local EMS agency shall encourage hospitals to prepare for mass casualty management.*

Recommended Guideline:

Preparation. *The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for the coordination of hospital communication and patient flow.*

Current Status: Standard and recommended guideline met.

Contra Costa Health Services has a comprehensive plan in place for managing medical/health emergencies. The EMS Agency facilitates the Hospital Disaster Forum that provides an opportunity for hospital disaster planners, city disaster medical planners and the EMS Agency to share ideas and information. Individual hospitals have their own disaster and mass-casualty incident plans and have adopted the Hospital Emergency Incident Command System.

Facilities and Critical Care

Standard:

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

Current Status: Standard met.

Hospital evacuation guidelines were developed by the Bay Area Medical Mutual Aid (BAMMA) Committee and each hospital has an evacuation plan as required by law. Additionally, the County Multicasualty Incident Plan can be implemented to handle transport and distribution of patients from a hospital being evacuated.

Coordination With Other EMS Agencies.

Evacuation guidelines were developed in coordination with the other Bay area counties.

Facilities and Critical Care

Standard:

5.07 Base Hospital Designation. *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: Standard met.

Two hospitals have been designated as base hospitals in Contra Costa County (Mt. Diablo and John Muir Medical Centers). One, John Muir Medical Center, has also been designated to receive all of the trauma system base contacts. The hospitals were selected by application.

Coordination With Other EMS Agencies.

Not applicable.

Facilities and Critical Care

Trauma Care System

Standard:

- 5.08 Trauma System Design.** *Local EMS agencies that develop trauma care systems shall determine the optimal system, including:*
- a) *The number and level of trauma centers,*
 - 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 critical 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: Standard met.

A comprehensive trauma system plan, which addresses the points identified in the standard has been developed and adopted throughout the county. The County has designated one Level II trauma center.

Facilities and Critical Care

Trauma Care System

Standard:

5.09 Public Input. *In planning its trauma care system the local EMS agency shall ensure input from both providers and consumers.*

Current Status: Standard met.

The local trauma system planning process included broad multidisciplinary input including from consumers through several health services forums for the public and the EMCC.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

5.10 Pediatric System Design. *Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:*

- a) *Number/role of system participants, particularly ED's,*
- b) *Catchment area design with regard to workload/patient mix,*
- c) *Identification of patients to be primarily triaged or secondarily transferred to designated centers,*
- d) *Role of providers qualified to transport such patients to designated facilities,*
- e) *Identification of tertiary care centers for pediatric critical care and pediatric trauma,*
- f) *Role of non-pediatric, critical care hospitals including those outside the primary triage area,*
- g) *Plan for monitoring and evaluation of the system.*

Current Status: Standard met.

Prehospital treatment guidelines have been implemented for seriously ill or injured pediatric patients. Trauma system policies direct triage/transfer of seriously injured children to a pediatric trauma center. A comprehensive pediatric system plan is being developed. Considerations listed in the standard for optimal system design are or will be addressed.

Coordination With Other EMS Agencies.

The EMS Agency is working with Alameda County in pediatric emergency and critical care system design.

Need(s): A plan for optimal medical management of seriously ill children.

Objective: A pediatric emergency medical and critical care system plan in place.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

- 5.11 Emergency Departments.** *Local EMS agencies shall identify minimum standards for pediatric capability of an emergency department, 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, and*
 - f) *Data reporting to the local EMS agency.*

Recommended Guideline:

Identification Procedure. *A County EMS procedure for identifying emergency departments that meet standards for pediatric care, for pediatric critical care centers and pediatric trauma centers.*

Current Status: Standard being addressed.

The EMS Agency is considering the role of, and criteria for emergency departments when developing a pediatric system plan.

Need(s): To identify the capability of existing emergency departments in conjunction with the development of the pediatric system plan

Objective: Receiving hospitals optimally equipped and prepared to care for children.

Time Frame for Meeting Objective:

Short-range Plan

Long-range Plan

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems.

Standard:

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

Current Status: Standard met.

Public input, including input from prehospital, hospital providers and consumers is being requested through the EMCC, EMS Medical Advisory Committee, Facilities and Critical Care Standing Committee, and others.

Facilities and Critical Care

Other Specialty Care Systems

Standard:

5.13 Specialty System Design. *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 patient 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 evaluating the system.*

Current Status: Standard met.

The local EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans.

Facilities and Critical Care

Standard:

5.14 Public Input. *In planning other specialty care systems the local EMS agency shall ensure input from both providers and consumers.*

Current Status: Standard met.

The EMS Agency has and will ensure input from both providers and consumers when planning and developing specialty care systems.

Data Collection and System Evaluation

Standard:

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

Recommended Guideline:

Resources to Evaluate. *The local EMS agency should have the resources to evaluate response to and the care provided to specific patients.*

Current Status: Standard and recommended guideline met.

The EMS system has a quality improvement program in place that includes and addresses components identified in the minimum standard. Resources are available for the EMS Agency to evaluate response to and the care provided to individual patients. Implementation of an updated management information system is underway and when completed should provide a significant enhancement to the local QI program.

Data Collection and System Evaluation

Standard:

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

Current Status: Standard met.

The EMS Agency has established a prehospital care report (PCR) form that is completed by all contract emergency ambulance providers and paramedic first responders. A standard PCR for BLS first responder is in place. Copies of completed ambulance PCR's are submitted routinely to the receiving hospital, base hospital and upon request to the EMS Agency.

Data Collection and System Evaluation

Standard:

6.03 Prehospital Care Audits. *Audits of prehospital care, including both clinical and service delivery aspects, shall be conducted.*

Recommended Guidelines:

Linking Mechanism. *The local EMS agency should have a mechanism that links prehospital records with dispatch, emergency department, inpatient and discharge records.*

Current Status: Standard met/Recommended guideline being addressed.

Provider agencies, base hospitals and the EMS Agency perform audits of prehospital care. EMS Agency audits are often precipitated by complaints. Currently, prehospital records are manually linked with dispatch, emergency department, inpatient, and discharge records for critical trauma patients, cardiac arrest situations, and on a case-by-case, request for information basis. The EMS Agency has obtained a grant from EMSA to develop critical data linkages among prehospital care providers, hospitals, and the EMS Agency that will greatly enhance capability and will address Recommended Guidelines.

Need(s). To be able to track and evaluate overall care provided patients through all system providers.

Objective: A quality assurance/improvement plan designed to evaluate both clinical and service delivery aspects and is supported by a comprehensive data base.

Time Frame for Meeting Objectives.

 X Short-range Plan

 Long-range Plan

Data Collection and System Evaluation

Standard:

6.04 Medical Dispatch Evaluation. *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: Standard met.

The dispatch staff of three out of the four fire/medical dispatch centers in the county have implemented the Emergency Medical Dispatch program. This program provides pre-arrival instructions, and for ongoing monitoring and evaluation which is performed in conjunction with the EMS Agency. Dispatch staff of the fourth fire/medical dispatch center respond paramedics to all requests for medical assistance and do not provide pre-arrival directions.

Data Collection and System Evaluation

Standard:

6.05 Data Management System. *The local EMS agency shall establish a data management system that supports system-wide planning and evaluation (including identification of high-risk patient groups) and the QA audit of the care provided to specific patients. It shall be based on State standards (when they are available).*

Recommended Guidelines:

Integrated Data Management System. *The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The EMS agency should use patient registries, tracer studies, and other monitoring systems are used to evaluate patient care at all stages of the system.*

Current Status: Standard met/Recommended guideline being addressed.

Much work is being done locally to fully implement a comprehensive data management system. Prehospital response data is available for all responses, and clinical data is now captured. The current emphasis is on linking information from the various providers and developing programs to evaluate available data. Computer resources now available to EMS Agency staff now support the management of large amounts of data. Upon complete implementation of data management system, the Recommended Guidelines will be fully addressed.

Need(s): An integrated data management system to support a comprehensive quality assurance/improvement program.

Objective: An integrated data management system in place.

Time Frame for Meeting Objective:

 X Short-range Plan

 Long-range Plan

Data Collection and System Evaluation

Standard:

6.06 System Design/Operations Evaluation. *The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations. This shall include structure, process, and outcome evaluations, utilizing State standards and guidelines when they exist.*

Current Status: Standard met.

The EMS Agency has a program to evaluate system components. The review process will be significantly enhanced upon complete implementation of the integrated data management system.

Data Collection and System Evaluation

Standard:

6.07 Provider Participation. *The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.*

Current Status: Standard met.

Contracts and written agreements with EMS providers contain provisions that require participation in EMS system evaluation activities. Local EMS providers are interested and willing to participate in EMS system review processes. Such processes include participation on the Emergency Medical Care Committee and its specialized standing committees. EMS providers are also active participants on specialized evaluation projects and programs. Contract emergency ambulance providers submit to periodic program review.

Data Collection and System Evaluation

Standard:

6.08 Reporting. *The local EMS agency shall periodically report on EMS system operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).*

Current Status: Standard met.

The EMS Agency reports to the Board of Supervisors, the EMCC and its advisory committees on a regular basis.

Data Collection and System Evaluation

Standard:

6.09 ALS Audit. *The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (and alternative base station) and prehospital activities.*

Recommended Guidelines:

Integrated Data Management System. *The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.*

Current Status: Standard met/Recommended guideline being addressed.

Quality improvement procedures are used to evaluate care provided by paramedics and by base hospital personnel. Supported by a EMSA grant, work is underway to implement an integrated data management system links identified patient care data from dispatch center, first responder, transport provider and receiving hospital.

Need(s): A more efficient method for evaluating both prehospital and base hospital patient management.

Objective: Updated management information system in place.

Time Frame for Meeting Objective:

Short-range Plan
 Long-range Plan

Data Collection and System Evaluation

Trauma Care System

Standard: The local EMS agency shall develop a trauma system including:

6.10 Trauma System Evaluation. The local EMS agency shall develop a trauma system 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: Standard met.

The local trauma system evaluation process includes a comprehensive trauma registry, and a mechanism to identify "undertriaged" trauma patients, and methods to assure continued optimal operation.

Data Collection and System Evaluation

Trauma Care System

Standard:

6.11 Trauma Center Data. *The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance and system evaluation.*

Recommended Guideline:

Non-Trauma Center Data. *The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in its quality assurance/quality improvement and system evaluation program.*

Current Status: Standard and recommended guideline met.

The EMS Agency collects required trauma system data from the local designated level II trauma center, and seeks necessary trauma related data from the other hospitals that might, on occasion receive critical trauma patients.

Public Information and Education

Standard:

7.01 Public Information Materials. *The local EMS agency shall promote the development and dissemination of materials for the public that 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/safety habits as they relate to prevention/reduction of health risks in target areas.*
- f) *Appropriate utilization of ED's.*

Recommended Guideline:

Community Education Programs. *The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.*

Current Status: Standard and recommended guideline met.

The EMS Agency has developed information and materials for dissemination to the public including a 9-1-1 brochure, and has targeted schools countywide for distribution. EMS participants have been involved in the Health Services Division Prevention Programs including Child Injury Prevention Coalition, Violence Prevention, Drowning Prevention and in Child Death Review. The EMS Agency has acquired a "1-800-GIVE CPR" telephone number to promote CPR training. The designated trauma center and contract emergency ambulance providers are required to provide EMS related educational programs for the public. The EMS PIE Committee has also worked with the County fire agencies to assist in the provision of EMS related information and has participated in numerous Health Fairs.

Public Information and Education

Standard:

7.02 Injury Control. *The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.*

Recommended Guideline:

Programs for Targeted Groups. *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: Standard met.

The EMS Agency supports and provides resources to injury control efforts including the Child Injury Prevention Coalition of the Health Services Department. The local designated trauma center provides a trauma prevention education program directly and financially supports the county's programs to decrease violence and to prevent injury.

Public Information and Education

Standard:

7.03 Disaster Preparedness Promotion. *The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.*

Recommended Guideline:

Disaster Preparedness Activities. *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: Standard and recommended guideline met.

The EMS Agency works with the Office of Emergency Services and other local agencies in promoting and disseminating information to the public on disaster preparedness.

Public Information and Education

Standard:

7.04 First Aid and CPR Training. *The local EMS agency shall promote the availability of first aid and CPR training for the general public.*

Recommended Guideline:

Training Goals: *The local EMS agency should adopted a goal for training an appropriate percentage of the general public in first aide and CPR. A higher percentage should be achieved in high-risk groups.*

Current Status: Standard met.

The EMS Agency has taken a lead in promoting CPR training for the general public by maintaining the "800 GIVE-CPR" phone number which, when called, provides information regarding locations of citizen CPR classes. Multiple providers within the County have provided CPR training and are actively promoting such programs.

Disaster Medical Response

Standard:

8.01 Disaster Medical Planning. *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: Standard met.

The EMS Agency is actively involved in medical response planning for the county. The EMS Agency played a major role in developing a Multicasualty Response Plan that provides for a multidisciplinary response to incidents with multiple victims including hazardous materials medical incidents. The EMS Agency was also an important player in the recent revision of the Health Services Emergency Plan.

Disaster Medical Response

Standard:

8.02 Response Plans. *Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.*

Recommended Guidelines:

Model Plan. *The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.*

Current Status: Standard and recommended guideline met.

County Health Services has implemented a new comprehensive medical/health emergency plan for the county based on SEMS that interfaces with the County Disaster Plan. Medical response plans under SEMS are in place for a variety of potential disastrous or hazardous incidents.

Disaster Medical Response

Standard:

8.03 HAZMAT Training. *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: Standard met.

The County's fire departments and the County Health Services Hazardous Materials Division have addressed hazardous materials response. All emergency ambulance providers are required to attend eight hours of HAZMAT training.

Disaster Medical Response

Standard:

8.04 Incident Command System. *Medical response plans and procedures for catastrophic disasters shall use the Incident Command System as the basis for field management.*

Recommended Guidelines:

ICS Training. *The EMS agency should ensure that ICS training is provided for all medical providers.*

Current Status: Standard and recommended guideline met.

Medical response plans and procedures for catastrophic events use the incident command system (ICS) as the basis for field management and coordination. Training for incident command system activities by ambulance personnel is required in the emergency ambulance contracts.

Disaster Medical Response

Standard:

8.05 Distribution of Casualties. *The local EMS agency, using State guidelines when they are available, shall establish written procedures for distributing disaster casualties to the most appropriate facilities in its service area.*

Recommended Guidelines:

Special Facilities and Capabilities. *The local EMS agency, using State guidelines and in consultation with the Regional Poison Center, should identify hospitals with special facilities and capabilities for receipt and treatment of patient with radiation and chemical contamination and injuries.*

Current Status: Standard met.

Patient distribution procedures are provided for by the County multicasualty plan. Specialized HAZMAT training has been provided to hospital emergency personnel. All basic emergency departments are considered capable of receiving and treating patients with hazardous materials contamination.

Disaster Medical Response

Standard:

8.06 Needs Assessment. *The local EMS agency shall establish written procedures for early assessment of needs and resources and an emergency means for communicating requests to the State and other jurisdictions.*

Recommended Guideline:

Annual Exercises. *The local EMS agency's procedures for determining necessary outside assistance in a disaster should be exercised yearly.*

Current Status: Standard and recommended guideline met.

Specific components of the county disaster plan address out-of-county medical mutual aid requests. A comprehensive Regional Disaster Health and Medical Coordination (RDHMC) system has been established in Region II with the CCC EMS Agency as the lead. The EMS Agency maintains RIMS server that replicates with Region II OES.

Disaster Medical Response

Standard:

8.07 Disaster Communication. A specific frequency (e.g., *CALCORD*) or frequencies shall be identified for interagency communication and coordination during a disaster.

Current Status: Standard met.

CALCORD is the frequency in the County for interagency coordination at the command level. Fire and emergency ambulance units are capable of unit to unit communication, and a single frequency has been identified for this purpose. All paramedic ambulances are equipped with cellular telephones.

Disaster Medical Response

Standard:

8.08 Inventory of Resources. *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 the service area.*

Recommended Guidelines:

Medical Resource Provider Agreements. *The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated disaster medical resource providers.*

Current Status: Standard met.

Resource directories have been developed by County OES and by the EMS Agency. There are no plans to require emergency medical providers and health care facilities to develop written agreements with anticipated disaster medical resource providers.

Disaster Medical Response

Standard:

8.09 DMAT Teams. *The local EMS agency shall establish and maintain relationships with disaster medical assistance teams (DMAT) teams in its area.*

Recommended Guideline:

Local DMAT Team. *The local EMS agency supports the development and maintenance of DMAT teams in its area.*

Current Status: Standard and recommended guideline met.

The county sponsors and supports the OES Region II DMAT team, CA-6.

Disaster Medical Response

Standard:

8.10 Mutual Aid Agreements. *The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES Region and elsewhere, as needed, to ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be available during significant medical incidents and during periods of extraordinary system demand.*

Current Status: Standard met.

Inter-county medical mutual aid planning has been extensive particularly in the EMS Agency's role with the Bay Area Medical Mutual Aid (BAMMA) Committee and as the Regional Disaster Medical Health Coordinator (RDMHC). The County is signatory to the California Mutual Aid Agreement.

Disaster Medical Response

Standard:

8.11. CCP Designation. *The local EMS agency, in coordination with the local OES and County health officer(s), and using State guidelines when they are available, shall designate casualty collection points (CCP's).*

Current Status: Standard met.

CCP sites have been designated for all areas of the County.

Disaster Medical Response

Standard:

8.12 Establishment of CCP's. *The local EMS agency shall develop plans for establishing CCP's and a means for communicating with them.*

Current Status: Standard met.

CCP sites have been designated. There is a plan to dispatch an ambulance to the CCP to communicate with the County EOC.

Disaster Medical Response

Standard:

8.13 Disaster Medical Training. *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 substance.*

Recommended Guideline:

EMS Responders Appropriately Trained. *The EMS agency should assure 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: Standard and recommended guideline met.

Policies, procedures, and treatment guidelines for substance specific hazardous material incidents have been developed. EMS Agency requires eight hours of HAZMAT training for all ambulance personnel. EMS providers participate in training exercises.

Disaster Medical Response

Standard:

8.14 Hospital Plans. *The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disaster are fully integrated with the County's medical response plan(s).*

Recommended Guideline:

Hospital Disaster Drills. *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: Standard and recommended guideline met.

Hospitals have internal and external disaster plans in place. There is integration with the County's disaster plans. EMS Agency facilitates the Hospital Disaster Forum for hospitals to share ideas and assist each other in disaster planning.

Disaster Medical Response

Standard:

8.15 Inter-hospital Communications. *The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.*

Current Status: Standard met.

Although the MEDARS system is designed to permit radio communications between hospitals, ambulances and the County, design requires that hospitals communicate via the County Communications Center. Planning is underway to develop a inter-hospital communications system which will link hospitals with each other and the EMS Agency.

Disaster Medical Response

Standard:

8.16 Prehospital Agency Plans. *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.*

Recommended Guideline:

Prehospital Training. *The local EMS agency ensures 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: Standard and recommended guideline met.

All hospitals and medical response agencies have written policies and procedures for the management of significant medical incidents. Not all hospitals participate in multi-agency exercises on an annual basis.

Disaster Medical Response

Advanced Life Support

Standard:

8.17 ALS Policies. *The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.*

Current Status: Standard met.

Current policies waive restrictions on responders during disasters. There are reciprocal agreements with other county EMS agencies.

Disaster Medical Response

Critical Care System

Standard:

8.18 Specialty Center Roles. *Local EMS agencies developing trauma or other critical care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.*

Current Status: Standard met.

In a significant medical incident, trauma or other specialty center designation would not be taken into consideration in patient triage.

Disaster Medical Response

Exclusive Operating Areas/Ambulance Regulation

Standard:

8.19 EOA/Disasters. *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: Standard met.

Current policies and County contracts with providers allow exclusivity waiver in the event of disaster and mutual aid requests.

Major System Changes

EMS System Management and Organization

The Contra Costa EMS system advisory committee structure has been revised to include a reorganization of the Emergency Medical Care Committee (EMCC) membership, mission and expectations. The EMCC continues to provide system oversight but has expanded its charge to include input into the broad-based planning steps called for in this plan.

To accomplish this task initially, seven advisory committees were formed as standing committees of the EMCC. These standing committees were charged with:

1. Evaluating the local EMS system based on the standards and goals identified in the plan,
2. refining system needs, and,
3. setting priorities.

The subcommittees continue to meet as needed to monitor system changes. Medical audit committees are now the responsibility of the EMS Medical Director. The EMCC and its subcommittees are advisory to the County Board of Supervisors, the Health Services Director, and the EMS Agency.

EMS Agency staff functions and assignments have been evaluated and consolidated in light of Plan priorities and goals. A computer system upgrade has expanded EMS staff capabilities in data management and one staff member has received training in information system management. The Data Linkage and Outcome Project funded by EMSA will provide expertise and direction to support the information needs of the system and will set foundation for the quality improvement commitment in this plan.

A half-time EMS Medical Director experienced in emergency medicine and emergency medical systems joined the Agency in 1995. The EMS Medical Director reports to the EMS Director and the Health Officer and provides medical oversight and direction on all medical policies. This individual is responsible for overseeing the development of the CQI model, participates in the development of and changes in the local EMS delivery model, and participates on advisory committees.

Staffing and Training

Emergency Medical Dispatch (EMD) in accordance with State EMD Guidelines has been adopted countywide and currently dispatchers covering over 90% of the county are

trained and tested according to these standards. Virtually all fire first responders are trained to the EMT-I level at a minimum, and the number trained as paramedics has increased substantially.

Communications

There has been continued development and fine-tuning of EMS communication capabilities. Dispatchers at two additional EMS dispatch centers have been trained in Emergency Medical Dispatch. EMS Agency staff is working with local hospitals to increase communications capabilities among the hospitals and the county.

Response and Transportation

Significant time and effort has been spent reviewing and re-evaluating the model used for response to emergency medical requests. In cooperation with the EMS Agency, several local fire first-responder agencies have implemented and/or expanded first responder advanced life support programs. Changes in ambulance staffing configuration are contemplated, but have not yet been achieved.

The Moraga Fire Protection District and the Orinda Fire Protection District have merged to form the independent Moraga-Orinda Fire Protection District. Fire paramedics are dispatched to 9-1-1 requests within the District.

Two currently classified and accredited air medical providers are based within the County. In conjunction with the EMS Agency, the providers have developed and participate in a call response rotation system.

Facilities and Critical Care

In the past three years two hospitals (One standby and one basic emergency facility) downgraded emergency services capabilities so that they no longer received emergency ambulance patients. One of these facilities recently upgraded hospital services which has resulted in a policy that permits that certain patients be transported to that facility, and plans are in place to further upgrade to basic emergency status in early 2000. When faced with an apparent shortage of emergency and critical care resources in the winter of 1998, the local County Board of Supervisors declared a local emergency. In response, the EMCC Facilities and Critical Care Subcommittee, local hospitals and the EMS Agency worked throughout the year to develop and implement procedures for internal hospital resource evaluation and preparedness, for communication of hospital status to EMS and other hospitals and for hospital resources/capabilities assessment.

The EMSA funded a three-year project to determine alternatives to the Poison Control Center approach to providing clinical and practical advice on poisonings. In 1997 a statewide poison control system was implemented.

Data Collection and System Evaluation

The EMS agency has made data collection and system evaluation a priority. Prehospital CQI programs are now supported by prehospital care reports and clinical data computerized in the field using the Westech program. Ambulance dispatch and fire dispatch centers are linked so that the transport ambulance gets the call at the same time as fire first responders, decreasing response time. With EMSA block grant funding, work is underway to facilitate prehospital--hospital data linkage so that all phases of prehospital to hospital care for a patient may be reviewed.

Public Information and Education

Public education efforts are directed towards 9-1-1 and EMS system awareness through distribution of a brochure designed to inform Contra Costans about their local system. Brochures are distributed at health fairs and other community activities. Distribution has been targeted at the families of elementary school children. The EMS Agency maintains its 1-800-GIVECPR phone line that is identified in the health section of local telephone books. This program is designed to advise callers about CPR classes in their neighborhoods.

Disaster Medical Response

Disaster planning continues to be a high local priority. SEMS has been adopted by county emergency response agencies. Health Department emergency response personnel have been trained in SEMS. All local acute care hospitals have adopted and done extensive training in the Hospital Emergency Incident Command System (HEICS). The EMS Agency along with local hospitals is exploring hospital communications network options.

Contra Costa Health services is the sponsor of the Bay Area Disaster Medical Assistance Team (DMAT). Having its designation elevated to Level II honored this DMAT, one of only eight within California, by the US Public Services and Office of Emergency Preparedness.

Specific Objectives

Significant progress has been made in meeting many of the objectives identified in the five-year plan. Specific information has been incorporated into the revised System Assessment Form for each standard.

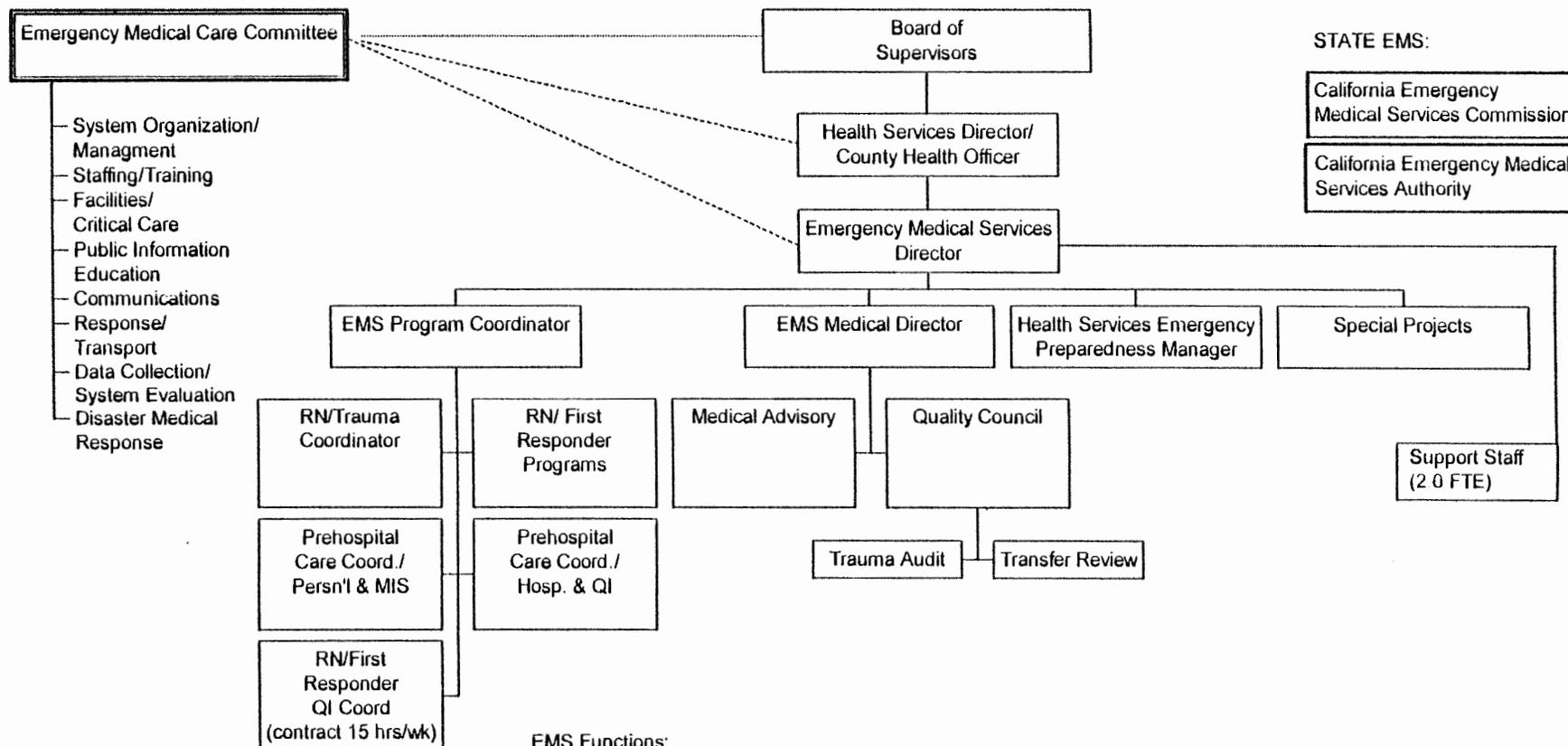
Timeline/Actions:

The following objectives have been identified to see that the one unmet standard is addressed and that eleven others are reassessed and updated if necessary.

	Standard	Met?	Objective	Time Frame
1.14	Policy/Procedure manual	Yes	Develop a system for regular review/update of EMS policies and procedures.	1 – 2 years
1.15	Compliance With System Policies	Yes	Review and update local ambulance ordinance.	3 – 5 years
1.18	QA/QI	Yes	Implement a system-wide CQI plan that is monitored by a quality council and integrates individual provider QI plans.	3 – 5 years
1.27	Pediatric System Plan	No	Implement a comprehensive pediatric emergency medical and critical care system plan.	3 – 5 years
1.28	Exclusive Operating Area Plan	Yes	Review, and if necessary, redesign the EOA system	3 – 5 years
4.01	Service Area Boundaries	Yes	Re-evaluate current configurations of exclusive operating areas and adjust of indicated.	3 – 5 years
4.10	Aircraft Availability	Yes	Complete the enhanced written agreement process for air ambulances	1 – 2 years
5.10	Pediatric System Design	Yes	Formalize emergency medical and critical care system plan in place for pediatric patients.	1 – 2 years
5.11	Emergency Departments – Pedi Standards	Standard being addressed.	See that receiving hospitals are optimally equipped and prepared to care for children.	1 – 2 years
6.03	Prehospital Care Audits	Yes	A comprehensive database in place to support a quality assurance/improvement program that evaluates prehospital and base hospital patient management.	1 – 2 years
6.05	Data Management System	Yes	Complete implementation of an integrated data management system.	1 – 2 years
6.09	ALS Audit	Yes	A comprehensive database in place to support a quality assurance/improvement program that evaluates both clinical and service delivery aspects of management.	1 – 2 years

Contra Costa Health Services, Emergency Medical Services

Organizational Chart



STATE EMS:

California Emergency Medical Services Commission

California Emergency Medical Services Authority

- System Organization/ Management
- Staffing/Training
- Facilities/ Critical Care
- Public Information
- Education
- Communications
- Response/ Transport
- Data Collection/ System Evaluation
- Disaster Medical Response

EMS Functions:

- Provide overall coordination of County EMS System.
- Regulate emergency ambulance services.
- Regulate County Trauma System
- Establish prehospital treatment protocols
- Approve and monitor paramedic programs.
- Approve and monitor first responder defibrillation programs.
- Provide medical disaster planning and coordinate medical disaster response.
- Provide medical disaster planning and coordinate medical disaster response.
- Review interfacility patient transfers.
- Review and approve training programs for prehospital personnel.
- Conduct certification program for prehospital personnel.
- Administer County Service Area EM-1 to provide enhancements to the EMS system.

SYSTEM RESOURCES AND OPERATION

EMSA TABLE 2: System Organization and Management

EMS System: Contra Costa County Reporting Year 1998

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Contra Costa County

a. Basic Life Support (BLS)	_____ %
b. Limited Advanced Life Support (LALS)	_____ %
c. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency _____ a _____
 - a - Public Health Department
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-profit Entity
 - f - Other: _____

3. Person responsible for day-to-day EMS Agency activities reports to _____ b _____
 - a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other: County Health Officer

4. Indicate the non-required functions which are performed by the Agency

Implementation of exclusive operating areas (ambulance franchising)	_____ <u>X</u> _____
Designation of trauma centers/trauma care system planning	_____ <u>X</u> _____
Designation/approval of pediatric facilities	_____ _____
Designation of other critical care centers	_____ _____
Development of transfer agreements	_____ <u>X</u> _____
Enforcement of local ambulance ordinance	_____ <u>X</u> _____
Enforcement of ambulance service contracts	_____ <u>X</u> _____
Operation of ambulance service	_____ _____
Continuing education	_____ _____

EMSA TABLE 2 - System Organization & Management (cont.)

EMS System: Contra Costa County Reporting Year: 1998

Personnel training	<u>X</u>
Operation or oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u> </u>
Administration of critical incidents stress debriefing (CISD) team	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u>X</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other:	
Other:	
Other:	

5. EMS Agency budget for FY 1997-98

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ <u>715,592</u>
Contract Services (e.g. medical director)	<u>100,000</u>
Operations (e.g. copying, postage, facilities)	<u>340,005</u>
Travel	<u>NA</u>
Fixed assets	<u>NA</u>
Indirect expenses (overhead)	<u>357,720</u>
Ambulance subsidy	<u>2,436,284</u>
EMS Fund payments to physicians/hospital	<u>843,569</u>
Dispatch center operations (non-staff)	<u>240,522</u>
Training program operations	<u>NA</u>
Other: <u>1st Responder Enhancements</u>	<u>456,902</u>
Other:	<u> </u>
Other:	<u> </u>
TOTAL EXPENSES	\$ <u>5,490,594</u>

EMSA TABLE 2 - System Organization & Management (cont.)

EMS System: Contra Costa County Reporting Year: 1998

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	\$ <u>90,000</u>
Office of Traffic Safety (OTS)	<u>NA</u>
State general fund	<u>NA</u>
County general fund	<u>613,601</u>
Other local tax funds (e.g., EMS district)	<u> </u>
County contracts (e.g. multi-county agencies)	<u>NA</u>
Certification fees	<u>5,000</u>
Training program approval fees	<u>NA</u>
Training program tuition/Average daily attendance funds (ADA)	<u> </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>NA</u>
Base hospital application fees	<u>NA</u>
Base hospital designation fees	<u>NA</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>75,000</u>
Pediatric facility approval fees	<u>NA</u>
Pediatric facility designation fees	<u>NA</u>
Other critical care center application fees	<u>NA</u>
Type: <u> </u>	<u> </u>
Other critical care center designation fees	<u>NA</u>
Type: <u> </u>	<u> </u>
Ambulance service/vehicle fees	<u>NA</u>
Contributions	<u>NA</u>
EMS Fund (SB 12/612)	<u>843,569</u>
Other grants: <u> </u>	<u>NA</u>
Other fees: <u>Assessment</u>	<u>3,863,424</u>
Other (specify): <u>Adm. Collection</u>	<u>357,720</u>
TOTAL REVENUE	\$ <u>5,490,594</u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.

EMSA TABLE 2 - System Organization & Management (cont.)

EMS System: Contra Costa County

Reporting Year: 1998

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	\$35.83	30%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	EMS Program Coord.	1	\$32.33	30%	
ALS Coord./ Field Coord./ Trng Coord.	1. First Responder Prog./Training Coord.	1	\$31.99	30%	
	2. Prehospital Care Coord. QI/Hospitals	1	\$31.98	30%	
	3. Prehospital Care Coord. Field	1	\$31.98	30%	
Program Coord./ Field Liaison (Non-clinical)					
Trauma Coord.	EMS Trauma Coord.	1	\$31.99	30%	
Med. Director	Asst. EMS Medical Director	0.5			

EMSA TABLE 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of salary)	COMMENTS
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					
Dispatch Super.					
Medical Planner					
Dispatch Super.					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	1. Clerk - Experienced 2. Clerk - Senior	1 1	\$14.40 \$16.72	30% 30%	
Data Entry Clerk					

EMSA TABLE 3 - Personnel/Training

EMS System: Contra Costa County

Reporting Year: 1997

	EMT-I's	EMT - II's	EMT- P's	MICN's	EMS Dispatchers
Total certified	NA			60	
Number of newly certified this year	NA			NA	
Number of certified this year	315			31	
Number of certificate reviews resulting in:			4	1	
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials					
g) no action taken			3	1	
h) referred to EMSA			1		

1. Number of EMS dispatchers trained to EMSA standards: 0

2. Early defibrillation:

 a) Number of EMT-I (defib) certified 300

 b) Number of public safety (defib) certified (non-EMTI) 600

3. Do you have a first responder training program? yes X no

SYSTEM RESOURCES AND OPERATIONS

EMSA TABLE 4 - Communications

EMS System: Contra Costa County Reporting Year: 1997

1. Number of primary Public Service Answering Points (PSAP) 10
2. Number of secondary PSAP's 2
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS aircraft 5
5. Do you have an operational area disaster communication system? yes no
 - a. Radio primary frequency
MEDARS (T-Band) 4 channel
 - b. Other methods
Alternative telephone system; local government radio frequencies
 - 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
 - 1) Within the operational area? yes no
 - 2) Between the operational area and region and/or state? yes no
6. Who is your primary dispatch agency for day-to-day emergencies?
Four designated fire/medical dispatch centers.
7. Who is your primary dispatch agency for a disaster?
Sheriff's Dispatch

EMSA TABLE 5 - Response/Transportation

EMS System: Contra Costa County Reporting Year: 1997

TRANSPORTING AGENCIES

1. Number of exclusive operating areas	<u>5</u>
2. Percentage/population covered by Exclusive Operating Areas	<u>100 %</u>
3. Total number responses	<u>52,14</u>
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>52,143</u>
b) Number non-emergency responses (Code 1: normal)	<u>unknown</u>
4. Total number of transports	<u>36,877</u>
a) Number or emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>36,877</u>
b) Number of non-emergency transports (Code 1: normal)	<u>unknown</u>

Early Defibrillation Programs

5. Number of public safety defibrillation programs	<u>9</u>
a) Automated	<u>9</u>
b) Manual	<u>NA</u>
6. Number of EMT-Defibrillation programs	<u>1</u>
a) Automated	<u>1</u>
b) Manual	<u>0</u>

Air Ambulance Services

7. Total number or responses	<u>unknown</u>
a) Number of emergency responses	<u>unknown</u>
b) Number of non-emergency responses	<u>unknown</u>
8. Total number of transports	<u>273</u>
a) Number of emergency (scene) responses	<u>273</u>
b) Number of non-emergency responses	<u>unknown</u>

* Includes interfacility transfers.

EMSA TABLE 5 - Response/Transportation (cont.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	varies by local jurisdiction	N/A	N/A	N/A
2. Early defibrillation capable responder.	varies by local jurisdiction	N/A	N/A	N/A
3. Advanced life capable responder.	7.0 minutes*	N/A	N/A	N/A
4. EMS transport unit.	7.0 minutes*	N/A	N/A	N/A

* Official response performance standard equals 10 minutes 95% of the time. Providers average the above performance

EMSA TABLE 6 - Facilities/Critical Care

EMS System: Contra Costa County Reporting Year: 1997

Trauma care system - based on admittance data

1. Trauma patients:
 - a) Number of patients meeting trauma triage criteria 997
 - b) Number of major trauma victims transported directly to a trauma center by ambulance 957
 - c) Number of major trauma patients transferred to a trauma center 37
 - d) Number of patients meeting triage criteria who weren't treated at a trauma center 38

Emergency departments:

2. Total number of emergency departments 9
 - a) Number of referral emergency services 0
 - b) Number of standby emergency services 1
 - c) Number of basic emergency services 8
 - d) Number of comprehensive emergency services 0
3. Number of receiving hospitals with agreements 0

EMSA TABLE 7 - Disaster Medical

EMS System: Contra Costa County Reporting Year: 1998

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCP's located? on file at the EMS Agency
- b. How are they staffed? no staffing plan
- c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

Do you have a CISD provider with 24-hour capability? yes X no

3. Medical Response Team

- a. Do you have any team medical response capability? yes X no
- b. For each team, are they incorporated into your local response plan? yes no
- c. Are they available for statewide response? yes X no
- d. Are they part of a formal out-of state response system? yes no

4. Hazardous materials

- a. Do you have any HAZMAT trained medical response teams? yes X no
- b. At what HAZMAT level are they trained? First Responder
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

- 1. Are you using a standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
- 2. What is the maximum number of local jurisdiction EOC's you will need to interact with in a disaster? 20
- 3. Have you tested your MCI Plan this year in a:
 - a. real event? yes X no
 - b. exercise? yes X no

RESOURCES DIRECTORY TABLES

EMSA TABLE 8 – Providers

County: Contra Costa County

Reporting Year: 1998

Name, address & telephone: American Medical Response West 2350 Whitman Rd. Suite F Concord, CA 94518 925-602-1300		Primary Contact: Leslie Mueller Director of Operations, CCC			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS <u>0</u> PS-Defib. <u>56</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>103</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>51</u>

Name, address & telephone: San Ramon Valley Fire Protection District 1500 Bollinger Canyon Road San Ramon, CA 94583 925-838-6691		Primary Contact: Chief Rick Probert			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS <u>29</u> PS-Defib. <u>105</u> BLS <u>105</u> EMT-D <u>0</u> LALS <u>32</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>7*</u> * Staffed and unstaffed.

EMSA TABLE 8 - Providers (cont.)

Name, address & telephone: Moraga-Orinda Fire Protection District 1280 Moraga Way Moraga, CA 94556 925-258-4599		Primary Contact: Chief Jim Johnston			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>0</u> PS <u>57</u> PS-Defib. <u>31</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>26</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>2</u>

Name, address & telephone: Contra Costa County Fire Protection District 2010 Geary Road Pleasant Hill, CA 94523 925-939-3400		Primary Contact: EMS Chief Stephen Maiero			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>361</u> PS <u>30</u> PS-Defib. <u> </u> BLS <u>300</u> EMT-D <u> </u> LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

EMSA TABLE 8 - Providers (cont.)

Name, address & telephone:		Bethel Island Fire Protection District P.O. Box 623 Bethel Island, CA 94511 925-684-2211		Primary Contact: Chief Dave Wahl	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> </u> PS <u> 6 </u> PS-Defib. <u> 6 </u> BLS <u> 12 </u> EMT-D <u> 0 </u> LALS <u> 15 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u> 0 </u>

Name, address & telephone:		Crockett-Carquinez Fire Protection District 746 Loring Avenue Crockett, CA 94525 510-787-2717		Primary Contact: Chief Littleton, Jr.	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> 11 </u> PS <u> 17 </u> PS-Defib. <u> 6 </u> BLS <u> 0 </u> EMT-D <u> 0 </u> LALS <u> 0 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u> 0 </u>

EMSA TABLE 8 - Providers (cont.)

Name, address & telephone:		East Diablo Fire Protection District 134 Oak Street Brentwood, CA 94513 925-634-3400		Primary Contact: Chief Paul Hein	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>49</u> PS <u>45</u> PS-Defib. <u>30</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

Name, address & telephone:		El Cerrito Fire Department 10900 San Pablo Avenue El Cerrito, CA 94530 510-215-4450		Primary Contact: Chief Mark Scott	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>0</u> PS <u>33</u> PS-Defib. <u>33</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

EMSA TABLE 8 - Providers (cont.)

Name, address & telephone:		Pinole Fire Department 880 Tennent Avenue Pinole, CA 94564 510-724-8970		Primary Contact: Chief Jim Parrott	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>6</u> PS <u>30</u> PS-Defib. <u>24</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

Name, address & telephone:		Richmond Fire Department 330 25th Street Richmond, CA 94804 510-307-8031		Primary Contact: Chief Alford Nero	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>0</u> PS <u>92</u> PS-Defib. <u>92</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u>0</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

MSA TABLE 8 - Providers (cont.)

Name, address & telephone:		Rodeo-Hercules Fire Protection District 1680 Refugio Valley Road Hercules, CA 94547 510-799-4561		Primary Contact: Chief Dennis Salmi	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> Air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>13</u> PS <u>34</u> PS-Defib. <u>21</u> BLS <u>0</u> EMT-D <u>0</u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: <u>0</u>

EMSA TABLE 9 - Approved Training Programs

EMS System: Contra Costa County

Reporting Year: 1998

Training Institution Name / Address		Contact Person telephone no.
Los Medanos College 2700 East Leland Road Pittsburg, CA 94565		William Crouch 925-798-3500 x347, or Public Safety Training x242
Student Eligibility: * Open to the general public.	Cost of Program Basic: Contact LMC Public Safety Training Center for brochure. Refresher: Contact LMC Public Safety Training Center for brochure.	**Program Level: Paramedic Training Number of students completing training per year: Initial training: 50 Refresher: 50 + Cont. Education: NA Expiration Date: Number of courses: Initial training: 2 Refresher: NA Cont. Education: multiple

* 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.

EMSA TABLE 9 - Approved Training Programs (cont.)

Training Institution Name / Address

Contact Person telephone no.

Los Medanos College 2700 East Leland Road Pittsburg, CA 94565		William Crouch 510-798-3500 x347
Student Eligibility: * Open to the general public.	Cost of Program Basic: Contact LMC Public Safety Training Center for brochure Refresher: Contact LMC Public Safety Training Center for brochure \$26.00	**Program Level: <u>EMT Training</u> Number of students completing training per year: Initial training: 100-200 Refresher: 50 Cont. Education: 100 + Expiration Date: Number of courses: Initial training: 4 Refresher: 2 Cont. Education: multiple

Contra Costa College 2600 Mission Bell Drive San Pablo, CA 94806		Michael Frith 510-235-7800 x.229
Student Eligibility: * Open to the general public.	Cost of Program Basic: \$78.00 Refresher: \$30.50	**Program Level: <u>EMT Training</u> Number of students completing training per year: Initial training: 35-40 Refresher: 35-40 Cont. Education: 0 Expiration Date: Not available Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 0

EMSA TABLE 9 - Approved Training Programs (cont.)

Training Institution Name / Address

Contact Person telephone no.

Mt. Diablo Adult Education 1266 San Carlos Avenue Concord, CA 94518		Holly Bennet 510-685-7340
Student Eligibility: * Open to the general public.	Cost of Program Basic: \$125.00 – 1st responder \$555.00 - EMT Refresher: \$ 84.00	**Program Level: EMT Training Number of students completing training per year: Initial training: 45 Refresher: 0 Cont. Education: 10 Expiration Date: 8/30/95 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: Unavailable

EMSA TABLE 10 - Facilities

EMS System: Contra Costa County

Reporting Year: 1998

Name, address & telephone: Contra Costa Regional Medical Center 2500 Alhambra Avenue Martinez, CA 94553 925-370-5000		Primary Contact: Administration		
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:**** _____

Name, address & telephone: Doctor's Medical Center, Pinole 2151 Appian Way Pinole, CA 94564 510-724-5000		Primary Contact: Administration		
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.

EMSA TABLE 10 - Facilities (cont.)

Name, address & telephone: Doctors' Medical Center, San Pablo 2000 Vale Road San Pablo, CA 94806 510-235-7000		Primary Contact: Administration		
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:**** _____

Name, address & telephone: John Muir Medical Center 1601 Ygnacio Valley Road Walnut Creek, CA 94598 925-939-3000		Primary Contact: Administration		
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** II

- * 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.

EMSA TABLE 10 - Facilities (cont.)

Name, address & telephone: Kaiser Medical Center-Richmond 1330 So. Cutting Blvd. Richmond, CA 94801 510-307-1500		Primary Contact: Administration		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input 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:**** _____

Name, address & telephone: Kaiser Medical Center-Walnut Creek 1425 South Main Street Walnut Creek, CA 94596 925-295-4000		Primary Contact: Administration		
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.

EMSA TABLE 10 - Facilities (cont.)

Name, address & telephone: Mt. Diablo Medical Center P.O. Box 4110 2540 East Street Concord, CA 94524 925-682-8200		Primary Contact: Administration		
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:**** _____

Name, address & telephone: San Ramon Regional Medical Center 6001 Norris Canyon Road San Ramon, CA 94583 925-275-9200		Primary Contact: Administration		
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.

EMSA TABLE 10 - Facilities (cont.)

Name, address & telephone: Sutter Delta Medical Center 3901 Lone Tree Way Antioch, CA 94509 925-779-7200		Primary Contact: Administration		
Written Contract ___ yes <input checked="" type="checkbox"/> no	Referral emergency service ___ Standby emergency service ___ Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service ___	Base Hospital: ___ yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* ___ yes <input checked="" type="checkbox"/> no	
EDAP:** ___ yes <input checked="" type="checkbox"/> no	PICU:*** ___ yes <input checked="" type="checkbox"/> no	Burn Center: ___ yes <input checked="" type="checkbox"/> no	Trauma Center: ___ 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.

EMSA TABLE 11 - Dispatch Agency

EMS System: Contra Costa County

Reporting Year: 1998

Name, address & telephone: Sheriff's Communications 40 Glacier Drive Martinez, CA 94553 925-646-2441		Primary Contact: Commander Kathryn Holmes 925-646-2447	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal Number of Ambulances: _____

Name, address & telephone: Contra Costa Fire 2010 Geary Road Pleasant Hill, CA 94523 925-930-3400		Primary Contact: Chief Keith Richter 925-939-5550	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>4</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal Number of Ambulances: _____

EMSA TABLE 11 - Dispatch Agency (cont.)

Name, address & telephone: Richmond Police/Fire 401 27th Street Richmond, CA 94804		Primary Contact: Lt. Lori Ritter 510-620-6901	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel providing services: <input type="checkbox"/> 20 EMD Training <input type="checkbox"/> BLS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal
		Number of Ambulances: _____	

Name, address & telephone: San Ramon Valley Fire 1500 Bollinger Canyon Road San Ramon, CA 94583		Primary Contact: Chief Rick Probert 925-837-4212	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel providing services: <input type="checkbox"/> 10 EMD Training <input type="checkbox"/> BLS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire district <input type="checkbox"/> Federal
		Number of Ambulances: _____	

EMSA TABLE 11 - Dispatch Agency (cont.)

Name, address & telephone: West Bay Police/Fire 880 Tennent Avenue Pinole, CA 94564		Primary Contact: Chief Ted Barnes 510-724-8950	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire district <input type="checkbox"/> Federal
		Number of Ambulances: _____	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Contra Costa Emergency Medical Services.
Area or subarea (Zone) Name or Title: Emergency Response Area 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Moraga-Orinda Fire Protection District.
Area or subarea (Zone) Geographic Description: Territory of the Moraga-Orinda Fire Protection District.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance (all calls requiring emergency ambulance response).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Moraga Fire Protection District began providing paramedic ambulance service throughout the territory of its jurisdiction in June 1977 and has continued on an uninterrupted basis. In December 1997, the territory of the Moraga Fire Protection District was combined with the territory of the Orinda Fire Protection District, a new Moraga-Orinda Fire Protection District formed, and the County exclusive operating area agreement updated effective December 1, 1997 to reflect the expanded territory.

CONTRA COSTA County

EXCLUSIVE OPERATING AREAS FACT SHEET

1. **Area or subarea (zone) name or title:** ERA 5
2. **Name(s) of current provider(s):** American Medical Response West
3. **Area or subarea (zone) geographical description:** Emergency response area five includes all of East County (Pittsburg, Bay Point, Antioch, Brentwood and unincorporated areas) along the 9-1-1 boundary line separating East from Central County.
4. **Statement of exclusivity:** Exclusive
5. **Method to achieve exclusivity:** Request for Proposal
6. **Type of exclusivity:** Emergency Ambulance.
7. **Addendum:** None



CONTRA COSTA County

EXCLUSIVE OPERATING AREAS FACT SHEET

1. **Area or subarea (zone) name or title:** ERA 1
2. **Name(s) of current provider(s):** American Medical Response West
3. **Area or subarea (zone) geographical description:** Emergency response area one includes the unincorporated areas of West County. The cities of El Cerrito, Richmond, Pinole, Hercules, San Pablo, Kensington, Martinez, Pleasant Hill, Lafayette, Orinda and Walnut Creek west of Highway 680 and adjacent unincorporated areas.
4. **Statement of exclusivity:** Exclusive
5. **Method to achieve exclusivity:** Request for Proposal
6. **Type of exclusivity:** Emergency Ambulance.
7. **Addendum:** None



EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CALIFORNIA 95814-7043
) 322-4336 FAX: (916) 324-2875



January 28, 2003

Art Lathrop, EMS Administrator
Contra Costa County EMS Agency
1340 Arnold Drive, Suite 126
Martinez, CA 94553

Dear Mr. Lathrop:

We have completed our review of *Contra Costa County's 1999 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*.

Contra Costa County's next EMS Plan update will be due on 2/10/04. Enclosed is the update format each EMS agency must follow. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson for".

Richard E. Watson
Interim Director

REW:SS

Enclosure