



County of Santa Clara
Emergency Medical Services Agency

EMS Plan Update
2001

County of Santa Clara
Emergency Medical Services Agency
645 South Bascom Avenue
San Jose, California 95128
408-885-4250

Executive Summary

Santa Clara County, in recognizing the need for an effective Emergency Medical Services system, began exclusive contracting for emergency ambulance services in 1961. The EMS system design and exclusive operating areas designed in 1961 remained essentially unchanged until 1974, when the County's first municipal advanced life support ambulance service began operation. In 1975, the Santa Clara County Board of Supervisors approved an urgency ordinance directing the development of a countywide paramedic program. During the four years following the Board's directive, a completely redesigned EMS system that provided paramedic level emergency ambulance service to the entire County was developed and approved.

A Request for Proposals (RFP) was distributed in December 1978 soliciting all interested parties to bid. Included with the RFP was a detailed description of the exclusive operating areas designated by the County for emergency ambulance service. In addition to the two designated exclusive operating areas open to bid, there were two exclusive operating areas designated for the municipal fire department paramedic ambulance services who had an existing agreement with the County. Exclusive contracts for paramedic emergency ambulance service were signed by the County and the successful bidders which took effect July 1, 1979.

Between 1979 and 1995 few major changes in the EMS system occurred. One of the original municipal EMS paramedic providers lessened transport operations and have since empowered the County to manage their EDA. In 1995, the contracted ALS transport provider began contracting with fire departments for the provision of 1st ALS services. This model is now the method of delivering pre-hospital care to a majority of the county with the exception of the city of Palo Alto, which continues to provide its own EMS services.

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			

Planning Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*			X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X			

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finance	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.16 Funding Mechanism	X			X	

Medical Direction	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.17 Medical Direction*		X			
1.18 QA / QI		X			
1.19 Policies, Procedures, Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.24 ALS Systems	X		X		X
1.25 On-Line Medical Direction		X			

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.26 Trauma System Plan		X			

Enhanced Level: Pediatric Emergency & Critical Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.27 Pediatric System Plan	X				X

Enhanced Level: Exclusive Operating Areas	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
1.28 EOA Plan		X			

B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

Dispatchers	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
2.04 Dispatch Training	X			X	

First Responders (non- transporting)	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
2.05 First Responder Training		X			
2.06 Response		X			
2.07 Medical Control		X			

Transporting Personnel	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
2.08 EMT-I Training		X			

Hospital	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
2.09 CPR Training		X			
2.10 Advanced Life Support		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
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	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
3.01 Communication Plan*			X		X
3.02 Radios		X			
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			
3.06 MCI/Disasters		X			

Public Access	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
3.07 9-1-1 Planning/ Coordination		X			
3.08 9-1-1 Public Education		X			

Resource Management	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
3.09 Dispatch Triage		X			
3.10 Integrated Dispatch			X		X

D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
4.01 Service Area Boundaries*			X	X	
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X			X
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*	X			X	
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*	X			X	
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response			X	X	
4.14 Incident Command System		X			
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
4.19 Transportation Plan		X			
4.20 Grandfathering		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES / CRITICAL CARE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols		X			
5.03 Transfer Guidelines		X			
5.04 Specialty Care Facilities		X			
5.05 Mass Casualty Management		X			
5.06 Hospital Evacuation		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
5.07 Base Hospital Designation		X			

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
5.08 Trauma System Design		X			
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency & Critical Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
5.10 Pediatric System Design		N/A			
5.11 Emergency Departments		N/A			
5.12 Public Input		N/A			

Enhanced Level: Other Speciality Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
5.13 Speciality System Design		N/A			
5.14 Public Input		N/A			

F. DATA COLLECTION / SYSTEM EVALUATION

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

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
6.09 ALS Audit		X			

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
7.01 Public Information Materials			X	X	
7.02 Injury Control			X		
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
8.01 Disaster Medical Planning		X			
8.02 Response Plans		X			
8.03 HazMat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties		X			
8.06 Needs Assessment		X			
8.07 Disaster Communications		X			
8.08 Inventory of Resources	X			X	
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements	X			X	
8.11 CCP Designation	X			X	

Universal Level (cont.)	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
8.12 Establishment of CCPs	X			X	
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
8.17 ALS Policies		X			

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
8.18 Specialty Center Roles		X			

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long- range Plan
8.19 Waiving Exclusivity		X			

STANDARD:

1.01 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:

The Santa Clara County EMS Agency has an organizational structure, which includes Agency staff, other County resources, and access to technical and clinical expertise not possessed by regular staff members.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

All required plans have been completed, and implementation is in progress. Lack of a comprehensive data management system has severely limited the ability to perform detailed evaluation of the system. Quality Assurance/Quality Improvement processes are in place, but are uncoordinated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

An updated comprehensive master plan for coordinating and conducting systemwide QA/QI processes.

OBJECTIVE:

OBJECTIVE 1-1 Revise and implement systemwide QA/QI plan.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency interfaces with a number of committees and work groups in order to obtain constituent input in the development of local plans, policy and procedure.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

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

CURRENT STATUS:

The EMS Medical Director is a licensed physician, Board certified in emergency medicine, with experience working in the emergency care setting.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology for meeting these needs.

CURRENT STATUS:

The EMS Agency submitted its last EMS Plan in 1995, which was approved by the EMS Authority, and has completed the current EMS Plan process with the submission of this document to the Authority.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Revised EMS system planning guidelines and EMS plan format.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

1.06 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:

The EMS Agency has submitted annual updates to its EMS Plan as requested by the Authority.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

1.07 Trauma System Planning - The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The EMS Agency has an approved Trauma Plan, which includes an optimal system design component, and has designated three (3) trauma centers within its jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

The trauma care system is not currently coordinated with the surrounding counties. However, one trauma center is also a designated receiving facility for another county.

NEED(S):

A regionalized trauma service plan which includes the surrounding counties.

OBJECTIVE:

OBJECTIVE 1-4 The Santa Clara County EMS Agency, in cooperation with its Trauma Centers and the adjacent counties, should develop a plan to integrate the trauma services within the region.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

The Santa Clara County EMS Agency planned, implemented, and has continuously provided for advanced life support throughout its jurisdiction since 1979.

COORDINATION WITH OTHER EMS AGENCIES:

Advanced life support service implementation (c. 1979) was not coordinated with other EMS agencies; however, a variety of program operation aspects were and continue to be coordinated with adjacent EMS agencies and regional groups.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

1.09 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:

A detailed personnel and vehicle inventory is maintained, and continuously updated.

COORDINATION WITH OTHER EMS AGENCIES:

Personnel, vehicle, and facility information is shared with neighboring EMS agencies to assist them in local system development.

NEED(S):

An automated data base to store and retrieve facility information.

OBJECTIVE:

OBJECTIVE 1-5 Develop an on line data base for facility resource information.

TIMEFRAME FOR OBJECTIVE:

X Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency has developed educational programs to serve the geriatric population and also those in the care of nursing facilities.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has coordinated development of its pediatric sub-system with three neighboring EMS systems. Coordinated activity to address other target groups has not taken place.

NEED(S):

A special service population needs assessment.

OBJECTIVE:

OBJECTIVE 1-6 Conduct a needs assessment with special focus on special needs population groups.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

Each 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:

The optimal roles for all of the various system participants have not been clearly identified. Through local ordinance, provider agreements, exclusive operating areas, and designation of trauma centers, system roles and responsibilities for some principal system participants have been identified and mechanisms are in place to ensure conformance with assigned roles and responsibilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Agreements for designated facilities, first responders, and communication centers.

OBJECTIVE:

OBJECTIVE 1-7 Develop draft agreements for designated facilities, first responders, and communication centers.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

CURRENT STATUS:

Inadequate data collection capability has hampered monitoring capability; however, recent improvements have allowed the EMS Agency to begin performing detailed monitoring of advanced life support provider contract compliance, early defibrillation program operations, personnel certification, and CMED performance. The ability to perform detailed monitoring of clinical performance is unavailable but being addressed through provider contract negotiations. Alternative mechanisms have been put into place to maximize current monitoring and reporting capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

1. Comprehensive system operation and clinical performance data.
2. A data management system to store and retrieve the data.

OBJECTIVE:

OBJECTIVE 1-8 Establish agreements with all EMS system participants for exchange of data.

OBJECTIVE 1-9 Develop a data management process that meets the EMS system monitoring and reporting needs.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

The EMS Agency serves as the central coordination point for all EMS system activity within the County.

COORDINATION WITH OTHER EMS AGENCIES:

Currently, the EMS Agency interfaces with other local and regional EMS agencies for development and implementation of specialized activities.

NEED(S):

Additional EMS Agency resources.

OBJECTIVE:

OBJECTIVE 1-10 Secure allocation of additional resources through established budget processes.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

A Santa Clara County Policy and Procedures manual has been developed, and is continuously updated. The manual and all updates are provided to all public safety agencies, hospitals, ambulance providers, training facilities, and other essential services operating in the EMS system, and are also available on the EMS Agency's website.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Meets Standard - The Agency has a comprehensive plan and associated staffing to monitor system compliance by all EMS providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Agreements with all EMS system participants.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The SB12 Fund has continued to decline, and there has been a decreasing maintenance of effort through general fund support. Other revenue sources (e.g., certification fees, ambulance permits) are fairly static, and meet the financial obligations of the programs they support.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Additional stable revenue sources.

OBJECTIVE:

OBJECTIVE 1-12 Seek and obtain grant funding.

TIMEFRAME FOR OBJECTIVE:

X Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Concurrent medical direction is performed by a single base hospital. The single base model has been determined to be the optimal number in the current system configuration. The medical control model includes the roles, responsibilities, and relationship of the various providers and the base hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County has an agreement with a neighboring county to provide concurrent medical control during those times when an out of county unit is transporting into Santa Clara County, and communication with the unit's primary medical control facility can not be obtained or maintained.

NEED(S):

None.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include the use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants. Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

The County EMS Agency has a quality assurance/quality improvement plan that was submitted to and approved by EMSA. This is a multi-disciplinary process and includes the participation of system members. A major part of this process is performed in-house, at the provider level, with oversight by the EMS Agency. In addition to approval of the QA/QI plans of each permitted ambulance provider, there is a QA/QI process for trauma (Trauma Audit Committee) and EMD (Quality Assurance Board for EMD). System oversight and improvement also occur through the Medical Advisory Committee, Prehospital Providers Committee, Educators Advisory Committee, and other groups.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Improved EMS Agency coordination of the QA/QI of process performed by system participants.

OBJECTIVE:

OBJECTIVE 1-14 Evaluate and revise the QA/QI Plan to better coordinate the efforts of system participants.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to, Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

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

CURRENT STATUS:

Policies, procedures and protocols exist which include the above listed categories. The Agency actively supports the use of pre-arrival/post dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency has a policy in effect regarding "Do Not Resuscitate (DNR)" situations in the out-of-hospital setting. This policy is based on the EMSA/CMA DNR Guidelines. All EMS system participants have received training in this procedure.

COORDINATION WITH OTHER EMS AGENCIES:

The local DNR policy utilizes the state-wide EMSA/CMA DNR Form and recognizes DNRs from other counties who have implemented similar policies based on the Guidelines.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

In cooperation with the Coroner, the EMS Agency has developed a policy regarding determination of death, including deaths at the scene of apparent crimes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Local policy and procedure has been developed to ensure that providers have a mechanism for reporting child abuse, elder and dependent adult abuse, suspected SIDS deaths and suspected violent injury.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The local EMS medical director has established policies and protocols for the scope of practice of prehospital medical personnel during interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County has developed exclusive operating areas, and has a written contract for ALS transport services in two of the three areas. Agreements are in place with all but one ALS first response provider.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County has an auto-aid agreement with Santa Cruz County and informal procedures with the Region and neighboring counties to provide ALS services if needed or requested for mutual aid.

NEED(S):

Formal agreements with all ALS providers.

OBJECTIVE:

OBJECTIVE 1-16 To develop and implement an agreement with the City of Palo Alto.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

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

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

CURRENT STATUS:

Concurrent medical direction is provided and available to all ALS and medical transport units through a single designated base hospital. The base hospital is staffed by both physicians and mobile intensive care nurses.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A re-evaluation of the concurrent medical control model.

OBJECTIVE:

OBJECTIVE 1-17 To review and evaluate the possible options to the current model, and make recommendations for changes or enhancements.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Santa Clara County EMS contracts with three trauma centers, of which one is Level II and two are Level I facilities. Policies and procedures are in place for triage and transport of traumatically injured patients. An independent consultant was hired to review the system within the past twelve months.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County receives trauma patients from both Santa Cruz and San Mateo counties, although we are not a formal part of their trauma systems.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

- a) the optimal system design for pediatric emergency 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:

Santa Clara County has developed an EMSC project for delivery of care to pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES:

The EMSC system is being developed in cooperation with San Mateo, Contra Costa and Alameda counties.

NEED(S):

Financial support for the ongoing EMSC development process.

OBJECTIVE:

OBJECTIVE 1-18 Obtain funding to support the EMSC development process.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD

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

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

CURRENT STATUS:

The approved 1986 Santa Clara County EMS Plan addressed exclusive operating areas, transportation services and a competitive process for ALS service providers. A revised Exclusive Operating Area Plan has been approved by the Board of Supervisors, and is attached as Annex 2 of this Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Clarification of the legislative intent of §1797.201 and §1977.224, California Health & Safety Code.

OBJECTIVE:

OBJECTIVE 1-19 Pursue clarification of legislative intent.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

2.01 The local EMS agency shall routinely assess personnel and training needs.

CURRENT STATUS:

The EMS Agency, in concert with the prehospital care training facilities, continuously assesses training needs, and updates curriculum as needed. Personnel resource needs are also assessed based on individual and system performance indicators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A data base to collect data and report on clinical performance factors.

OBJECTIVE:

OBJECTIVE 2-1 Develop and implement a clinical data base.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

The prehospital care training programs approved by the Santa Clara County EMS Agency are routinely reviewed and monitored, both through evaluation of training material and site visits. Mechanisms are in place to ensure compliance with State regulation and County policy, and to take corrective action when necessary.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency has established detailed mechanisms for certification, authorization, and accreditation of prehospital care personnel, in accordance with state statute and regulation. Processes are also in place for certificate review, and notification of unusual occurrence.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency provides notification to the state for any negative action taken against a certificate holder, in accordance with EMS Authority requirements.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

2.04 Public Safety Answering Point (PSAP) operators with medical responsibility shall have medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

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:

Medical orientation is contained within the POST Basic dispatch course taken by most, but not all of the PSAP dispatchers. Emergency medical dispatch training and testing has taken place at several dispatch centers, the County now hosts two Centers of Excellence. Approximately 70% of medical dispatches receive priority dispatch.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has supported and provided technical assistance to other local EMS agencies in the development and implementation of emergency medical dispatch programs in their areas.

NEED(S):

1. Agreement among all PSAP's to utilize priority dispatch as the standard for medical events.
2. Training for at least 35 CMED dispatchers.

OBJECTIVE:

OBJECTIVE 2-2 Develop and implement prioritized medical dispatches as county-wide standard.

OBJECTIVE 2-3 Provide for an emergency medical dispatch training course.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

2.05 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.

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.

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:

All first response personnel have been trained in accordance with Title 22, Code of Regulations, requirements in CPR and first aid, and have completed all refresher training. At least one person on each non-transporting first responder unit is trained, accredited, and equipped to perform at the EMT-D level.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

2.06 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:

All area public safety agencies are encouraged to participate in the local EMS system, and are included in the development and implementation of EMS system operations. The EMS Agency has assisted a number of industrial first aid team's participate in the EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

1. Agreements with all public safety agencies for participation in the local EMS system.
2. An industrial emergency response team needs assessment.

OBJECTIVE:

OBJECTIVE 2-5 Draft agreements between the County and the public safety agencies for participation in the EMS system.

OBJECTIVE 2-6 Perform an emergency response aid team needs assessment.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

All non-transporting first responders operate under the medical direction policies and procedures of the Santa Clara County EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

Local ordinance requires that all transport unit personnel be certified at least to the EMT-I level, all ALS units be staffed with a minimum of one EMT-I and one paramedic, and Critical Care Transport units be staffed with one critical care nurse and two EMT-Is.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The hospitals report that all allied health personnel are trained in CPR.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Guidelines for review and evaluation of hospital emergency services.

OBJECTIVE:

OBJECTIVE 2-7 Develop a plan for review of hospital emergency services personnel, training, and facilities.

OBJECTIVE 2-8 Develop written agreements with receiving facilities.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support. All emergency department physicians should be certified by the American Board of Emergency Physicians.

CURRENT STATUS:

The hospitals report that all physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. The majority of the emergency department physicians are board certified in emergency medicine.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Guidelines for review and evaluation of hospital emergency services.

OBJECTIVE:

OBJECTIVE 2-10 Develop written agreements with receiving facilities, with the recommendation that all emergency department physicians be board certified in emergency medicine.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

2.11 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 assurance/quality improvement process.

CURRENT STATUS:

An orientation and accreditation process has been developed and implemented which addresses system policies and procedures, roles and responsibilities, optional scope of practice, and quality assurance/quality improvement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Policies and procedures are in place for both public safety first responders and Emergency Medical Technician-I personnel to be perform defibrillation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

2.13 All base hospital/alternative base hospital 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:

All base hospital personnel have received training in radio and medical communications techniques and are knowledgeable in system policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

3.01 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.

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

CURRENT STATUS:

The Santa Clara County EMS Agency's communications plan, which is enforced through local ordinance and operational agreements, specifies the type and capability of communications for medical transport units, non-transport ALS units, and acute care facilities. All ALS units, whether transport or non-transport, and BLS transport units have direct communication access to the Central Medical Emergency Dispatch (CMED) center, and to all acute care hospitals. Frequency use is coordinated through the CMED. Cellular telephones are currently used for medical control communication.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with other EMS agencies in communications system development has not yet occurred.

NEED(S):

A regional medical mutual aid communication system.

OBJECTIVE:

OBJECTIVE 3-1 Improve intra-county mutual aid communication capability.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

All medical transport vehicles operating in the County have ambulance to dispatch and ambulance to hospital communication capability, which complies with the Santa Clara County EMS Communication Plan. Currently, advanced life support and basic life support transport vehicles do not have vehicle to vehicle communications capability, nor are any transport units equipped for vehicle to vehicle communication with non-transport first responder units.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A common vehicle-to-vehicle communication channel.

OBJECTIVE:

OBJECTIVE 3-2 Develop a vehicle-to-vehicle communication system for all transport and non-transport medical units.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

All Critical Care Transport (CCT) and ALS transport units in Santa Clara County are equipped with cellular telephones. All transport units have radio communication capability with all acute care hospitals within the County.

COORDINATION WITH OTHER EMS AGENCIES:

There has been no coordination with surrounding area local EMS agencies. Each provider retains responsibility for ensuring that their operations integrate with the policies and procedures of the local EMS agency in whose jurisdiction they are providing service.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County implemented a communications system for all emergency transport vehicles on December 7, 1994. All advanced life support transport vehicles operate on a single primary frequency, all basic life support and critical care transport vehicles operate on a second primary frequency to reduce channel load. Both primary channels are coordinated by a single communications facility, and have the capability of mobile command post operation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

All acute care hospitals in Santa Clara County have at least one radio channel that may be used for emergency intra-hospital communication. Additionally, all hospitals have implemented cellular telephone back up systems, and are finalizing arrangements to improve HAM radio service. Direct communication capability to relevant services has not been researched. All hospitals also have installed a web based status system that provides diversion monitoring and instant messaging capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

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

CURRENT STATUS:

Intra-agency and prehospital communications is regularly reviewed for its stability and useability in multi-casualty incidents and disasters. Radio communications systems have been upgraded, and additional redundant systems implemented to ensure uninterrupted communication capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service. The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

Santa Clara County is served, in its entirety, by an enhanced 9-1-1 system. Santa Clara County EMS actively supports the ongoing improvement of the existing 9-1-1 telephone system, including legislation to ensure that all customers are afforded the enhanced level system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

9-1-1 telephone service and system access have been essential components in CPR instruction, public presentations, and trauma service publications carried out by the provider agencies, under the general direction of the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A coordinated comprehensive public education program.

OBJECTIVE:

OBJECTIVE 3-4 Develop and implement a public information and education program.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The current approach is a maximal response to all incidents where a public safety agency is not on scene to provide additional information. A system of pre-arrival instructions has also been developed and is in use. Prioritized dispatch is used in approximately 70% of EMS dispatches.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Provide training and resources to those dispatch centers currently unable to provide priority dispatch.

OBJECTIVE:

OBJECTIVE 3-5 Develop a funding mechanism for emergency medical dispatch.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

3.10 The local EMS agency shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies. The local EMS agency should develop a mechanism to ensure appropriate systemwide ambulance coverage during periods of peak demand.

CURRENT STATUS:

The Central Medical Emergency Dispatch (CMED) facility at Santa Clara County Communications directly provides 95% of medical transport dispatch, and has limited integration with the remaining 5%. Santa Clara County Communications also serves as the coordinating agency for all emergency services, including medical, using established mutual aid and operational frequencies. The EMS Agency has established a mechanism, both through the contracted provider and the ambulance ordinance, for peak period coverage and back up resources.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Improved communication capability with the primary and secondary Public Safety Answering Points (PSAPs).

OBJECTIVE:

OBJECTIVE 3-6 Implement Computer Aided Dispatch (CAD)-to-CAD links in all PSAP's.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

Santa Clara County established four (4) emergency medical transport service areas in 1979 through service agreements with the provider agencies. One service provider discontinued operation in 1993.

COORDINATION WITH OTHER EMS AGENCIES:

An automatic aid agreement has been established with a neighboring EMS agency for response to a remote area shared by the two jurisdictions. There has been no other formalized coordination with other local EMS agencies for mutual medical transport service response areas.

NEED(S):

An agreement with the service provider who does not have a current agreement in force.

OBJECTIVE:

OBJECTIVE 4-1 Obtain a signed agreement between the service provider and the County for emergency medical transport service within the specified transportation service area.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency monitors all ALS, BLS, Critical Care Transport, and aeromedical transportation services through a County ambulance ordinance. The ordinance has been adopted by a number of municipal jurisdictions within the County, allowing for uniform enforcement and promoting systemwide conformity and coordination.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency is developing a dispatch triage and call prioritization component to its existing Emergency Medical Dispatch program. The system currently responds to all calls with an emergent ALS transport unit and fire first responder, unless a physician or first responder on-scene with the patient requests a non-emergent or basic life support response.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Funding for the ongoing development of prioritized dispatch.

OBJECTIVE:

OBJECTIVE 3-5

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

4.04 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:

Sufficient Critical Care Transport and basic life support transport vehicles are available to accommodate pre-scheduled transport needs. Transport units in the 911 system can only be used for scheduled transport when system levels are sufficient to provide adequate coverage for the County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

To determine the need for additional transport modalities.

OBJECTIVE:

OBJECTIVE 4-3 Revise policy and procedure to improve utilization of transport services, and determine if there are any alternatives that better serve the system and patient.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

4.05 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.

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

[response time standards not listed due to confines of space]

CURRENT STATUS:

The Santa Clara County EMS Agency is not currently able to monitor the interval between receipt of call at the primary PSAP and the receipt of call at the CMED. Response times have only been developed for transporting units from the time the unit is dispatched, until arrival at the scene. Work is in progress to obtain the missing time interval, and to establish first responder, defibrillation capable responder, and non-transport ALS responder response times.

COORDINATION WITH OTHER EMS AGENCIES:

No coordination with other EMS agencies has occurred. Other EMS agencies have been surveyed for their ability, or lack thereof, to provide monitoring; and the monitoring mechanisms used in their local system.

NEED(S):

1. Computer Aided Dispatch (CAD) links with all primary PSAP's.

OBJECTIVE:

OBJECTIVE 4-4 Establish CAD links with all primary PSAP's within five (5) years.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

All emergency transport vehicles are equipped and staffed according to current state and local EMS agency regulations. This is accomplished through local policy and procedure, contractual agreement, and local ambulance ordinance.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.07 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:

Qualified public safety agencies and industrial first aid teams have been integrated into the local EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

The EMS Agency has developed procedures for EMS aircraft authorization, requesting and dispatching EMS aircraft, patient destination, and complaint resolution; however, EMS aircraft classification and crew orientation has not been completed.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has interacted with a number of local EMS agencies across the state in developing an aircraft classification process, and will continue to do so as program enhancements are developed.

NEED(S):

- 1. An EMS aircraft resource assessment and classification process.
- 2. Current agreements with all aeromedical providers to ensure compliance with local regulation

OBJECTIVE:

OBJECTIVE 4-7 Classify all EMS aircraft.

OBJECTIVE 4-8 Develop new agreements with aeromedical providers.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County Communications has been designated as the aeromedical and rescue aircraft dispatch center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The availability and staffing of medical aircraft has been identified; however, information on rescue aircraft availability and staffing is not current. An ambulance ordinance is in place which includes standards and minimum requirements for air ambulances.

COORDINATION WITH OTHER EMS AGENCIES:

There has been no coordination with other EMS agencies in identifying the availability or staffing of medical and rescue aircraft.

NEED(S):

Agreements with all local medical and rescue aircraft providers.

OBJECTIVE:

OBJECTIVE 4-10 Enter agreements with all medical and rescue aircraft providers.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Where necessitated by terrain and environmental factors, specialty vehicle availability has been identified.

COORDINATION WITH OTHER EMS AGENCIES:

Specialty vehicles are available for response within the local EMS system, and to surrounding jurisdictions, through an outside service request.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.12 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:

The EMS Agency has developed a multiple casualty incident plan (MCIP), for single site multiple casualty incidents, as well as a large scale disaster ("Emergency") plan. Both were developed in cooperation with the local office of emergency services, as well as other system participants. The MCIP has been revised and is in the implementation process. The "*Santa Clara County Operational Area Disaster Medical Health Plan*" and the "*Department Emergency Operations Plan*" provide additional management and coordination resources for EMS as well as all other Public Health functions.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency is coordinating its medical disaster planning and development with the Region II Disaster Medical/Health Coordinator to ensure uniformity of procedures, and integration of services with the other local EMS agencies.

NEED(S):

None

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel. The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Santa Clara County has established one agreement with a neighboring county for a designated auto-aid area. Mutual aid is either obtained or given based on informal verbal arrangements among the surrounding counties.

COORDINATION WITH OTHER EMS AGENCIES:

A Medical Mutual Aid work group, comprised of personnel from Santa Clara and the surrounding counties, was established to develop EMS mutual aid policies, procedures, and agreements; however, the work group was not able to resolve the financial responsibility issue, and no written agreements have been established.

NEED(S):

Written mutual aid agreements with the six surrounding counties.

OBJECTIVE:

OBJECTIVE 4-13 Draft mutual aid request and response policies and procedures.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- X Long-range Plan

STANDARD:

4.14 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:

The EMS Agency has developed multi-casualty response plans and procedures, in cooperation with the multi-disciplinary Multiple Casualty Committee. Both the currently active plan, and the new plan, which will be implemented during 1995, are based on the Incident Command System and have provisions for on-scene medical management.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

CURRENT STATUS:

The Santa Clara County Multiple Casualty Incident Plan has been revised. The Plan utilizes ICS concepts, and meets the applicable state standards and guidelines for regional plans.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

All ALS Ambulances staffed in Santa Clara County have one state licensed and County accredited paramedic and one certified EMT. Two paramedics provide care on the scene of an emergency as the first responder fire department paramedics and AMR paramedics work together to provided the best care possible.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

All ambulances are equipped as stipulated by the EMS Agency Medical Director. The local minimum equipment requirements meet or exceed all state requirements and/or recommendations for both pediatric and adult patients. Inspection of equipment and vehicles is performed as a part of the ambulance ordinance permit process.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.18 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:

Santa Clara County has an ambulance ordinance which requires adherence to local policy and procedure, and includes both quality improvement and quality assurance mechanisms to assure that transportation agencies are in compliance with clinical care and operational objectives. One transportation agency (Palo Alto fire Department) is outside the limits of the County ordinance, and does not have a written agreement.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A written agreement with Palo Alto Fire Department for medical transportation services.

OBJECTIVE:

OBJECTIVE 4-16 Develop a draft agreement with the City of Palo Alto.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

4.19 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:

The approved 1986 Santa Clara County EMS Plan addressed the initial development of exclusive operating areas. An update to that information is attached as Annex 2 of this plan.

COORDINATION WITH OTHER EMS AGENCIES:

The systems and operations of the various California EMS systems will be evaluated for possible adaptation to Santa Clara County's needs.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County has an approved EMS plan which addresses transportation services and a competitive process for ALS service providers. All current ALS providers, including the City of Palo Alto, have been providing service in the same scope and manner since 1979, and are eligible for "grandfathering". A revised Exclusive Operating Area Plan is attached as Annex 2 of this plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Clarification of the State's position on 1797.201 and 1797.224, California Health and Safety Code.

OBJECTIVE:

OBJECTIVE 4-17 Pursue clarification.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

4.21 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:

A mechanism exists to ensure that the County's contracted provider, AMR-West, is in compliance with all applicable policies and procedures. However, no mechanism currently exists to assure compliance by Palo Alto Fire Department.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

An agreement with Palo Alto Fire Department.

OBJECTIVE:

OBJECTIVE 4-18 Pursue a service agreement between the County and the City of Palo Alto.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency last reviewed the design of EOA's in 1995. A system evaluation will be conducted this spring.

COORDINATION WITH OTHER EMS AGENCIES:

Input and information has been gathered by various other EMS agencies.

NEED(S):

Quantitative and qualitative information on the current exclusive operating area design.

OBJECTIVE:

OBJECTIVE 4-19 Perform a needs assessment of current service delivery and determine if there are any alternatives that better serve the system and patient.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

5.01 The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area. The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

The EMS agency periodically assesses the EMS-related capability of its acute care receiving facilities and specialty care centers, and will be addressing written agreements in the near future.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Written agreements for participation in the local EMS system.

OBJECTIVE:

OBJECTIVE 5-1 Signed agreements with receiving facilities to participate in the local EMS system.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

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

CURRENT STATUS:

Prehospital triage protocols have been developed, and are currently in use. Area hospitals have begun discussions on transfer protocols and agreements through established committees.

COORDINATION WITH OTHER EMS AGENCIES:

There is no coordination with surrounding EMS agencies; although Santa Clara County's triage protocols do allow for patient transport to facilities outside the County.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Although multiple projects have focused on this issue, no standards have yet been developed.

COORDINATION WITH OTHER EMS AGENCIES:

There is currently no coordination of patient transfer with other EMS agencies.

NEED(S):

Standard agreements with all hospitals detailing level of care capabilities

OBJECTIVE:

Development of hospital receiving agreements

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

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

CURRENT STATUS:

Formal designation of general receiving facilities has not taken place, all facilities with a basic or comprehensive emergency certificate have been allowed to participate in the EMS system. Level 1 and 2 Trauma Centers have been designated, and the EMS Agency is in the process of designating PCCCs. Receiving facility monitoring is limited to patient diversion and cardiac arrest outcome reporting. Trauma Centers are regularly reviewed, and participate in multi-disciplinary audit committees.

COORDINATION WITH OTHER EMS AGENCIES:

One receiving facility, located in Santa Clara County, has been designated as a receiving facility for a neighboring county.

NEED(S):

1. Receiving facility designation agreements with all hospitals who wish to participate in the Santa Clara County EMS system.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.	The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.
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CURRENT STATUS:

Hospitals are encouraged to prepare for mass casualty management. Hospitals participate in planning through representation on the County Multiple Casualty Committee. In addition, the EMS Agency assists the hospitals with preparation for mass casualty management through the Hospital Conference EMS Subcommittee. Procedures are in place to coordinate hospital communications and patient flow.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency provides technical assistance, including intra-hospital communications, to area hospitals for multi/mass casualty management, and has supported the implementation of HEICS within local receiving facilities. The Operational Area Disaster Medical Health Plan provides for the management and coordination of these events.

COORDINATION WITH OTHER EMS AGENCIES:

The Operational Area Disaster Medical Health Plan works in concert with regional and state emergency plans.

NEED(S):

The implementation of EM Systems will address these needs.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

5.07 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:

The EMS Agency requested all eligible facilities to apply for designation as a base hospital in 1993. Three hospitals indicated some interest, but were unable to assume the operational commitment necessary to participate as a base hospital. A medical control evaluation was performed, given the availability of only a single base hospital. Operational procedures were modified to accommodate the single base hospital model, and the designation of the one Base Hospital continued.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has been researching alternative medical control models with the assistance of the other local EMS agencies.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) The number and level of trauma centers (including the use of trauma centers in other counties)
 - b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.
 - c) Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
 - d) The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
 - e) A plan for monitoring and evaluation of the system.

CURRENT STATUS:

Santa Clara County Trauma System has been in operation since 1986 with three hospitals that were designated as trauma centers. The three trauma centers, two Level I's and one Level II, continue to serve as the appropriate number of trauma centers to meet the trauma care needs of the County and surrounding counties. This includes 1.7 million population of the County, and an estimated 900,000 population from adjoining counties that generally result in additional 500 out-of-county major trauma patients a year that are transported to one of the designated trauma centers. Santa Clara County Central Trauma Registry shows an average of 5,000 trauma cases are entered on an annual basis, with approximately 2,700 trauma in-patient admissions. Santa Clara County does not use catchment areas due to the number and proximity of the trauma centers. Two trauma centers (Level I & II) are located in the metropolitan area of San Jose and receive majority of the trauma patients from the central and the southern portion as well as receiving transfers from other surrounding counties. Persons injured in the northern segment of the County are generally transferred to the Level I trauma center located in the northwestern portion of the County. In addition, major trauma victims from the southern portion of San Mateo County and northern portion of Santa Cruz are frequently transported to the Level I trauma center.

Santa Clara County has a defined field trauma triage criteria used by prehospital providers that identifies the major trauma victim (MTV) to be transported to the nearest trauma center. As mentioned above, approximately 5,000 MTV are received at the three trauma centers, most which are scene calls and others, as interfacility transfers. Because the non-designated trauma hospitals do not collect data about all injuries, we are without the common denominator to accurately determine the over and under-triage rate. The trauma centers are experiencing an approximate 52% overtriage as determined by the number of MTV transported to the hospital that are found to have no significant injuries and are discharged from the emergency department. This result in inefficient use of resources that are dedicated to provide care for more seriously injured patients. Other specialty centers for burns and sexual assault victims are identified in policy.

Santa Clara County has, in addition to the three designated trauma centers, eight other acute care hospital and one Federal hospital. The non-designated trauma hospitals are invited to participate as members on the County Trauma Audit Committee (TAC). where trauma cases are presented for and input from these representatives is encouraged. In addition, four times a year, an educational program in conjunction with the TAC meeting is presented for all health care providers in Santa Clara and surrounding counties.

In addition to the Santa Clara County trauma centers and non-trauma hospitals participating in the Trauma Audit Committee, representatives from the surrounding LEMSA are also invited to participate. Approximately 500 hundred major trauma patients are transported either from the scene or transferred from out-of-county hospitals to the designated trauma centers for definitive trauma care. Designated trauma centers are required by regulations to have interfacility agreements with sending hospitals to expedite the transfer of trauma patients to their facility. There are currently no intercounty LEMSA agreements in place that recognizes mutual aid, field triage, trauma protocols, trauma data collection, or scene trauma designation policies. These component agreements are critical in providing a standarization for trauma system integrity and enhancing the concept of a seamless trauma system within all the counties that use the trauma resources.

Santa Clara County Trauma System Quality Improvement Plan consists of internal and external process. The internal process requires each designated trauma center to have a formal and fully functional internal medical quality improvement program for its trauma services, that includes its own case reviews by a multi-disciplinary committee.

For the external review, it is the responsibility of the respective trauma medical directors and trauma program managers to identify all trauma cases that meet the Santa Clara County Trauma System minimum medical audit criteria for external review. The identified cases are presented to the Trauma Screening Committee and the Trauma Audit Committee for additional review. The TAC then makes recommendations for improvement for facility care and/or systems enhancement.

Other external reviews consist of periodic audit of each trauma center by the Emergency Medical Services Agency, and a scheduled independent evaluation of trauma care and trauma care system by trauma experts drawn from outside of the County. The external review by the American College of Surgeons (ACS), Committee on Trauma, review for verification and re-designation on a 3-year schedule. The review for re-designation is based on meeting the minimum requirements of ACS and state/county trauma standards.

COORDINATION WITH OTHER EMS AGENCIES:

Adjoining counties LEMSA's representatives are invited to become active members on the Santa Clara County Trauma Audit Committee. Trauma data from the designated trauma centers and the Agency's Central Trauma Registry are provided to the counties in aggregate form when requested. Representatives from the designated trauma centers and the County Trauma Systems Program Manager also participate on the Regional Quality Improvement Program in Santa Cruz County.

NEED(S):

Mutual aid agreements need to be established between counties . Intercounty agency agreements need to be put in place to assure services and resources of the trauma care system are been effectively utilized.

OBJECTIVE:

OBJECTIVE 5.08 - Modify the current Trauma Plan to include mutual aid and intercounty agency agreements that will enhance the ability to transport trauma patients to the Santa Clara County Trauma System by using trauma resources more effectively that will benefit the trauma patient.

TIMEFRAME FOR OBJECTIVE:

By early 2003, establish and adopt intercounty trauma systems and mutual aid agreements with adjoining counties that use the EMS/trauma system.

STANDARD:

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

CURRENT STATUS:

All EMS system participants, including hospital, pre-hospital, trauma facilities, base station, Emergency Medical Care Commission and consumers have joined in the creation of the trauma system in Santa Clara County. Santa Clara County supports this commitment for a participatory approach for the ongoing planning of trauma services.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County receives trauma patients from both Santa Cruz and San Mateo counties. Policy and procedures are shared and discussed for a coordinated effort.

NEED(S):

An updated trauma plan for design, monitoring and evaluation of the trauma care system.

OBJECTIVE:

OBJECTIVE 5-6 Obtain Board of Supervisors and EMSA approval on the revised Trauma Plan.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County has developed a program for care of critically ill or injured pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

NEED(S):

Funding to support the ongoing EMSC development process.

OBJECTIVE:

OBJECTIVE 5-7 Obtain additional funding.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency.

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

CURRENT STATUS:

Minimum standards for pediatric capability of emergency departments have been included in the development of the EMSC system using EMSA guidelines, including methods for identifying pediatric care, pediatric critical care, and pediatric trauma facilities.

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

NEED(S):

Funding to support the ongoing EMSC development process.

OBJECTIVE:

OBJECTIVE 5-8 Obtain a Prevention 2000 grant.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

The planning process for Santa Clara County's EMSC system includes a multi-disciplinary task force with members from hospitals, trauma centers, PICN, National EMSC Resource Alliance, consumers, pre-hospital and interfacility transport agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

NEED(S):

Funding to support the ongoing EMSC development process.

OBJECTIVE:

OBJECTIVE 5-9 Obtain a Prevention 2000 grant.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

5.13 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, and
- e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Currently the EMS Agency has Trauma and Pediatric care as the only specialty care plans for EMS-targeted clinical conditions. Both of these are addressed elsewhere in this plan. Burn and Spinal Cord Injury care are addressed in the Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency is coordinating the development of its pediatric sub-system with three adjacent EMS systems; however, there is no coordination for other specialty care activities.

NEED(S):

A specialty care needs assessment.

OBJECTIVE:

OBJECTIVE 5-10 Assess the need for various types of specialty care within the EMS system. Examples may include special cardiac care (angioplasty, by-pass, etc.), replantation, and high-risk obstetrics.

OBJECTIVE 5-11 Develop plan for and implement specialty care centers within the EMS system.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

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

CURRENT STATUS:

All planning in the EMS system occurs with input from prehospital providers, hospital providers and consumers. This is accomplished through various advisory committees and the Emergency Medical Care Commission.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall 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 of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

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

CURRENT STATUS:

The EMS Agency has an approved QA/QI Plan in place, and is working to fully implement that Plan. Current QA/QI programs include aspects of the prehospital response, BLS Optional Skills, trauma center care, and Base Hospital operation and medical care. Most data is compiled and evaluated manually, severely limiting the amount of QA/QI that is performed. Mechanisms for identifying preventable morbidity and mortality are in place for the trauma system and BLS Optional Skills, and are being developed for the remainder of the system. Information from non-trauma receiving hospitals is limited to cardiac arrest outcome. The EMS Agency must rely on anecdotal information, and is not able to perform detailed study and analysis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

A fully integrated system is expected to be in place by October.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

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

CURRENT STATUS:

Manually compiled prehospital records for ALS responses are completed by the private provider and forwarded to the agencies defined.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A computer-based patient record is required for retrieval, and review of the records.

OBJECTIVE:

OBJECTIVE 6-3 Select and implement a prehospital computerized data system.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted. The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Audits of system response related to prehospital care are being done. No electronic mechanism is in place to link prehospital records with dispatch (manual by dispatch number read on prehospital patient record). In-patient and discharge records have no link (manual or electronic) that allows for clinical audit.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A prehospital computerized data system is needed to initiate the electronic link from system response to clinical aspects. Patient outcome will be linked if hospitals are willing to enter that data into the prehospital record (or if they agree to include the prehospital care record number in their hospital information system's patient record).

OBJECTIVE:

OBJECTIVE 6-4 Select and implement a prehospital computerized data system that will meet most of the needs and work with hospitals to link patient's hospital discharge outcome to prehospital record data.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

6.04 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:

Approximately 98% of medical dispatching includes level 3 response being sent to each emergency. Pre-arrival and post dispatch directions are done according to EMS policies established and reviewed by the EMS Coordinators.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Priority dispatching to include an increase in level 2 response codes when appropriate.

OBJECTIVE:

OBJECTIVE 6-5 Priority dispatch and a CAD to CAD link between the first responders and the private providers is a project included in the latest EMS plan.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

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

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The EMS Agency is in the process of re-establishing a data management system, which will monitor and report on EMS system operations. The current system only reports on the demographics of the responses without any clinical data capture.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency obtained its limited capability data management system through an agreement with another local EMS agency.

NEED(S):**OBJECTIVE:**

System expected to be in place in 2003.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

CURRENT STATUS:

The EMS Agency commissioned a DOT/NHTSA evaluation of its system in 1993, and has been a part of the Grand Jury's regular review processes. In addition, several system participants have conducted independent evaluations of the EMS Agency and the EMS system. Limited ability to gather system operation information has impacted the EMS Agency's regular review and evaluation of the system. Effectiveness at meeting special community needs, prevention strategies, and resource modification have not been adequately monitored. A full system evaluation will be conducted in Spring 2003.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A computerized data system, based on state standards, to incorporate all relevant data for ease of retrieval of statistics and other output for system-wide evaluation and identification of areas which could benefit by system changes and/or enhancements.

OBJECTIVE:

System expected to be in place 2003

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

CURRENT STATUS:

Provider participation in the systemwide evaluation program is underway.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Upon completion of the planned system evaluation, results will be forwarded to the appropriate governing bodies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities. The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

Audit processes are in place to review and evaluate advanced life support treatment. A comprehensive data management system based on EMSA guidelines which will include prehospital, base and receiving hospital data is being developed which will improve the EMS Agency's audit and review capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Funding to support the ongoing development and procurement of a comprehensive data management system.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: 1) 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:

In 1998, Santa Clara County EMS Agency purchased a customized version of the COLLECTOR software trauma registry for installation in the three designated trauma centers and the EMS Agency. The COLLECTOR is a user-friendly software that allows the users to query on all fields and provides the ability to generate reports with great flexibility. Trauma centers download two months of trauma data to the Agency's Central Trauma Registry on a bi-monthly basis. Once the data is received by the Agency, periodic checks are made for accuracy and completion. Reports are generated for research, prevention activities, needs assessments, quality performance, and the Annual Trauma System Report.

Pre-Trauma Audit Committee Screening Committee (Pre-TAC) composed of trauma center and EMS medical director and program manager, review trauma cases identified through established audit filters, for consideration of further review at the larger committee of TAC that convene on a bi-monthly basis. TAC is a multidisciplinary group made up of trauma surgeons, trauma program managers, representatives from various subspecialties, trauma centers, non-trauma hospitals, pre-hospital providers and the EMS Agency staff, which after such trauma reviews, identify preventable/non-preventable deaths and make recommendations for areas of improvement to the trauma centers and the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County is the only area trauma system with designated trauma centers that serve four adjoining counties: San Mateo, Santa Cruz, San Benito, and Monterey. County EMS Medical Directors from San Mateo Santa Cruz, and San Benito are active members on the Santa Clara County Trauma Audit Committee (TAC). Santa Clara County Trauma System collaborates with these counties by providing trauma data derived from out-of-county trauma patients care that are scene calls or interfacility transfers to one of the designated trauma centers, which is used in their quality improvements programs for clinical review and reports. Santa Clara facility trauma program managers and the trauma systems program manager are invited to sit on these committees.

NEED(S):

Santa Clara County needs to develop an inclusive trauma care system involving all acute care hospital in recognizing the incidence of injury, outcome , and over-undertriage rates through collaborative injury data collection.

OBJECTIVE:

OBJECTIVE 6-10 Provide an incentive and provisions to implement a modified version of the trauma registry in all Santa Clara County acute care hospitals to facilitate emergency operations, improve quality improvement activities and collect epidemiological data for research and prevention activities.

TIMEFRAME FOR OBJECTIVE:

This objective will need to be spread over a 4-year period of time that would include creating increased interest in the trauma program among all non-designated trauma hospitals, seeking financial support for the development of the program, expanding the current trauma registry into a user-friendly modified injury data collection tool, establishing a injury collection process that would not require additional FTE's for the hospitals, and negotiating agreements with hospitals for aggregate data sharing.

STANDARD:

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

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program

CURRENT STATUS:

Designated trauma centers are required by contract to electronically download non-identifiable- patient specific data to the Central Trauma Registry located at the EMS Agency office. Yearly schedules are provided to the trauma program staff indicating the time period parameter and a date that downloads is due. In addition, cases are identified that meet a minimum audit filter that are to be presented to the Pre-TAC Screening Committee for consideration of further review at the larger Trauma Audit Committee (TAC). TAC convenes six times a year for systems review and recommendations for enhancement. Four out of the six meetings also include special presentation for educational purposes that are open to all health care providers and interested parties.

All trauma cases that have been reviewed by the Pre-TAC Screening Committee are documented and shared with the larger committee. TAC cases that receive further review are recorded as to preventability and quality of care . It is also documented if there are further recommendations for enhancement or changes in clinical protocols or policies made to the EMS agency. Carefully monitoring of loop closure is accomplished.

Data is not currently collected from the non-trauma hospitals. There are constraints from obtaining such data because of confidentiality and lack of resources. At this time, there is little incentive for the non-trauma hospitals to participate in such data collection and there is no mandate to do so. At the present time, coroner's death reports are reviewed for deaths that may have occurred out of the trauma system to determine need for follow-up. However, the Coroner's database is limited in being able to determine when the injury event actually occurred i.e., recent or as a late-effect related death.

The Santa Clara County Trauma Registry that is installed in each designated trauma center had been customized to meet the needs of the trauma centers and system. Assessment of the trauma registry for further revisions take place approximately every two years.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

There is a need to have a more inclusive and comprehensive injury data collection system that will involve all acute care hospitals at some level. This would provide an ability to assess the needs of all injuries that occur and be able to affect changes in targeted prevention activities and decrease further deaths and disabilities. Investigation of funding for such expansion would need to be done if any incentive would be a consideration. A modified trauma registry would have to be developed to make it more attractive and user-friendly to limit the amount of energy or resources that would be

required to operate such a program. Another consideration would be mandating participation of all acute care facilities in data collection. There is little chance of success without clearly defined incentives for the collaboration of hospitals in participating in such an endeavor.

OBJECTIVE:

OBJECTIVE 6-11 Develop an incentive for non-trauma hospitals to participate in injury data collection program

TIMEFRAME FOR OBJECTIVE:

Long-term plan This objective will need to be spread over a 4-year period of time that would include creating increased interest in the trauma program among all non-designated trauma hospitals, seeking financial support for the development of the program, expanding the current trauma registry into a user-friendly modified injury data collection tool, establishing a injury collection process that would not require additional FTE's for the hospitals, and negotiating agreements with hospitals for aggregate data sharing.

STANDARD:

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which address:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g.; CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

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

CURRENT STATUS:

The EMS Agency coordinates with the Santa Clara County Department of Public Health in prevention and reduction of health risks in target areas, and has included public CPR training requirements within the early defibrillation program agreements with the fire service providers. Much of the routine PI&E responsibility has been delegated to the contract ALS provider. AMR-West, on a monthly basis reports these activities to the EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Additional funding to increase PI&E productivity.

OBJECTIVE:

OBJECTIVE 7-1 Develop a coordinated Public Information & Education Plan.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

7.02 The local EMS agency, in cooperation with other local health education programs, shall work to promote injury control and preventative medicine.	The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of illness or injury.
---	--

CURRENT STATUS:

The EMS Agency coordinates with the Santa Clara County Department of Public Health in prevention and reduction of health risks in target areas. The EMS Agency also obtained a grant for the development of an injury control program, which is being integrated into the local prehospital training programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Additional funding to support PI&E, preventative medicine and injury control activities.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen 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:

Limited staff at both OES and EMS has not allowed for an effective citizen disaster preparedness program to be implemented. The Agency does coordinate certain community outreach reach efforts with the San José Office of Emergency Service's MMRS. The EMS Agency also holds an annual EMS Fair which includes disaster preparedness information and resources. In addressing the needs of the senior population, the Agency participates with the Santa Clara County Senior Commission.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

1. Funding to support State mandated disaster preparedness requirements.
2. Additional EMS Agency and OES staff.

OBJECTIVE:

OBJECTIVE 7-4 Obtain grant funding to support citizen disaster preparedness activities.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

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

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

The EMS Agency has established public CPR and first aid training requirements within its contract with its advanced life support provider and early defibrillation providers. An overall goal and target groups have not yet been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Identification of target groups, and a cost assessment of providing CPR and first aid training to those groups.

OBJECTIVE:

OBJECTIVE 7-5 Establish a lay public training CPR and first aid training goal.

OBJECTIVE 7-6 Modify existing agreements to meet adopted goals.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

8.01 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:

In coordination with the Operational Area, the EMS agency has participated in the development of a Disaster Medical Health Plan which provides for the continued delivery of medical care during disasters. The Agency continues to collaborate with the San Jose Office of Emergency Services in the development and revision of the Metropolitan Medical Response System.

COORDINATION WITH OTHER EMS AGENCIES:

Disaster planning is coordinated with the Region II Disaster Medical Health Coordinator.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

The existing medical response plans for catastrophic disasters includes provisions for handling toxic substance incidents; and was developed using the state multi-hazard functional plan.

COORDINATION WITH OTHER EMS AGENCIES:

The Disaster Medical Health Plan incorporates the use of SEMS and the Region II RDMHC.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.03 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:

Roles and responsibilities for hazardous material incident response have been established; and personnel have been trained and equipped commensurate with their individual roles. The agency actively support supports continuing education in this area through a variety of exercises and drills.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standardized education for hospital ED personnel

OBJECTIVE:

OBJECTIVE 8-1 Develop funding for the delivery of training to ED personnel

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management. The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

All multiple casualty and disaster response plans are designed using ICS for field management. Training in ICS is provided in all initial and refresher EMT-I training and local EMT-P accreditation programs approved by the EMS Agency. All First Responder and A.L.S. Transport personnel receive continuing education on ICS and SEMS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

CURRENT STATUS:

Casualty distribution procedures have been developed and are outlined in the Disaster Medical Health Plan.

COORDINATION WITH OTHER EMS AGENCIES:

The casualty distribution policies utilize facilities within the local jurisdiction only, and have not been coordinated with other local area EMS agencies.

NEED(S):

A mechanism for regional distribution of casualties.

OBJECTIVE:

OBJECTIVE 8-5 A revised regional casualty distribution policy.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions. The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

Communication links are in place to convey emergency requests both to the region and the state. These linkages are available both at the Department DEOC and the Operational Area EOC.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Several frequencies have been designated for interagency communication and coordination during disaster operations. These frequencies are service specific to prevent over-utilization, and are all accessible by the local area emergency operations center. A project is currently underway to evaluate the current system and develop a strategic communications plan.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has actively assisted the operational area in developing a coordinated disaster communication network.

NEED(S):

Additional frequencies for EMS specific events

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

CURRENT STATUS:

A disaster medical resource inventory is included in the Disaster Medical Health Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Maintenance of the resource lists in the Disaster Medical Health Plan.

OBJECTIVE:

OBJECTIVE 8-7 Coordinate plan maintenance with the Operational Area.

TIMEFRAME FOR OBJECTIVE:

- X Annual Implementation Plan
- Long-range Plan

STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area. The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

Santa Clara County maintains a relationship with the local DMAT (CA-6).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

There are no mutual aid agreements with any other counties.

COORDINATION WITH OTHER EMS AGENCIES:

A Bay Area Medical Mutual Aid task force was set up to develop mutual aid agreements among the local counties; however, a resolution on the financial responsibility issue could not be reached formal agreements have not been established. Informal mutual aid request procedures have been created, and verbal agreements for mutual aid support established. Santa Clara County and Santa Cruz County have approved an automatic aid agreement for mutual response to an isolated area shared by the two EMS systems, but do not have a general mutual aid agreement.

NEED(S):

1. Political and financial support for mutual aid agreement development.
2. Coordinated mutual aid plans for mental health and other health resources.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

OES has not indicated, and EMSA has not recommended the use of Casualty Collection Points (CCPs).

COORDINATION WITH OTHER EMS AGENCIES:

There has been no coordination with other EMS agencies.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.12 The local EMS agency, in cooperation with the local OES, shall develop plans for establishing CCP's and a means for communicating with them.

CURRENT STATUS:

The County Disaster Medical Health Plan incorporates the use of RACES members for communications at treatment sites.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

CURRENT STATUS:

Disaster medical training is under continuous revision to meet changing needs and requirements. All transport personnel are provided continuing education in this every two years. Within the City of San José, Weapons of Mass Destruction training is provided on an annual basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s). 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:

The EMS Agency has encouraged all area hospitals to integrate their disaster plans with the County's medical response plan. The EMS Agency is currently a member of the Emergency Preparedness subcommittee of the local Hospital Council to address such issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

CURRENT STATUS:

Three radio frequencies, operated by the County, exist that may be utilized for intra-hospital communication; however, the radio system was not designed to be used for that purpose. The area hospitals have participated in the development of an area-wide radio network using RACES personnel at the various facilities. Satellite based internet connectivity will be provided to hospitals this year.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

OBJECTIVE 8-14 Additional radio frequency for EMS use.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

8.16 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.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospitals in its service area.

CURRENT STATUS:

The County Disaster Medical Health Plan give some degree of coordination to this issue. The hospitals are encouraged to update and drill their Emergency Response Plans at least quaterly. In working with the local Hospital Council, the Agency will continue to encourage the evolution of these plans.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.17 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:

A draft policy has been developed outlining the procedure for ALS personnel and mutual aid responders to function during significant medical incidents. This matter is addressed in limited fashion in the Santa Clara County Multiple Casualty Incident Plan.

COORDINATION WITH OTHER EMS AGENCIES:

The agency is currently in the process of convening the local EMS Agencies to address this issue.

NEED(S):

Formal adoption of inter-county medical mutual aid agreements between Santa Clara County, the adjacent counties, and Region II.

OBJECTIVE:

OBJECTIVE 8-16 Revise the draft mutual aid policies, and develop a draft agreement for medical mutual aid for Board of Supervisors consideration.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- X Long-range Plan

STANDARD:

8.18 Local EMS agencies developing trauma or other specialty 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:

The County's Multiple Casualty Incident Plan was recently revised for better integration with specialty care services. Current triage and transport policies have been designed to accommodate trauma and other specialty care systems during significant medical incidents, and to limit their impact on day-to-day operations. Contingencies have also been developed to implement operational changes in the event a significant medical incident threatens to disrupt day-to-day operations or negatively impact receiving facility or specialty care service.

COORDINATION WITH OTHER EMS AGENCIES:

Policy, procedures and planning efforts are shared and discussed for a coordinated effort.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.19 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:

The Santa Clara County ambulance ordinance contains language, superseding all exclusive contracts and agreements for medical transportation vehicles, which allows for exclusivity to be waived and for utilization of non-permitted medical transportation resources in the event of a significant medical incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Santa Clara County **County:** Santa Clara **Reporting Year:** CY 2001

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: Santa Clara

a. Basic Life Support (BLS)	<u>0</u> %
b. Limited Advanced Life Support (LALS)	<u>0</u> %
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. The person responsible for day-to-day activities of EMS agency reports to b
 - a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other:

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	_____
Enforcement of local ambulance ordinance	<u>x</u>
Enforcement of ambulance service contracts	<u>x</u>
Operation of ambulance service	_____
Continuing education	<u>x</u>
Personnel training	<u>x</u>

Table 2 - System Organization & Management (cont.)

Operation or oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing (CISD) team	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> x </u>

Other:

Other:

Other:

5. EMS agency budget for FY 97-98

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$	<u>.00</u>
Contract Services (e.g. medical director)	\$	<u>.00</u>
Operations (e.g. copying, postage, facilities)	\$	<u>.00</u>
Travel	\$	<u>.00</u>
Fixed assets	\$	<u>.00</u>
Indirect expenses (overhead)	\$	<u>0.00</u>
Ambulance subsidy	\$	<u>0.00</u>
EMS Fund payments to physicians/hospital	\$	<u>.00</u>
Dispatch center operations (non-staff)	\$	<u>0.00</u>
Training program operations	\$	<u>0.00</u>
Other: First Responder ALS Program support	\$	<u>.00</u>
Other:		
Other:		

TOTAL EXPENSES \$.00

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	<u>0.00</u>
Office of Traffic Safety (OTS)	\$	<u>0.00</u>
State general fund	\$	<u>0.00</u>
County general fund	\$	<u>.00</u>
Other local tax funds (e.g., EMS district)	\$	<u>0.00</u>
County contracts (e.g. multi-county agencies)	\$	<u>0.00</u>
Certification fees	\$	<u>.00</u>
Training program approval fees	\$	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA)	\$	<u>0.00</u>
Job Training Partnership ACT (JTPA) funds/other payments		
Base hospital application fees	\$	<u>0.00</u>
Base hospital designation fees	\$	<u>0.00</u>
Trauma center application fees	\$	<u>0.00</u>
Trauma center designation fees	\$	<u>150,000.00</u>
Pediatric facility approval fees	\$	<u>0.00</u>
Pediatric facility designation fees	\$	<u>0.00</u>
Other critical care center application fees	\$	<u>0.00</u>
Type:		
Other critical care center designation fees	\$	<u>0.00</u>
Type:		
Ambulance service/vehicle fees	\$	<u>.00</u>
Contributions	\$	<u>0.00</u>
EMS Fund (SB 12/612)	\$	<u>.00</u>
Other grants:	\$	<u>0.00</u>
Other fees:	\$	<u>.00</u>
Other (specify): Ambulance performance fines	\$	<u>.00</u>
Other (specify): First Responder ALS Support	\$	<u>.00</u>
TOTAL REVENUE	\$	<u>.00</u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN BELOW.

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 99-00

We do not charge any fees

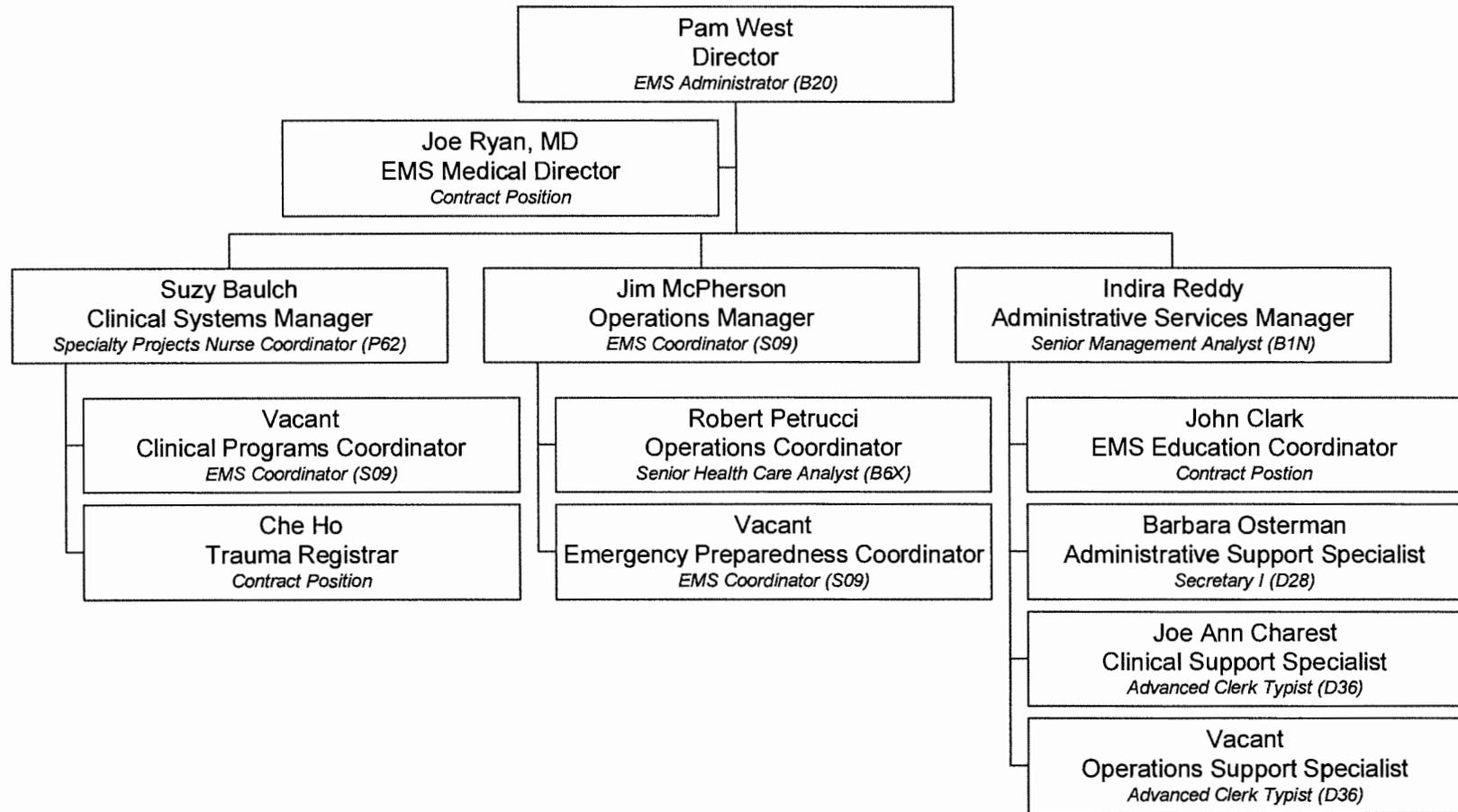
Our fee structure is:

First responder certification	\$	0.00
EMS dispatcher certification	\$	0.00
EMT-I certification	\$	20.00
EMT-I recertification	\$	20.00
EMT-defibrillation certification	\$	0.00
EMT-defibrillation recertification	\$	0.00
EMT-II certification	\$	N/A
EMT-II recertification	\$	N/A
EMT-P accreditation	\$	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	\$	25.00
MICN/ARN recertification	\$	0.00
EMT-I training program approval	\$	0.00
EMT-II training program approval	\$	0.00
EMT-P training program approval	\$	0.00
MICN/ARN training program approval	\$	0.00
Base hospital application	\$	0.00
Base hospital designation	\$	0.00
Trauma center application	\$	0.00
Trauma center designation	\$	50,000.00
Pediatric facility approval	\$	0.00
Pediatric facility designation	\$	0.00
Other critical care center application	\$	N/A
Type:		
Other critical care center designation	\$	N/A
Type:		
Ambulance service license	\$	1,250.00
Ambulance vehicle permits		
ALS, CCT, and Air Ambulance	\$	500.00
BLS Ambulance	\$	300.00
Other:	\$	N/A

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year

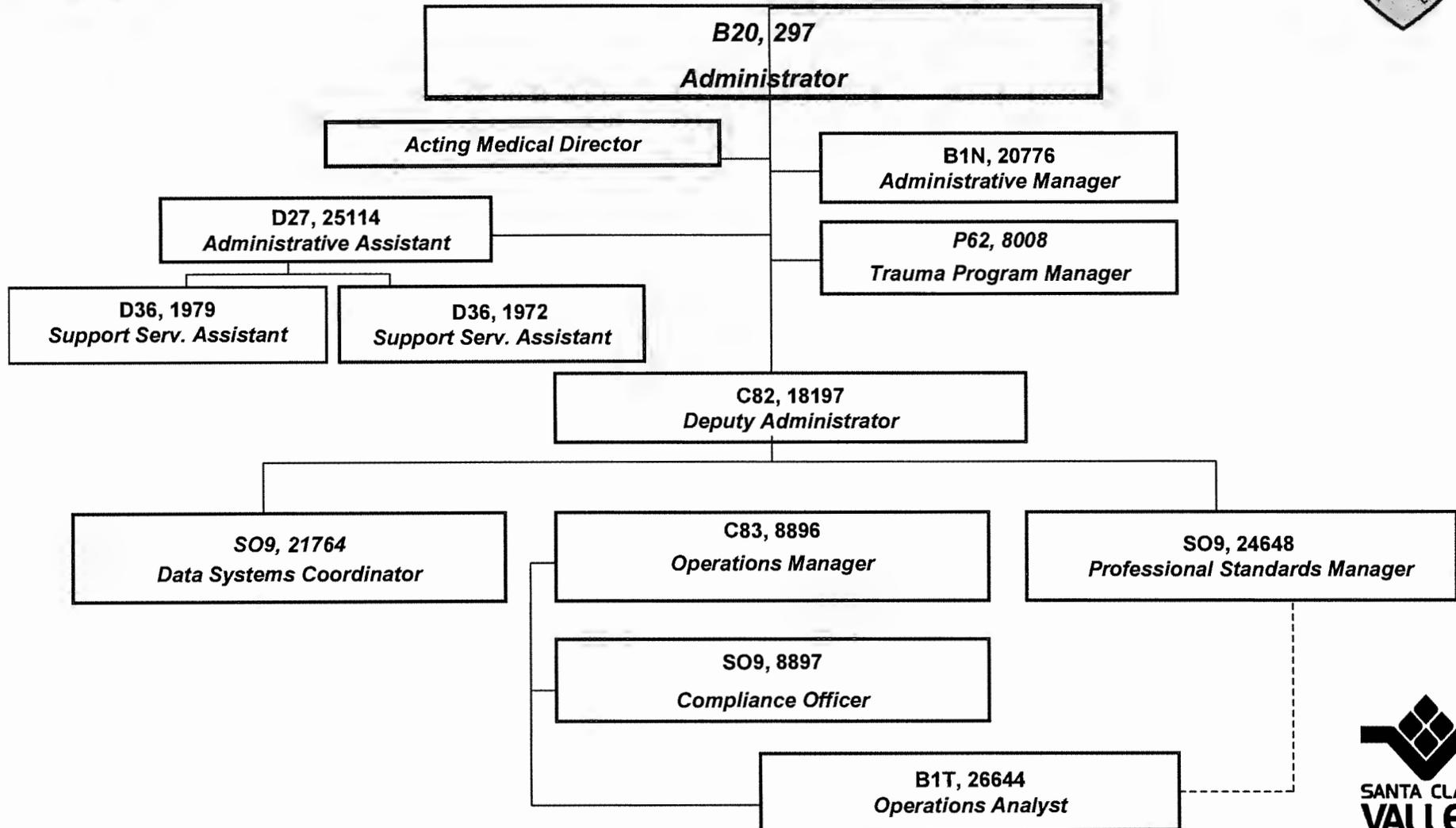
Table 2 - System Organization & Management (cont.)

Santa Clara County Emergency Medical Services Agency





Santa Clara County Emergency Medical Services Agency



**SANTA CLARA
VALLEY**
HEALTH & HOSPITAL SYSTEM

PUBLIC HEALTH
DEPARTMENT

Table 2 - System Organization & Management (cont.)

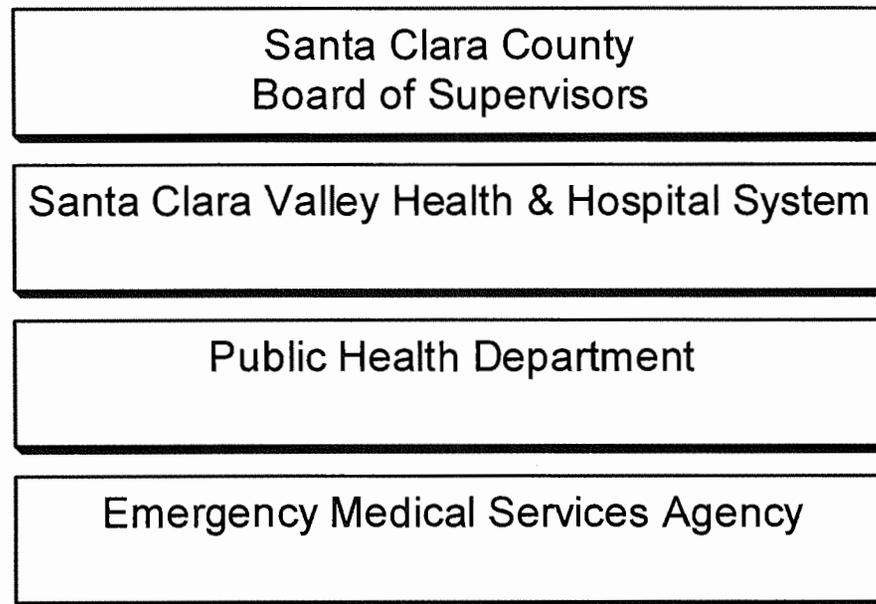


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS SYSTEM: Santa Clara County

Reporting Year: 2001

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	1065		623	25	
Number newly certified this year	100		91	11	
Number recertified this year	500				
Total number of accredited personnel on July 1 of the reporting year					
Number of certification review resulting in:					
a) formal investigations	11		41		
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken	11		38		

1. Number of EMS disptachers trained to EMSA standards: 70
2. Early defibrillation:
 - a) Number of EMT-1 (defib) certified N/A
 - b) Number of public safety (defib) certified (non-EMT-1) N/A
3. Do you have a First Responder Training Program? NO

TABLE 4: SYSTEM RESOURCES AND OPERATIONS
Communications

EMS System: Santa Clara County **County:** Santa Clara **Reporting Year:** 2001

- | | | | |
|----|--|---|--|
| 1. | Number of primary Public Service Answering Points (PSAP) | | 13 |
| 2. | Number of secondary PSAPs | | 3 |
| 3. | Number of dispatch centers directly dispatching ambulances | Emergency - 2 | |
| | | Non-emergency - 8 | |
| 4. | Number of designated dispatch centers for EMS Aircraft | | 1 |
| 5. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |
| a. | Radio primary frequency: 38.01 MHz | | |
| b. | Other methods: Leased Line Phones | | |
| c. | Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no |
| d. | Do you participate in OASIS? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |
| e. | Do you have a plan to utilize RACES as a back-up communication system? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |
| | 1) Within the operational area? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |
| | 2) Between the operational area and the region and/or state? | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Santa Clara County **County:** Santa Clara **Reporting Year:** 2001

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	3
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	100%
3.	Total number responses	88,586
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	88,551
	b) Number non-emergency responses (Code 1: normal)	35
4.	Total number of transports	58,458
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	58,458
	b) Number non-emergency transports (Code 1: normal)	0

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	2
	a) Automated	2
	b) Manual	0
6.	Number of EMT-Defibrillation providers	11
	a) Automated	11
	b) Manual	0

Air Ambulance Services

7.	Total number of responses	557
	a) Number of emergency responses	557
	b) Number of non-emergency responses	0
8.	Total number of transports	254
	a) Number of emergency transports	254
	b) Number of non-emergency transports	0

Table 5: Response/Transportation (cont.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	N/A	N/A	N/A	N/A
2. Early defibrillation capable responder.	N/A	N/A	N/A	N/A
3. Advanced life support capable responder.	N/A	N/A	N/A	N/A
4. Transport ambulance.	Code 3 - 13.25 Code 2 - 18.25	Code 3 - 18.25/23.25 Code 2 - 23.25/43.25	Code 3 - 23.25 Code 2 - 43.25	N/A N/A

Table 2 - System Organization & Management (cont.)

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 99-00

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	EMS Administrator (B20)	1	\$43.90	28%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior Management Analyst (B1N)	1	\$32.28	28%	
ALS Coord./Field Coord./Trng. Coord.	EMS Coordinator (S09)	3	\$30.74	28%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Specialty Program Nurse Coordinator (P62)	1	\$37.01	28%	
Med. Director	<i>EMS Medical Director</i>	.3	\$68.00	N/A	
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	Senior Program Manager	1	\$31.64	28%	
Dispatch Supervisor					
Data Evaluator/Analyst	<i>Information Resource Coordinator</i>	.6		N/A	Contract Employee
QA/QI Coordinator		1			
Public Info. & Ed. Coord.	<i>EMS Education Coordinator</i>	.5	\$35.25	N/A	Contract Employee
Ex. Secretary	Secretary I (D28)	1	\$17.06	28%	
Other Clerical	Advanced Clerk Typist (D36)	2	\$16.21	28%	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Santa Clara County EMS
 Reporting Year: 2001

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>5,057</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>3,408</u>
c) Number of major trauma patients transferred to a trauma center	<u>5,174</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments	<u>12</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>11</u>
d) Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>1</u>

Table 7: Disaster Medical (cont.)

4. List all counties with which you have a written medical mutual aid agreement.
Santa Cruz County
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no
7. Are you part of a multi-county EMS system for disaster response? yes no
Though Region II
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no

TABLE 8: RESOURCES DIRECTORY
Providers

EMS System: Santa Clara County

County: Santa Clara

Reporting Year:

2001

Name, address & telephone: American Medical Response-West 111 Pullman Way San José, CA 95111 408-574-3800		Primary Contact: Paul W. Davis Director of Operations			
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-133 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-135
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: ALS - 36 BLS - 25 CCT - 4

Name, address & telephone: AMTRAK Police 510 West San Fernando Street San José, CA 95110 408-271-3546		Primary Contact: Carolyn Slezak Lieutenant			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-15 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" 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 checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 650-525-3855			Primary Contact: David Bockholt Vice President		
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-25 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-2
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: BLS - 6 CCT - 1

Name, address & telephone: Atransco, Inc. 331 Laurelwood Road Santa Clara, CA 95054-2313 408-565-9000			Primary Contact: John Bird CEO		
Written Agreement: <input type="checkbox"/> yes <input checked="" 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-5 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS - 4

Table 8: Providers (cont.)

Name, address & telephone: California Department of Forestry Morgan Hill Ranger Unit 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		Primary Contact: John Sims Battalion Chief-Training			
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-3 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-5 <input type="checkbox"/> 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 checked="" 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: N/A

Name, address & telephone: California Department of Forestry San Mateo/Santa Cruz Ranger Unit P.O. Drawer F-2 Felton, CA 95013 408-335-5353 x109		Primary Contact: Jeff Malmin Battalion Chief			
Written Agreement: <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: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 checked="" 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: N/A

Table 8: Providers (cont.)

Name, address & telephone: California Highway Patrol - Gilroy 700 Renz Lane Gilroy, CA 95020 408-848-2324			Primary Contact: Dave Hill Sergeant		
Written Agreement: <input type="checkbox"/> yes <input checked="" 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-34 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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: N/A

Name, address & telephone: California Highway Patrol - Redwood City 355 Convention Way Redwood City, CA 94063 650-369-6261			Primary Contact: Matt Eisenman Training Officer		
Written Agreement: <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: <input checked="" type="checkbox"/> PS-61 <input checked="" type="checkbox"/> BLS-19 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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: N/A

Table 8: Providers (cont.)

Name, address & telephone: California Highway Patrol - San José 2020 Junction Avenue San José, CA 95131 408-467-5400			Primary Contact: Jerry Tidwell, Captain Commander, San Jose Area		
Written Agreement: <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: <input checked="" type="checkbox"/> PS - 87 <input checked="" type="checkbox"/> BLS - 21 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS - 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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 type="checkbox"/> county; <input checked="" 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: N/A

Name, address & telephone: California Medical Transport 1124 Independence Avenue Mountain View, CA 94043 650-428-0911			Primary Contact: Bruce Turner President		
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-27 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS - 7 CCT - 1

Table 8: Providers (cont.)

Name, address & telephone: California Shock Trauma Air Rescue (CalSTAR) 20876B Corsair Hayward, CA 94545 510-887-3063		Primary Contact: Joanne Rubini Director of Medical Operations			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-2
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: AIR - 2 (one roter and one fixed wing)

Name, address & telephone: California Community College District Police De Anza College c/o Campus Security 21250 Stevens Creek Boulevard Cupertino, CA 95014 408-864-5555		Primary Contact: Ben Rodriguez Director			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-6 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: California Community College District Police Foothill College 12345 El Monte Road Los Altos Hills, CA 94022 650-949-7317		Primary Contact: Tom Conom Chief			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-7 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: California Community College District San José/Evergreen Community College District Police Department 3095 Yerba Buena Road San José, CA 95135 408-270-6468		Primary Contact: Bud Bye 223-6725			
Written Agreement: <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: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: California Community College District Police West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092		Primary Contact: Laura Lorman Chief			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-6 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> PS-Defib-4 <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: California State University Police Department San José State University One Washington Square San José, CA 95192-0012 408-924-2222		Primary Contact: B. Lowe Lieutenant Admin. Services Division Commander			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-73 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" 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: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Campbell Police Department 70 North First Street Campbell, CA 95008 408-866-2121		Primary Contact: Russ Patterson Captain 408-866-2174			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-46 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: Federal Bureau of Investigation-San Jose 950 South Bascom Avenue San José, CA 95128 408-998-5633		Primary Contacts: Gerald Buten Assoc. Special Agent in Charge Randy R.Cook Senior Supervisory Resident Agent			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-55 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input checked="" 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 checked="" type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Gilroy Fire Department 7070 Chestnut Street Gilroy, CA 95020 408-848-0385			Primary Contact: Dave Bozzo Captain-Training Officer		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-22 <input type="checkbox"/> 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: N/A

Name, address & telephone: City of Gilroy Police Department 7370 Rosanna Street Gilroy, CA 95020 408-848-0329			Primary Contact: Scot Smithee Lieutenant		
Written Agreement: <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: <input checked="" type="checkbox"/> PS-57 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: Golden State Medical Services 3593 S. Bascom Avenue Campbell, CA 95008 408-879-1400		Primary Contact: Dave Martinez Vice President/CEO				
Written Agreement: <input type="checkbox"/> yes <input checked="" 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-33 <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS - 5	

Name, address & telephone: International Business Machines Corporation STL Security 555 Bailey Road San José, CA 95141 408-463-4422		Primary Contact: Jeff Scherck				
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-15 <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-7 <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS - 3	

Table 8: Providers (cont.)

Name, address & telephone: Lifeflight 300 Pasteur Drive Stanford, CA 94305 650-725-4829			Primary Contact: Donna Clark Program Director		
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS - 14 (RN)
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: AIR - 1

Name, address & telephone: City of Los Altos Police Department One North San Antonio Road Los Altos, CA 94022 650-948-8223			Primary Contact: Tom Connelly Sergeant		
Written Agreement: <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: <input checked="" type="checkbox"/> PS-30 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: Town of Los Gatos Police Department 110 East Main Street Los Gatos, CA 95030 408-354-4257		Primary Contact: Alana Forrest Captain			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-44 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 650-691-1200		Primary Contact: Gordon Baillie Management Analyst			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-11 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Wildland Fire	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no On-Call	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Milpitas Fire Department 777 Main Street Milpitas, CA 95035 408-942-2394			Primary Contact: Bobby Dixon Asst. Fire Chief		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-52 <input checked="" type="checkbox"/> ALS-14
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 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: N/A

Name, address & telephone: City of Milpitas Police Department 1275 North Milpitas Boulevard Milpitas, CA 95035 408-942-3911			Primary Contact: Commander Technical Services		
Written Agreement: <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: <input checked="" type="checkbox"/> PS-81 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: Moffett Field Fire Department 129th Air National Guard Building 580 Moffett Field, CA 94035-1000 650-604-5416			Primary Contact: Beth Minor Chief Dispatcher		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D - 42 <input type="checkbox"/> 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Air National Guard	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: City of Morgan Hill Police Department 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304			Primary Contact: Patricia Yinger Support Services Supervisor		
Written Agreement: <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: <input checked="" type="checkbox"/> PS-23 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Mountain View Fire Department 1000 Villa Street Mountain View, CA 94040 650-903-6804		Primary Contact: Richard Alameda Battalion chief			
Written Agreement: <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: <input type="checkbox"/> PS-10 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-53 <input checked="" type="checkbox"/> ALS-16
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 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: N/A

Name, address & telephone: City of Mountain View Police Department 1000 Villa Street Mountain View, CA 94041-1294 650-903-6354		Primary Contact: Max J. Bosel Police Sergeant			
Written Agreement: <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: <input type="checkbox"/> PS-82 <input checked="" type="checkbox"/> BLS-1 <input type="checkbox"/> LALS <input checked="" type="checkbox"/> PS-Defib-100 <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Palo Alto Fire Department 250 Hamilton Avenue Palo Alto, CA 94306 650-329-2220		Primary Contact: Dan Lindsay, B.C. 301 Alma St. Palo Alto, CA 94301			
Written Agreement: <input type="checkbox"/> yes <input checked="" 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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-80 <input checked="" type="checkbox"/> ALS-30
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Eric L. Weiss	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: ALS-2

Name, address & telephone: City of Palo Alto Police Department 275 Forest Avenue Palo Alto, CA 94301 650-329-2556		Primary Contact: Michael J. Dokter Officer, Personnel and Training Supervisor			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-96 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: San José City Parks c/o Regional Facilities 1300 Senter Road San José, CA 95112-3623 408-277-5531			Primary Contact: Julie Marks Dep. Director of Visitor Services & Facilities		
Written Agreement: <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: [X] PS - 8 [X] PS-Defib - 3 [X] BLS -4 [X] EMT-D - 3 <input type="checkbox"/> LALS <input type="checkbox"/> 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Parks district	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: City of San José Fire Department 255 North Montgomery Street San José, CA 95128 408-277-4084			Primary Contact: Kevin Conant Battalion Chief		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS [X] EMT-D-497 <input type="checkbox"/> LALS [X] ALS-143
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 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: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of San José Police Department 201 West Mission Street San José, CA 95110 410-277-4000		Primary Contact: Jim Seymour Supervising Fire Dispatcher			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-1285 <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: San José Unified School District Police 855 Lenzen Avenue San José, CA 95126 408-358-3741		Primary Contact:			
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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 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	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: City of Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050 408-984-3054		Primary Contact: Dave Busse Battalion Chief			
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-28
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 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: N/A

Name, address & telephone: City of Santa Clara Police Department 1541 Civic Center Drive Santa Clara, CA 95050-4685 408-261-5324		Primary Contact: Bill Carver Captain			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-145 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: Saratoga Fire Protection District 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001			Primary Contact: Ron Vega EMS Coordinator		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-25 <input checked="" type="checkbox"/> ALS-5
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Michaels	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: N/A

Name, address & telephone: Santa Clara County Fire Department 14700 Winchester Boulevard Los Gatos, CA 95030-1818 408-378-4010			Primary Contact: Don Jarvis District Chief/EMS Coordinator		
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D - 140 <input checked="" type="checkbox"/> ALS - 58
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: N/A

Table 8: Providers (cont.)

Name, address & telephone: Santa Clara County Parks Department 298 Garden Hill Drive Los Gatos, CA 95032 408-358-3741		Primary Contact: Bill Ventura Chief Park Ranger			
Written Agreement: <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: <input checked="" type="checkbox"/> PS - 44 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Parks Department	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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: County of Santa Clara Sheriff's Office 55 West Younger Avenue San José, CA 95110 408-299-2101		Primary Contact: Laurie Smith Sheriff			
Written Agreement: <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: <input checked="" type="checkbox"/> PS-650 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Table 8: Providers (cont.)

Name, address & telephone: South Santa Clara County Fire District/CDF Santa Clara 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121				Primary Contact:	
Written Agreement: <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 checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-40 <input checked="" type="checkbox"/> ALS-13
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: N/A

Name, address & telephone: Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-				Primary Contact:	
Written Agreement: <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 checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D - 40 <input type="checkbox"/> 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: N/A

Table 8: Providers (cont.)

Name, address & telephone: Stanford Department of Public Safety 711 Sierra Street Stanford, CA 94305 650-725-2149		Primary Contact:			
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162		Primary Contact: Steve Drewniany EMS Coordinator Fire Training Unit			
Written Agreement: <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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-125 <input type="checkbox"/> 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Combined Fire/Police Agency	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: N/A

Table 8: Providers (cont.)

Name, address & telephone: United Technology Corporation- Chemical Systems Division 600 Metcalf Road San José, CA 95138 408-776-4282		Primary Contact: Dan Villalon Lieutenant			
Written Agreement: <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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-1 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS-1

Name, address & telephone: Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577 510-614-1423		Primary Contact: Thomas Milsap CEO/Director of Operations			
Written Agreement: <input type="checkbox"/> yes <input checked="" 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-11 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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: BLS - 2

TABLE 9: RESOURCES DIRECTORY
Approved Training Programs

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: 2001

Training Institution Name / Address		Contact Person telephone no.
California Department of Forestry Santa Clara Unit 15670 Monterey Street Morgan Hill, CA 95037		Mark Brunton, Battalion Chief Program Director 408-779-2121
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: No Cost	**Program Level: EMT-I Number of students completing training per year: 20 Initial training: 20 Refresher: 0 Cont. Education: 20-40 Expiration Date: 01.31.02 Number of courses: Initial training: 11 Refresher: 0 Cont. Education: 24 hrs. every 2 years

Training Institution Name / Address		Contact Person telephone no.
Foothill College Main Campus 400 Middlefield Road Palo Alto, CA 94303		Mary Ann Pavic Division Dean 650-949-7730
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$300.00 Refresher = \$150.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 120 Refresher: 60 Cont. Education: 60 Expiration Date: 1.31.01 Number of courses: Initial training: 4 Refresher: 4 Cont. Education: 100 hours

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Table 9: Approved Training Programs (cont.)

Training Institution Name / Address		Contact Person telephone no.
Foothill College 400 Middlefield Road Palo Alto, CA 94303		Stephanie Pucci, RN Program Director 650-354-8373
Student Eligibility: * High school diploma or G.E.D.; current BCLS and EMT certification; six months experience with an EMS provider agency; passing score on a pre-entrance written exam; and, an oral interview with program faculty.	Cost of Program [basic/refresher]: Basic = \$2,000.00 Refresher = N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: 25-30 Refresher: N/A Cont. Education: unk. Expiration Date: 12.31.03 Number of courses: Initial training: 1 Refresher: N/A Cont. Education: N/A

Training Institution Name / Address		Contact Person telephone no.
Mission College 3000 Mission College Boulevard Santa Clara, CA 95054		Peggy Burroughs, R.N. Program Director 408-988-2200, or voice mail 408-855-5392
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$72.00 Refresher = \$24.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 160 Refresher: 760 Cont. Education: N/A Expiration Date: 1.31.01 Number of courses: Initial training: 2 Refresher: 14 Cont. Education: N/A

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Table 9: Approved Training Programs (cont.)

Training Institution Name / Address		Contact Person telephone no.
San José City College 2100 Moorpark Avenue San José, CA 95128-2799		Jennifer Witte, R.N. Program Director 408-298-2181 ext. 3975
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$135.00 + uniform/texts Refresher = \$ 76.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 180 Refresher: 25 Cont. Education: 60 Expiration Date: 9.30.00 Number of courses: Initial training: 6 Refresher: 1 Cont. Education: 4-6

Training Institution Name / Address		Contact Person telephone no.
Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050-3009		Gene Sawyer Program Director 408-984-3062
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: No Cost	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 160 Cont. Education: N/A Expiration Date: 3.31.01 Number of courses: Initial training: 0 Refresher: 0 Cont. Education: N/A

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Table 9: Approved Training Programs (cont.)

Training Institution Name / Address		Contact Person telephone no.
Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707		Steve Drewniany Program Director 408-730-7100
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: No Cost	**Program Level: EMT-I Number of students completing training per year: Initial training: 25 Refresher: 0 Cont. Education: 40 Expiration Date: 2.28.01 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 24 hours

Training Institution Name / Address		Contact Person telephone no.
WestMed Training 1330 South Bascom Avenue San José, CA 95128		Veronica Shepardson EMT-School Director 408-977-0723
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$995.00 Refresher = \$125.00/\$220.00 with Ntl. Registry	**Program Level: EMT-I Number of students completing training per year: Initial training: 100 Refresher: 50 Cont. Education: 50 Expiration Date: 7.31.04 Number of courses: Initial training: 5 Refresher: 4 Cont. Education: 96 hours

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

Table 9: Approved Training Programs (cont.)

Training Institution Name / Address		Contact Person telephone no.
WestMed Training 1330 South Bascom Avenue San José, CA 95128		Beth Keegstra, M.D. Program Director 408-977-0723
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$6,500 + Internship fees	**Program Level: EMT-P Number of students completing training per year: Initial training: 22 Refresher: N/A Cont. Education: N/A Expiration Date: 07/31/04 Number of courses: Initial training: 1 Refresher: N/A Cont. Education: N/A

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY
Facilities

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: 2001

Name, address & telephone: Community Hospital of Los Gatos-Saratoga 815 Pollard Road Los Gatos, CA 95030 408-378-6131		Primary Contact: Midori Aogaichi, MD Emergency Department Director 408-866-4040	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by 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 checked="" type="checkbox"/> yes <input 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: El Camino Hospital 2500 Grant Road, P.O. Box 7025 Mountain View, CA 94039-7025 650-968-8111		Primary Contact: Mary Coombes Quality Management Coordinator 650-940-7238	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center what Level:****	

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

Table 10: Facilities (cont.)

Name, address & telephone: Good Samaritan Hospital 2425 Samaritan Drive San Jose, CA 95124 408-559-2011		Primary Contact: Bill Piche, CEO Jackie Lowther Interim ED Manager			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by 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: Kaiser Permanente Medical Center - Santa Clara 900 Kiely Boulevard Santa Clara, CA 95051 408-236-6400		Primary Contact: Kathleen Davidson, RN, BSN, MBA Director, Emergency Services 408-236-5022			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****

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

Table 10: Facilities (cont.)

Name, address & telephone: O'Connor Hospital 2105 Forest Avenue San Jose, CA 95128 408-947-2819		Primary Contact: Connie Orias, R.N. Clinical Manager 408-947-2666			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by 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 checked="" type="checkbox"/> yes <input 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: Regional Medical Center of San José 255 North Jackson Avenue San Jose, CA 95116 408-259-5000		Primary Contact: Gordon Everett, R.N. Emergency Dept. Charge Nurse			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

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

Table 10: Facilities (cont.)

Name, address & telephone: Saint Louise Regional Hospital 9400 No Name Uno Gilroy, CA 95020 408-848-2000		Primary Contact: Kari Skavern Simmons, RN			
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by 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: San Jose Medical Center 675 East Santa Clara Street San Jose, CA 95112 408-998-3212		Primary Contact: Ron Pimentel, Chief Nurse Elaine Rodger, R.N. Emergency Dept. Manager			
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by 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:* Pending <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** Level II	

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

Table 10: Facilities (cont.)

Name, address & telephone: Santa Clara Valley Medical Center 751 South Bascom Avenue San Jose, CA 95128 408-885-5000		Primary Contact: Connie Pugh, R.N. Nursing Shift Supervisor 408-885-6750	
Written Contract Trauma/Base Hospital	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Stand by emergency service Basic emergency service Comprehensive emergency service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Pediatric Critical Care Center:*		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center what Level:****		Level I	

Name, address & telephone: Santa Teresa Community Hospital 250 Hospital Parkway San Jose, CA 95119 408-723-2300		Primary Contact: Marguerite Pratt, R.N. Emergency Department Director 408-972-7782	
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service Stand by emergency service Basic emergency service Comprehensive emergency service	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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
Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Pediatric Critical Care Center:*		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center what Level:****			

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

Table 10: Facilities (cont.)

Name, address & telephone: Stanford University Medical Center 300 Pasteur Drive Stanford, CA 94305 650-723-2300		Primary Contact: Malinda Mitchell, CEO Linda Bracken, R.N. Emergency Department Nurse Manager			
Written Contract [X]yes Trauma []no	Referral emergency service [] Stand by emergency service [] Basic emergency service [X] Comprehensive emergency service []	Base Hospital: []yes [X]no	Pediatric Critical Care Center:* [X]yes []no		
EDAP:** [X] yes [] no	PICU:*** [X]yes []no	Burn Center: []yes [X]no	Trauma Center: [X]yes []no	If Trauma Center what Level:**** Level I	

Name, address & telephone: VA Palo Alto Health Care System 3801 Miranda Avenue Palo Alto, CA 94304 650-493-5000		Primary Contact: Elizabeth J. Freeman Acting Director			
Written Contract [] yes [X] no	Referral emergency service [] Stand by emergency service [] Basic emergency service [X] Comprehensive emergency service []	Base Hospital: []yes [X]no	Pediatric Critical Care Center:* []yes [X]no		
EDAP:** [] yes [X] no	PICU:*** [] yes [X] no	Burn Center: [] yes [X] no	Trauma Center: [] yes [X] no	If Trauma Center what Level:****	

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

TABLE 11: RESOURCES DIRECTORY
Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year:

2001

Name, address & telephone: American Medical Response-West 1606 Rollins Road Burlingame, CA 94010 888-650-8549 or 650-652-5587		Primary Contact: Jeff Taylor Director 650-652-5410	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD -14 EMT-D ALS BLS LALS Other-63 POST Basic POST Equivalent
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

Name, address & telephone: Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 650-525-3855		Primary Contact: Ailyn Feir Supervisor	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-1 EMT-D ALS BLS-4 LALS Other: POST Basic POST Equivalent
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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 Note: All dispatch personnel have also completed POST Basic equivalent dispatch training.

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: BayTrans Ambulance, Inc. 309 laurelwood Road, Suite 5 Santa Clara, CA 95054-2313 408-565-9000		Primary Contact: John Bird CEO			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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		

Name, address & telephone: California Community College District Police Foothill/De Anza Community College District 12345 El Monte Road Los Altos Hills, CA 94022 650-949-7317		Primary Contact: Judi McAlpin Support Services Coord.			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-1	EMT-D LALS POST Equivalent-6	ALS 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: California Community College District San Jose/Evergreen Community College District Police Dept. 3095 Yerba Buena Road San Jose, CA 95135 408-288-6468				Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic - 2		
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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	EMT-D LALS POST Equivalent	ALS Other:

Name, address & telephone: California Community College District West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092				Primary Contact: Laura L. Lorman Chief	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-1		
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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	EMT-D LALS POST Equivalent	ALS Other:

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: California Department of Forestry Morgan Hill Ranger Unit - Communications 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		Primary Contact: John T. Sims Battalion Chief, Training			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent-12	ALS 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: California Department of Forestry San Mateo/Santa Cruz Ranger Unit - Communications P.O. Drawer F-2 Felton, CA 95018 408-335-5353 x109		Primary Contact: Jeff Malmin Battalion Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-1 BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other-8
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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: California Highway Patrol Golden Gate Communications Center 1551 Benicia Road Vallejo, CA 94591 707-551-4200		Primary Contact: Eli Molina Captain			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent-140	ALS 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	All dispatchers trained by CHP.	

Name, address & telephone: California State University Police Department San Jose State University One Washington Square San Jose, CA 95192-0012 408-924-2222		Primary Contact: B. Lowe Lieutenant Administrative Services Division Commander			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-5	EMT-D LALS POST Equivalent	ALS 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: City of Campbell Communications 70 North First Street Campbell, CA 95008 408-866-2121		Primary Contact: Communications Supervisor			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-8	EMT-D LALS POST Equivalent	ALS 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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: City of Gilroy-Communications 7370 Rosanna Street Gilroy, CA 95020 408-848-0329		Primary Contact: Scot Smithee Sergeant, Administrative Services			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-11	EMT-D LALS POST Equivalent	ALS 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 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		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: Golden State Ambulance 3493 S. Bascom Avenue Campbell, CA 95008 408-879-1400		Primary Contact: David Martinez CEO			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS - 33 POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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		

Name, address & telephone: International Business Machines Corporation San Jose Security 5600 Cottle Road San Jose, CA 95141 408-256-2555 K3N/109		Primary Contact: Robert Lara			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS-17 POST Basic	EMT-D -12 LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Security	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: Lifeflight Communications 300 Pasteur Drive Stanford, CA 94305 650-725-4829		Primary Contact: Donna Clark Program Director			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other: RN – 14
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		

Name, address & telephone: City of Los Altos Communications One North San Antonio Road Los Altos, CA 94022 650-948-8223		Primary Contact: Jeanne Enberg Communications/Records Mgr.			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-6	EMT-D LALS POST Equivalent	ALS Other-1
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		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: Town of Los Gatos - Communications 110 East Main Street Los Gatos, CA 95031 408-354-4257		Primary Contact: Alana Forrest Captain			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-8	EMT-D LALS POST Equivalent	ALS 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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 650-691-1200		Primary Contact: Gordon Baillie Management Analyst			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other: First Responder-16
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: Wildland Fire	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: City of Milpitas Communications 1275 North Milpitas Boulevard Milpitas CA 95035 408-586-2400			Primary Contact: Cdr. D. Rosetto Tech Services Commander 408-586-2405		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD EMT-D ALS BLS LALS Other: POST Basic -16 POST Equivalent		
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 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		

Name, address & telephone: Moffett Field Communications NASA Ames Protective Services Bldg. 15, Mailstop 15-1 Moffett Field, Ca 94035-1000 650-604-5416/4-5587			Primary Contact: Beth Minor Chief Dispatcher		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD EMT-D ALS BLS LALS Other: POST Basic-10 POST Equivalent		
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 checked="" 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 checked="" type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: City of Morgan Hill Communications 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304		Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS 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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: City of Mountain View Communications 1000 Villa Street Mountain View, CA 94041-1294 650-903-6803		Primary Contact: Ben Lenci Battalion Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-2 BLS POST Basic-11	EMT-D LALS POST Equivalent	ALS 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 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		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: City of San Jose Fire Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4444		Primary Contact: Cindy Keehen Supervising Public Safety Dispatcher		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-33 EMT-D ALS BLS LALS Other: POST Basic POST Equivalent	
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 checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	12 dispatchers have also completed a POST Basic dispatch course

Name, address & telephone: City of San Jose Police Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4000		Primary Contact: Jim Seymour Supervising Fire Dispatcher		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD EMT-D ALS BLS LALS Other POST Basic POST Equivalent	
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	

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: San Jose Unified School District Communications 855 Lenzen Avenue San Jose, CA 95126 408-358-3741		Primary Contact:			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS 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 type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: City of Santa Clara-Communications 1990 Walsh Avenue Santa Clara, CA 95050-2506 408-615-5580/408-615-5572		Primary Contact: John Mills Chief Dispatcher			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Cert.- 17	EMT-D LALS POST Equivalent	ALS 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 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		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: County of Santa Clara General Services Agency - Communications 2700 Carol Drive San Jose, CA 408-299-3151		Primary Contact: Diana Pell Chief Dispatcher			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: EMD-70 BLS POST Basic-82	EMT-D LALS POST Equivalent	ALS Other-15
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 checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	All personnel also certified at POST Basic or equivalent level.	

Name, address & telephone: Saratoga Fire Protection District Communications 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001		Primary Contact: Ron Vega EMS Coordinator			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-1	EMT-D LALS POST Equivalent	ALS 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 type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-0762			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic		
			EMT-D LALS POST Equivalent		ALS 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 type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162			Primary Contact: Laura Phillips Communications Operations Manager		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD - 17 BLS POST Basic-19		
			EMT-D LALS POST Equivalent-3		ALS 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 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		

TABLE 11: Dispatch Agency (cont.)

Name, address & telephone: United Technology Corporation- Chemical Systems Division 600 Metcalf Road San Jose, CA 95138 408-776-4282		Primary Contact: John F. MacDonnell Fire Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 8 EMD BLS <input checked="" type="checkbox"/> POST Basic	EMT-D LALS POST Equivalent	ALS Other-8
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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		

Name, address & telephone: Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577 510-614-1423		Primary Contact: Thomas Millsap CEO/Director of Operations			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" 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		

**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.

<p>Local EMS Agency or County Name:</p> <p>Santa Clara County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>All portions of Santa Clara County with the exception of the City of Palo Alto</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response - West (current contract started October 2001)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Mix of all urbanization zones</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>American Medical Response holds rights to this Exclusive Operating Area.</p>
<p>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.).</p> <p>Emergency 911 ALS Ambulance Service and 911 ALS First Response services provided through subcontracts with all jurisdictions other than the City of Palo Alto.</p>
<p>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.</p> <p>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.</p> <p>Selected through an open RFP process. Effective October 2001 with a first renewal option in June 2006.</p>

**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.

<p>Local EMS Agency or County Name:</p> <p>Santa Clara County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Palo Alto</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Palo Alto Fire Department has provided uninterrupted service prior to 1980.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Mostly urban</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Palo Alto maintains an Exclusive Operating Area.</p>
<p>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.).</p> <p>Emergency Ambulance and Advanced Life Support Service (Engines)</p>
<p>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.</p> <p>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.</p> <p>Grandfathered - Uninterrupted service with no changes in scope and matter of service to the zone.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



April 20, 2004

Bruce Lee
Santa Clara EMS Agency
645 South Bascom, Room 139
San Jose, Ca 95128

Dear Mr. Lee:

We have completed our review of *Santa Clara EMS Agency's Emergency Medical Services Plan Update 2001*, which we received on 7/11/03, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
3.02 Radios	Develop a vehicle-to-vehicle communication system for all transport and non-transport medical units.
8.10 Mutual Aid Agreements	Need to develop mutual aid agreements with other counties.
8.11 CCP Designation	Need to develop plans for establishing and designating CCP's and a means for communicating with them.
8.12 Establishment of CCPs	

The above comments are for your information and may be addressed in your annual update. Your next EMS Plan update will be due one year from your approval date. 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, appearing to read "Richard E. Watson".

Richard E. Watson
Interim Director