

## **Summary of Changes**

During fiscal year 08-09 Alameda County EMS released an RFP for the EOA providing services to the parts of the county not covered by transporting fire agencies (the service area currently covered by American Medical Response). One agency, Lawrence Livermore Fire Department, became a part of Alameda County Fire Department.

Three Prehospital Care Coordinators (PHCCs) retired in 08-09 with two of them being replaced. The Assistant Medical Director has become the Acting EMS Director replacing the previous EMS Director. No replacement has been made for the Assistant Medical Director as yet. These positions were actually created in Fiscal Year 09-10, but their addition is noted in this report due to the date of submission.

LEMSA:

FY:

| Standard | EMSA Requirement       | Meets Minimum Req.                  | Short Range (one year or less)      | Long Range (more than one year) | Progress  | Objective  |
|----------|------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|--|
| 1.07     | Trauma Planning        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | Trauma Triage Criteria set forth by the DOT will be discussed at our March 2010 Trauma Audit Committee meeting. The goal is to get consensus from the trauma centers on what it is we will adopt into our local protocols.  | Using historical data, determine those parts of DOT's trauma triage criteria are feasible to implement in our system, from a patient centered perspective. |
| 1.09     | Inventory of Resources |                                     |                                     |                                 | Updated as of 2/2010  | Update the resource directory annually and submit with the EMS System Plan.  |
| 1.12     | Review & Monitoring    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | Data Steering Committee (DSC) formed in 2009. DSC focuses on integrating CEMSIS standards into all ePCR databases in use in the county. By May 1, 2010, all providers will be using CEMSIS compliant software.<br><br>Quality Improvement Plan incorporates use of clinical data provided by ePCR data. | Continue monitoring implementation of CEMSIS compliant data tools. Scheduled to be fully implemented by June 2010  |

| Standard | EMSA Requirement                | Meets Minimum Req.   | Short Range (one year or less)      | Long Range (more than one year)  | Progress   | Objective   |
|----------|---------------------------------|--|-------------------------------------|--|--|---|
| 1.19     | Policies, Protocols, Procedures |   | <input checked="" type="checkbox"/> |   | <p>to becoming accredited as a center of excellence through the National Academies of Emergency Dispatch.</p> <p>Upon OFD's accreditation approval, we will move forward with adopting a clear system of EMD response configurations.</p> <p>With the ACRECC consortium, there are now only two cities within our county borders that do not receive EMD pre-arrival instructions.</p> | <p>Continue to work with those cities that do not utilize a dispatch center with EMD capabilities to encourage them to join into either OFD's dispatch system or ACRECC consortium. See item 3.09</p> |
| 2.06     | Response                        |  | <input type="checkbox"/>            |  | <p>Funding has been arranged through a partnership with the transporting agency (AMR) to provide the AED devices as well as the training necessary to implement the program.</p>   | <p>Focus shifting to adoption of AED PAD program county wide.</p>   |

| Standard | EMSA Requirement        | Meets Minimum Req.                  | Short Range (one year or less) | Long Range (more than one year)     | Progress  | Objective  |
|----------|-------------------------|-------------------------------------|--------------------------------|-------------------------------------|---|--|
| 3.09     | Dispatch Triage         | <input checked="" type="checkbox"/> | <input type="checkbox"/>       | <input checked="" type="checkbox"/> | <p>See 1.19 for progress on OFD's certification as a center of excellence.</p> <p>With OFD receiving accreditation there will be only 3 cities without the benefit of EMD. We will continue to work with those cities, encouraging their membership with one of the 2 centers providing EMD for our county.</p> <p>A long range goal is to develop a response matrix that utilizes the ALS/ BLS hot and cold response configurations available within the MPDS framework to reduce the number of lights and sirens responses in Alameda County.</p> | <p>Facilitate discussions between cities not yet affiliated with an EMD dispatch center.</p> <p>Develop, in conjunction with the two EMD centers, policies stating the response configurations available under MPDS.</p> |
| 4.01     | Service Area Boundaries | <input type="checkbox"/>            | <input type="checkbox"/>       | <input type="checkbox"/>            | <p>Medical Transportation ordinance adopted and implemented in San Leandro, Dublin and Piedmont. All providers who transport medical patients in Alameda have agreed to follow the guidelines set forth in the ordinance.</p>   | <p>Work with cities who have not adopted the ordinance to consider adoption in order to provide uniform service to the entire county.</p>  |

| Standard | EMSA Requirement            | Meets Minimum Req.   | Short Range (one year or less) | Long Range (more than one year)  | Progress  | Objective  |
|----------|-----------------------------|--|--------------------------------|--|---|--|
| 5.02     | Triage & Transfer Protocols |  | <input type="checkbox"/>       |  | <p>There are now three Cardiac Care Centers in Alameda County:<br/>Alta Bates (Summit Campus) in Oakland<br/>St. Rose in Hayward and Washington in Fremont</p> <p>There are also designated Stroke Centers:<br/>Alta Bates (Summit Campus) in Oakland<br/>Alta Bates in Berkeley<br/>Washington Hospital in Fremont<br/>Eden Medical Center in Castro Valley</p> <p>With pending certification for:<br/>Kaiser - Oakland<br/>Kaiser - Hayward and<br/>Kaiser - Fremont</p> <p>There is a functioning system of bypass to these specialty care centers supported by county protocol (Chest Pain, 12-Lead EKG, Cerebral Vascular Accident).</p> | <p>Monitor effectiveness of specialty center designation on patient outcomes.</p> <p>Implement 12-Lead transmission project to enhance activation of Cath Lab team for STEMI patients.</p> |
| 1.1      | Special Populations         | <input checked="" type="checkbox"/>  | <input type="checkbox"/>       | <input checked="" type="checkbox"/>  | <p>existing Injury Prevention</p>   | <p>Prevention Program (Childhood</p>   |

| Standard | EMSA Requirement | Meets Minimum Req.   | Short Range (one year or less)      | Long Range (more than one year)  | Progress  | Objective   |
|----------|------------------|--|-------------------------------------|--|---|---|
| 7.02     | Injury Control   |   | <input checked="" type="checkbox"/> |   | <p>Ongoing statewide support of childhood and senior injury prevention.</p> <p>Ongoing funding for childhood and senior injury prevention advocacy, programs and resources.</p>   | <p>Advocate for appropriate childhood and senior injury prevention legislation and policies to stakeholders.</p> <p>Collaborate with diverse stakeholders to promote childhood and senior injury prevention issues.</p> |
| 6.01     | QA/ QI Program   |  | <input type="checkbox"/>            |  | <p>QA/ QI integration project.</p> <p>Movement on accuracy of data is tied to implementation of CEMSIS ePCR systems countywide. By June 1, 2010, our system will be fully updated to CEMSIS compliant systems (with the exception of Berkeley and Piedmont Fire [who still use paper]).</p> <p>We have identified a funding source to purchase a license for First Watch and have been working with their team to develop ways to track various QA/ QI targets via First Watch.</p> | <p>Implement CEMSIS compliant ePCR systems</p> <p>Integrate First Watch capabilities</p> <p>Continue QA/ QI planning processes with new PHCC</p>  |

| Standard | EMSA Requirement             | Meets Minimum Req.  | Short Range (one year or less)      | Long Range (more than one year)   | Progress  | Objective  |
|----------|------------------------------|---|-------------------------------------|---|---|--|
| 6.05     | Data Management system       |  | <input checked="" type="checkbox"/> |  | <p>See 6.01 regarding update to CEMSIS systems.</p> <p>Worked with Zoll Data Systems to update our central collection system for ePCR data from agencies using Zoll.</p>  | <p>Implement CEMSIS compliant ePCR systems</p> <p>Acquire and implement First Watch</p> <p>Facilitate AMR upgrade to CEMSIS compliant MEDS system</p>                                      |
| 7.01     | Public Information Materials | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <p>Falls Prevention Center opening in February 2010 in conjunction with Alameda County Medical Center</p> <p>Alameda County EMS Audio Podcast has been created to ensure field personnel has timely access to important information from leaders in our EMS system.</p> | <p>Continue partnership with Alameda County Medical Center to ensure success of Fall Prevention Center</p> <p>Continue producing audio podcasts and implement a video podcast as well.</p> |

| Standard | EMSA Requirement          | Meets Minimum Req.                  | Short Range (one year or less)      | Long Range (more than one year)     | Progress   | Objective  |
|----------|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| 8.01     | Disaster Medical Planning | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Completed Region II multi-hazard catastrophic disaster plan  | Response Plan<br>-EMSA - California Disaster Medical Operations Plan CD-MOM<br>-EMSA/ CDPH - California Disaster Health Operations Plan CD-HOM<br>-San Francisco Bay Area Regional Emergency Coordination Plan<br>*- Working with UC Berkeley to develop the following plans:<br>-ALCO Disaster Medical Operations Plan<br>-Fatality Management Plan, Alternative Care Site, Surge Capacity Plan |
| 8.07     | Disaster Communications   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | UASI funded initiative is nearing completion of an entire 'rebuild' of the 700-800 MHz radio system that will be fully interoperable and meeting the P-25 standard | Continue to monitor progress   |
| 8.1      | Mutual Aid Agreements     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ongoing  | In addition to the standard MOU/MOA, the county PHD is undergoing an MOU with local medical & health entities  |
| 8.11     | CCP Designation           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3 surge trailers with hospital equipment were purchased and stored, ready for deployment to an FTS or Alternative Care Site  | Ongoing maintenance of supplies  |





**Table 2 - System Organization & Management (cont.)**

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

5. EMS agency budget for FY   2009    
**EXPENSES**

|  |                            |
|--|----------------------------|
| Salaries and benefits                          | \$ <u>3,744,066</u>        |
| (All but contract personnel)                   |                            |
| Contract Services                              | <u>4,309,748</u>           |
| (e.g. medical director)                        |                            |
| Operations (e.g. copying, postage, facilities) | <u>1,951,493</u>           |
| Travel   | <u>15,500</u>              |
| Fixed assets                                   | <u>443,400</u>             |
| Indirect expenses (overhead)                   | <u>935,833</u>             |
| Ambulance subsidy                              | <u>3,632,590</u>           |
| EMS Fund payments to physicians/hospital       | <u>10,645,051</u>          |
| Dispatch center operations (non-staff)         | <u>2,500,000</u>           |
| Training program operations                    | <u>7,000</u>               |
| Other: _____                                   | <u>          </u>          |
| Other: _____                                   | <u>          </u>          |
| Other: _____                                   | <u>          </u>          |
| <b>TOTAL EXPENSES</b>                          | <b><u>\$28,184,680</u></b> |

**Table 2 - System Organization & Management (cont.)**

SOURCES OF REVENUE

|  |                             |
|--|-----------------------------|
| Special project grant(s) [from EMSA]   |                             |
| Preventive Health and Health Services (PHHS) Block Grant<br>Office of Traffic Safety (OTS) | \$ <u>742,026</u>           |
| State general fund   | <u>                    </u> |
| County general fund  | <u>-94,533</u>              |
| Other local tax funds (e.g., EMS district)   | <u>14,500,000</u>           |
| County contracts (e.g. multi-county agencies)  | <u>                    </u> |
| Certification fees   | <u>45,000</u>               |
| Training program approval fees   | <u>                    </u> |
| Training program tuition/Average daily attendance funds (ADA)                              | <u>                    </u> |
| Job Training Partnership ACT (JTPA) funds/other payments                                   | <u>                    </u> |
| Base hospital application fees   | <u>                    </u> |
| Trauma center application fees   | <u>                    </u> |
| Trauma center designation fees   | <u>                    </u> |
| Pediatric facility approval fees   | <u>                    </u> |
| Pediatric facility designation fees  | <u>                    </u> |
| Other critical care center application fees  | <u>                    </u> |
| Type: <u>STEMI/Cardiac Receiving Centers</u>   | <u>No charge</u>            |
| Other critical care center designation fees  | <u>                    </u> |
| Type: <u>Stroke Centers</u>  | <u>No charge</u>            |
| Ambulance service/vehicle fees   | <u>3,804,533</u>            |
| Contributions  | <u>                    </u> |
| EMS Fund (SB 12/612)   | <u>1,986,923</u>            |
| Other grants: _____  | <u>                    </u> |
| Other fees: <u>  Tobacco Tax  </u>   | <u>1,058,759</u>            |
| Other (specify): <u>  Other Mis, and use of EMS trust fund  </u>                           | <u>6,047,439</u>            |
| <b>TOTAL REVENUE</b>   | <b>\$ <u>28,090,147</u></b> |

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

**Table 2 - System Organization & Management (cont.)**

Fee structure for FY 08-09

       We do not charge any fees

  X   Our fee structure is:

|  |                              |
|--|------------------------------|
| First responder certification  | \$ <u>                  </u> |
| EMS dispatcher certification   | <u>                  </u>    |
| EMT-I certification  | <u>  35          </u>        |
| EMT-I recertification  | <u>  35          </u>        |
| <b>EMT-defibrillation certification</b>  | <u>                  </u>    |
| EMT-defibrillation recertification   | <u>                  </u>    |
| EMT-II certification   | <u>                  </u>    |
| EMT-II recertification   | <u>                  </u>    |
| EMT-P accreditation  | <u>  25          </u>        |
| Mobile Intensive Care Nurse/<br>Authorized Registered Nurse (MICN/ARN) certification | <u>                  </u>    |
| MICN/ARN recertification   | <u>                  </u>    |
| EMT-I training program approval  | <u>                  </u>    |
| EMT-II training program approval   | <u>                  </u>    |
| EMT-P training program approval  | <u>                  </u>    |
| MICN/ARN training program approval   | <u>                  </u>    |
| Base hospital application  | <u>                  </u>    |
| Base hospital designation  | <u>                  </u>    |
| Trauma center application  | <u>                  </u>    |
| Trauma center designation  | <u>                  </u>    |
| Pediatric facility approval  | <u>                  </u>    |
| Pediatric facility designation   | <u>                  </u>    |
| Other critical care center application   |                              |

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

|  |                |
|--|----------------|
| Ambulance service license  | <u>\$3,000</u> |
| Ambulance vehicle permits  | <u>\$250</u>   |
| Other: <u>Field Manual</u>   | <u>8</u>       |
| Other: Critical Care Transport-Paramedic (CCT0) (covers first 200 calls) | <u>10,000</u>  |
| Other: CCT-P (per call over 200 calls)                                   | <u>50</u>      |

**Table 2 - System Organization & Management (cont.)**

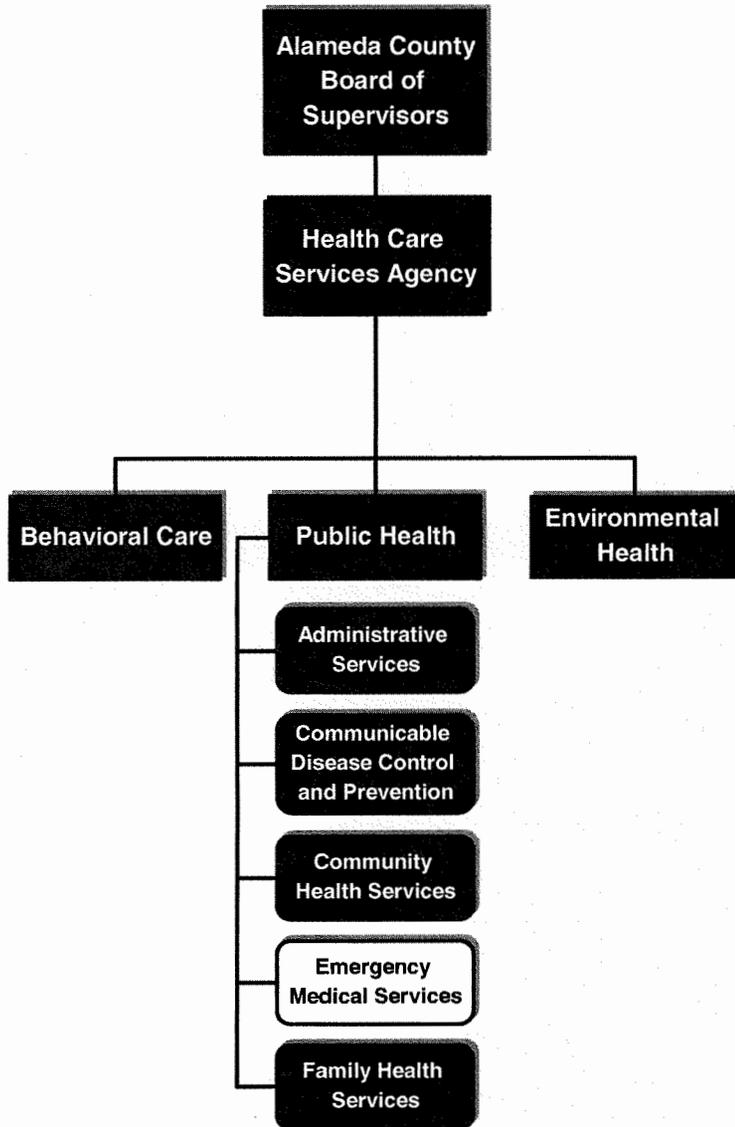
EMS System: Alameda County Reporting Year: 2009

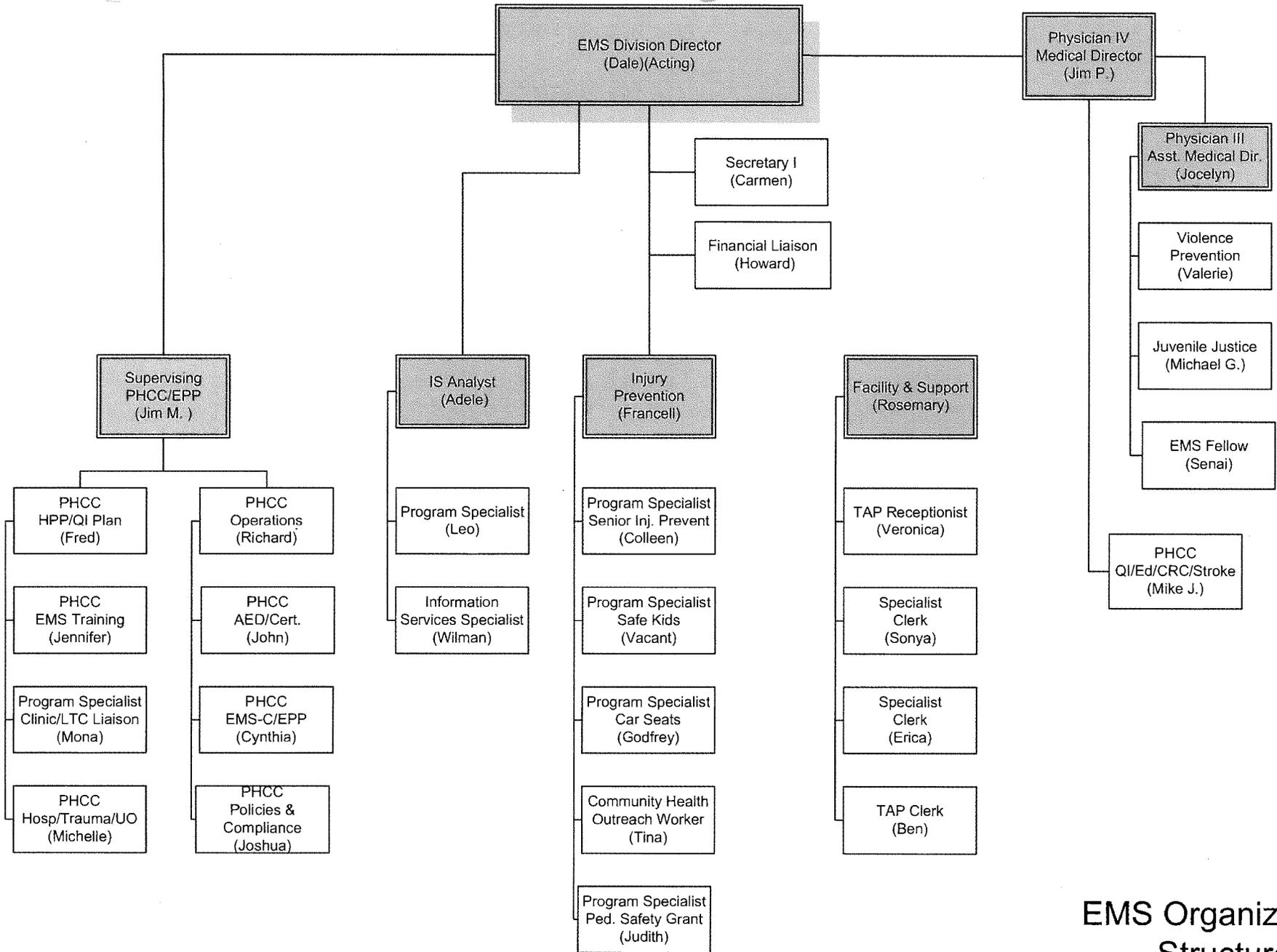
| CATEGORY  | ACTUAL TITLE                               | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|---|--|--------------------------|---------------------------------|-----------------------|----------|
| EMS Admin./Coord./Director                          | Director                                   | 1                        | 53.67                           | 43%                   |          |
| Asst. Admin./Admin. Asst./Admin. Mgr.               | Assistant Director                         | 1                        | 51.67                           | 43%                   |          |
| ALS Coord./Field Coord./ Training Coordinator       | Prehospital Care Coordinator (PHCC)        | 1                        | 44.96                           | 43%                   |          |
| Program Coordinator/ Field Liaison (Non-clinical)   | Prehospital Care Coordinator (PHCC)        | 4                        | 44.96                           | 43%                   |          |
| Trauma Coordinator                                  | Prehospital Care Coordinator (PHCC)        | 1                        | 44.96                           | 43%                   |          |
| Medical Director                                    | Medical Director (Physician IV)            | 1                        | 94.61                           | 43%                   |          |
| Other MD/Medical Consult/ Training Medical Director | Assistant Medical Director (Physician III) | 1                        | 94.52                           | 43%                   |          |
| Disaster Medical Planner                            | Supervising PHCC                           | 1                        | 47.66                           | 43%                   |          |

**Table 2 - System Organization & Management (cont.)**

| <b>CATEGORY</b>                      | <b>ACTUAL TITLE</b>                 | <b>FTE POSITIONS (EMS ONLY)</b> | <b>TOP SALARY BY HOURLY EQUIVALENT</b> | <b>BENEFITS (%of Salary)</b> | <b>COMMENTS</b> |
|--------------------------------------|-------------------------------------|---------------------------------|--|------------------------------|-----------------|
| Dispatch Supervisor                  |                                     |                                 |  |                              |                 |
| Medical Planner                      | Prehospital Care Coordinator (PHCC) | 1                               | 44.96                                  | 43%                          |                 |
| Data Evaluator/Analyst               | Information System Specialist       | 1                               | 36.35                                  | 43%                          |                 |
| QA/QI Coordinator                    | Prehospital Care Coordinator (PHCC) | 1                               | 44.96                                  | 43%                          |                 |
| Public Info. & Education Coordinator | Program Specialist                  | 6                               | 40.07                                  | 43%                          |                 |
| Executive Secretary                  | Secretary I                         | 1                               | 24.89                                  | 43%                          |                 |
| Other Clerical                       | Specialist Clerk I                  | 4                               | 23.63                                  | 43%                          |                 |
| Data Entry Clerk                     |                                     |                                 |  |                              |                 |
| Other                                | Program Financial Specialist        | 1                               | 40.07                                  | 43%                          |                 |
| Other                                | Information System Analyst          | 1                               | 45.97                                  | 43%                          |                 |
| Other                                | Community Outreach Woker            | 1                               | 25.24                                  | 43%                          |                 |
| Other                                | Admin Specialist II                 | 1                               | 36.35                                  | 43%                          |                 |
| Other                                | Health Care Program Admin           | 1                               | 43.22                                  | 43%                          |                 |

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





# EMS Organizational Structure

Rev 02-23-10

Boxes with double borders indicate supervisors.

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: Alameda County  
 Reporting Year: 2009

**NOTE:** Table 3 is to be reported by agency.

|  | EMT - Is | EMT - IIs | EMT - Ps | MICN |
|--|----------|-----------|----------|------|
| Total Certified  | 1248     |           | 912      |      |
| Number newly certified this year                                     | 305      |           | 81       |      |
| Number recertified this year   | 335      |           | 0        |      |
| Total number of accredited personnel on July 1 of the reporting year | 1248     |           | 912      |      |
| Number of certification reviews resulting in:                        |          |           |          |      |
| a) formal investigations   | 9        |           | 50 UOs   |      |
| b) probation   | 6        |           | 0        |      |
| c) suspensions   | 5        |           | 0        |      |
| d) revocations   | 0        |           | 0        |      |
| e) denials   | 0        |           | 0        |      |
| f) denials of renewal  | 1        |           | 0        |      |
| g) no action taken   | 0        |           | 0        |      |

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation: No separate EMT-D (Included in EMT-I training)
  - a) Number of EMT-I (defib) certified \_\_\_\_\_
  - b) Number of public safety (defib) certified (non-EMT-I) \_\_\_\_\_
3. Do you have a first responder training program  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Alameda County  
Reporting Year: 2009  
County: Alameda

**Note:** Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 14
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency 800 MHz Trunked
  - b. Other methods VHF, UHF
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No 
    - 1) Within the operational area? Yes  No
    - 2) Between the operational area and the region and/or state? Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies?  
Alameda County Regional Emergency Communications Center (ACRECC)
7. Who is your primary dispatch agency for a disaster? ACRECC

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: \_\_\_\_\_Alameda County\_\_\_\_\_

Reporting Year: \_\_\_\_\_2009\_\_\_\_\_

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers \_\_\_\_\_All Providers\_\_\_\_\_

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes

|   | <b>METRO/URBAN</b> | <b>SUBURBAN/RURAL</b> | <b>WILDERNESS</b> | <b>SYSTEMWIDE</b> |
|---|--------------------|-----------------------|-------------------|-------------------|
| BLS and CPR capable first responder                               | n/a                | n/a                   | n/a               | n/a               |
| Early defibrillation responder                                    | n/a                | n/a                   | n/a               | n/a               |
| Advanced life support responder                                   | 8.5 mins           | 8.5 mins              | 8.35 mins         | 8.5 mins          |
| Transport Ambulance<br><i>Albany, Berkeley &amp; Piedmont FDs</i> | 12 mins.           | N/A                   | N/A               | 12 mins.          |
| Transport Ambulance<br><i>Alameda FD</i>                          | 10 mins.           | N/A                   | N/A               | 10 mins.          |
| Transport Ambulance<br><i>AMR – North Zone</i>                    | 10.5 mins.         | 20 mins.              | 25 mins.          | 10.5 mins.        |
| Transport Ambulance<br><i>AMR – South/ East Zones</i>             | 10.5 mins.         | 20 mins.              | 35 mins.          | 10.5 mins.        |

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

EMS System: Alameda County  
 Reporting Year: 2009

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria 4848
- b) Number of major trauma victims transported directly to a trauma center by ambulance 3755
- c) Number of major trauma patients transferred to a trauma center 213
- d) Number of patients meeting triage criteria who weren't treated at a trauma center UNK

**Emergency Departments**

- Total number of emergency departments 13
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 13
- d) Number of comprehensive emergency services 0

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements 0
- 2. Number of base hospitals with written agreements 1

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Alameda County  
Reporting Year: 2009  
County: Alameda

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP) (Alternate Care Sites – Not classic CCP definition)
  - a. Where are your CCPs located? 52 sites within Alameda county
  - b. How are they staffed? Staffed as needed from evacuating ED staff
  - c. Do you have a supply system for supporting them for 72 hours?      yes X no
  
- 2. CISD  
Do you have a CISD provider with 24 hour capability?      yes X no
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability?      yes X no
  - b. For each team, are they incorporated into your local response plan?      yes X no
  - c. Are they available for statewide response?      yes X no
  - d. Are they part of a formal out-of-state response system?      yes      no X
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no
  - b. At what HazMat level are they trained? Enhanced
  - c. Do you have the ability to do decontamination in an emergency room?      yes X no
  - d. Do you have the ability to do decontamination in the field?      yes X no

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes X no
  
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      13 (cities)



**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Alameda County Reporting Year: 2009 County: Alameda

**NOTE:** Table 8 is to be completed by county. Make copies to add pages as needed.

|                                  |   |                                     |                          |
|----------------------------------|---|-------------------------------------|--------------------------|
| <b>Training Institution Name</b> | <u>American Health Education</u>                | <b>Contact Person telephone no.</b> | <u>Jack Neiman-Kimel</u> |
| <b>Address</b>                   | <u>7300 Amador Plaza Road<br/>Dublin, 94568</u> |                                     | <u>800-483-3615</u>      |

|   |   |  |
|---|---|--|
| <b>Student Eligibility:</b><br>Open to the Public | <b>Cost of Program</b>                            | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>85</u><br>Refresher: <u>80</u><br>Cont. Education: _____<br>Expiration Date: <u>10-31-2011</u><br>Number of courses: <u>49</u><br>Initial training: <u>6</u><br>Refresher: <u>3</u><br>Cont. Education: <u>40</u> |
|   | Basic <u>\$1195</u><br><br>Refresher <u>\$295</u> |  |

|                                  |  |                                     |                     |
|----------------------------------|--|-------------------------------------|---------------------|
| <b>Training Institution Name</b> | <u>Chabot College</u>                              | <b>Contact Person telephone no.</b> | <u>John McInnis</u> |
| <b>Address</b>                   | <u>25555 Hesperian Blvd.<br/>Hayward, CA 94545</u> |                                     | <u>510-723-6939</u> |

|   |   |  |
|---|---|--|
| <b>Student Eligibility:</b><br>Open to the Public | <b>Cost of Program</b>                    | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>58</u><br>Refresher: <u>20</u><br>Cont. Education: _____<br>Expiration Date: <u>4-30-2012</u><br>Number of courses: <u>4</u><br>Initial training: <u>2</u><br>Refresher: <u>2</u><br>Cont. Education: _____ |
|   | Basic <u>\$300</u><br><br>Refresher _____ |  |

**Training Institution Name** Fast Response  
**Address** 2075 Allston Way  
Berkeley, CA 94704

**Contact Person telephone no.** Michael Frith  
510-849-4009

|   |   |  |
|---|---|--|
| <b>Student Eligibility:</b><br>Open to the Public | <b>Cost of Program</b><br><br>Basic <u>\$2500</u><br><br>Refresher <u>\$325</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>85</u><br>Refresher: <u>40</u><br>Cont. Education _____<br>Expiration Date: <u>12-31-2011</u><br>Number of courses: <u>6-8</u><br>Initial training: <u>6-8</u><br>Refresher: <u>As necessary; posted on website</u><br>Cont. Education: _____ |
|---|---|--|

**Training Institution Name** Las Positas College  
**Address** 3033 Collier Canyon Road  
Livermore, CA 94550-9797

**Contact Person telephone no.** Sebastian Wong  
925-373-5800, #1, #2046

|   |   |   |
|---|---|---|
| <b>Student Eligibility:</b><br>Open to the Public | <b>Cost of Program</b><br><br>Basic <u>\$300</u><br><br>Refresher _____ | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>50</u><br>Refresher: <u>20</u><br>Cont. Education _____<br>Expiration Date: <u>3-31-2012</u><br>Number of courses: <u>2</u><br>Initial training: <u>2</u><br>Refresher: <u>1</u><br>Cont. Education: _____ |
|---|---|---|



**Training Institution Name** Alameda Fire Department  
**Address** 1300 Park Street  
Alameda, CA 94501

**Contact Person telephone no.** Dale Vogelsang  
510-337-2105

|   |  |   |
|---|--|---|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: <u>0</u><br>Cont. Education <u>25-40</u><br>Expiration Date: <u>12-31-2009</u><br><br>Number of courses: <u>As needed</u><br>Initial training: _____<br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|---|

**Training Institution Name** Berkeley Fire Department  
**Address** 997 Cedar Street  
Berkeley, CA 94701

**Contact Person telephone no.** Chris Pinto  
510-981-5595

|   |  |   |
|---|--|---|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: _____<br>Cont. Education _____<br>Expiration Date: <u>10-31-2012</u><br><br>Number of courses: <u>As needed</u><br>Initial training: _____<br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|---|

**Training Institution Name** Bay EMT  
 (Sponsored by Alameda County EMS)  
**Address** 1000 San Leandro Blvd  
 San Leandro, CA 94577

**Contact Person telephone no.** Wellington Jackson  
 510-708-9707

|   |  |  |
|---|--|--|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>34</u><br>Refresher: <u>   </u><br>Cont. Education <u>   </u><br>Expiration Date: <u>4-30-2013</u><br><br>Number of courses: <u>2</u><br>Initial training: <u>2</u><br>Refresher: <u>0</u><br>Cont. Education: <u>   </u> |
|---|--|--|

**Training Institution Name** Fremont Fire Department  
**Address** 3300 Capital Ave, Bldg B  
 Fremont, CA 94537

**Contact Person telephone no.** Pat Kramm, RN  
 510-494-4233

|   |  |  |
|---|--|--|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>   </u><br>Refresher: <u>   </u><br>Cont. Education <u>80</u><br>Expiration Date: <u>5-31-2011</u><br><br>Number of courses: <u>As needed</u><br>Initial training: <u>   </u><br>Refresher: <u>As needed</u><br>Cont. Education: <u>   </u> |
|---|--|--|

**Training Institution Name** East Bay Regional Parks District

**Contact Person telephone no.** Paul Cutino  
510-690-6607

**Address** 17930 Lake Chabot Road  
Castro Valley, CA 94546

|   |  |  |
|---|--|--|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: _____<br>Cont. Education _____<br>Expiration Date: <u>11-30-2013</u><br><br>Number of courses: <u>1</u><br>Initial training: <u>1</u><br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|--|

**Training Institution Name** Merrit College

**Contact Person telephone no.** Demond Simmons  
314-237-7232

**Address** 12500 Campus Drive  
Oakland, CA 94619

|   |   |   |
|---|---|---|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>\$300</u><br><br>Refresher | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: <u>150</u><br>Refresher: <u>0</u><br>Cont. Education <u>0</u><br>Expiration Date: <u>6-30-2013</u><br><br>Number of courses: <u>7</u><br>Initial training: <u>7</u><br>Refresher: <u>0</u><br>Cont. Education: <u>0</u> |
|---|---|---|

**Training Institution Name** Newark Fire Department  
**Address** 6170 Thornton Ave, Bldg D  
Newark, CA 94560

**Contact Person telephone no.** Marlene Rivers, RN  
510-794-2306

|   |  |   |
|---|--|---|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: _____<br>Cont. Education <u>30-40</u><br>Expiration Date: <u>3-31-2012</u><br><br>Number of courses: <u>As needed</u><br>Initial training: _____<br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|---|

**Training Institution Name** Oakland Fire Department  
**Address** 47 Clay Street  
Oakland, CA 94607

**Contact Person telephone no.** Juliet Henshaw  
510-238-6957

|   |  |   |
|---|--|---|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: _____<br>Cont. Education _____<br>Expiration Date: <u>3-31-2012</u><br><br>Number of courses: <u>As needed</u><br>Initial training: <u>As needed</u><br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|---|

**Training Institution Name** Union City Fire Dept  
**Address** 34009 Alvarado-Niles  
 Union City, CA 94587

**Contact Person telephone no.** Marlene Rivers, RN  
 510-675-5429

|   |  |  |
|---|--|--|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No cost</u> | <b>**Program Level:</b> <u>EMT-1</u><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: <u>0</u><br>Cont. Education <u>80</u><br>Expiration Date: <u>11-30-2012</u><br><br>Number of courses: <u>As needed</u><br>Initial training: _____<br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|--|

**Training Institution Name** Camp Parks  
**Address** 520 Mitchell Drive  
 Dublin, CA 94568

**Contact Person telephone no.** Gail Porto, RN  
 915-875-4902

|   |  |  |
|---|--|--|
| <b>Student Eligibility:</b><br>Employees only | <b>Cost of Program</b><br><br>Basic <u>No cost</u><br><br>Refresher <u>No Cost</u> | <b>**Program Level:</b> <u>Paramedic</u><br>Number of students completing training per year:<br>Initial training: <u>0</u><br>Refresher: _____<br>Cont. Education _____<br>Expiration Date: <u>1-31-2013</u><br><br>Number of courses: <u>As needed</u><br>Initial training: <u>0</u><br>Refresher: <u>As needed</u><br>Cont. Education: _____ |
|---|--|--|

- Open to general public or restricted to certain personnel only.
- \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2009

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

|   |   |   |   |
|---|---|---|---|
| <b>Name, address &amp; telephone:</b><br>Alameda County Regional Communications Center (ACRECC)<br>7000 East Ave., L-388<br>Livermore, CA 94551 |   | <b>Primary Contact:</b><br>(925) 423-1803      Chuck Berdan   |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input type="checkbox"/> Disaster   | Number of Personnel providing services:<br>___4___ EMD Training      ___ EMT-D      ___ ALS<br>___ BLS      ___ LALS      ___ Other   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private  |   | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>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<br><br>Regional Center |

|  |   |   |  |
|--|---|---|--|
| <b>Name, address &amp; telephone:</b><br>Oakland Fire Department<br>250 Fallon Street<br>Oakland, CA 94607 |   | <b>Primary Contact:</b><br>Luis Diaz (510) 238-6725   |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel providing services:<br>___21___ EMD Training      ___ EMT-D      ___ ALS<br>___ BLS      ___ LALS      ___ Other   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private               |   | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>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:****Primary Contact:**

American Medical Response  
 640 143<sup>rd</sup> Ave  
 San Leandro, CA 94577

Mike Taigman (510) 895-7633

|  |   |   |   |
|--|---|---|---|
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no  | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                              | Number of Personnel providing services:<br>___12___ EMD Training      ___ EMT-D      ___ ALS<br>___ BLS                              ___ LALS      ___ Other                        |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private |   | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>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><b>Local EMS Agency or County Name:</b><br/>Alameda County EMS Agency</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.<br/>American Medical Response</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b><br/>The entire geographic area (including rural and wilderness) within the borders of Alameda county excluding the municipalities of Albany, Berkeley, Piedmont and Alameda as well as Lawrence Livermore National Laboratory.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.<br/>Exclusive<br/>See attached ambulance provider agreement 'RECITALS OF AUTHORITY'</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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.).<br/>All calls requiring emergency ambulance service<br/>See attached ambulance provider agreement Section 1 Definitions</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>If grandfathered, 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.<br/><br/>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.<br/><br/>Method of competition: Competitive bid<br/>Intervals: Five years, with 2 extensions to 10/31/2011.<br/>Selection process. Request for Proposal (RFP). The last contract was negotiated as a sole-source as AMR was the only qualified bidder, as determined through a Request for Qualification (RFQ) process.</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><b>Local EMS Agency or County Name:</b><br/>Alameda County Emergency Medical Services</p>   |
| <p><b>Area or Subarea (Zone) Name or Title:</b><br/>Lawrence Livermore National Lab</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.<br/>Alameda County Fire Department</p>  |
| <p><b>Area or Subarea (Zone) Geographic Description:</b><br/>Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore</p>   |
| <p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b><br/>Include intent of local EMS agency and board action.<br/>Not applicable, Federal property</p>   |
| <p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b><br/>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).<br/>Not applicable, Federal property</p>  |
| <p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/>Not applicable, Federal property</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.<br/>Not applicable, Federal property</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><b>Local EMS Agency or County Name:</b><br/>Alameda County Emergency Medical Services</p>   |
| <p><b>Area or Subarea (Zone) Name or Title:</b><br/>City of Piedmont</p>   |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.<br/>Piedmont Fire Department</p>  |
| <p><b>Area or Subarea (Zone) Geographic Description:</b><br/>City of Piedmont</p>  |
| <p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b><br/>Include intent of local EMS agency and board action.<br/>Exclusive</p>  |
| <p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b><br/>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).<br/>All calls requiring emergency ambulance service</p>   |
| <p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/>Uninterrupted service, in the same manner and scope, prior to 1/1/81</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.<br/>Not applicable</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><b>Local EMS Agency or County Name:</b><br/>Alameda County Emergency Medical Services</p>  |
| <p><b>Area or Subarea (Zone) Name or Title:</b><br/>City of Alameda</p>   |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.<br/>Alameda Fire Department</p>  |
| <p><b>Area or Subarea (Zone) Geographic Description:</b><br/>City of Alameda including the property known as Coast Guard Island</p>   |
| <p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b><br/>Include intent of local EMS agency and board action.<br/>Exclusive</p>   |
| <p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b><br/>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).<br/>All calls requiring emergency ambulance service</p>  |
| <p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/>Uninterrupted service, in the same manner and scope, prior to 1/1/81<br/>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.<br/>Not applicable</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><b>Local EMS Agency or County Name:</b><br/>Alameda County Emergency Medical Services</p>   |
| <p><b>Area or Subarea (Zone) Name or Title:</b><br/>City of Albany</p>   |
| <p><b>Name of Current Provider(s):</b> Include company name(s)<br/>City of Albany<br/>Length of operation (uninterrupted) in specified area or subarea.<br/>Prior to 1/1/81</p>  |
| <p><b>Area or Subarea (Zone) Geographic Description:</b><br/>City of Albany</p>  |
| <p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b><br/>Include intent of local EMS agency and board action.<br/>Exclusive</p>  |
| <p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b><br/>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).<br/>All calls requiring emergency ambulance service</p>   |
| <p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/>Uninterrupted service, in the same manner and scope, prior to 1/1/81</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.<br/>Not applicable</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><b>Local EMS Agency or County Name:</b><br/>Alameda County Emergency Medical Services</p>   |
| <p><b>Area or Subarea (Zone) Name or Title:</b><br/>City of Berkeley</p>   |
| <p><b>Name of Current Provider(s):</b> Include company name(s)<br/>Berkeley Fire Department</p> <p>Length of operation (uninterrupted) in specified area or subarea.<br/>Prior to 1/1/81</p>   |
| <p><b>Area or Subarea (Zone) Geographic Description:</b><br/>City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>   |
| <p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b><br/>Include intent of local EMS agency and board action.<br/>Exclusive</p>  |
| <p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b><br/>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).<br/>All calls requiring emergency ambulance service.</p>  |
| <p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/>Uninterrupted service, in the same manner and scope, prior to 1/1/81</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.<br/>Not applicable</p> |

MAR 18 2010

**EMERGENCY MEDICAL SERVICES AUTHORITY**1930 9<sup>th</sup> STREET

SACRAMENTO, CA 95811-7043

(916) 322-4336 FAX (916) 324-2875



March 22, 2010

Dale Fanning, Acting EMS Director  
Alameda County EMS Agency  
1000 San Leandro Blvd., Suite 100  
San Leandro, CA 94577

Dear Ms. Fanning:

We have completed our review of *Alameda County's 2009 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update will be due on March 22, 2011. 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 "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss