

Summary of Changes

Paramedics Plus has successfully been integrated as the 9-1-1 ambulance provider. Within the first 2 months, response time standards had been fully met. Our system was redesigned from the ground up to integrate MPDS determinants into our system response design. We are working to fully operationalize a response system that reduces the number of unwarranted lights and sirens responses, as well as getting the right resources to the sickest patients.

Our goal of having all FRALS and transport agencies reporting on one data management system for patient care reporting will be complete by the end of 2012 (no later than end of 1st quarter 2013). This will provide a very streamlined data reporting process for our system ensuring that patients will not be under or over counted in the system since there will be a single data entry for the FRALS PCR and transporting medic's PCR.

Emeryville FD was consolidated into Alameda County Fire Department.

Karl Sporer, M.D. was appointed Medical Director of Alameda County EMS in December 2011. We are currently conducting a search for a new EMS Director. Former Director, Dale Fanning, has returned as Interim EMS Director until October 5, at which time Dr. Sporer will become Acting EMS Director (in addition to his position as EMS Medical Director) until a replacement is found.

- b. Contractor shall send a quarterly report (EXHIBIT F – REPORT ON INTERMITTENT OR ROTATIONAL SERVICE INTERRUPTION) to the County EMS Director within 10 calendar days of the end of each quarter, showing the number of out-of-service days and locations in excess of 12 hours.

SECTION 5 - PERFORMANCE STANDARDS

5.1 Response Times

Contractor’s response time for requests for emergency medical services shall be dispatched according to MPDS categories and shall meet the following performance standards:

- a. Contractor's Response Times shall be calculated on a monthly basis for reporting purposes to determine compliance using Percentile (Fractile) Response Time measurements. Response Times for departments with low call volume (less than 100 calls per month) shall be calculated once the Contractor has responded to 100 calls.
- b. Contractor's Response Time for Services in the Primary Service Area/EOA shall meet the requirements in Table A. Contractor shall be assessed a penalty if Response Time compliance falls below 90%, as set forth in TABLE C.
- c. Contractors not using MPDS shall respond to all calls using the ECHO Response Times.
- d. It is the goal of the County to improve response times for high acuity patients. The County will monitor response time data for the first six months of the agreement, and if all municipal departments are consistently meeting a shorter response time, this agreement will be reopened for renegotiation of response time requirements.

MPDS CATEGORY:	Metro/Urban		Suburban/Rural		Wilderness	
	First Responders	Transport	First Responders	Transport	First Responders	Transport
ECHO	08:30 min.	08:30 min.	08:30 min.	14:00 min.	08:30 min.	18:00 min.
DELTA	08:30 min.	10:30 min.	08:30 min.	16:00 min.	08:30 min.	22:00 min.
CHARLIE	08:30 min.	15:00 min.	08:30 min.	25:00 min.	08:30 min.	28:00 min.
BRAVO	12:45 min.	15:00 min.	12:45 min.	25:00 min.	12:45 min.	28:00 min.
ALPHA	12:45 min.	30:00 min.	12:45 min.	40:00 min.	12:45 min.	40:00 min.

TABLE A - PERSONNEL AND RESPONSE TIME REQUIREMENTS

5.2 Response Time Measurement

- a. Response Time shall be measured in minutes and integer (whole) seconds from the time the call is received by Contractor from the Medical Dispatch Center until arrival at the

EXHIBIT F - RESPONSE TIMES REQUIREMENTS AND FINES

Table A - Personnel and Response Time Requirements				
MPDS Dispatch Category	Personnel Configuration:	<i>Sub Area:</i> Metro/Urban	Suburban/Rural	Wilderness
Echo	2 Paramedics	08:30 min.	14:00 min.	18:00 min.
Delta	1 Paramedic 1 EMT	10:30 min.	16:00 min.	22:00 min.
Charlie	1 Paramedic 1 EMT	15:00 min.	25:00 min.	28:00 min.
Bravo	2 EMTs	15:00 min.	25:00 min.	28:00 min.
Alpha	2 EMTs	30:00 min.	40:00 min.	40:00 min.

Response Time fines for Charlie, Delta and Echo ambulance responses shall be in effect on the Services Start Date. Response Time fines for Alpha and Bravo responses shall be in effect six months after the Services Start Date.

Table B - Response Time Fines by Category and Compliance				
CATEGORY:	<i>Compliance:</i>	89.5 - < 90%	89 - < 89.5%	< 89%
Echo		\$25,000.00	\$35,000.00	\$50,000.00
Delta / Charlie		\$15,000.00	\$25,000.00	\$35,000.00
Bravo / Alpha		\$ 5,000.00	\$10,000.00	\$15,000.00

Table C - Outlier Response Times by Category and Subarea in Minutes & Seconds					
CATEGORY:	<i>Subarea:</i>	Metro/Urban	Suburban/Rural	Wilderness	Fine:
Echo		12:45	21:00	27:00	\$5,000.00
Delta		15:45	24:00	33:00	\$2,500.00
Charlie		33:00	37:30	42:00	\$2,500.00
Bravo		33:00	37:30	42:00	\$1,000.00
Alpha		45:00	60:00	60:00	\$1,000.00

STD	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.04	Medical Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Supply Committee reconstituted as the Equipment Committee. New Medical Director, Karl Sporer as of December 2011.	None
1.07	Trauma Planning*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pursuing ACS certification for all Alameda County Trauma Centers. Site visits completed May 2012.	Anticipating verification visits late 2013, early 2014.
1.08	ALS Planning*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New performance-based FRALS contracts in place based on one template. Countywide implementation of standardized ALS equipment (cardiac monitor, mechanical CPR device, etc).	Ensure seamless delivery of 9-1-1 services to the citizens of Alameda County by integrating all FRALS providers into one contract template and one set of equipment.
1.09	Inventory of Resources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Updated as of 8/2012.	Update the resource directory annually and submit with the EMS System Plan.
1.10	Special Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Co-hosted statewide EMSC conference. Continue to develop community partners to address issues that impact older adults.	Develop and implement strategic plan for injury prevention.
1.14	Policy & Procedure Manual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Up-to-date policies effective December 1, 2012. Comprehensive, county-wide training includes a professionally produced training DVD and narrated powerpoints to ensure a consistent message is delivered to all providers.	<ul style="list-style-type: none"> Yearly review of policy and procedure manuals. Ensure all policies are up-to-date Produce high-end training materials
1.19	Policies, Protocols, Procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Both major dispatch centers now utilize MPDS and have been operating as NAEMD recognized Centers of Excellence. There are consistent, county-wide application of the EMD determinants with respect to the ambulance service provider.	<ul style="list-style-type: none"> Fully implement a tiered response system that utilizes appropriate resources for each 9-1-1 call made Explore implementation of Omega determinant
1.26	Trauma System Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Trauma Plan was re-submitted to the State	None
1.28	EOA Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paramedics Plus became the provider of 9-1-1 ambulance transport services on November, 1, 2011 taking over the EOA formerly serviced by AMR.	between Alameda County EMS and Paramedics Plus designed to innovate delivery of prehospital services with an integrated system of dispatch protocols
2.02	Approval of Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New paramedic training program approved at Las Positias College.	

STD	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.06	Response	✓	✓	✓	Looking to train prehospital personnel in POST approved tactical medicine training and encouraging law enforcement agencies to work toward integration of these trained personnel into their tactical teams. Two classes have been completed with more being funded with UASI grants.	Provide a standards based, tactically trained workforce to be available to LE. Provide trained EMS personnel to the system in order to be better able to respond to events like active shooter incidents and mass casualties.
2.12	Early Defibrillation	✓	✓	✓	180 AEDs have been purchased and deployed into strategic county buildings and schools. In addition, PulsePoint, an application that allows citizens to be alerted to nearby (within a few hundred yards) cardiac arrest events and the location of the closest AED has been implemented at one of our main dispatch centers.	Encourage citizens to install PulsePoint on their smartphones in order to get more bystanders who are motivated to perform CPR and apply defibrillators to patients in cardiac arrest.
3.06	MCI/Disasters	✓	✓	✓	Reddinet capabilities have improved significantly with the hospitals and the dispatch centers allowing more accurate visibility to day-to-day bed/resource availability thereby better equipping us to handle a disaster scenario. Updated Reddinet MCI module training has been conducted for all system participants. We are looking to implement Reddinet access to long-term care facilities and community clinics.	Utilize Reddinet to track patients in an MCI.
4.03	Classifying Medical Requests	✓	✓	✓	explore the ability to tier FRALS responses to those patients who have emergent and urgent medical complaints.	response system that ensures the right resources are dispatched to the right patients. Reduce the number of superfluous resources
4.05	Response Time Standards	✓	✓	✓	redesign based on MPDS determinant levels. For the 9-1-1 transport providers: Echo level calls should be responded to within 8 1/2 minutes, Delta in 10 1/2 minutes, Charlie and Bravo in 15 minutes, and Alpha in 30 minutes. The county has been separated into 5 zones	Create a compliance regime that mirrors the MPDS system

STD	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.13	Specialty System Design	✓	☐	✓	Developed agreements with STEMI Receiving Centers in Alameda County to allow for transport of patients with ROSC or persistent VF/VT to Cardiac Arrest Receiving Centers (STEMI Centers) for immediate cardiac catheterization in keeping with A.H.A. guidelines for post-resuscitative care.	Get patients who were pulseless on scene (or in recurrent VF/VT) and now have ROSC to the cath lab to resolve underlying condition providing the public with a true systems based approach. We are looking to increase our cardiac arrest survival rate to 40% (survival to discharge) over the next few years.
6.05	Data Management System	✓	☐	✓	We have implemented a single data collection system (Zoll Data Systems RescueNet ePCR) countywide and are currently finishing up training for the FRALS agencies. By the end of 2012, all agencies will be submitting patient care records into the single ZDS database. We will also be implementing several robust First Watch data surveillance triggers to help with everything from syndromic surveillance to clinical data reporting.	Create a one-stop data source for all clinical system data to better enable ALCO EMS to conduct detailed research with FRALS and transport data integrated into the same system. This will reduce the time needed to implement queries and will also ensure that clinical data is not under or over counted due to the increased ability to match FRALS and transport data to one patient.
7.04	First Aid & CPR Training	✓	☐	✓	CPR Anytime school pilot project has been fully implemented county wide and is now known as CPR7. 10,000 7th graders in Alameda County were trained in CPR using the CPR Anytime kit and encouraged to take the kit home and train their friends and family.	Collect data from survey forms to determine the multiplier effect of the CPR7 project to increase the number of citizens trained in providing chest compressions to people who have suffered cardiac arrest.
8.01	Disaster Medical Planning	✓	☐	✓	Completed a Disaster Medical Operations Plan. Participated in Statewide Medical Health Exercise. Conducted quarterly meetings of Alameda County HPP coalition.	To integrate medical health system stakeholders and partners into preparedness planning efforts.
8.11	CCP Designation	✓	☐	✓	Identified Livermore Municipal Airport as a potential site for an FTS within Alameda County	Identify a site that is likely to be outside of a significant earthquake shake zone with enough space to house and operate an FTS with freeway access and the ability to control traffic into and out of the site.
8.17	ALS Policies	✓	☐	✓	Developed an Active Shooter Incident policy to provide better guidelines for medical personnel called to the scene of these events.	Provide a mechanism for better communication between law enforcement and EMS and to allow for better response into a warm zone to attempt to salvage lives affected by active shooter incidents.

STD	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Alameda County EMS Agency

Reporting Year: 2011

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

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: Alameda

- | | |
|-----------------------------------------|-------------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | _____ 100 _____ % |

2. Type of agency
 X - 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 the EMS agency reports to _____
 a - Public Health Officer
 b- Health Services Agency Director/Administrator
 c - Board of Directors
 X - Other: Director of Public Health

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

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

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2011
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>3,938,525</u>
Contract Services (e.g. medical director)	<u>1,807,213</u>
Operations (e.g. copying, postage, facilities)	<u>1,974,551</u>
Travel	<u>30,836</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>907,263</u>
Ambulance subsidy	<u>4,600,000</u>
EMS Fund payments to physicians/hospital	<u>12,326,343</u>
Dispatch center operations (non-staff)	<u>2,962,427</u>
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>29,113,418</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	\$ 704,189
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	102,278
Other local tax funds (e.g., EMS district)	16,187,804
County contracts (e.g. multi-county agencies)	_____
Certification fees	69,080
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	_____
Other critical care center designation fees	_____
Type: _____	_____
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	4,184,219
Other grants: _____	_____
Other fees: _____	_____
Other (specify): Ambulance Provider Pass-thru to FRALS	4,351,272
Other (specify): Other County Fund	715,000
Other (specify): Other State Source	72,878
Other (specify): Interest	31,000
Other (specify): DrawDown From EMS Trust Fund	2,695,699
TOTAL REVENUE	\$ 29,113,418

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN BELOW.

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2011-12

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u> </u> 125 (\$75 goes to EMSA) _____
EMT-I recertification	<u> </u> 87 (\$37 goes to EMSA) _____
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u> </u> 50 _____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	<u>2000/ 4 years</u>
EMT-II training program approval	_____
EMT-P training program approval	<u>3000/ 4 years</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	\$3000/ bi-annually
Ambulance vehicle permits	\$250/ ambulance bi-annually
Other: <u> </u> Interfacility Transfer Permit	<u> </u> 10,000 _____
Other: <u> </u> Per transfer (after 200)	<u> </u> 50 _____

NOTE: community colleges, fire departments, and hospitals pay 50% of applicable fees.

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2011-12

Table 2 - System Organization & Management (cont.)

County: Alameda

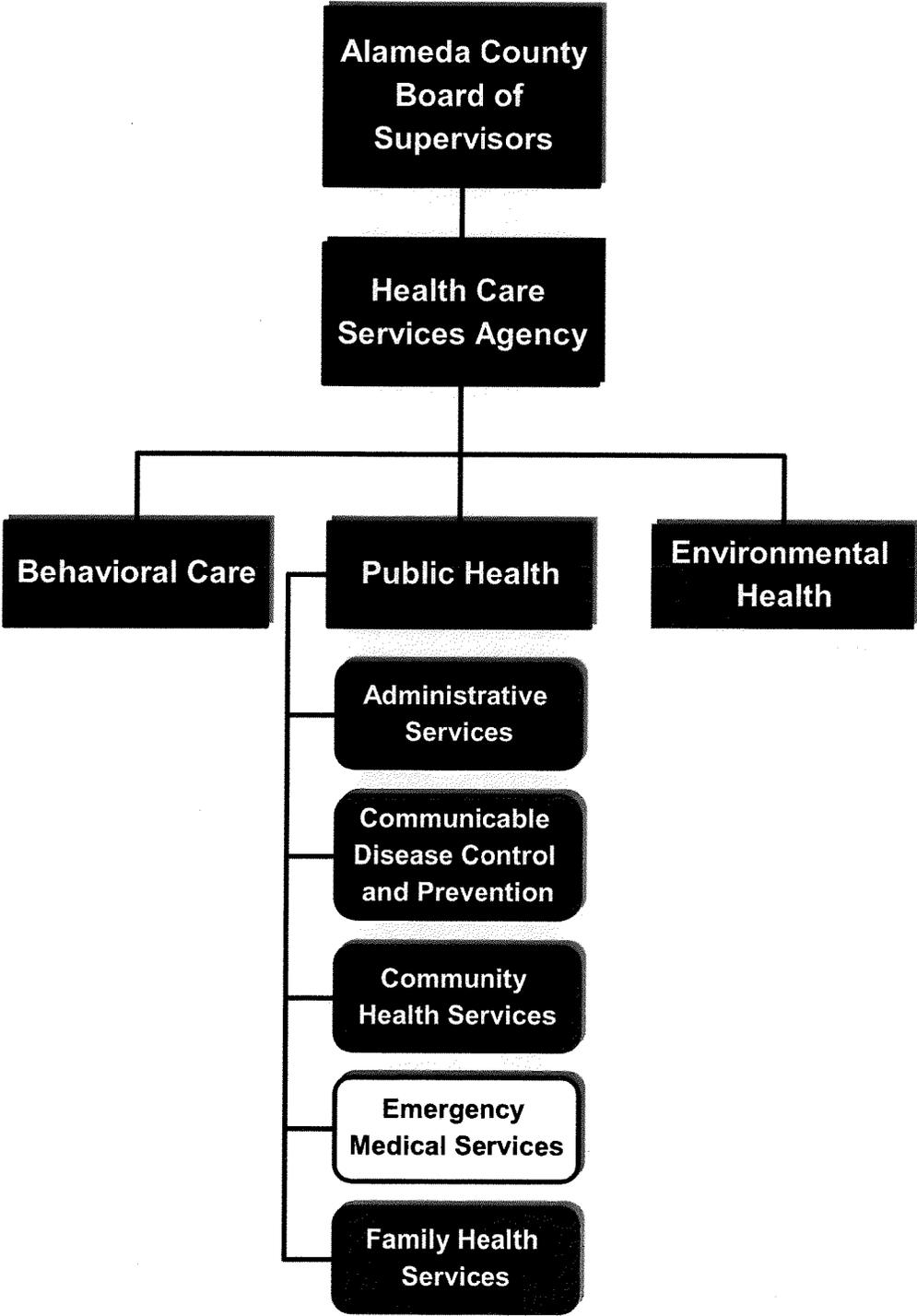
Reporting Year: 2011

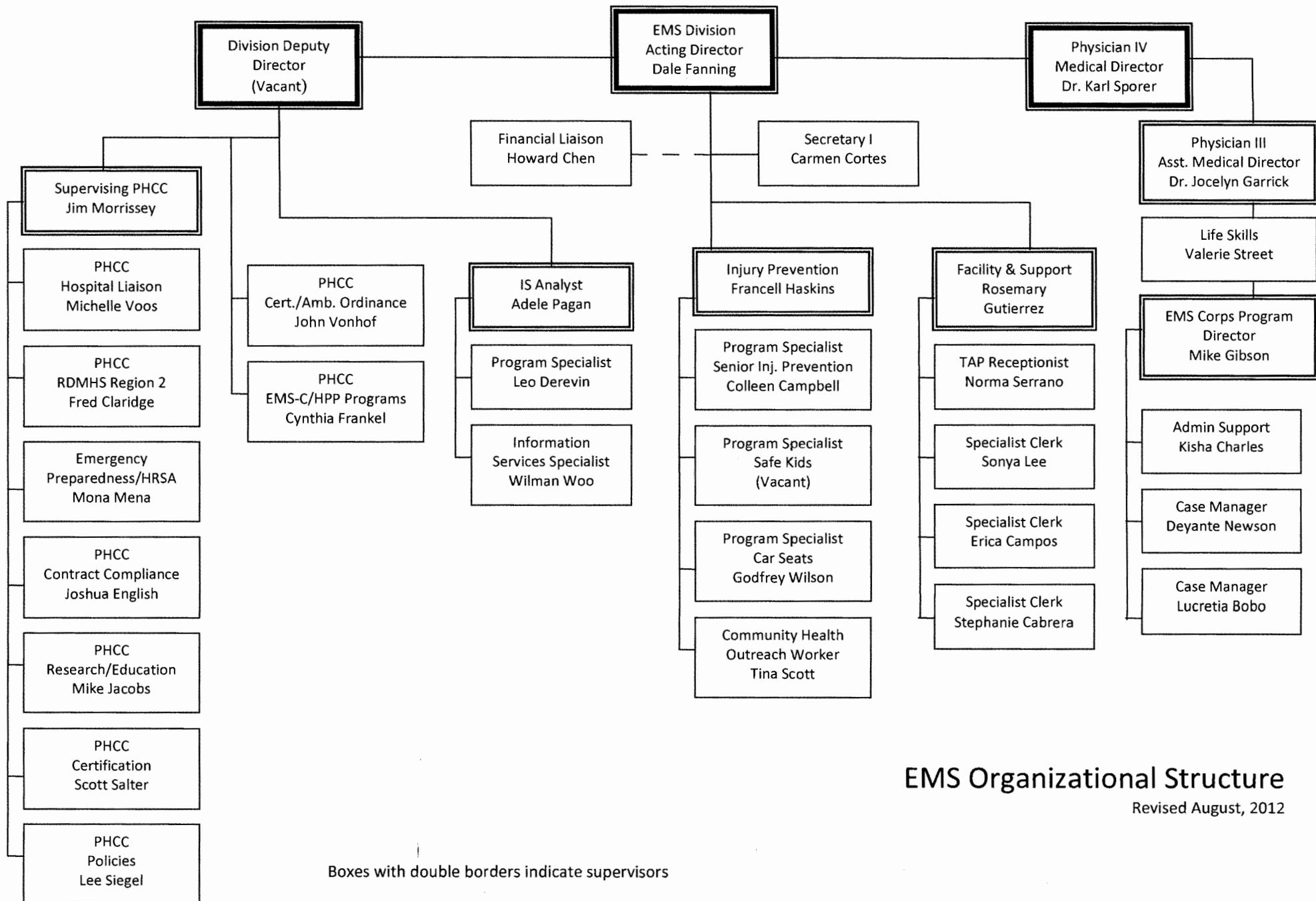
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director	1	53.67	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	Vacant	51.67	42%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator (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	33%	
Other MD/Medical Consult/ Training Medical Director	Assistant Medical Director (Physician III)	1	94.52	32%	
Disaster Medical Planner	Supervising PHCC	1	47.66	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.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Medical Planner	Prehospital Care Coordinator (PHCC)	1	44.96	44%	
Data Evaluator/Analyst	Information System Specialist	1	36.35	47%	
QA/QI Coordinator	Prehospital Care Coordinator (PHCC)	1	44.96	44%	
Public Info. & Education Coordinator	Program Specialist	6	40.07	46%	
Executive Secretary	Secretary I	1	24.89	53%	
Other Clerical	Specialist Clerk I	4	23.63	54%	
Data Entry Clerk					
Other	Program Financial Specialist	1	40.07	46%	
	Information System Analyst	1	45.97	43%	
	Community Outreach Worker	1	25.24	42%	
	Admin Specialist II	1	36.35	47%	
	Health Care Program Admin	1	43.22	46%	





EMS Organizational Structure

Revised August, 2012

Boxes with double borders indicate supervisors

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel Training

Revision #4 (4/20/07)

County: Alameda

Reporting Year: 2011

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	702			
Number newly certified this year	298			
Number recertified this year	404			
Total number of accredited personnel on July 1 of the reporting year			100	
Number of certification reviews resulting in:				
a) formal investigations	49			
b) probation	9			
c) suspensions	1			
d) revocations	4			
e) denials				
f) denials of renewal				
g) no action taken	4			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified All
 - 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 EMS
County: Alameda
Reporting Year: 2011

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
7. Who is your primary dispatch agency for a disaster?
Alameda County Regional Emergency Communications Center

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Alameda County EMS

Reporting Year: 2011

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers All providers are required to have EMT-Is who have had an AHA (or equivalent) BCLS course that includes defibrillation with AED.

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
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	See Attached PDFs			
Transport Ambulance <i>Alameda , Albany, Berkeley & Piedmont FDs</i>				
Transport Ambulance <i>Paramedics Plus – All Zones</i>				
BLS and CPR capable first responder	N/A	N/A	N/A	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Alameda County EMS

Reporting Year: 2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- a) Number of patients meeting trauma triage criteria 4866
- b) Number of major trauma victims transported directly to a trauma center by ambulance 4134
- c) Number of major trauma patients transferred to a trauma center 351
- d) Number of patients meeting triage criteria who weren't treated at a trauma center N/A

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 6
- 2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Alameda County EMS

Reporting Year: 2011

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - 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)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes no
- b. exercise? yes no
4. List all counties with which you have a written medical mutual aid agreement.
All counties within Mutual Aid Compact Region 2
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
8. Are you a separate department or agency? yes no
9. If not, to whom do you report? Alameda County Public Health Department
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 -- Approved Training Programs

EMS System: Alameda County EMS _____

County: ALAMEDA _____

Reporting Year: 2011__

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

Training Institution Name American Health Education
Address 7300 Amador Plaza Road
 Dublin, 94568

Contact Person telephone no. Jack Neiman-Kimel
 800-483-3615

Student Eligibility: Open to the Public	Cost of Program	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>80</u> Cont. Education _____ Expiration Date: <u>10-31-2015</u> Number of courses: <u>49</u> Initial training: <u>6</u> Refresher: <u>3</u> Cont. Education: <u>40</u>
	Basic <u>\$1195</u> Refresher <u>\$295</u>	

Training Institution Name Chabot College
Address 25555 Hesperian Blvd.
 Hayward, CA 94545

Contact Person telephone no. John McInnis
 510-723-6939

Student Eligibility: Open to the Public	Cost of Program	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>58</u> Refresher: <u>20</u> Cont. Education _____ Expiration Date: <u>4-30-2016</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____
	Basic <u>\$300</u> Refresher _____	

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

Contact Person telephone no. Lisa Dubnoff
510-849-4009

Student Eligibility: Open to the Public	Cost of Program Basic <u>\$2500</u> Refresher <u>\$325</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>40</u> Cont. Education _____ Expiration Date: <u>12-31-2015</u> Number of courses: <u>6-8</u> Initial training: <u>6-8</u> Refresher: <u>As necessary; posted on website</u> Cont. Education: _____
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Training Institution Name Las Positas College
Address 3000 Campus Hill Dr.
Livermore, CA 94551

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

Student Eligibility: Open to the Public	Cost of Program Basic <u>\$300</u> Refresher _____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>20</u> Cont. Education _____ Expiration Date: <u>3-31-2016</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: _____
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Training Institution Name Unitek College
Address 4670 Auto Mall Parkway
Fremont, CA 94538

Contact Person telephone no. Joshua Green
510-743-2710

Student Eligibility: Open to the Public	Cost of Program Basic <u>\$3295-3995</u> Refresher _____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>349</u> Refresher: <u> </u> Cont. Education <u> </u> Expiration Date: <u>8-31-2016</u> Number of courses: <u>24</u> Initial training: <u>24</u> Refresher: <u>As necessary; posted on website</u> Cont. Education: <u> </u>
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Training Institution Name Alameda County Fire Dept.
Address 1426 164th Avenue
San Leandro, CA 94578

Contact Person telephone no. Deede Vultaggio
510-618-3485

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u> </u> Refresher: <u>0</u> Cont. Education <u>160</u> Expiration Date: <u>6-30-2016</u> Number of courses: <u>As needed</u> Initial training: <u>As needed</u> Refresher: <u>As needed</u> Cont. Education: <u> </u>
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Training Institution Name Alameda Fire Department
Address 1300 Park Street
Alameda, CA 94501

Contact Person telephone no. Gail Porto
925-528-9180

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>0</u> Cont. Education <u>25-40</u> Expiration Date: <u>12-31-2014</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Berkeley Fire Department
Address 997 Cedar Street
Berkeley, CA 94701

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

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>10-31-2012</u> Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Bay EMT
Address 1000 San Leandro Blvd
San Leandro, CA 94577

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

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

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u> </u> Refresher: <u> </u> Cont. Education <u>80</u> Expiration Date: <u>5-31-2015</u> Number of courses: <u>As needed</u> Initial training: <u> </u> Refresher: <u>As needed</u> Cont. Education: <u> </u>
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Training Institution Name NCTI - Livermore
Address 7575 Southfront Rd.
Livermore, CA 94551

Contact Person telephone no. Lisa Scharff
916-960-6284

Student Eligibility: Employees only	Cost of Program Basic <u>Contact School</u> Refresher <u>Contact School</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>150</u> Refresher: <u>___</u> Cont. Education <u>___</u> Expiration Date: <u>5-31-2015</u> Number of courses: Initial training: <u>Every 10 weeks</u> Refresher: <u>0</u> Cont. Education: <u>___</u>
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Training Institution Name SFPA Fremont Adult School
Address 5019 Stevenson Blvd.
Fremont, CA 94538

Contact Person telephone no. Scott Snyder

Student Eligibility: Employees only	Cost of Program Basic <u>Contact School</u> Refresher <u>Contact School</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>60</u> Refresher: Cont. Education <u>___</u> Expiration Date: <u>4-27-2015</u> Number of courses: Initial training: <u>2-3 times per year</u> Refresher: <u>As needed</u> Cont. Education: <u>___</u>
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Training Institution Name SFPA Berkeley Adult School

Contact Person telephone no. Scott Snyder

Address 1701 San Pablo Ave.
Berkeley, CA 94702

Student Eligibility:
Employees only

Cost of Program

Basic Contact School

Refresher Contact School

****Program Level:** EMT-1

Number of students completing training per year:

Initial training: 60

Refresher:

Cont. Education

Expiration Date: 4-27-2015

Number of courses:

Initial training: 2-3 times per year

Refresher: As needed

Cont. Education:

Training Institution Name UCPD EMT Training Program

Contact Person telephone no. Zachary Weiner
emtprogram@berkeley.edu

Address 1 Sproul Hall, Rm 17
Berkeley, CA 94720

Student Eligibility:
Employees only

Cost of Program

Basic Contact School

Refresher Contact School

****Program Level:** EMT-1

Number of students completing training per year:

Initial training:

Refresher:

Cont. Education

Expiration Date: 5-31-2015

Number of courses:

Initial training: As Needed

Refresher: As needed

Cont. Education:

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

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

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

Address 12500 Campus Drive
Oakland, CA 94619

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

Contact Person telephone no. Jack Neiman-Kimel

Address 7300 Amador Plaza Road
Dublin, 94568

800-483-3615

Student Eligibility: Open to the Public	Cost of Program Basic <u>Contact School</u> Refresher <u>Contact School</u>	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: <u>—</u> Refresher: <u>—</u> Cont. Education <u>—</u> Expiration Date: <u>11-30-2014</u> Number of courses: <u>TBD</u> Initial training: <u>TBD</u> Refresher: <u>TBD</u> Cont. Education: <u>TBD</u>
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Training Institution Name Fast Response

Contact Person telephone no. Lisa Dubnoff

Address 2075 Allston Way
Berkeley, CA 94704

510-849-4009

Student Eligibility: Open to the Public	Cost of Program Basic <u>Contact School</u> Refresher <u>Contact School</u>	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: <u>—</u> Refresher: <u>—</u> Cont. Education <u>—</u> Expiration Date: <u>3-31-2015</u> Number of courses: <u>TBD</u> Initial training: <u>TBD</u> Refresher: <u>TBD</u> Cont. Education: <u>—</u>
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Training Institution Name Las Positas College

Contact Person telephone no. Sebastian Wong

Address 3000 Campus Hill Dr.
Livermore, CA 94551

925-373-5800, #1, #2046

Student Eligibility:
Open to the Public

Cost of Program

Basic Contact School

Refresher Contact School

****Program Level:** Paramedic

Number of students completing training per year:

Initial training: TBD

Refresher: TBD

Cont. Education

Expiration Date: 3-31-2016

Number of courses:

Initial training: 1 per year

Refresher:

Cont. Education:

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

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

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>3-31-2016</u> Number of courses: <u>As needed</u> Initial training: <u>As needed</u> Refresher: <u>As needed</u> Cont. Education: _____
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Training Institution Name Livermore Pleasanton Fire Department
Address 3560 Nevada St
 Pleasanton, CA 94566

Contact Person telephone no. Jane Moorehead
 915-454-2361

Student Eligibility: Employees only	Cost of Program Basic <u>No cost</u> Refresher <u>No Cost</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>1-31-2015</u> Number of courses: <u>As needed</u> Initial training: <u>0</u> Refresher: <u>As needed</u> Cont. Education: _____
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- 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:**

RESOURCE'S DIRECTORY -- Dispatch Agency

EMS System: Alameda County EMS_____

County: ALAMEDA_____

Reporting Year: 2011__

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

Name, address & telephone:		Primary Contact:	
Alameda County Regional Emergency Communications Center 7000 East Ave., L-388 Livermore, CA 94551		(925) 423-1803 Chuck Berdan	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: __34__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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 Regional Center

Name, address & telephone:		Primary Contact:	
Oakland Fire Department 250 Fallon Street Oakland, CA 94607		Luis Diaz (510) 238-6725	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: __21__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County EMS Agency
Area or subarea (Zone) Name or Title:
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Paramedics Plus (since November 1, 2011)
Area or subarea (Zone) Geographic Description: 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.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY'
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Method of competition: Competitive bid Intervals: Five years, with 1 extension to 10/2016. Selection process. Request for Proposal (RFP).

**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: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: Lawrence Livermore National Lab</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda County Fire Department</p>
<p>Area or Subarea (Zone) Geographic Description: Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Not applicable, Federal property</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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable, Federal property</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. 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. 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>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: City of Albany</p>
<p>Name of Current Provider(s): Include company name(s) City of Albany Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</p>
<p>Area or Subarea (Zone) Geographic Description: City of Albany</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive</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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</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. Uninterrupted service, in the same manner and scope, prior to 1/1/81 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. 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>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: City of Alameda</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda Fire Department</p>
<p>Area or Subarea (Zone) Geographic Description: City of Alameda including the property known as Coast Guard Island</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive</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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</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. Uninterrupted service, in the same manner and scope, prior to 1/1/81 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. 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>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or Subarea (Zone) Name or Title: City of Berkeley</p>
<p>Name of Current Provider(s): Include company name(s) Berkeley Fire Department</p> <p>Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</p>
<p>Area or Subarea (Zone) Geographic Description: City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive</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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</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. 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. 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.

Local EMS Agency or County Name: Alameda County Emergency Medical Services
Area or Subarea (Zone) Name or Title: City of Piedmont
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Piedmont Fire Department
Area or Subarea (Zone) Geographic Description: City of Piedmont
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Uninterrupted service, in the same manner and scope, prior to 1/1/81 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. Not applicable

DEFINITIONS AND ACRONYMS

The following definitions and acronyms are contained in this Agreement:

5150 Call	Services involving a patient who has been (or shall be) placed on a hold for psychiatric evaluation, including transport to a psychiatric facility in accordance with the California Code of Regulations Welfare and Institutions Code, Section 5150 and EMS Policies.
Ambulance	As defined pursuant to Title 13 of the California Code of Regulations, section 1100.2. A vehicle specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons, and compliant with state requirements.
Ambulance Strike Team(s)	Reference description in EMSA guideline #215
ACRECC	Alameda County Regional Emergency Communications Center
Alpha Call	A 911 call designated by County Dispatch Center as an Alpha Call based on use of the Medical Priority Dispatch System.
ALS	Advanced Life Support - paramedic level of service as defined in California Health and Safety Code, Division 2.5, § 1797.52
Arrival at Incident	The moment the Ambulance is fully stopped at the Incident Location and Field Personnel notifies the County Dispatch Center of the arrival.
AVL	Automatic Vehicle Locator
Base Hospital	As defined in California Health and Safety Code, Division 2.5, §1797.58. The Base Hospital for Alameda County is Alameda County Medical Center, Highland Campus.
BLS	Basic Life Support - EMT level of service, as defined in California Health and Safety Code, Division 2.5, §1797.60
Board	Alameda County Board of Supervisors
Bravo Call	A 911 call designated by County Dispatch Center as a Bravo Call based on use of the Medical Priority Dispatch System.
CAD	Computer Aided Dispatch
Charlie Call	A 911 call designated by County Dispatch Center as a Charlie Call based on use of the Medical Priority Dispatch System.
Continuing Education (CE)	As defined in the California Code of Regulations, Title 22, Chapter 11
Contractor	Paramedics Plus, LLC

EMS Ambulance Transport Provider Agreement

Contracting City(ies)	A municipality in Zone 1 that has a contract with EMS to provide its own Ambulance services in that city's exclusive operating area.
County	The County of Alameda
County Dispatch Center	The medical dispatch center designated by EMS to dispatch Contractor's Ambulances, pursuant to this Agreement.
Data Collection System	The software and hardware used to collect, store and report on information from the provision of Services, which includes the Patient Care Reports.
Delta Call	A 911 call designated by County Dispatch Center as a Delta Call based on use of the Medical Priority Dispatch System.
DTMF	Dual Tone Multi Frequency (Touch-Tone).
Echo Call	A 911 call designated by County Dispatch Center as an Echo Call (non-breathing and/or ineffective breathing) based on use of the Medical Priority Dispatch System
Effective Date	The date the Agreement is signed by the President of the Alameda County Board of Supervisors
EMS	Used in this Agreement to refer to Alameda County Emergency Medical Services, a Division of the Public Health Department, as part of the Health Care Services Agency
EMS Director	The director of the Alameda County Emergency Medical Services, a Division of the Public Health Department, as part of the Health Care Services Agency.
EMS Medical Director	The physician in the position of Medical Director for Alameda County Emergency Medical Services, a Division of the Public Health Department, as part of the Health Care Services Agency..
EMS Policies	Policies and procedures issued by the Alameda County Emergency Medical Services that are contained in the Alameda County Emergency Medical Services Field Manual and/or Administration Manual, which may be revised from time to time
EMS website	acgov.org/ems
EMSA	Emergency Medical Services Authority of the State of California
EMT	Emergency Medical Technician
EOA	As used in this Agreement, refers to the Exclusive Operating Area for "Services" as designated in Alameda County's approved EMS Plan, and depicted in EXHIBIT A - DEPICTION AND DEFINITION OF CONTRACTOR'S EOA AND EMERGENCY RESPONSE ZONES.
ERZ	Emergency Response Zone, as depicted in EXHIBIT A - DEPICTION AND DEFINITION OF CONTRACTOR'S EOA AND EMERGENCY RESPONSE ZONES.

EMS Ambulance Transport Provider Agreement

Federal	Refers to United States Federal Government, its departments and/or agencies
Field Personnel	Contractor's paramedics and EMTs responsible for responding to 911 requests for emergency medical ground ambulance services pursuant to this Agreement
Fractile	A method of measuring data in which all applicable data are stacked in ascending order and the total number is calculated as a percentage of the total number of calls. (e.g.: a 90th percentile standard is one where 90% of the applicable Ambulance calls are answered within the response standard, while 10% take longer than the standard.)
FRALS	First Response Advanced Life Support – A fire department unit staffed and equipped with a minimum of one California State licensed and Alameda County accredited Paramedic capable of providing ALS at scenes of medical emergencies. These units are designated by the County and have an executed agreement with the County to provide service
First Responder Agency(ies)	The fire departments within the EOA, and those in Zone 1 that are under contract with the County, to provide first response to the scene of a medical emergency
High-Risk PCR	A Patient Care Record for a High-Risk patient. See EXHIBIT N - HIGH RISK PATIENT DESCRIPTION
HIPAA	Health Insurance Portability and Accountability Act of 1996
Incident Location	The destination address or location of the patient the Ambulance is dispatched to by the County Dispatch Center
Incumbent Personnel	Those employees working for American Medical Response under contract with County for emergency ground ambulance services to the EOA on the Effective Date
Key Personnel	Contractor's personnel providing Services in the positions of a) Operations Manager (Chief Operations Officer), b) Medical Director and c) Quality Manager
Labor Code	California Labor Code –
LEMSA	Local Emergency Medical Services Agency, as defined in California Health and Safety Code, Division 2.5, §1797.94
Mandatory Data Fields	The minimum amount of information that satisfies the requirement for a completed Patient Care Report left at the receiving hospital or psychiatric facility.
Medical Priority Dispatch System ("MPDS")	The system that categorizes emergency calls using an escalating scale of severity assigned to medical conditions, relative to the level and timeliness of response.
Mutual-Aid	Emergency ambulance service performed by neighboring providers during periods of severe weather, multi-casualty incidents, or other events that overwhelm existing resources

EMS Ambulance Transport Provider Agreement

Multi-Casualty Incident ("MCI")	A Multi-Casualty Incident (MCI) is any incident where the number of injured persons exceeds the day-to-day operating capabilities and requires additional resources and/or the distribution of patients to multiple hospitals, as defined in EMS Policies
Onboard Mobile Gateway ("OMG")	The mobile networking technology that connects and manages equipment, information and people in the field. Provides high performance, high security, wireless broadband networking for mobile applications
Paramedic	As defined in California Health and Safety Code, Division 2.5, §1797.84
PCR	Patient Care Record, in either print or electronic form
Response Time	The time elapsed from the time a call is received by Contractor from the County Dispatch Center, until Arrival at the Incident Location by the Ambulance
Required Positions	The positions of a) Clinical/Education Staff, b) Clinical Field Supervisors, c) Operational Field Supervisors, and d) Analyst, for which Contractor is required to have individual employees while providing Services
Quality Improvement	As defined in the California Code of Regulations, Title 22, Chapter 12 and EMSA #166: EMS System Quality Improvement Guidelines
State	The State of California, its departments and/or agencies
Service Start Date	12:00 am on the date Contractor begins providing Services
Services	Contractor's provision of 911 emergency medical ground ambulance response and transportation at an Advanced Life Support (ALS) level of service, and where specified in this Agreement, Basic Life Support (BLS); and, obligations as required by this Agreement and in accordance with EMS Policy
Service Vehicles	Contractor's vehicles used in the provision of Services, including but not limited to, Ambulances and Supervisor Vehicles.
Subarea	Designations within an Emergency Response Zone of Metro/Urban, Suburban/Rural and Wilderness, as depicted in EXHIBIT B - DEPICTION AND DEFINITION OF SUBAREAS.
Supervisor(s)	Clinical Field Supervisors and Operational Field Supervisors
Supervisor Vehicles	A vehicle, other than an ambulance, driven by a Supervisor and equipped for emergency medical response
User Fees	Charges to patients and/or insurance providers, including Medicare and Medi-Cal for Services provided by Contractor.

EMS Ambulance Transport Provider Agreement

This Agreement ("Agreement") is by and between the County of Alameda, herein referred to as County, and Paramedics Plus, LLC., herein referred to as Contractor, and shall be effective the date this Agreement is signed by the president of the Alameda County Board of Supervisors ("Effective Date").

This Agreement is for the provision of 911 emergency medical ground ambulance response and transportation at an Advanced Life Support ("ALS") level of service, and where specified in this Agreement, Basic Life Support ("BLS") level of service ("Services") for a five year period, commencing **November 1, 2011** ("Service Start Date") and continuing through **October 31, 2016**, with an option to extend for an additional five (5) year period at County's sole discretion. The County shall provide Contractor with written notice of its intent to extend this Agreement at least twelve (12) months prior to the scheduled end of the term of the Agreement.

RECITALS OF AUTHORITY

Whereas, Division 2.5 of the Health and Safety Code Sections 1797.224 and 1797.85 allows the Local Emergency Medical Services Agency ("LEMSA") to create Exclusive Operating Areas ("EOA"); and,

Whereas, Alameda County Emergency Medical Services ("EMS") is the designated LEMSAs; and,

Whereas, EMS has created an EOA; and,

Whereas, pursuant to Division 2.5 of the Health and Safety Code, Section 1797.200, the County of Alameda has designated the LEMSAs to develop a written agreement with a qualified paramedic service provider to provide Services, and participate in the advanced life support program in Alameda County; and,

Whereas, Title 22, California Code of Regulations, Section 100168, Division 9, Chapter 4, Article 6, requires a written agreement for Services; and,

Whereas, the County engaged in a fair competitive process in accordance with State law and County policy; and,

Whereas, on April 27, 2010 at its regular meeting, the Alameda County Board of Supervisors determined that Paramedic Plus, LLC. had submitted the proposal that best serves the overall interests of the County and attained the highest over-all point score; and,

Whereas, County and Contractor desire to enter into a performance-based agreement for provision of Services in accordance with this Agreement;

NOW, THEREFORE, the parties agree to the following terms and conditions:

SCOPE OF WORK

1. Services

- 1.1 Contractor shall provide Services, as requested by the County Dispatch Center, and in accordance with this Agreement and the Contractor's proposal, which is attached hereto as Exhibit O (Appendices 1-56 incorporated by reference, but not attached) and incorporated herein by this reference, except that in the case of any conflicting provisions the terms of this Agreement shall control over the terms of the Proposal.
- 1.2 Contractor shall provide Services in accordance with the requirements of California State Health and Safety Code, Division 2.5, Sections 1797 et seq., California Code of Regulation, Title 22, Division 9, and any amendments or revisions thereof.
- 1.3 Contractor shall employ all resources necessary to achieve the Response Times and all other required performance.
- 1.4 Contractor agrees to increase resources at its sole expense to meet any increase in needs or demands for Services.

2. Service Area/Emergency Response Zones

- 2.1 Contractor shall provide Services within the EOA, as designated in County's Emergency Medical Services Plan and approved by the State Emergency Medical Services Authority ("EMSA"), as defined in California Health and Safety Code, Division 2.5, §1797.85.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



December 13, 2012

Karl Sporer, MD
Acting EMS Administrator
Alameda County EMS Agency
1000 San Leandro Blvd., Suite 100
San Leandro, CA 94577

Dear Dr. Sporer:

We have completed our review of *Alameda County's 2011 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*. Following are comments on your EMS plan update:

Transportation Plan:

Based on the documentation you provided please see the attachment on the EMS Authority's determination of the exclusivity of Alameda County's EMS Agency's ambulance zones.

Your annual update will be due on December 13, 2013. Please submit Alameda County's EMS Agency's Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink that reads 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

Attachment

