

EMERGENCY MEDICAL SERVICES AUTHORITY

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November 3, 2014

Mr. Michael Petrie, EMS Director
Santa Clara County EMS Agency
976 Lenzen Avenue, Suite 1200
San Jose, CA 95126

Dear Mr. Petrie:

This letter is in response to your 2012 Santa Clara County EMS Plan Update submission to the EMS Authority on June 4, 2014.

I. Introduction and Summary:

The EMS Authority has concluded its review of Santa Clara County's 2012 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Santa Clara County for its 1994, 1996, 1999, 2001, 2004-2005, and 2007-2011 plan submissions, and most current, its 2012 plan submission.

Santa Clara County received its last Five-Year Plan approval for its 2011 plan submission, and its last annual plan update approval for its 2010 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Santa Clara County's 2012 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. System Organization and Management

1. System Assessment Forms

The following standards do not meet the established minimum standards. In the next plan submission, please show that the standards have been met or that progress has been made in meeting these standards.

- Standard 1.26. The objective is to identify the optimal design of the trauma system based on regional needs.
- Standard 1.27. The needs and objectives are to continue to evaluate, develop, and implement a comprehensive pediatric emergency medical and critical care system plan and implement the formal designation of pediatric trauma centers. A timeframe for meeting the objective needs to be established.

2. Table 1 (Minimum Standards/Recommended Guidelines)

The following standards do not meet the established minimum standards and may not identify short-/long-range plan timeframes. If the standards are not met by the next plan submission, please update Table 1 accordingly.

- Standard 1.26
- Standard 1.27
- Standard 6.05
- Standard 8.10

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Santa Clara County's ambulance zones.

E. Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- The number of patients meeting triage criteria is identified as "unable to determine." Please make every effort to track and identify these statistics and include in the next plan submission.
- The statistics provided for basic emergency services is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the information contained in both tables is consistent.

2. Table 9 (Facilities)

- The table used is outdated and does not contain all the relevant questions. A current table can be located on the EMS Authority's EMS Planning webpage at [http://www.emsa.ca.gov/EMS Planning](http://www.emsa.ca.gov/EMS_Planning).

F. Data Collection/System Evaluation

1. System Assessment Forms

- Standard 6.05 does not meet the established minimum standard. The objective is to develop a data system. In the next plan submission, please show that the standard has been met or that progress has been made in meeting the standard and identify a timeframe for meeting the objective.

2. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information must be made available by submission of NEMSIS Version 2.2.1 data to CEMSIS and NEMSIS Version 3 data to CEMSIS in 2015.

- G. Public Information and Education
- H. Disaster Medical Response

1. System Assessment Forms

- Standard 8.10 does not meet the established minimum standard. The objective is to coordinate mutual aid agreements. In the next plan submission, please show that the standard has been met or that progress has been made in meeting the standard and identify a timeframe for meeting the objective.

IV. Conclusion:

Based on the information identified, Santa Clara County may implement areas of the 2012 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Santa Clara County's annual EMS Plan Update will be due on November 3, 2015. Please note, during the submission of an annual Plan Update, individual System Assessment Forms

Mr. Michael Petrie, EMS Director
November 3, 2014
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are only required to be submitted when changes are made to the system that are different from the last approved five-year EMS Plan.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a large, sweeping initial "H".

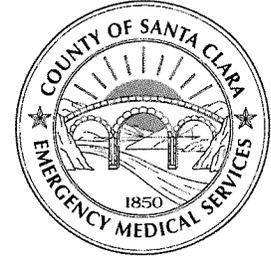
Howard Backer, MD, MPH, FACEP
Director

Attachment

2012 Santa Clara EMS Transportation Plan

ZONE	EXCLUSIVITY		TYPE	LEVEL											
	Non-Exclusive	Exclusive		Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance
Santa Clara County															
City of Palo Alto		X	Non-Competitive	X				X							
Remainder of County		X	Competitive Process	X				X							

**County of Santa Clara
Emergency Medical Services System**



Emergency Medical Services Agency

976 Lenzen Avenue, Suite 1200
San Jose, CA 95126
408.885.4250 voice 408.885.3538 fax
www.sccemsagency.org

May 21, 2014

Howard Backer, MD, MPH, FACEP
Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Subject: 2012 EMS Plan Annual Update

Dear Dr. Backer:

Enclosed, please find the Santa Clara County EMS Agency's 2012 EMS Plan Annual Update, including the 2012 Trauma Plan Update, as well as documentation of the Santa Clara County Board of Supervisors' adoption of the Plan.

Please contact me with any questions.

Sincerely,

Michael Petrie, EMT-P, MBA, MA
EMS Director

Enclosure(s) 2

- 2012 Santa Clara County EMS Plan Update
- 2012 Santa Clara County EMS Plan Update Transmittal

County of Santa Clara
Santa Clara Valley Health & Hospital System
Public Health Department



71518

DATE: May 20, 2014
TO: Board of Supervisors
FROM: Daniel Peddycord, Public Health Director
SUBJECT: Emergency Medical Services (EMS) Plan Annual Update

RECOMMENDED ACTION

Adopt the 2012 Update of the Santa Clara County Emergency Medical Services Plan and authorize submission to the California Emergency Medical Services Authority.

FISCAL IMPLICATIONS

The County does not provide any direct funding to support the services provided by the 911 emergency medical services system. The cost of the EMS System is paid by system providers, such as hospitals and ambulance companies, individuals who use these services, and their medical insurers.

REASONS FOR RECOMMENDATION

The Santa Clara County Emergency Medical Services (EMS) Plan is updated annually to comply with California Health and Safety Code, Section 1797.254, which stipulates that each local EMS Agency must develop and submit an annual update of its approved EMS Plan to the California EMS Authority. The purpose of the EMS Plan is to report changes that have occurred in the Santa Clara EMS System during the prior year to the California EMS Authority. Thus, the 2012 EMS Plan would normally be submitted to the EMS Authority in late 2012. However, the Santa Clara County EMS Agency has been working with the California EMS Authority to clarify changes in their interpretation of Exclusive Operating Areas. The EMS Plan, in addition to being a tool to report changes to the EMS Authority, provides a basis for regulation and system oversight, as major system changes must be consistent with the EMS Plan. As in past years, the 2012 EMS Plan also includes the submission of the Santa Clara County Trauma Plan, which is a specified component of the EMS Plan. The EMS Plan is being submitted in the standard/required format.

EMS Agency intends to bring the 2013 EMS Plan to the Board for approval later this year.

CHILD IMPACT

The recommended action will have no/neutral impact on children and youth.

SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

The Santa Clara County EMS Agency and the Santa Clara County EMS System make incremental progress in complying with the desired EMS system standards, as defined in the California's EMS Authority's EMS Plan Guidance. The Santa Clara County EMS System complies with almost all of the EMS system best-practices, defined in those guidelines.

As noted in the Data Collection/System Evaluation section of the plan, the County does not currently meet the recommended guideline for an integrated data management system (Section 6.05) that supports system wide EMS planning, and operational and clinical evaluation and quality improvement. The EMS Agency is has made good progress on this objective, but has not completed development of the system.

By March 1, 2013, every fire department first responder organization with the Santa Clara County Exclusive Operating Area and Rural/Metro were using a common electronic patient care record and submitting their patient care data into a common data system. According to the EMS Agency timeline, by December 31, 2014, the Palo Alto Fire Department, the ten non-emergency ambulance providers, and the two air ambulance providers will also submit their data to this system. Fine tuning of the system is expected to continue for at least one year after implementation.

The final phase of this project includes integrating hospital outcome data into the Comprehensive EMS Data System. This phase is critical to achieve compliance with state law, and to make clinical and operational decisions, based on patient outcome data. While this phase is also slated to be complete by December 31, 2014, the EMS Agency believes additional time may be required to determine whether hospital outcome data should be linked directly to the Comprehensive EMS Data System or through a regional Health Information Exchange.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended action will delay submission of the 2012 EMS Plan to the California Emergency Medical Services Authority.

STEPS FOLLOWING APPROVAL

ATTACHMENTS:

- 2012 Santa Clara County EMS Plan with Trauma Plan (submitted to Board and EMSA) (PDF)

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01	LEMSA Structure	√	N/A	√	√
1.02	LEMSA Mission	√	N/A		
1.03	Public Input	√	N/A		
1.04	Medical Director	√	√		
Planning Activities:					
1.05	System Plan	√	N/A	√	
1.06	Annual Plan Update	√	N/A		
1.07	Trauma Planning	√	√	√	√
1.08	ALS Planning	√	N/A		
1.09	Inventory of Resources	√	N/A	√	
1.10	Special Populations	√			√
1.11	System Participants	√	√	√	√
Regulatory Activities:					
1.12	Review & Monitoring	√	N/A	√	√
1.13	Coordination	√	N/A	√	√
1.14	Policy & Procedures Manual	√	N/A	√	√
1.15	Compliance w/Policies	√	N/A		
System Finances:					
1.16	Funding Mechanism	√	N/A	√	√
Medical Direction:					
1.17	Medical Direction	√	N/A	√	√
1.18	QA/QI	√	√	√	√
1.19	Policies, Procedures, Protocols	√	√	√	√

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		√	N/A		
1.21	Determination of Death		√	N/A		
1.22	Reporting of Abuse		√	N/A		
1.23	Interfacility Transfer		√	N/A	√	√
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		√	√		√
1.25	On-Line Medical Direction		√	√		√
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		√	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		√	N/A		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		√	N/A		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		√	N/A		
2.02	Approval of Training		√	N/A	√	
2.03	Personnel		√	N/A		
Dispatchers:						
2.04	Dispatch Training		√			√
First Responders (non-transporting):						
2.05	First Responder Training		√	√	√	
2.06	Response		√	N/A		√
2.07	Medical Control		√	N/A		
Transporting Personnel:						
2.08	EMT-I Training		√	√	√	
Hospital:						
2.09	CPR Training		√	N/A		
2.10	Advanced Life Support		√			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		√	N/A		
2.12	Early Defibrillation		√	N/A	√	√
2.13	Base Hospital Personnel		√	N/A		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan		√	√		√
3.02	Radios		√	√		
3.03	Interfacility Transfer		√	N/A		
3.04	Dispatch Center		√	N/A		√
3.05	Hospitals		√	√		√
3.06	MCI/Disasters		√	N/A		√
Public Access:						
3.07	9-1-1 Planning/Coordination		√	√		
3.08	9-1-1 Public Education		√	N/A		√
Resource Management:						
3.09	Dispatch Triage		√	√	√	√
3.10	Integrated Dispatch		√	√		√

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		√	√		√
4.02	Monitoring		√	√		
4.03	Classifying Medical Requests		√	N/A		√
4.04	Prescheduled Responses		√	N/A	√	
4.05	Response Time		√	√		√
4.06	Staffing		√	N/A		
4.07	First Responder Agencies		√	N/A		
4.08	Medical & Rescue Aircraft		√	N/A		
4.09	Air Dispatch Center		√	N/A		
4.10	Aircraft Availability		√	N/A		
4.11	Specialty Vehicles		√		√	√
4.12	Disaster Response		√	N/A	√	√
4.13	Intercounty Response*		√	√		√
4.14	Incident Command System		√	N/A	√	√
4.15	MCI Plans		√	N/A		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		√	√	√	
4.17	ALS Equipment		√	N/A		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		√	N/A	√	√
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		√	N/A		
4.20	"Grandfathering"		√	N/A		
4.21	Compliance		√	N/A		
4.22	Evaluation		√	N/A	√	√

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		√		√	
5.02	Triage & Transfer Protocols		√	N/A		
5.03	Transfer Guidelines		√	N/A		
5.04	Specialty Care Facilities		√	N/A		
5.05	Mass Casualty Management		√	√		
5.06	Hospital Evacuation		√	N/A		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		√	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		√	N/A		
5.09	Public Input		√	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		√	N/A		
5.11	Emergency Departments		√	√		
5.12	Public Input		√	N/A		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		√			
5.14	Public Input		√			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		√			
6.02	Prehospital Records		√	N/A		
6.03	Prehospital Care Audits		√			
6.04	Medical Dispatch		√	N/A		
6.05	Data Management - System	√			√	√
6.06	System Design Evaluation		√	N/A		√
6.07	Provider Participation		√	N/A		
6.08	Reporting		√	N/A		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		√			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		√			
6.11	Trauma Center Data		√			

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		√	√		√
7.02 Injury Control		√	√		√
7.03 Disaster Preparedness		√	√		√
7.04 First Aid & CPR Training		√			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		√	N/A		
8.02	Response Plans		√	√		
8.03	HazMat Training		√	N/A	√	√
8.04	Incident Command System		√	√		√
8.05	Distribution of Casualties		√			√
8.06	Needs Assessment		√	√		
8.07	Disaster Communications		√	N/A		√
8.08	Inventory of Resources		√	√	√	√
8.09	DMAT Teams		√	√		
8.10	Mutual Aid Agreements		√	N/A		√
8.11	CCP Designation		√	N/A	√	√
8.12	Establishment of CCPs		√	N/A		√
8.13	Disaster Medical Training		√	√		√
8.14	Hospital Plans		√	√		
8.15	Interhospital Communications		√	N/A		√
8.16	Prehospital Agency Plans		√	√	√	√
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		√	N/A	√	√
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		√	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		√	N/A		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

APPENDIX 1: System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates with surrounding counties with an emphasis on disaster/mutual aid operations and trauma system coordination.

NEED(S):

OBJECTIVE:

Increase the availability of technical and clinical expertise at the EMS Agency to better serve the EMS System stakeholders and clinicians.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

The EMS Agency will continue to evaluate and research means to provide financial resources to maintain the appropriate personnel.

Long-range Plan

Long range planning in this area focuses on the development of self-sustaining funding mechanisms through various means.

STANDARD:

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

CURRENT STATUS:

The State has approved the County's EMS Quality Improvement Plan.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

Complete implementation of an inclusive prehospital data system to allow for increased standard evaluation of the EMS System across the spectrum of multiple provider agencies.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

The implementation of the Comprehensive EMS Patient Care Data System continues to progress on schedule. Santa Clara County Prehospital Care Policy #309 prescribes data system standards and sets timelines for stakeholder implementation. These timelines are currently being met. The final phase of the project will focus on integrating hospitals into the Comprehensive EMS Data System.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates with surrounding counties by attending partner advisory groups and open invitations for out-of-county participation in our existing committee structure.

NEED(S):

OBJECTIVE:

Review and revise the current stakeholder committee structure through a collaborative stakeholder-based strategic planning process, as defined in the Santa Clara County 2013 EMS System Strategic Plan.

TIMEFRAME FOR OBJECTIVE:

Spring/sSummer 2013

STANDARD:

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

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

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

CURRENT STATUS:The EMS Agency has a well qualified .5 FTE medical director on contract. During 2014, the EMS Agency wants to increase EMS Medical Director coverage to 1.0 FTE and support the medical director by instituting a specialty-physician based medical advisory committee, as identified in the 2013 EMS System Strategic Plan. The EMS Medical Director is supported by a series of advisory groups that include EMT's, paramedics, physicians, and specialists in the area of trauma, stroke, and cardiac care; pediatrics, disaster medicine, and public health.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Medical Director works closely with neighboring counties and is involved with EMDAAC at the

State level, including his current role on the State EMS Commission. The EMS Medical Director also participates on the Regional Trauma Coordination Committee, and the Santa Clara County Trauma Care Quality Improvement Committee includes four counties.

NEED(S):

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

Identify opportunities for improvement within the SCC EMS System through ongoing collaboration with multiple stakeholders, other LEMSA's and EMDAC.

TIMEFRAME FOR OBJECTIVE:

STANDARD:

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

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

CURRENT STATUS:

EMS approved the Santa Clara County EMS Plan (Calendar Year 2011) on February 15, 2013

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates with neighboring counties.

NEED(S):

Increase neighboring county participation in annual planning.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency has an approved Trauma Plan, which includes an optimal system design component, and has designated two (2) Level I trauma centers and one (1) Level II trauma center within its jurisdiction. The designated trauma centers serve Santa Clara County and the counties of San Mateo, Santa Cruz, San Benito and Monterey. Additionally, SCVMC and SUH provide trauma care as designated Level 2 pediatric trauma centers.

COORDINATION WITH OTHER EMS AGENCIES:

The trauma care system continues to coordinate with the surrounding counties. The SCC trauma centers are also recognized trauma receiving facilities for other counties through their formal Trauma Plan. The SCC EMS system requires trauma system planning to consider adjoining systems when determining resource availability and catchment areas. EMS Agency representatives from the adjoining counties are active participants in the SCC Trauma Audit Committee (renamed the Santa Clara County Trauma Care System Quality Improvement Committee). The trauma representative from San Mateo EMS Agency regularly attends the SCC TCSQIC meetings.

NEED(S):

Ensure the availability of trauma services for critically injured patients. A regionalized approach to trauma system planning needs to be incorporated into the current SCC trauma plan,

The need for formal inter-county agreements is recognized by the trauma centers in SCC.

With permission from the California EMS Authority, the Santa Clara County EMS Agency will accept the triage criteria from Santa Cruz, San Benito, Monterey, and San Mateo Counties until such time as intercounty agreements can be constructed. Representatives of the adjacent counties attend the Trauma Care System Quality Improvement Committee to discuss cases and issues of patient transfer across county lines.

OBJECTIVE:

1. Identify the goals and objectives to be included in the inter-county agreement.

2. Identify the current issues surrounding the lack of formal agreements with the trauma centers for patient outcome data.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Continue to work with Monterey County to ensure completion of formal agreements with each trauma center for outcome data to be sent.

Long-range Plan

Continue to work with all adjacent counties to ensure completion of formal agreements with each trauma center for outcome data to be sent.

Long-range Plan

Continue regional planning and collaboration inclusive of the adjoining counties.

Santa Clara County EMS Agency sends representatives to the Bay Area Regional Coordinating Council (BARTCC) as representatives: the Specialty Programs Manager.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency maintains a detailed inventory of all EMS supplies within the Operational Area in addition to posting all assets to the UASI sponsored Metrix Project.

COORDINATION WITH OTHER EMS AGENCIES:

Data is available to neighboring counties.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long Range Plan

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency works in cooperation with public health, injury prevention programs, and other stakeholder groups to develop educational programs to serve special needs populations.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has coordinated development of its pediatric and trauma care systems with neighboring EMS systems. Coordinated activity to address other target groups and collaboration on injury prevention campaigns is taking place.

NEED(S):

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system. Identify special populations that would benefit from a regional approach to EMS system care. Develop a standardized data collection process to be used on a regional basis to identify further collaboration initiatives for special populations.

OBJECTIVE:

Identify a data collection process that will enable completion of a needs assessment with a focus on special needs population groups. Work with other agencies, both county and private, to identify and develop action plans for population groups identified as requiring specialized services.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

STANDARD:

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

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

CURRENT STATUS:

The assigned roles for EMS system participants have been identified, with Agreements in place which allow the EMS Agency to measure compliance. Through local ordinance, provider agreements, exclusive operating areas, and designation of Trauma Centers, STEMI Receiving Centers, and Stroke Centers, system roles and responsibilities for principal system participants have been identified and mechanisms are in place to ensure conformance with assigned roles and responsibilities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Continual oversight and monitoring of compliance to EMS System participant roles and responsibilities.

OBJECTIVE:

Develop policies that will further clarify system participant roles and responsibilities within the Santa Clara County EMS System, as needed.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EOA with Agreements with Rural/Metro of California and fire departments include many provisions to ensure the review and monitoring of Rural/Metro and the County's fire departments. Through the County Ordinance, the private ambulance service providers submit detailed data to the EMS Agency for review. Several existing operational quality improvement and review groups focus on non-clinical matters.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard at this time.

NEED(S):

1. Inclusion of other stakeholders
2. Improved emphasis of clinical performance indicators.

OBJECTIVE:

1. Increase review and monitoring activities related to the City of Palo Alto EOA.
- 2.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan
Long-range Plan

STANDARD:

1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan
Long-range Plan

Long-range planning will continue to focus on facilitated and cooperative management of the Santa Clara County EMS System.

STANDARD:

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

CURRENT STATUS:

A Santa Clara County Policy and Procedures manual is continuously updated. The manual and all updates are provided to all public safety agencies, hospitals, ambulance providers, training facilities, and other essential services operating in the EMS system, and are also available on the EMS Agency's website. Electronic updates are sent to each agency as is a compact data disk for easy updating.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates with other LEMSAs and partners as appropriate.

NEED(S):

1. Policies that integrate with surrounding jurisdictions as needed.
2. Shared understanding of surrounding jurisdictions policies and the affect they may have on the SCC EMS System.

OBJECTIVE:

1. Coordinate policy development with surrounding jurisdictions when applicable.
2. Identify policies from surrounding counties for review and possible implementation.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on continuing cooperative policy development practices with surrounding jurisdictions.

STANDARD:

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

CURRENT STATUS:

The Agency has a comprehensive plan and associated staffing to monitor system compliance by all EMS providers as identified in the Santa Clara County Prehospital Care Manual.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates, on a limited basis, with surrounding jurisdictions (UASI, HRSA. BT funds).

NEED(S):

1. The need for local, regional, state, and federal grants is recognized.

2. Secure grants in cooperation with other neighboring jurisdictions as appropriate.

OBJECTIVE:

1. Obtain local, regional, state, and federal grants.
2. Coordinate grants with other neighboring jurisdictions as appropriate.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning is directed at identification and implementation of strategic financial sustainability that includes regular grant awards.

STANDARD:

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

CURRENT STATUS:

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

The County-owned hospital serves as the single base station. Call volumes have decreased greatly due to the use of standing orders. The majority of base hospital communications are related to trauma triage, refusals of service, and narcotics administration.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

The provision of on-line medical direction is in need of review and is scheduled to be part of a system strategic planning process.

OBJECTIVE:

Evaluate current base hospital roles and responsibilities; modify as necessary.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on a detailed review of base hospital performance and compliance, mobile intensive care nurse training program, physician medical direction, and identification of improvements required.

STANDARD:

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

- a) triage,

- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel.
- k) Each local EMS agency should develop (or encourage the development of) pre-arrival/ post dispatch instructions.

CURRENT STATUS:

Policies, procedures and protocols exist which include the above listed categories. The EMS Agency actively supports the use of pre-arrival/post dispatch instructions. The Medical Directors Advisory Committee (MDAC) was developed and implemented in 2005 and continues to meet bi-monthly. This physician based advisory committee reviews current policies, protocols and local scope of practice for prehospital personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Consistent EMS Medical Director involvement with all PSAP's in the County. Continue revision of policies to meet the State minimum standards and recommendations.

OBJECTIVE:

Review and revise policies, as needed, to meet the State minimum standards and the recommended guidelines. Continue development of regional inter-county agreements and regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

The EMS Medical Director ensures the uniform and clinically sound delivery of pre-arrival clinical medical direction through his role as the medical director for county communications.

Long-range Plan

The EMS Medical Director will continue to attend meetings with the PSAP's and provide direction on pre-arrival/ post dispatch instructions.

STANDARD:

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

CURRENT STATUS:

The local DNR policy utilizes the State Durable Power of Attorney for Health Care and recognizes DNRs from other counties who have implemented similar policies based on the Guidelines and includes POLST.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

injury.

The Santa Clara County Child Death Review Team convenes monthly to investigate cases of pediatric (age 18 and under) death, assessing for unnatural causes and contributing factors including but not limited to abuse and neglect. Information related to abuse/neglect is presented at prehospital stakeholder committee meetings. The Specialty Programs Nurse Coordinator is a standing member of this team.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The Santa Clara County EMS System has policies which address the scope of practice during interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning is related to on-going evaluation of the program. Additional modifications may be necessary based on the results of the EQIP program. .

STANDARD:

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

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive

operating areas for ALS providers.

CURRENT STATUS:

The County has agreements in place with all ALS and BLS fire service first responders with the exemption of the City of Palo Alto. It was estimated that an agreement with the City of Palo Alto would be in place by July 2011; however changes in the management structure with in the City of Palo had slowed this process. The current fire chief is a collaborative partner and has been working closely with the EMS Agency to address cooperative efforts between the City of Palo Alto and the County Service Area EOA. However, based on the chief's comments, it is unlikely that the City of Palo Alto will enter into an agreement.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

OBJECTIVE:

Develop and implement operational agreements that benefit the City of Palo Alto and County Service Area EOA. If that is not possible, continue our collaborative efforts to develop uniformity and shared practices.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

The implementation of a mutually beneficial agreement will take some time, however both the City and County are committed to working together.

STANDARD:

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Evaluation of the concurrent medical control model.

OBJECTIVE:

To review and evaluate the possible options to the current model, and make recommendations for changes or enhancements consistent with the EMS System Strategic Plan

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Santa Clara County EMS currently contracts with three ACS-verified trauma centers; one Level II and two Level I facilities. Stanford University Hospital and Santa Clara Valley Medical Center are ACS-verified Level 1 adult trauma centers. Regional Medical Center is an ACS-verified Level II trauma center.

The County completed the designation process for the pediatric trauma centers through formal agreements and approval by the Board of Supervisors in September 2009. Stanford University (SUH) and Santa Clara Valley Medical Center (SCVMC) are designated and contracts were executed in November of 2009.

As of 2013, there are one ACS-verified level 1 pediatric trauma facility (SUH) and one ACS-verified level 2 pediatric trauma facility (SCVMC).

COORDINATION WITH OTHER EMS AGENCIES:

All Adjacent counties (Santa Cruz, San Benito, Monterey, and San Mateo) actively participate on the SCC TCSQIC, offering comprehensive regional trauma system quality improvement, including system reports, input into triage policies, and case discussions.

NEED(S):

Continue development of a regional trauma system plan which is based on an optimal utilization of resources. Maintain participation in quality improvement committees by the adjacent counties develop intercounty agreements for transport of trauma patients across county lines.

OBJECTIVE:

- 1. Identify the optimal design of the trauma system based on regional needs.
- 2. Identify opportunities for improvement through regional collaboration.
- 3. Maintain a safe and effective regional trauma system, with a focus on appropriate utilization of resources.
- 4. Continue active participation on the BARTCC

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

The assessment of the SCC Trauma System will be ongoing to ensure a regional approach to trauma care. The SCC EMS Agency will continue to evaluate the utilization of resources and make system changes as needed.

STANDARD:

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

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

CURRENT STATUS:

Santa Clara County developed an EMSC project for delivery of care to pediatric patients, which currently does not include formal recognition of EDAP's. The Level I trauma centers have successfully completed an ACS verification and designation review for formal identification as designated pediatric trauma centers in SCC. Formal contracts were executed in November 2009 and remain in effect.

COORDINATION WITH OTHER EMS AGENCIES:

A formal EMSC system will be evaluated, designed and implemented in a cooperative regional approach with the establishment of a regional EMSC committee. SCC is actively involved in the CA EMSC committee meetings, conferences and QI measures.

NEED(S):

Continue to evaluate, develop and implement a comprehensive pediatric emergency medical and critical care system plan that includes triage and destination policies, recognition of pediatric facilities and formalizing agreements for the care of the pediatric patient.

OBJECTIVE:

1. Evaluate the effectiveness of the SCC EMS system at meeting the needs of the critically ill and injured children.
2. Implement an EMSC system based on State regulations and local needs, which is inclusive of the needs of the pediatric population during a disaster and recovery event.
3. Identify available pediatric resources and develop receiving facility agreements.
4. Implement the formal designation of the pediatric trauma centers for inclusion in the statewide trauma system. Formal designation of Santa Clara Valley Medical Center and Stanford University Hospital as Level 2 Pediatric Trauma Centers was complete on November 9, 2009.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD

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

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

CURRENT STATUS:

The approved 1995 Santa Clara County EMS Plan and annual updates address exclusive operating areas, transportation services, and a competitive process for selecting ALS service providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None at this time.

OBJECTIVE:

None at this time.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan
Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan
Long-range Plan

STANDARD:

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

Public Safety Answering Point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS

Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

Medical orientation is contained within the POST basic dispatch course taken by most, but not all of the PSAP dispatchers. Emergency medical dispatch training and testing has taken place at several dispatch centers, the County now hosts two Centers of Excellence. All PSAPs have implemented EMD Countywide.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

1. Develop a standardized countywide emergency medical dispatch process. Assess and monitor countywide emergency medical dispatch.

OBJECTIVE:

Develop, implement, and monitor an emergency medical dispatch quality improvement program consistent with the EMS System Strategic Plan..

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Efforts to develop a standardized countywide emergency medical dispatch process will begin in 2014.

STANDARD:

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Improve coordination with industrial/collegiate response teams.

OBJECTIVE:

Local industrial/institutional response teams are integrated into the EMS System.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning to ensure industrial/institutional response team integration.

STANDARD:

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

CURRENT STATUS:

All non-transporting first responders operate under the medical control policies and procedures of the Santa Clara County EMS Agency..

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level. If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Guidelines for review and evaluation of hospital emergency services.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

All emergency department physicians should be certified by the American Board of Emergency Physicians.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care. Review and evaluate hospital requirements for education/certification standards as they pertain to ED personnel. Board certification of all practicing ED physicians is not an identified regulatory requirement unless the facility is a designated specialty care center. Therefore, the requirements of this standard are interpreted as "should" and there is no need to ensure board certification of ED physicians outside of the designated specialty care facilities. The recommendation for board certification needs to be included in all receiving facility agreements, but will not be a measure that precludes any facility.

OBJECTIVE:

Develop written agreements with receiving facilities.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The Santa Clara County EMS Agency's communications plan, which is enforced through local ordinance, EMS System policies and procedures, and operational agreements specifies the type and capability of communications for medical transport units, non-transport ALS units, and acute care facilities. All ALS units, whether transport or non-transport, and BLS transport units have direct communication access to the County's Communication Center, and to all acute care hospitals. Cellular telephones are currently used for medical control communication.

COORDINATION WITH OTHER EMS AGENCIES:

Continued participation in the Silicon Valley Interoperability Authority.

NEED(S):

OBJECTIVE:

Improve mutual aid communication capability with other counties and state agencies through existing stakeholder groups.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

All medical transport vehicles operating in the County have ambulance to dispatch, ambulance to ambulance, and ambulance to hospital communication capability, which complies with the Santa Clara County EMS Communication Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

None at this time.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

In 2004, the EMS Agency was able to procure additional channels and migrate all ambulances and fire departments onto a single communications band. This band includes a primary dispatch frequency, hospital communications, and a series of Command and Tactical Channels. A countywide, multidisciplinary, mutual aid channel has also been put in to service that permits EMS, law enforcement, fire services, and public utilities to communicate on a single channel.

In 2011, 911 ambulances added additional radio capabilities that permit units to communicate on a series of fire, government based, and federal mutual aid channels.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

All acute care hospitals in Santa Clara County have at least one radio channel that may be used for emergency intra-hospital communication. Additionally, all hospitals have implemented cellular and satellite telephone back up systems, and have finalized arrangements to improve HAM radio service. All hospitals also have installed a web based status system that provides diversion monitoring and instant messaging capability.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Funding to support inter/intrahospital communications.

OBJECTIVE:

Identify short and long-term funding mechanisms to support inter/intrahospital communication systems.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning is focused on the procurement of funding mechanisms to support inter/intrahospital communications.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Funding mechanisms to support communication linkages are necessary.

OBJECTIVE:

Procure funding mechanisms to support communications linkages.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning is focused on the procurement of funding to support communication linkages.

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

The primary EOA contractor is charged with this responsibility and provides an extensive schedule of educational programs throughout the County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

A new comprehensive Community Education Plan is scheduled to be in place in January 2013.

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

EMD (MPDS) has been implemented in all jurisdictions within Santa Clara County.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable

NEED(S):

Funding mechanisms to ensure the implementation of MPDS in all emergency and non-emergency PSAP's in the County.

OBJECTIVE:

Implement dispatch policies for non-emergency dispatch centers in the County.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan: Standardize EMD and reporting within Santa Clara County EMD dispatch centers by June 30, 2015.

Long-range Plan

STANDARD:

3.10 The local EMS agency shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communications frequencies.

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

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

OBJECTIVE:

Support the Silicon Valley Interoperability Project in establishing connections between all CAD's in the County.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

CAD to CAD linkages remain a priority in the County and for the Silicon Valley Interoperability Authority.

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Agreements with adjacent EMS Agency's and associated providers.

OBJECTIVE:

Execute signed agreements with adjacent EMS Agency's and associated providers.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan: Meet with adjacent jurisdictions to develop cooperative assistance agreements.

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

EMD (MPDS) is in place in all jurisdictions.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan: The EMS Agency will analyze output and outcome data to determine whether different dispatch classifications and responses are warranted. This will be a two-year project.

STANDARD:

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

CURRENT STATUS:

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

The transfer process by which a non-trauma center ED may use a 911 resource to transfer patients requiring immediate trauma care was evaluated in 2012. Of the numerous patients transferred by this

process, none met the strict criteria defined in the "red box" guideline. Patients were universally stable and could have gone by CCT, but the ED was unwilling to wait for the prolonged ETA given by CCT providers. The Specialty Programs Nurse Coordinator reviews each of these transfers for appropriateness. Facilities using this process most frequently were provided with numerous training classes on proper use of the guideline.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

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

CURRENT STATUS:

The Santa Clara County EMS Agency has established and monitors the response times of all EOA contracted resources monthly. . A performance-based contract helps to ensure that immediate corrections are made if any substandard response trends are identified. Coordinated data permits accurate review of all EOA contracted units.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE

Annual Implementation Plan

Long-range Plan

The implementation of CAD to CAD linkages is a priority for the County and the Silicon Valley Interoperability Authority. Achieving this objective will take considerable time and financial support.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

- a) authorization of aircraft to be utilized in prehospital patient care,

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

CURRENT STATUS:

The EMS Agency has developed procedures for EMS aircraft authorization, requesting and dispatching EMS aircraft, patient destination, and complaint resolution, and executed agreements with local air medical providers.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has interacted with a number of local EMS agencies across the state in developing an aircraft classification process and executing provider agreements with the County.

NEED(S):

None at this time.

OBJECTIVE:

None at this time.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The availability and staffing of medical aircraft has been identified. The ambulance ordinance includes standards and minimum requirements for air ambulances. Helicopter (including air ambulances and rescue aircraft) availability is managed through a real-time internet-based tracking system. CAD linkages ensure coordinated dispatch and response.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination has been focused at shared resource utilization. This has been facilitated through the use of an internet-based resource tracking tool.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Specialized response vehicles are maintained by first responder organizations and the County as appropriate which include all terrain motorized transport units, bicycles, and 4X4 vehicles

COORDINATION WITH OTHER EMS AGENCIES:

Specialty vehicles are available for response within the local EMS system, and to surrounding jurisdictions, through a mutual aid request.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Planning

STANDARD:

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

CURRENT STATUS:

Addressed in the Multiple Patient Management Plan (MPMP).

COORDINATION WITH OTHER EMS AGENCIES:

Current coordination is limited.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

STANDARD:

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Coordination occurs within the Region II Medical-Health Operational Area Coordinators meetings.

NEED(S):

Establish written mutual aid agreements with surrounding counties.

OBJECTIVE:

Implement mutual aid request and response policies and procedures.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency has developed multi-casualty response plans and procedures

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The Santa Clara County Multiple Patient Management Incident Plan is compliant ICS, SEMS, FIRESCOPE and NIMS.

COORDINATION WITH OTHER EMS AGENCIES:

Based on the use of standardized incident management practices, the Plan may be used in any jurisdiction that subscribes to ICS, SEMS, FIRESCOPE and NIMS.

NEED(S):

None

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

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

CURRENT STATUS:

All ALS Ambulances staffed in Santa Clara County have one state licensed and County accredited paramedic and one certified EMT.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

Additional inventory requirements have been established for nontraditional response methods. This includes tactical, search and rescue, bike, and other supplemental response teams/units.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County has an ambulance ordinance which requires adherence to local policy and procedure, and includes both quality improvement and quality assurance mechanisms to assure that transportation agencies are in compliance with clinical care and operational objectives.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

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

OBJECTIVE:

Develop and implement a written agreement with the City of Palo Alto.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

The approved 1995 and annual updated Santa Clara County EMS Plan addressed the development of exclusive operating areas. An update to that information is attached as Attachment E of this plan.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Santa Clara County has an approved EMS Plan which addresses transportation services and a competitive process for ALS service providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

A mechanism exists to ensure that the providers are in compliance with all applicable policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The current EOA was evaluated in 2009 resulting in a new EOA agreement effective July 1, 2011.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

OBJECTIVE:

A needs assessment of current service delivery system is completed and identification of any alternatives that better serve the system and patient are identified.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on a comprehensive review of the existing delivery method, consistent with the 2013 EMS System Strategic Plan.

STANDARD:

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

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

The EMS Agency assesses the EMS-related capability of its acute care receiving facilities and specialty care centers, and has implemented receiving facility agreements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-Range Plan

Written agreements.

STANDARD:

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

CURRENT STATUS:

Prehospital triage criteria have been developed and a trauma triage protocol is currently in use. Current transfer agreements are in place at the designated trauma centers with specialty centers (burn, spinal cord, pediatrics, rehab and cardiopulmonary bypass).

COORDINATION WITH OTHER EMS AGENCIES:

SCC Trauma Centers currently accept patients transferred from Modesto, Tulare, and as far south as San Luis Obispo. Coordinating with EMS Agencies outside of the surrounding counties is a challenge when trauma patients are being transferred long distances due to lack of available resources in closer proximity. The development of formal inter county transfer agreements has been identified.

NEED(S):

Trauma triage policies have not been reviewed since the task force in 2008. Although trauma centers have formal transfer agreements with acute facilities in adjacent counties, development of formal inter-county agreements for the triage and transfer of patients from adjacent counties need to be completed.

Work with CA EMSA to identify the statewide needs for increased resources for trauma patients being transferred long distances to SCC trauma centers. Regional needs assessments should occur on a statewide level to ensure optimal trauma patient care and decrease the potential negative impacts to trauma systems, centers and patients when care is not available locally.

OBJECTIVE:

1. Review and implement changes to the existing prehospital trauma triage and transfer protocols as appropriate.
2. Identify and assist in the revision of trauma triage criteria currently used in the surrounding counties, for determination of transport to the SCC trauma centers.
3. Participate in the development and implementation of a statewide trauma system utilizing the regional approach.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Continue to assess the utilization of trauma resources directly affected by trauma triage criteria.

Actively participate in the statewide regionalization efforts of the CA EMSA

Ensure trauma center compliance in maintaining transfer agreements through the re-designation onsite review process.

Noting an increase in TBI in the elderly level fall patient secondary to anticoagulant use, in January the TCSQIC met to discuss amending the trauma triage criteria to include elderly patients on anticoagulants as a mechanism of injury independently worthy of trauma activation. The committee could not agree upon language for this amendment, citing concerns that many patients would be over-triaged into the trauma system unnecessarily. The committee agreed to convene a group of trauma surgeons and non-trauma ED physicians to develop a treatment protocol for elderly level fall patients on anticoagulants who present to non-trauma hospitals.

STANDARD:

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

CURRENT STATUS:

Transfer agreements are in place at the designated trauma centers with specialty centers (burn, spinal cord, pediatrics, rehab and cardiopulmonary bypass).

Formal implementation of the Interfacility Transfer guidelines in 2009 have resulted in some confusion on the part of the non-trauma center Emergency Departments. Additional education concerning the use of a 9-1-1 resource to facilitate emergent transfer was provided to several of the ED's who most use this process. Classes were provided to the ED Nursing staffs as well as to the ED physician committee. Using First Watch to notify of all emergent transports facilitated the quality review of each transfer for

appropriateness and management of patients.

The SCC EMS Agency staff continues to evaluate the need for transfer agreements based on the identification of facilities that have been designated as specialty care centers. The stroke system is evaluating and identifying different levels of care that can be provided at individual stroke centers and will base the need and criteria through the Stroke Audit Committee process.

COORDINATION WITH OTHER EMS AGENCIES:

The trauma center monthly activity report includes the County of origin for the trauma population that utilized the resources of the SCC trauma centers. This report is provided to the TCSQIC representatives from the regional LEMSA's. Santa Cruz County has been very proactive in identifying the EMS population as compared to the inter-facility transfer population. There is currently no formal coordination of patient inter-facility transfer with other EMS agencies pertaining to the inter-facility transfer population, but instead, it is left to the trauma center accepting physician to determine appropriate need.

NEED(S):

Develop formal agreements with all hospitals, identifying and detailing level of care capabilities. Assist with the development of transfer guidelines for trauma and other specialty care patient populations, which could be used as decision making tools by the emergency department physician in determining an appropriate disposition for EMS patients requiring specialty care.

OBJECTIVE:

1. Develop transfer criteria, protocols and guidelines for trauma and other specialty patient populations.
2. Develop receiving facility agreements, which would identify the need for transfer agreements for specialty patient groups.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Formal agreements with receiving facilities have been executed. All facilities with a licensed basic or comprehensive emergency department have signed the 9-1-1 Receiving Center contracts. Level I and level II Trauma Centers have been designated; Level 2 Pediatric Trauma Centers have been designated. In 2010 one additional County designated Primary Stroke Center was added to the eight (8) previously designated stroke centers for a total of 9 Primary Stroke Centers. There are eight (8) county designated STEMI Receiving Centers Receiving facility monitoring is currently limited to patient diversion, cardiac arrest outcome reporting and syndrome surveillance monitoring. Trauma Centers Primary Stroke Centers and STEMI Receiving Centers regularly submit quality data that is viewed by the EMS Agency in conjunction with the multi-disciplinary quality improvement committees. Receiving facility agreements with all hospitals that participate in the Santa Clara County EMS system have been executed.

COORDINATION WITH OTHER EMS AGENCIES:

There is an ongoing regional monitoring process for the utilization of the SCC Trauma System and Trauma Centers. The need for regionalizing the stroke system and STEMI system has not been identified.

NEED(S):

Develop and implement a process that enables monitoring of receiving facilities. Continue to assess the need for specialty care systems and designation of specialty care facilities based on the EMS System patient population.

OBJECTIVE:

1. Develop a quality data monitoring process for compliance to the receiving facility agreement and to receive outcome data for the EMS System.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

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

CURRENT STATUS:

Hospitals are encouraged to prepare for mass casualty management. Hospitals participate in planning through representation on various committees. In addition, the EMS Agency assists the hospitals with preparation for mass casualty management through the Hospital Council of Northern California and participates annually in EMS and hospital disaster exercises

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None at this time.

OBJECTIVE:

None at this time

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Annual exercising of this objective.

OBJECTIVE:

1. Annual exercises focus on the components of this objective.
2. The existing internet-based hospital status management system supports inter-hospital communication.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

It is estimated that annual exercises and the existing internet-based hospital status management system will continue to be expanded.

The Operational Area Disaster Medical Health Plan will be reviewed, and revised if necessary.

Long-range Plan

STANDARD:

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

CURRENT STATUS:

A base hospital has been identified and designated.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

A financed and comprehensive review of the existing base hospital program is needed. The review should include MICN and base hospital physician training and orientation, compliance with EMS System policies when providing medical direction, ability to provide medical direction when needed by prehospital providers and compliance to the base hospital agreement and QI requirements.

OBJECTIVE:

Complete a comprehensive review of the designated base hospital program

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

The number and level of trauma centers (including the use of trauma centers in other counties)

The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix.

Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,

The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and

A plan for monitoring and evaluation of the system.

CURRENT STATUS:

Santa Clara County's diverse population base has increased by 20% since the original Trauma Plan was ratified twenty years ago. Greater than ninety-five percent (95%) of the 1.8 million residents live in the San Jose metropolitan area at the north end of the Santa Clara Valley, which includes San Jose and eleven other incorporated cities. Two incorporated cities in the southern portion of the county are home to most of the remaining residents. Economic conditions vary widely throughout the county according to trends in technology industries, time of year and the transient population. Primary employers are technology, agriculture, manufacturing and service-related companies. Most of the major industry is located in the northern metropolitan area of the county.

The Trauma System secondary catchment area extends beyond the borders of Santa Clara County into the neighboring counties of San Mateo, Santa Cruz, Monterey, and San Benito. This secondary catchment area population totals 1 million, which brings the extended regional catchment area population base to 2.8 million. The San Mateo County Trauma System Plan includes Stanford Medical Center as a receiving trauma center. Trauma patient ground and air transports in the southern portion of San Mateo County are directed by San Mateo County field triage criteria to Stanford's Level I Trauma Center in north Santa Clara County. Additionally, all trauma air transports from Northern San Mateo County are directed to Stanford. The ability of the SCC trauma system to provide trauma services to adjoining counties has been successful due to the regional trauma system approach and the collaboration of all LEMSA's involved. Santa Clara County developed and implemented trauma center catchment areas in 2005, with no identified changes required since that time. Two trauma centers (Level I & II) are located in the metropolitan area of San Jose and receive the majority of trauma patients from the central and the southern portion of Santa Clara County, as well as receiving transfers from surrounding counties. Injured patients in the northern area of the County are transported to the Level I trauma center located in the northwestern portion of the County, which also treats major trauma victims from the southern portion of San Mateo County, northern portion of Santa Cruz and counties throughout CA.

COORDINATION WITH OTHER EMS AGENCIES:

Adjoining county LEMSA representatives, that have identified the Santa Clara County trauma centers in their trauma plan, are invited to become active members on the Santa Clara County Trauma Care System Quality Improvement Committee (TCSQIC). Trauma data from the designated trauma centers and the EMS Agency Central Trauma Registry are provided to the counties in aggregate form when requested. Representatives from the designated trauma centers, the EMS Agency Medical Director and the County Trauma Systems Program Manager also participate in Regional Quality Improvement Programs in Santa Cruz and San Mateo Counties.

NEED(S):

Ensure the availability of specialized trauma services to the critically injured patient.

Inter-county EMS agency agreements need to be developed and implemented to assure services and resources of the Santa Clara County trauma system are being effectively utilized.

Work with CA EMSA to identify regional trauma system issues. Currently this would include long transports of trauma patients from trauma systems within CA that are unable to consistently serve their identified trauma system patient population.

OBJECTIVE:

1. Maintain and refine a regional trauma system that safely and effectively serves patients with critical injuries.
2. Revise the current Trauma Plan to include inter-county EMS agency agreements that will define the utilization and transport of trauma patients to the Santa Clara County Trauma System.
3. Actively participate in the CA EMSA Trauma System Regionalization process.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Include inter-county EMS Agency Agreements in the next trauma plan update.

Long-range Plan

Participate in the CA EMSA trauma system regionalization process and provide a lead role in development and implementation.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County receives trauma patients from Santa Cruz, San Benito, Monterey and San Mateo counties. Policies and procedures are shared and discussed for a coordinated effort, although, there is not a formal process for regional policy development.

NEED(S):

Ensure an open process for continuing trauma system development. Establish formal inter-county agreements with all regional LEMSA's that utilize the Santa Clara County trauma system for trauma patient destination.

OBJECTIVE:

Maintain an open process for trauma system planning to include hospital, prehospital and public input.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Santa Clara County has developed a program for care of critically ill or injured pediatric patients, although it is not a formal system. The identification of emergency departments that meet established pediatric requirements will be included in the development of receiving facility agreements

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.

NEED(S):

Continue efforts to develop a formal EMSC system in Santa Clara County. Ensure that the pediatric services provided by the EMS system meet the needs of the critically ill and injured children within the EMS system. Develop and implement a formal pediatric system design that incorporates the EMSC components.

OBJECTIVE:

1. Using the EMSC Implementation guidelines, institute a regional EMSC program.
2. Develop and implement a pediatric system based on the components of an EMSC system.
3. Develop and implement receiving facility agreements that include the EMSC components.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

- a) staffing,

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

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

CURRENT STATUS:

Santa Clara County has one ACS-verified, EMS Agency-designated Level 1 Pediatric Trauma Center (Stanford) and one ACS-verified, EMS Agency-designated Level 2 Pediatric Trauma Center (Santa Clara Valley Medical Center).

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.

NEED(S):

Continue efforts to develop a formal EMSC system in Santa Clara County. Ensure that the pediatric services provided by the EMS system meet the needs of the critically ill and injured children within the EMS system. Develop and implement a pediatric system design that incorporates the EMSC components. Designate pediatric trauma centers.

Funding to support the ongoing EMSC development process.

OBJECTIVE:

1. Using the EMSC regulations, institute a regional EMSC program.
2. Develop and implement a pediatric system based on the components of an EMSC system.
3. Develop and implement receiving facility agreements that include the EMSC components.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The planning process for Santa Clara County's EMSC system included a multi-disciplinary task force with members from hospitals, trauma centers, PICN, National EMSC Resource Alliance, consumers, pre-hospital and interfacility transport agencies. Currently, this is not an active task force but will be reconvened in 2009.

COORDINATION WITH OTHER EMS AGENCIES:

Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.

NEED(S):

Continue EMS stakeholder input and evaluation of the pediatric emergency medical and critical care system development and implementation.

OBJECTIVE:

Ensure continued stakeholder input and evaluation of the pediatric emergency medical and critical care system development and implementation.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency currently has Trauma, Burn, Pediatric Trauma, STEMI and Stroke care as the specialty care plans for EMS-targeted clinical conditions. These are addressed elsewhere in this plan. Spinal Cord Injury and Rehab Care are addressed in the Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency works with the neighboring county LEMSA's to ensure the coordinated delivery of trauma care to out-of-county patients utilizing the SCC Trauma System. Representatives from the local LEMSA's are also members of TAC and were involved in the SCC Stroke Task Force process.

NEED(S):

Assess and identify the needs of specialty care populations that would benefit from an EMS systems approach to optimal care. Develop system plans for the EMS targeted population.

OBJECTIVE:

1. Identify the need for specialty care centers within the EMS system. Examples may include specialty care centers for cardiac care, acute spinal cord and high-risk obstetrics.

2. Develop, plan and implement specialty care systems within the EMS system as the need for specialty care is identified.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Ensure an open process for specialty care system development.

OBJECTIVE:

Keep the process used for developing specialty care systems open to the public.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Annual EMS QIP updates were made by each provider agency in the County. Future updates will integrate the countywide data system as a tool in the CQI process. All EMS provider agencies and the EMS Agency participate in the EQIP process. The EMS Agency has approved all provider agencies EQIPs for 2012-2013.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Review, and revise if necessary, the EMS System Quality Improvement Program, consistent with state law and regulation and best clinical practice.

OBJECTIVE:

Revise the EMS System Quality Improvement Program. We have hired a QI and statistical methods consultant to revise the EMS System QI Plan for consistency with state law and regulation, and best clinical practice. This consultant will also develop QI plan templates for all EMS provider organizations.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

June 2014.

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The Comprehensive EMS Patient Care Data Project provides for a patient care record to be completed on all patients by each responder that provides care. Patient care documentation is then wirelessly transmitted to a central server so that the receiving hospital can view all related patient care records. Santa Clara County Policy 309 prescribes system capabilities and implementation dates for expanded data collection including mandatory patient side electronic capture, transmission, and integrated alerting/reporting.

COORDINATION WITH OTHER EMS AGENCIES:

The system is compliant with CEMSIS Gold standards and is able to be transmitted to EMSA.

NEED(S):**OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

Operational and clinical audits of prehospital care routinely occur. The current data project addresses the links identified in this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

The Comprehensive EMS Patient Care Data System is almost complete having met all initial objectives contained with the data system assessment. Additional features are in the process of being developed and implemented.

OBJECTIVE:

1. Link all PSAP dispatch data with the central EMS patient care data server.
2. Link hospital discharge data to the EMS patient care data server.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Expected completion December 2015

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Two communications centers have been accredited as MPDS Centers of Excellence. These two centers cover approximately 80% of the EMS dispatches. Pre-arrival and post dispatch directions are provided according to policies and procedures approved by the EMS Medical Director, and are routinely reviewed by the appropriate staff.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Coordinated countywide implementation of priority dispatching and pre-/post-arrival instructions, and accompanying QA/QI activities.

OBJECTIVE:

Implement countywide EMD standards and EMD quality improvement program.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan: Complete by June 2015.

Long-range Plan

STANDARD:

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

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

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

CURRENT STATUS:

The EMS Agency is in the process of establishing a comprehensive EMS data management system.

In 2007, SCC EMS agency began the process to obtain the services of a consultant who could assist us to develop a centralized, inclusive EMS data base. An EMS Data Steering Committee was formed to facilitate a written RFP for the consultant. The steering committee consists of representatives from the Fire Service, the transport provider agency, the private transport provider agencies, the dispatching centers (County Communications, and PSAPS), the EMS Agency operations section, and SCC PHS IS staff.

An RFP for the completion of Phase 1 of the process (the Countywide assessment of all IT systems existent in the County among the provider agencies) was developed and posted in July of 2007. There was a successful bidder but unfortunately the bidder and the County were unable to come to agreement on certain aspects of the contract. Another RFP will be developed.

In 2008, the EMS Agency published a second RFP and a new consulting firm was identified through this process. The new consulting firm is expected to start in 2009 to complete the EMS System Data Assessment.

Phase one of the process was completed in July of 2009. The recommendations from the consultant will be housed in an RFP for Phase 2 which is the procurement and implementation phase.

The majority of the Comprehensive EMS Patient Care Data System components will be operational by January 2014. This includes all fire departments/first responders, private ambulance services, and the County Service Area EOA provider use of a central data repository.

Enhancements such as hospital discharge integration, patient side electronic data capture, automated alerting/reporting, etc. are expected to be complete by the end of calendar year 2015.

COORDINATION WITH OTHER EMS AGENCIES:

The Data System complies with NEMSIS Gold standards.

NEED(S):

As the data system is activated and all aspects are integrated, the need for continuing policy development will be a priority.

OBJECTIVE:

Develop a data system, which supports system wide planning and evaluation, which is based on state and federal standards.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

A comprehensive EMS System Assessment and Strategic Planning process was developed during 2013 and completed in June 2013. This process maps the future of the Santa Clara EMS System for the next 5 to 7 years. EMSA has been provided with copies of this document. This plan includes an emphasis on quality and evaluation mechanisms, including seating workgroups to evaluate the EMS quality infrastructure and committee structure.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Regular system review.

OBJECTIVE:

Implement EMS System Strategic Plan

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

New Committee Structure and Quality Infrastructure developed by December 31, 2014.

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Medical Director, a Speciality Programs Nurse Coordinator, EMS Specialist, and Data Analyst comprise the EMS Quality Management Section. All providers are required by contract and EMS Agency policies and procedures to participate in clinical and operational quality improvement programs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Implementation of the revised EQIP plan needs to be followed by continual monitoring of provider

participation.

OBJECTIVE:

Monitor prehospital provider participation in the EQIP process.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The EMS Agency provides at least biannual reports to the EMS Committee, the Health and Hospital Committee, and the Board of Supervisors.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

The local EMS agency's integrated data management system will include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS:

Current process evaluates base hospital and prehospital activities. The EMS System Strategic Plan forms workgroups which will develop improved evaluation methodologies, structures, and processes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A system wide process is needed to provide feedback to prehospital care personnel on patient outcomes. Continue the system wide EQIP process that meets system needs and State guidelines. The comprehensive data management system is under development with an expected first phase completion

date of June, 2014. Currently, advanced life support treatment is audited randomly by the medical director and the QI coordinator, with direct feedback to field providers.

The current Base Hospital Physician Liaison is an active member of all of the quality management committees (Prehospital, Stroke, STEMI and Trauma). This physician also sits on the EMS Agency's internal clinical quality section meeting.

OBJECTIVE:

1. Identify and implement a system wide process to provide feedback to prehospital care personnel on patient outcomes.
2. Receive consultant report on revised EQIP plan and processes.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

June, 2014.

Long-range Plan

STANDARD:

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

CURRENT STATUS:

The current Trauma patient registry is Trauma One by Lancet Technologies. All three trauma centers use this registry, and selected data is uploaded to the central registry, housed at the County EMS Agency. The EMS Agency uploads information to the Trauma CEMSIS, upon call for data.

The Trauma Program Managers and the registrars meet regularly to discuss issues related to data collection, so as to ensure data accuracy and standardization.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara County is the only Bay Area trauma system with designated trauma centers that serve four adjoining counties: San Mateo, Santa Cruz, San Benito, and Monterey. EMS Medical Directors or representatives from San Mateo, Santa Cruz, and San Benito are active members on the Santa Clara County Trauma Audit Committee (TAC). Santa Clara County Trauma System hospitals and SCC EMS Agency collaborates with these counties by providing trauma data on out-of-county trauma patients. The data provided enables completeness in their quality improvement programs for clinical review and reports. Santa Clara County trauma center staff managers and EMS Agency trauma system staff are invited to attend trauma QI meetings in the surrounding counties.

NEED(S):

Identify those patients who are cared for in non-trauma centers but who met major trauma criteria. Develop statistical information concerning under triage in the County Mini-or abbreviated trauma registry for non-

trauma center patients collaborative injury data collection.

OBJECTIVE:

Develop and implement a modified version of the trauma registry in all Santa Clara County acute care hospitals to facilitate emergency operations, improve quality improvement activities and collect epidemiological data for research and injury prevention activities.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Establish a data link to the inclusive EMS data system once it is implemented

STANDARD:

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

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

CURRENT STATUS:

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

All trauma cases that have been reviewed by the Trauma Exec Committee are documented and aggregate numbers are shared with the larger committee. TCSQIC cases that receive further review are recorded as to mortality and morbidity preventability and quality of care. It is also documented if there are further recommendations for enhancement or changes in clinical protocols or policies made to the EMS agency. Careful monitoring of loop closure is accomplished.

Data is not currently collected from the non-trauma hospitals. There are constraints from obtaining such data because of confidentiality and lack of resources. At this time, there is little incentive for the non-trauma hospitals to participate in such data collection and there is no mandate to do so. At the present time, the coroner identifies deaths that may have occurred out of the trauma system to determine need for follow-up. The coroner is currently performing external exams only on the majority of trauma patients. The trauma medical directors have the ability to contact the coroner and request that a complete autopsy be completed on a trauma patient.

The Santa Clara County Trauma Registry that is installed in each designated trauma center has been customized to meet the needs of the trauma centers and trauma system. The new trauma registry data fields are based on the NTDS and CA trauma registry data dictionaries.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

There is a need to have a more inclusive and comprehensive injury data collection system that will involve all acute care hospitals at some level. This would provide an ability to assess the needs of all injured patients and be able to affect changes in targeted prevention activities to decrease further death and disabilities. Investigation of funding for such expansion needs to be done.

Another consideration would be mandating participation of all acute care facilities in data collection through the receiving facility agreements. Currently the EMS Agency relies on the Unusual Occurrence Report (UOR) for all system participants to report trauma or EMS system issues which includes under-triage of patients to non trauma facilities.

OBJECTIVE:

1. Develop the data collection process to allow the non-trauma facilities to submit their required data program.
2. Identify and develop routine validation studies on the central registry data.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Perform routine validation studies on the central registry data.

Long-range Plan

Inclusion of the requirement for data collection on under-triaged patients will be included in the receiving facility agreements.

STANDARD:

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

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

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

CURRENT STATUS:

The EMS Agency coordinates with the Santa Clara County Department of Public Health in prevention and reduction of health risks in target areas, and has included public CPR training requirements within the early defibrillation program agreements with the fire service providers. The EMS Agency provides monthly educational materials for all Santa Clara County Prehospital providers as well as the general public. This material is designed to address all areas listed above as well as other topics relevant to our

community. Much of the routine PI&E responsibility has been delegated to the contract ALS provider, Rural/Metro, who reports these activities to the EMS Agency on a monthly basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

1. Continued increase in breadth of public communication is necessary.
2. Greater emphasis on alternative medical care methods must be identified and then promoted throughout the community.

OBJECTIVE:

A coordinated public education program provides a well-defined and diverse series of established public affairs messages.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

7.02 The local EMS agency, in cooperation with other local health education programs, shall work to promote injury control and preventative medicine.

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of illness or injury.

CURRENT STATUS:

The EMS Agency coordinates with the Santa Clara County Department of Public Health to develop initiatives that prevent and reduce health risks in target areas.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Additional funding to support educational programs.

OBJECTIVE:

Identify funding to support educational programs is provided on a continuous basis.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan:

Long-range planning in this area will focus on the procurement of funding opportunities.

STANDARD:

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

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

The majority of citizen disaster preparedness activities have been addressed through various grant resource opportunities.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable at this time.

NEED(S):

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

OBJECTIVE:

Grant funding is obtained to support citizen disaster preparedness activities.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Based on the ability to procure grant funding, citizen disaster preparedness activities will be addressed countywide.

STANDARD:

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

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

CURRENT STATUS:

The EMS Agency has established public CPR and first aid training requirements within its contract with its advanced life support provider and early defibrillation providers. An overall goal and target groups have not yet been established. The EMS Agency has directed the contract ALS provider to include CPR training at all public education and community events.

A wide variety of public service organizations (American Heart Association, American Red Cross, etc.) provide CPR classes that are open to the public. Many local companies also have highly developed Emergency Response Team programs for their employees. All cities have well-developed disaster training for their residents that includes first-aid issues related to disasters.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

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

OBJECTIVE:

1. Establish a lay public training CPR and first aid training goal.

2. Modify existing agreements to meet adopted goals.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

CURRENT STATUS:

In coordination with the Operational Area, the EMS agency has participated in the development of a Disaster Medical Health Plan which provides for the continued delivery of medical care during disasters. The EMS Agency also actively participates in the local MHOAC program and the RDMHS program.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

Complete the Medical Health Branch Plan update by February 2013. .

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

CURRENT STATUS:

All prehospital personnel are trained to the Hazardous Materials: First Responder Operational Level. Roles and responsibilities for hazardous material incident response have been established; and personnel have been trained and equipped commensurate with their individual roles. The Agency actively supports continuing education in this area through a variety of exercises.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Funding to support training.

OBJECTIVE:

Training is funded.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

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

CURRENT STATUS:

All Santa Clara County medical disaster plans and EMS Agency policies and procedures comply with ICS, SEMS, and NIMS doctrine.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Continued funding for training.

OBJECTIVE:

System wide, fully funded, training is provided to all EMS system participants.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Establish a revised mechanism for regional distribution of casualties.

OBJECTIVE:

A revised regional casualty distribution policy.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning is focused on increased participation of the Region in the identification of Regional planning efforts.

STANDARD:

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

Communication links are in place to convey emergency requests to the region and the state. These linkages are available both at the Department DOC and the Operational Area EOC and are consistent with SEMS and the procedures identified the EOM.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Several frequencies have been designated for interagency communication and coordination during disaster operations. These frequencies are service specific to prevent over-utilization, and are all accessible by the local area emergency operations center. In addition, a countywide, multidisciplinary radio frequency has been established and is usable by all emergency response disciplines.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Fully funded and implemented statewide EMS communications channels.

OBJECTIVE:

A fully-funded statewide EMS communications channel is in place and regularly utilized by statewide partners.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Available resource availability should be shared with neighboring jurisdictions.

NEED(S):

Coordinated resource availability with the Region.

OBJECTIVE:

None

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

There are no mutual aid agreements in place with any other counties.

COORDINATION WITH OTHER EMS AGENCIES:

A Bay Area Medical Mutual Aid task force was set up to develop mutual aid agreements among the local counties; however, a resolution on the financial responsibility issue could not be reached, and formal agreements have not been established. Discussions continue with contiguous counties about the need for mutual aid agreements.

Informal mutual aid request procedures have been created, and verbal agreements for mutual aid support established. Santa Clara County and Santa Cruz County have approved an automatic aid agreement for response to an isolated area shared by the two EMS systems, but do not have a general mutual aid agreement.

NEED(S):

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

OBJECTIVE:

Coordinated mutual aid agreements in place within the Region.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan:

Long-range Plan

Develop cooperative assistance agreements with contiguous counties.

STANDARD:

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

CURRENT STATUS:

The EMS Agency has procured mobile casualty collection point trailers (Field Treatment Sites) and associated supplies.

COORDINATION WITH OTHER EMS AGENCIES:

Future coordination opportunities exist.

NEED(S): Designated casualty collection points (CCPs)

None.

OBJECTIVE: Designate casualty collection points (CCPs)

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan: Complete by June 30, 2015.

Long-range Plan

STANDARD:

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

CURRENT STATUS:

In 2004, complete communications packages have been acquired for in-county CCP's.

COORDINATION WITH OTHER EMS AGENCIES:

Future opportunity exists for coordination in this area.

NEED(S):

Funding for sustained communications system support.

OBJECTIVE:

Funding that provides for sustained communication system support is in place.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on identification of sustained communication system funding.

STANDARD:

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

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

CURRENT STATUS:

Disaster medical training is under continuous revision to meet changing needs and requirements.

COORDINATION WITH OTHER EMS AGENCIES:

Future coordination opportunities exist.

NEED(S):

1. Sustained funding to support system wide training initiatives.

OBJECTIVE:

Additional funding sources, including sustained methods, are identified and are in place to ensure that all system providers have access to coordinated training opportunities.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s). At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

The EMS Agency has encouraged all area hospitals to integrate their disaster plans with the County's medical response plan. The EMS Agency participates in monthly meetings with the Hospital Safety Officers Task Force and participates in the annual Statewide Health and Medical Exercise.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Radios and other communications systems have been provided to facilities along with appropriate Communication System User Guides.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

System wide training and familiarity with enhanced communications systems.

OBJECTIVE:

All facilities are familiar with the use of enhanced communications systems.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

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

CURRENT STATUS:

The EMS Agency has recognized the need for updated plans in this area.

COORDINATION WITH OTHER EMS AGENCIES:

Future opportunities exist in this area.

NEED(S):

Updated plans with all prehospital medical response agencies.

OBJECTIVE:

Update response plans are in place with all medical response agencies.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

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

CURRENT STATUS:

Policies and procedures are in place to meet this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Future opportunities exist.

NEED(S):

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

OBJECTIVE:

Revised mutual aid policies are in place.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on fully coordinated mutual aid policies and plans throughout the Region.

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

STANDARD:

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

Long-range Plan

System Organization and Management

Reporting Year: CY 2012

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: Santa Clara County

A. Basic Life Support (BLS)	<u> 0 </u> %
B. Limited Advanced Life Support (LALS)	<u> 0 </u> %
C. Advanced Life Support (ALS)	<u> 100 </u> %

2. Type of agency
- a) **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
 - d) Other: _____

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

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

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> </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: _____	

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

5. EXPENSES (FY 2011)

Salaries and benefits (All but contract personnel)	\$	<u>1,913,350</u>
Contract Services (e.g. medical director)		<u>358,300</u>
Operations (e.g. copying, postage, facilities)		<u>307,675</u>
Travel		<u>20,000</u>
Fixed assets		<u>0</u>
Indirect expenses (overhead)		<u>87,675</u>
Ambulance subsidy		<u>N/A</u>
EMS Fund payments to physicians/hospital		<u>N/A</u>
Dispatch center operations (non-staff)		<u>N/A</u>
Training program operations		<u>N/A</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>
TOTAL EXPENSES	\$	<u>2,687,000</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	<u>0</u>
Office of Traffic Safety (OTS)		<u>0</u>
State general fund		<u>0</u>
County general fund		<u>0</u>
Other local tax funds (e.g., EMS district)		<u>0</u>
County contracts (e.g. multi-county agencies)		<u>0</u>
Certification fees		<u>50,000</u>
Training program approval fees		<u>5,000</u>
Training program tuition/Average daily attendance funds (ADA)		<u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments		<u>0</u>
Base hospital application fees		<u>0</u>
Trauma center application fees		<u>0</u>
Trauma center designation fees		<u>300,000</u>
Pediatric facility approval fees		<u>0</u>
Pediatric facility designation fees		<u>0</u>
Other critical care center application fees		
Type: <u>Stroke Center Designation</u>		<u>80,000</u>
Type: <u>911 Receiving Hospital Designation</u>		<u>100,000</u>
Type: <u>ST Elevation Myocardial Infarction (STEMI) Designation</u>		<u>90,000</u>
Ambulance service/vehicle fees		<u>240,000</u>
Contributions		<u>0</u>
EMS Fund (SB 12/612)		<u>322,000</u>
Other grants: _____		<u>0</u>
Other fees: <u>Ambulance Franchise Fee</u>		<u>1,500,000</u>
		<u>0</u>
TOTAL REVENUE	\$	<u>2,687,000</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	50
EMT-I recertification	50
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	150
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	1,000
EMT-II training program approval	<u>N/A</u>
EMT-P training program approval	5,000
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>N/A</u>
Trauma center designation	100,000
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application	
Type: Stroke Center Designation	10,000
Type: 911 Paramedic Receiving Center Designation	10,000
Type: ST Elevation Myocardial Infarction (STEMI) Designation	10,000
Ambulance service license	
Basic Life Support	\$ 5,500
Advanced Life Support/Critical Care Transport	6,000
Air Ambulance	8,000
Ambulance vehicle permits	950

Table 2 - System Organization & Management (cont.)

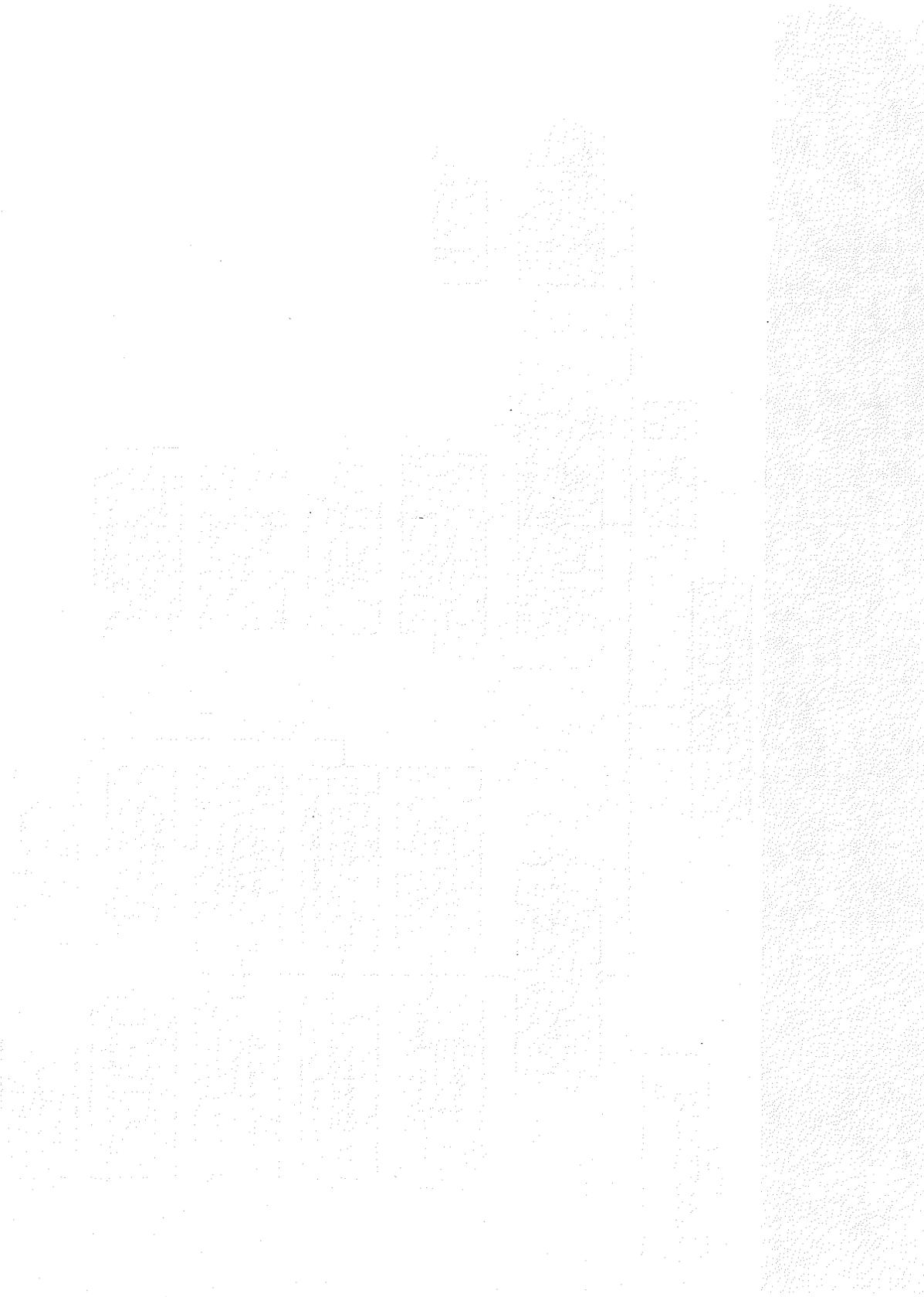
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	\$63.25	47%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior EMS Specialist	1.0	\$51.65	47%	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	2.0	\$47.94	47%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2.0	\$47.94	47%	
Trauma Coordinator	Specialty Programs Nurse Manager	1.0	\$64.29	47%	
Medical Director	EMS Medical Director	0.5	\$120.00	No benefits	PERS only
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	\$47.94	47%	

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.)

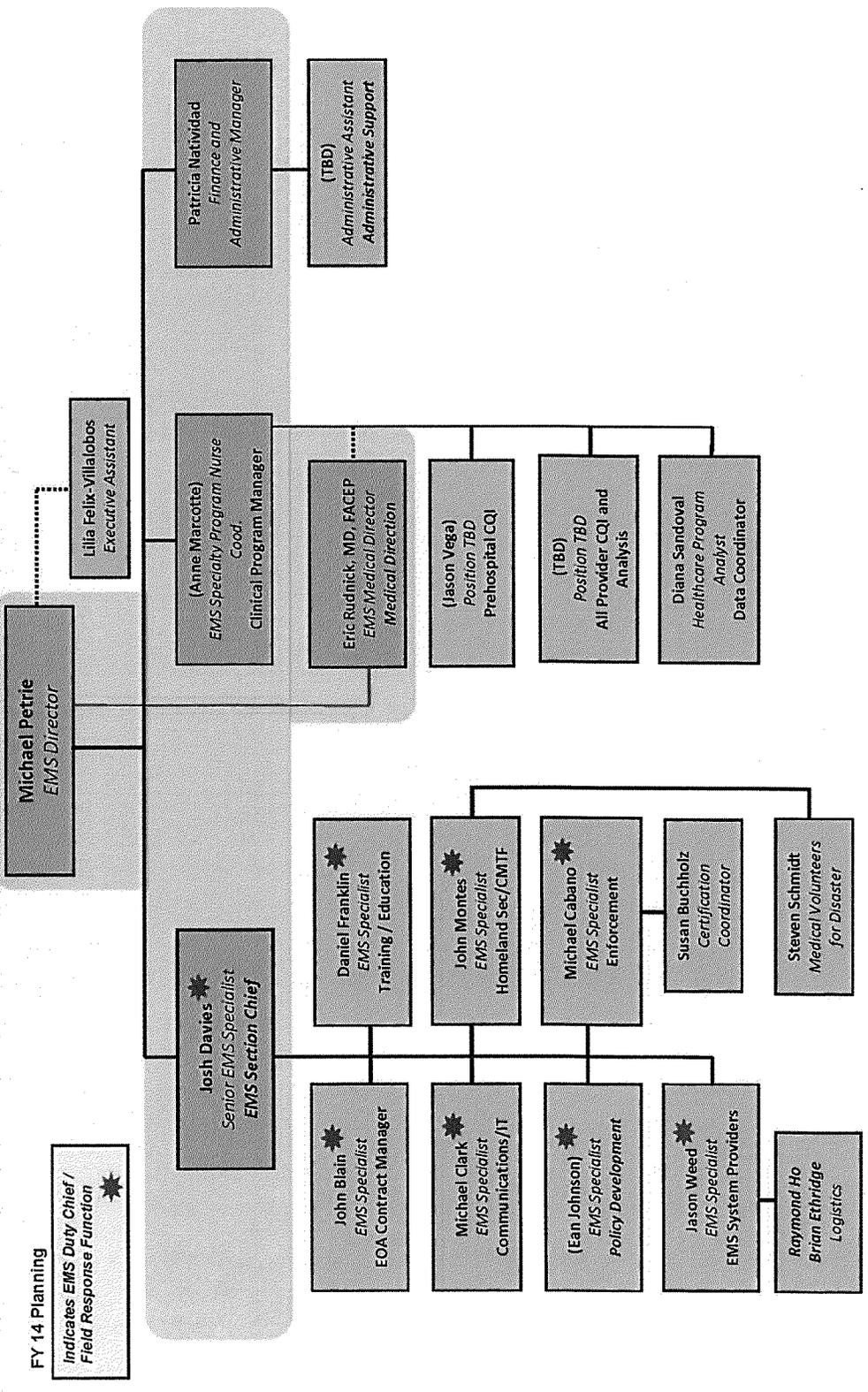
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner	EMS Specialist	1.0	\$47.94	47%	
Data Evaluator/Analyst					
QA/QI Coordinator	EMS Specialist	1.0	\$47.94	47%	
Public Info. & Education Coordinator	EMS Specialist	1.0	\$47.94	47%	
Executive Secretary	Executive Assistant	1.0	\$27.38	47%	
Other Clerical	Administrative Assistant	1.0	\$25.28	47%	
Data Entry Clerk					
Other – Financial Analyst	Management Analyst	1.0	\$39.84	47%	

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.



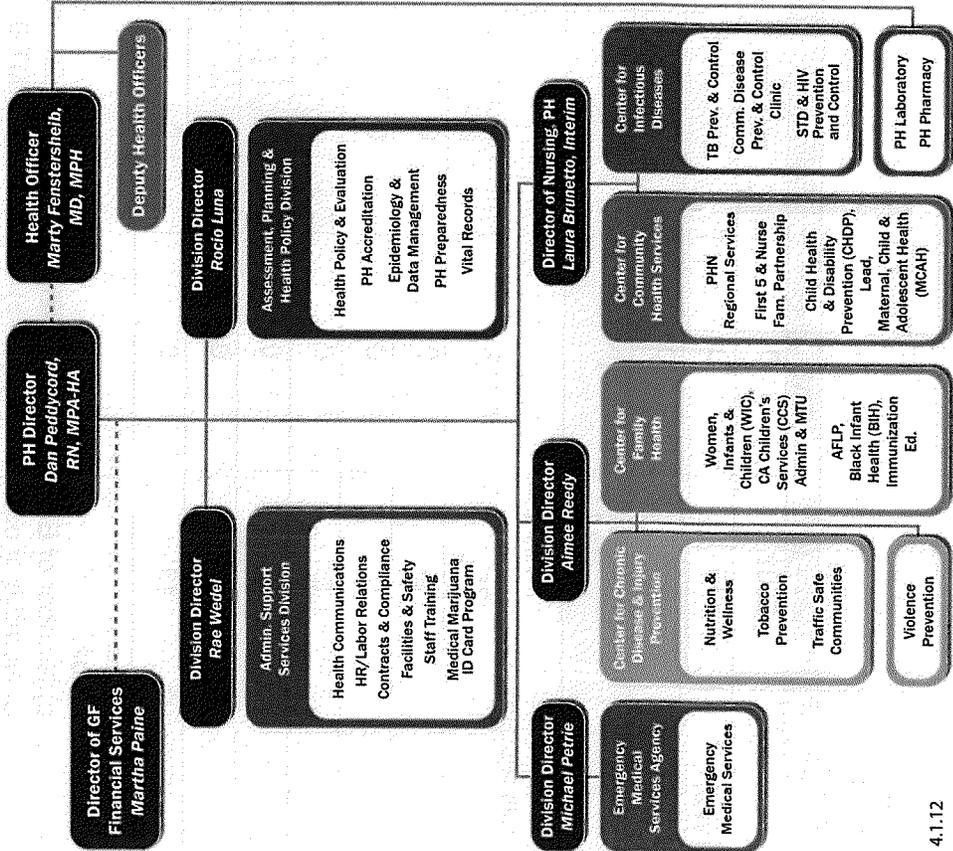


County of Santa Clara
 Emergency Medical Services System
 EMS AGENCY ORGANIZATION CHART





PUBLIC HEALTH DEPARTMENT



4.1.12

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: CY2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2538	0		35
Number newly certified this year	335 -	0		0
Number recertified this year	1034	0		0
Total number of accredited personnel on July 1 of the reporting year			801	35
Number of certification reviews resulting in:				
a) formal investigations	25	0		0
b) probation	9	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	13	0	0	0

1. Early defibrillation:
 - a) Number of EMT-I (defib) certified 2538
 - b) Number of public safety (defib) certified (non-EMT-I) 0

2. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Santa Clara County

Reporting Year: 2012

1. Number of primary Public Service Answering Points (PSAPs) 13
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances [2] Emergency
[8] Non-Emergency
4. Number of EMS dispatch agencies utilizing EMD guidelines 5
5. Number of designated dispatch centers for EMS Aircraft 2
6. Who is your primary dispatch agency for day-to-day emergencies? Santa Clara Co. Communications
7. Who is your primary dispatch agency for a disaster? Santa Clara Co. Communications
8. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency

Receive	PL	Transmit	PL
856.4375	192.8	811.4375	94.8
 - b. Other methods (interoperable frequency) Yes No

Receive	PL	Transmit	PL
852.5125	156.7	807.5125	131.8
 - c. Can all medical response units communicate on the same disaster communications system? Yes No
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?
 - 1) Within the operational area? Yes No
 - 2) Between operation area and the region and/or state? Yes No

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

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 24

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	07:59	09:59	11:59	N/A
Early defibrillation responder	07:59	09:59	11:59	N/A
Advanced life support responder	07:59	09:59	11:59	N/A
Transport Ambulance	11:59	16:59	21:59	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria 7577
2. Number of major trauma victims transported directly to a trauma center by ambulance 6872
3. Number of major trauma patients transferred to a trauma center 187
4. Number of patients meeting triage criteria who weren't treated at a trauma center unable to determine

Emergency Departments

- Total number of emergency departments 11
1. Number of referral emergency services 0
 2. Number of standby emergency services 0
 3. Number of basic emergency services 10
 4. Number of comprehensive emergency services 1

Receiving Hospitals

1. Number of receiving hospitals with written agreements 10
2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2012

County: Santa Clara County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Adjacent to incident locations as needed
 - b. How are they staffed? Public Safety Personnel and Medical Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD
Do you have a CISD provider with 24 hour capability? Yes No

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? Varies
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?
 Yes No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?
15 _____

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.

Santa Cruz County

- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
- 7. Are you part of a multi-county EMS system for disaster response? Yes No
- 8. Are you a separate department or agency? Yes No
- 9. If not, to whom do you report? County 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: Resource Directory

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Santa Clara Co FD Response Area: Santa Clara County

Address: 14700 Winchester Blvd. Number of Ambulance Vehicles in Fleet: 0

Los Gatos, CA 95030-1818

Phone Number: (408) 378-4010 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport X ALS X 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	---	--	---

Non-Transporting and/or Transporting Agencies

19,458 Total number of responses 0 Total number of transports
 13,942 Number of emergency responses 0 Number of emergency transports
 5,516 Number of non-emergency responses 0 Number of non-emergency transports

Transporting Agencies

Air Services

 Total number of responses _____ Total number of transports

 Number of emergency responses _____ Number of emergency transports

 Number of non-emergency responses _____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Silicon Valley Ambulance Response Area: Santa Clara County

Address: 181 Martinvale Lane Number of Ambulance Vehicles in Fleet: 8

San Jose, CA 95119

Phone Number: (408) 225-2212 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

6449 Total number of responses
148 Number of emergency responses
6253 Number of non-emergency responses

Transporting Agencies

5859 Total number of transports
88 Number of emergency transports
5771 Number of non-emergency transports

Air Services

Total number of transports
Number of emergency transports
Number of non-emergency transports

Total number of responses
Number of emergency responses
Number of non-emergency responses

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: City of San Jose FD Response Area: Santa Clara County

Address: 255 North Montgomery Street
San Jose, CA 95128

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (408) 277-4084

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

58,109	Total number of responses	<u>0</u>	Total number of transports
49,177	Number of emergency responses	<u>0</u>	Number of emergency transports
8,932	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Westmed Ambulance Response Area: Santa Clara County

Address: 2424 Whipple Road Number of Ambulance Vehicles in Fleet: 12
Hayward, CA 95444

Phone Number: (510) 614-1423 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

12040	Total number of responses	11037	Total number of transports
104	Number of emergency responses	98	Number of emergency transports
11936	Number of non-emergency responses	11279	Number of non-emergency transports

Transporting Agencies

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Pro-Transport 1 Response Area: Santa Clara County

Address: 720 Portal Street Number of Ambulance Vehicles in Fleet: 14
Cotati, CA 94931

Phone Number: (800) 650-4003 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No
Level of Service:		
X Transport <input type="checkbox"/> ALS	<input type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1
<input type="checkbox"/> Non-Transport	X BLS	X 7-Digit <input type="checkbox"/> Air
	<input type="checkbox"/> LALS	X CCT <input type="checkbox"/> Water
		X IFT

Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Non-Transporting and/or Transporting Agencies

3516	Total number of responses	3516
28	Number of emergency responses	0
<u>2488</u>	Number of non-emergency responses	<u>3516</u>

Transporting Agencies

	Total number of responses	Total number of transports
	Number of emergency responses	Number of emergency transports
	Number of non-emergency responses	Number of non-emergency transports

Air Services

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Rural Metro IFT Response Area: Santa Clara County

Address: 550 Sycamore Number of Ambulance Vehicles in Fleet: 38

Milpitas, CA 95035

Phone Number: (408) 708-9000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Public: <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

<u>185</u>	Total number of responses	<u>185</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>185</u>	Number of non-emergency responses	<u>185</u>	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Royal Ambulance Response Area: Santa Clara County

Address: 14676 Doolittle Drive Number of Ambulance Vehicles in Fleet: 10

San Leandro, CA 94577

Phone Number: (510) 568-6161 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

6212 Total number of responses
50 Number of emergency responses
4106 Number of non-emergency responses

Transporting Agencies

6142 Total number of transports
46 Number of emergency transports
4092 Number of non-emergency transports

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: City of Palo Alto FD Response Area: Santa Clara County

Address: 250 Hamilton Street Number of Ambulance Vehicles in Fleet: 4
Palo Alto, CA 94306

Phone Number: (650) 329-2220 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

4639 Total number of responses
4584 Number of emergency responses
55 Number of non-emergency responses

Transporting Agencies

3188 Total number of transports
425 Number of emergency transports
2763 Number of non-emergency transports

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: NASA Ames FD Response Area: Moffett Field

Address: 129th Air National Guide, Bldg 580 Number of Ambulance Vehicles in Fleet: 0
Moffett Field, CA 94035-1000

Phone Number: (650) 604-5416 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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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 type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Not Reported Total number of responses
Not Reported Number of emergency responses
Not Reported Number of non-emergency responses

Transporting Agencies

Not Reported Total number of transports
Not Reported Number of emergency transports
Not Reported Number of non-emergency transports

Air Services

Not Reported Total number of responses
Not Reported Number of emergency responses
Not Reported Number of non-emergency responses

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: City of Gilroy FD Response Area: Santa Clara County

Address: 7070 Chestnut Street Number of Ambulance Vehicles in Fleet: 1

Gilroy, CA 95020

Phone Number: (408) 848-0385 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Transporting Agencies

2316	Total number of responses	<u>0</u>	Total number of transports
2296	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>20</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Bayshore Ambulance Response Area: Santa Clara County

Address: PO Box 4622 Number of Ambulance Vehicles in Fleet: 7

Foster City, CA 94404

Phone Number: (650) 525-3855 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water X IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

732 Total number of responses
6 Number of emergency responses
726 Number of non-emergency responses

Transporting Agencies

725 Total number of transports
7 Number of emergency transports
718 Number of non-emergency transports

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Force Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: American Medical Response-West Response Area: Santa Clara County

Address: 1510 Rolling Rd Number of Ambulance Vehicles in Fleet: 15
Burlingame, CA 94010

Phone Number: (800) 913-9112 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

10080	Total number of responses	9873	Total number of transports
70	Number of emergency responses	54	Number of emergency transports
10010	Number of non-emergency responses	<u>9865</u>	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: California Dept. of Forestry Response Area: California

Address: 15670 Monterey Street Number of Ambulance Vehicles in Fleet: 0

Morgan Hill, CA 95037

Phone Number: (408) 779-2121 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport X ALS X 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County X State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: X Rotary <input type="checkbox"/> Fixed Wing	Air Classification: X Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Not Reported _____
 Total number of responses _____
 Not Reported _____
 Number of emergency responses _____
 Not Reported _____
 Number of non-emergency responses _____

Transporting Agencies

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Services

Not Reported _____
 Total number of responses _____
 Not Reported _____
 Number of emergency responses _____
 Not Reported _____
 Number of non-emergency responses _____

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara **Provider:** Rural Metro – 9-1-1 **Response Area:** Santa Clara County

Address: 1345 Vander Way **Number of Ambulance Vehicles in Fleet:** 55

San Jose, CA 95112

Phone Number: (408) 645-7312 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 26

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

50,249 Total number of responses
 36,656 Number of emergency responses
 13,593 Number of non-emergency responses

Transporting Agencies

33,587 Total number of transports
 2,998 Number of emergency transports
 30,589 Number of non-emergency transports

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: CALSTAR Response Area: Northern CA.

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 2

McClellan, CA 95652

Phone Number: (408) 779-2121 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport X ALS X 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Transporting Agencies

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Services

245	_____	Total number of responses
184	_____	Number of emergency responses
61	_____	Number of non-emergency responses
	208	Total number of transports
	69	Number of emergency transports
	58	Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Golden State Medical Services, Inc. Response Area: Santa Clara County

Address: 90 Bonaventura Drive Number of Ambulance Vehicles in Fleet: 2

San Jose, CA 95134

Phone Number: (408) 445-7400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Transporting Agencies

<u>1283</u>	Total number of responses	<u>1283</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>1283</u>	Number of non-emergency responses	<u>1283</u>	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Reach Air Ambulance Response Area: Santa Clara County

Address: 451 Aviation Blvd., Ste. 101 Number of Ambulance Vehicles in Fleet: 1

Santa Rosa, CA 95403

Phone Number: (707) 324-2400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit X Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water X IFT
---	---	--	--

Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: X Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	---	--	--

Non-Transporting and/or Transporting Agencies

Total number of responses
Number of emergency responses
Number of non-emergency responses

259 _____ Total number of responses
4 _____ Number of emergency responses
255 _____ Number of non-emergency responses

Transporting Agencies

Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Services
138 _____ Total number of transports
3 _____ Number of emergency transports
135 _____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Rural Metro – 9-1-1 Response Area: Santa Clara County

Address: 1345 Vander Way Number of Ambulance Vehicles in Fleet: 55

San Jose, CA 95112

Phone Number: (408) 645-7312 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 26

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

50,249 Total number of responses
36,656 Number of emergency responses
13,593 Number of non-emergency responses

Transporting Agencies

33,587 Total number of transports
2,998 Number of emergency transports
30,589 Number of non-emergency transports

Air Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara **Provider:** City of Sunnyvale Dept. Public Safety **Response Area:** City Of Sunnyvale

Address: 7000 All American Parkway **Number of Ambulance Vehicles in Fleet:** 0

Santa Clara, CA 95050

Phone Number: (408) 730-7133 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Other Explain: <u>Dept. Public Safety</u>	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

6450 Total number of responses
 6155 Number of emergency responses
 295 Number of non-emergency responses

Transporting Agencies

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara **Provider:** Spring Valley Vol. FD **Response Area:** Unincorporated Santa Clara County

Address: 4350 Feller Road **Number of Ambulance Vehicles in Fleet:** 0
San Jose, CA 95119

Phone Number: (408) 228-3997 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

150 Total number of responses
148 Number of emergency responses
2 Number of non-emergency responses

Transporting Agencies

Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Services

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara **Provider:** United Tech Corp Chemical Response Area: United Property Technology
 Systems Division

Address: 600 Metcalf Road **Number of Ambulance Vehicles in Fleet:** 0
 San Jose, CA 95138

Phone Number: (408) 776-4282 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground X Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

0 Total number of responses
 0 Number of emergency responses
 0 Number of non-emergency responses

Transporting Agencies

Air Services
 Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Air Services
 Total number of transperts _____
 Number of emergency transperts _____
 Number of non-emergency transperts _____

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Stanford Life Flight Response Area: Northern CA.

Address: 300 Pasteur Drive Number of Ambulance Vehicles in Fleet: 1

Stanford, CA 9430

Phone Number: (408) 228-3997 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 Helicopter

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> Non-Transport X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: X Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Total number of responses
Number of emergency responses
Number of non-emergency responses

490 Total number of responses
135 Number of emergency responses
532 Number of non-emergency responses

Transporting Agencies

Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Services

562 Total number of transports
72 Number of emergency transports
490 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: United Ambulance Response Area: Santa Clara County

Address: 1181 Chess Drive Number of Ambulance Vehicles in Fleet: 2

Foster City, CA 94404

Phone Number: (408) 228-3997 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes X No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water X IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Transporting Agencies

56	Total number of responses	52	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
56	Number of non-emergency responses	52	Number of non-emergency transports

Air Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: NORCAL Ambulance Response Area: Santa Clara County

Address: 31909 Hayman Street Number of Ambulance Vehicles in Fleet: 1
Hayward, CA 94544

Phone Number: (650) 604-5416 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public X Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

Air Services
 Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Santa Clara Co Parks Dept Response Area: Santa Clara County

Address: 298 Garden Hill Drive Number of Ambulance Vehicles in Fleet: 0
Los Gatos, CA 95032

Phone Number: (408) 378-4010 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X Ground <input checked="" type="checkbox"/> X Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> X Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> X Other Explain: <u>Parks Dept.</u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

Transporting Agencies

N/A Total number of responses
 N/A Number of emergency responses
 N/A Number of non-emergency responses

Air Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Table 8: source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: Santa Clara Co FD Response Area: Santa Clara County

Address: 14700 Winchester Blvd. **Number of Ambulance Vehicles in Fleet:** 0

Los Gatos, CA 95030-1818

Phone Number: (408) 378-4010 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

19,458 Total number of responses
 13,942 Number of emergency responses
 5,516 Number of non-emergency responses

Transporting Agencies

0 Total number of transports
 0 Number of emergency transports
 0 Number of non-emergency transports

Air Services

 Total number of responses

 Number of emergency responses

 Number of non-emergency responses

 Total number of transports

 Number of emergency transports

 Number of non-emergency transports

Table 8: Source Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara **Provider:** County of Santa Clara Sheriff's Ofc **Response Area:** Unincorporated Santa Clara County

Address: 55 West Younger Avenue **Number of Ambulance Vehicles in Fleet:** 0
 San Jose, CA 95110

Phone Number: 800-211-2220 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Non-Transporting and/or Transporting Agencies

N/A Total number of responses
 N/A Number of emergency responses
 N/A Number of non-emergency responses

Transporting Agencies

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Santa Clara Provider: City of San Jose City Parks Response Area: City of San Jose

Address: 1300 Senter Road Number of Ambulance Vehicles in Fleet: 0

San Jose, CA 95112-3623

Phone

Number: (408) 277-4084

Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Parks Dept.</u></p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Non-Transporting and/or Transporting Agencies

Transporting Agencies

N/A Total number of responses
 N/A Number of emergency responses
 N/A Number of non-emergency responses

Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: Stanford Medical Center Telephone Number: 650-723-7337
Address: Pasteur Drive
Stanford, CA 94305

<p><u>Written Contract:</u></p> <p>✓ Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>
<p>Pediatric Critical Care Center¹ EDAP² PICU³</p> <p><input type="checkbox"/> Yes ✓ No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes ✓ No</p>	<p><u>Trauma Center:</u></p> <p>✓ Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p>✓ Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: Lucille Packard Childrens Hospital Telephone Number: 650-723-0592
 Address: 725 Welch Rd
Palo Alto, CA 94304

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan - 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: Palo Alto VA Telephone Number: 650-849-0221
Address: 3801 Miranda Ave
Palo Alto, CA 94304

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Pediatric Critical Care Center⁷</p> <p>EDAP⁸</p> <p>PICU⁹</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: El Camino of Mountain View Telephone Number: 650-940-7385
Address: 2500 Grant Rd
Mountain View, CA 94040

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹⁰ EDAP ¹¹ PICU ¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011
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Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Santa Clara Telephone Number: 408-851-5460
Address: 700 Lawrence Expy
San Clara, CA 95051

<p><u>Written Contract:</u></p> <p>✓ Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>
---	---	--	--

<p>Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵</p> <p><input type="checkbox"/> Yes ✓ No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes ✓ No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: El Camino of Los Gatos Telephone Number: (408) 866-4040
 Address: 815 Pollard Road
Los Gatos, CA 95032

<u>Written Contract:</u> ✓ Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes ✓ No	<u>Burn Center:</u> <input type="checkbox"/> Yes ✓ No
---	---	--	--

Pediatric Critical Care Center ¹⁶ EDAP ¹⁷ PICU ¹⁸	<u>Trauma Center:</u> <input type="checkbox"/> Yes ✓ No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	--	---

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan - 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: *Complete information for each facility by county. Make copies as needed.*

Facility: Good Samaritan Hospital Telephone Number: 408-599-7385
Address: 2425 Samaritan Dr
San Jose, CA 95124

<p><u>Written Contract:</u></p> <p>✓ Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>
<p>Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹</p> <p><input type="checkbox"/> Yes ✓ No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes ✓ No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: *Complete information for each facility by county. Make copies as needed.*

Facility: Valley Medical Center Telephone Number: 408-885-6912
Address: 751 S Bascom Ave
San Jose, CA 95128

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center what level: <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011 Page 63

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: O'Connor Hospital Telephone Number: 408-947-3999
Address: 2105 Forest Ave
San Jose, CA 95128

<p><u>Written Contract:</u></p> <p>✓ Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>
<p>Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷</p> <p><input type="checkbox"/> Yes ✓ No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes ✓ No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes ✓ No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	

²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011
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Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: Complete information for each facility by county. Make copies as needed.

Facility: Regional Medical Center Telephone Number: 408-259-5000
Address: 225 N Jackson Ave
San Jose, CA 95116

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ²⁸ EDAP ²⁹ PICU ³⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

²⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011

Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: *Complete information for each facility by county. Make copies as needed.*

Facility: Kaiser San Jose Telephone Number: 408-972-7634
Address: 250 Hospital Pkwy
San Jose, CA 95119

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011
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Table 9: Resources Directory

Facilities

County: SANTA CLARA COUNTY

Note: *Complete information for each facility by county. Make copies as needed.*

Facility: Saint Louise Hospital Telephone Number: 408-848-8680
Address: 9400 No Name Uno
Gilroy, CA 95020

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ³⁴ EDAP ³⁵ PICU ³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
 EMS System Plan – 2011 Page 67

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Santa Clara County EMS

Reporting Year: 2012

Training Institution: Sunnyvale Dept. of Public Safety Telephone Number: (408) 730-7519
 Address: 700 All America Way, P. O. Box 3707 - Sunnyvale, CA 94086

 **Program Level _____

Cost of Program: _____
 Basic: 0 Number of students completing training per year:
 Refresher: 0 Initial training: 4
 Sunnyvale Public Safety Agency Employees Only Refresher: 105
 Continuing Education: 207
 Expiration Date: 11/30/2013

Student Eligibility*: Restricted
 Sunnyvale Public Safety Agency Employees Only
 Number of courses: _____
 Initial training: 1
 Refresher: 2
 Continuing Education: 48

Training Institution: Foothill College Paramedic Program Telephone Number: (650) 949-6955
 Address: 4000 Middlefield Road, Suite I - Palo Alto, CA 94303

 **Program Level _____

Cost of Program: _____
 Basic: 4000.00 Number of students completing training per year:
 Refresher: _____ Initial training: 50
 Refresher: NA
 Continuing Education: NA
 Expiration Date: 01/31/2016

Student Eligibility*: Open
 • High school completion/GED
 • Current EMT 1 certification for Paramedic program
 • Current BLS (CPR) certification
 • Min. 960 hours experience with an EMS provider with an EMS provider agency
 • Basic Math & English requirement (Algebra or higher, Comp/Reading)
 Number of courses: _____
 Initial training: 6
 Refresher: NA
 Continuing Education: NA

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Santa Clara County EMS

Reporting Year: 2012

Training Institution: Foothill College EMT Program Telephone Number: (650) 949-6955
 Address: 4000 Middlefield Road, Suite I - Palo Alto, CA 94303

 **Program Level EMT

 Cost of Program:
 Basic: 450.00 Number of students completing training per year:
 Refresher: 90.00 Initial training: 50
 Refresher: 40
 Continuing Education: 0
 Expiration Date: 01/31/2016
 Number of courses: 3
 Initial training: 1
 Refresher: NA
 Continuing Education: NA

Student Eligibility*: Open
 High school completion/GED
 Foothill's "Health 55" class the Emergency Response
 Program by the American Red Cross, or a similar class
 as determined by the Instructor.

Training Institution: National University Telephone Number: (408) 236-1100
 Address: 3031 Tisch Way, 100 Plaza East, San Jose, CA 95128

 **Program Level EMT

 Cost of Program:
 Basic: 1250.00 Number of students completing training per year:
 Refresher: 10.00/hr Initial training: 100
 Refresher: 50
 Continuing Education: 50
 Expiration Date: 10/15/2016
 Number of courses: 5
 Initial training: On going
 Refresher: On going
 Continuing Education: On going

Student Eligibility*: Open
 Healthcare Provider CPR

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Santa Clara County EMS

Reporting Year: 2012

Training Institution: WestMed College Telephone Number: (408) 236-1181
 Address: 3031 Tisch Way, Suite 8PW, San Jose, CA 95128

****Program Level** Paramedic

Cost of Program:
 Basic: 12,500.00 Number of students completing training per year:
 Refresher: _____ Initial training: 40
 Refresher: _____ Continuing Education: 50
 Expiration Date: 07/31/2015
 Number of courses: 4
 Initial training: On going
 Refresher: On going
 Continuing Education: _____

Student Eligibility*: Open
 Healthcare Provider CPR, EMT Certification.

Training Institution: San Jose City College Telephone Number: (408) 288-3134
 Address: 2100 Moorpark Avenue - San Jose, CA 95128

****Program Level** EMT

Cost of Program:
 Basic: 450.00 Number of students completing training per year:
 Refresher: 110.00 Initial training: 120
 Refresher: _____ Continuing Education: 25
 Expiration Date: NA
 Number of courses: 01/31/2017
 Initial training: 4
 Refresher: 1
 Continuing Education: NA

Student Eligibility*: Open
 Healthcare Provider CPR

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Santa Clara County EMS

Reporting Year: 2012

Training Institution: Stanford University EMT Training Program Telephone Number: (650) 725-9445
 Address: 701 Welch Road, Suite C, Palo Alto, CA 94304

****Program Level** EMT

Cost of Program: _____
 Basic: 1,175.00 Number of students completing training per year: _____
 Refresher: 240.00 Initial training: 30
 Student Eligibility*: Restricted Refresher: 9
 • Current Stanford University Staff, Student, Continuing Education: 26
Faculty or affiliated Stanford Community Expiration Date: 02/28/2014
Member Number of courses: 1
 Initial training: _____
 Refresher: _____
 Continuing Education: 2

Training Institution: Silicon Valley Ambulance EMT Training Program Telephone Number: (408) 855-5392
 Address: 181 Martinvale Lane, Santa Clara, CA 95119

****Program Level** EMT

Cost of Program: _____
 Basic: 1,800.00 Number of students completing training per year: _____
 Refresher: NA Initial training: 24
 Student Eligibility: Open Refresher: 6
 Continuing Education: _____
 Expiration Date: 12/31/2013
 Number of courses: 4
 Initial training: _____
 Refresher: 1
 Continuing Education: 0

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Name: American Medical Response-West		Primary Contact: Jeff Taylor	
Address: 1606 Rollins Road Burlingame, CA 94010			
Telephone Number: 888.650.8549			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day-to-Day <input checked="" type="checkbox"/> Disaster Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: 14 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 63 Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name: Bayshore Ambulance		Primary Contact: David Bockholt	
Address: PO Box 4622 Foster City, CA 94404			
Telephone Number: 650.525.3855			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Day-to-Day <input checked="" type="checkbox"/> Disaster Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 5 Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Name:	California Department of Forestry Morgan Hill - ECC	Primary Contact:	James Crawford
Address:	15670 Monterey Street Morgan Hill, CA 95037		
Telephone Number:	408.779.2121		
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			EMD Training <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		Explain: _____	

Name:	City of Campbell Police Department	Primary Contact:	Communications Supervisor
Address:	70 North First Street Campbell, CA 95008		
Telephone Number:	408.866.2121		
Written Contract:	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day-to-Day Disaster	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			EMD Training <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	<input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

City of Gilroy Police Department		Communications Manager
Name:		Primary Contact:
Address:	7370 Rosanna Street Gilroy, CA 95020	
Telephone Number:	408.848.0329	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 11 _____ Other _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	

Golden State Ambulance, Inc.		Larry Marsala
Name:		Primary Contact:
Address:	90 Bonaventura Drive San Jose, CA 95134	
Telephone Number:	408.445.7400	
Written Contract:	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 3 _____ Other _____
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

City of Los Altos Police Department		Communications Manager
Name:		Primary Contact:
Address:	One North San Antonio Road Los Altos, CA 94022	
Telephone Number:	650.948.8223	
Written Contract:	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ 7 _____ Other _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	

Town of Los Gatos Police Department		Communications Manager
Name:		Primary Contact:
Address:	One North San Antonio Road Los Altos, CA 94022	
Telephone Number:	650.948.8223	
Written Contract:	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS BLS _____ LALS _____ 8 _____ Other _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Name: <u>Mid-Peninsula Regional Open Space District</u>		Operations Manager
Address: <u>330 Distel Circle</u> <u>Los Altos, CA 94022</u>		Primary Contact:
Telephone Number: <u>650.691.1200</u>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ <u>12</u> Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input checked="" type="checkbox"/> Special District	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____	

Name: <u>City of Milpitas Police Department</u>		Communications Manager
Address: <u>777 Main Street</u> <u>Milpitas, CA 95035</u>		Primary Contact:
Telephone Number: <u>408.586.2405</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ <u>16</u> Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input checked="" type="checkbox"/> Other Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

City of Morgan Hill Police Department		Communications Manager
Name:		Primary Contact:
Address:	17605 Peak Avenue Morgan Hill, CA 95037	
Telephone Number:	408.776.7304	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EMD Training _____ EMT-D _____ ALS _____
		BLS _____ LALS _____ 8 _____ Other _____
Ownership:	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Explain: _____	

City of Mountain View Police Department		Communications Manager
Name:		Primary Contact:
Address:	1000 Villa Street Mountain View, CA 94040	
Telephone Number:	650.903.6804	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMD Training _____ EMT-D _____ ALS _____
		BLS _____ LALS _____ 11 _____ Other _____
Ownership:	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Name: <u>NASA-Ames Protective Services (Wackenhut)</u>		Primary Contact: _____	Communications Manager
Address: <u>Building 15; Mail Stop 15-1</u> <u>Moffett Field, CA 94035</u>			
Telephone Number: <u>650.604.5416</u>			
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Personnel Providing Services:	
Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster		EMD Training _____ EMT-D _____ ALS _____	BLS _____ LALS _____ 10 _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		Explain: _____	

Name: <u>NORCAL Ambulance, Inc.</u>		Primary Contact: _____	Barry Sutherland
Address: <u>6761 Sierra Court, Suite G</u> <u>Dublin, CA 94568</u>			
Telephone Number: <u>925.452.8300</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Number of Personnel Providing Services:	
Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster		EMD Training _____ EMT-D _____ ALS _____	BLS _____ LALS _____ 8 _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

City of Palo Alto Police Department		Communications Manager	
Name:	Primary Contact:		
Address:	275 Forest Avenue		
	Palo Alto, CA 94301		
Telephone Number:	650.903.6804		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>22</u> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

Pro-Transport-1, Inc.		Dan Bobier	
Name:	Primary Contact:		
Address:	940 Commercial Avenue		
	Palo Alto, CA 94303		
Telephone Number:	800.650.4003		
Written Contract:	Medical Director:	Day-to-Day	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:	If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Royal Ambulance, Inc.		Kellen Parker	
Name:	Primary Contact:		
Address:	14472 Wicks Boulevard		
	San Leandro, CA 94577		
Telephone Number:	510.568.6161		
Written Contract:	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Day Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> EMT-D _____ <input type="checkbox"/> BLS _____ <input type="checkbox"/> LALS _____ <input type="checkbox"/> ALS _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input type="checkbox"/> City <input type="checkbox"/> County	
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		

Rural/Metro Ambulance of California, Inc.		Paul Scarborough	
Name:	Primary Contact:		
Address:	550 Sycamore Drive		
	Milpitas, CA 95035		
Telephone Number:	408.708.9010		
Written Contract:	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Day Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> EMT-D _____ <input type="checkbox"/> BLS _____ <input type="checkbox"/> LALS _____ <input type="checkbox"/> ALS _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input type="checkbox"/> City <input type="checkbox"/> County	
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

City of San Jose Fire Department		Communications Manager
Name:		Primary Contact:
Address:	855 North San Pedro Street San Jose, CA 95110	
Telephone Number:	408.277.5486	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: 36 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	Explain: _____	

City of Santa Clara Police Department		Communications Manager
Name:		Primary Contact:
Address:	777 Benton Street Santa Clara, CA 95030	
Telephone Number:	408.615.5580	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Personnel Providing Services: 18 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

County of Santa Clara Communications Department		Chief Dispatcher
Name:		Primary Contact:
Address:	2700 Carol Drive San Jose, CA 95125	
Telephone Number:	408.299.3151	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	89 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 13 <input type="checkbox"/> Other
	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	
	Explain: <u>EMS</u>	

Silicon Valley Ambulance		Primary Contact:
Name:		Randy Hooks
Address:	181 Martinvale Lane San Jose, CA 95119	
Telephone Number:	877.778.4911	
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 4 <input type="checkbox"/> Other
	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	
	Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Stanford Life Flight		Sonya Ruiz	
Name:		Primary Contact:	
Address:	300 Pasteur Drive		
	Stanford, CA 94305		
Telephone Number:	650.725.4829		
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMD Training _____	EMT-D _____
		BLS _____	LALS _____
Ownership:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		ALS _____ Other _____	
		4 _____	
		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	
		Explain: _____	

City of Sunnyvale Department of Public Safety		Communications Manager	
Name:		Primary Contact:	
Address:	PO Box 3707		
	Sunnyvale, CA 94088		
Telephone Number:	408.730.7162		
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMD Training _____	EMT-D _____
		BLS _____	LALS _____
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		ALS _____ Other _____	
		20 _____	
		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other	
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2012

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

Name: <u>Westmed Ambulance, Inc.</u>		Primary Contact: <u>Coleen Seymour</u>	
Address: <u>14472 Wicks Boulevard</u> <u>San Leandro, CA 94577</u>			
Telephone Number: <u>510.614.1423</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day Disaster <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		
Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 12 _____ Other _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Santa Clara County</p>
<p>Area or subarea (Zone) Name or Title: County of Santa Clara</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>1. Rural/Metro of California, started service on July 1, 2011.</p>
<p>Area or subarea (Zone) Geographic Description: All areas of Santa Clara County excluding the Palo Alto zone.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Exclusive by action of the Board of Supervisors</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>(1) Emergency Ambulance; (2) 9-1-1 Emergency Response; (3) 7-Digit Emergency Response; and, (4) Standby Service with Transport Authorization. Exclusivity for all of the above is based on the scope of work contained in the EMSA-approved 2010 RFP.</p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The County conducted a competitive process by publishing a Request for Proposals (RFP) for Advanced Life Support Emergency Ambulance Service on April 16, 2010. Rural/Metro of California, Inc. was selected as the preferred contractor on December 14, 2010, and entered into an agreement for advanced life support emergency ambulance services that became effective July 1, 2011 through June 30, 2016.</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: Santa Clara County
Area or subarea (Zone) Name or Title: Palo Alto
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Palo Alto Fire Department, providing service since 1975.
Area or subarea (Zone) Geographic Description: City limits of City of Palo Alto and adjacent unincorporated area including Stanford University.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive, pursuant to California Health & Safety Code Section 1797.224.
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 – emergency medical care and transport services in response to calls received through the 911 system.
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. The City of Palo Alto, through its fire department, began providing emergency ambulance service within the city limits of the City of Palo Alto and adjacent unincorporated areas, including Stanford University, in 1975. That service has been provided continuously by the Palo Alto Fire Department since 1975, without a change in scope or manner of service to the zone.