SECTION ONE

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICE DISTRICT
EMS SYSTEM PLAN UPDATE 2004

SUMMARY OF CHANGES

The Alameda County EMS Agency embarked on a five-year EMS System Redesign Project in May 1994. A significant amount of time, effort and planning went into evaluating the system and recommending future changes.

In December 1998, the end-product of the redesign project was released in the form of a Request for Proposal (RFP). Contained in the RFP were system specifications for Emergency/Non-Emergency Triage, Direct Medical Control and a Data Management system.

Specifications were developed for ambulance transportation; however, the lack of more than one qualified bidder compelled the agency to enter into "sole-source" negotiations. A contract with American Medical Response (AMR) was approved by the Board of Supervisors. The five year contract starting 11/1/99 through 11/1/04 was extended through 10/31/05. EMS is proposing to extend this contract for two years (through October 31, 2007). This proposed extension was requested by Fire Chiefs and City Managers to allow for the hiring of a consultant to review the current systems and look into potential system redesign.

The Data Management system RFP was completed in May 1999/ Lancet Corporation of Boston, Massachusetts was selected and began work in the fall of 1999. EMS continues towards the ultimate goal of developing a County-wide data management system to include all providers and hospitals. EMS data staff has expanded to include an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist. These 3 are moving ahead with the County-wide data system project. This project will involve a juncture with an outside vendor capable of combining the contractually required data from all fire departments and AMR.

The RFP for Direct Medical Control went out for bid in of February 2002. Highland General Hospital was selected as the Countywide Trauma Base hospital effective February, 2004.

Leadership in the Agency has been consistent with Cindy Abbissinio as the EMS Director since July of 2001 and Dr. James Pointer as the Medical Director since 1997.

PROGRESS FROM PREVIOUS SYSTEM PLAN IN 2001

Major Changes:

- July 2001 – Injury Prevention staff are transferred from the Public Health Family Health Services Division back to EMS. Five additional staff are added and participated in such projects as the National Safe Kids Coalition, Senior Injury Prevention project, community car-seat trainings, Court Diversion program with regards to car-seat education, and bicycle helmet safety sessions An Injury Prevention supervisor was hired in September 2004

- July 2003 – The trauma centers' financial audit began in June 2001. With types of trauma cases and volumes changing depending on location with Alameda County, it is necessary to re-evaluate the monies being disbursed to each center. Audit was completed in November

2002. Penalties affiliated with monetary attachments have been added to the 02/03 contracts and are currently being enforced.

- February 2004 – EMS Agency moved offices to Creekside Plaza, 1000 San Leandro Blvd in San Leandro

- February 2004 – Per EMS Council recommendation, Highland Hospital designated as the single base hospital for medical control. MICNs eliminated, all calls for medical direction are handled by a physician

- July 2004 – Medical dispatch located at the Lawrence Livermore National Laboratory was expanded to begin utilizing the Medical Priority Dispatch™ system and implementing Pro QA and Aqua programs

- July 2004 - The First Responder Advanced Life Support (FRALS) contracts were renegotiated and signed.. Beginning in January 2003, with the final City of Oakland units having full paramedic response on the first-in engines, all cities and unincorporated areas of Alameda County have first responder paramedics.

- August 2004 – Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have begun implementing the National standard of and using the Pro QA and Aqua software.

- August 2004 – The Joint Powers Authority agreement with the EMS Agency, Alameda County Fire Department, City of Alameda Fire Department and Lawrence Livermore National Laboratory for medical and fire dispatching services expanded to include Camp Parks Federal Fire Agency, Union City Fire Department and Fremont Fire Department.

- March 2004 – EMS initiated the Bioterrorism Steering Committee and sub-committees as well as the Public Health Coalition in conjunction with the Health Officer. Meetings involve all pertinent County partners and agencies. Meetings are ongoing with the hiring of a consultant and the goal of completing the Public Health Bioterrorism plan. The BT plan was completed and distributed to all constituents in hard copy and CD formats in October 2002. EMS hired a BT Coordinator in March 2004.

- November 2005 – Proposal for AMR contract to be extended for 2 years for 911 advanced life support transport contract

Update on Specific Objectives from 2001 Plan

- After a two-year delay, the Emergency Medical Services for Children (EMSC) project has been reassigned to two Prehospital Care Coordinators. The site visits to the remaining Alameda County Receiving Hospitals Emergency Departments have been halted per the Northern California Hospital Council. Children's Hospital, Oakland was designated as a Pediatric Critical Care Center (PCCC) in the spring of 2000.

- All First Responder Advanced Life Support (FRALS) contracts are complete and with City of Oakland's completion of paramedic hiring in January 2003, all cities and unincorporated areas of Alameda County have first responder paramedic service.

- A Prehospital Care Coordinator was hired with Bioterrosim expertise and will be coordinating with the Public Health Departments BT program.

- Highland Hospital designated as the single base hospital for medical control, MICNs eliminated, and all calls for medical direction are handled by a physician

- Via the RFP for the county-wide data management project, Lancet Corporation was chosen. The work started in April of 2001. This work is ongoing with a Lancet employee now based full time within EMS for the next 2-3 years. The EMS Data program has expanded with the hiring of an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist.

- The Medical Dispatch functions were transferred from the Alameda County Sheriff's Department to the Lawrence Livermore National Laboratory (LLNL) as of December 8, 2001. Medical Priority Dispatch™ has been implemented and Pro QA and Aqua programs are currently being utilized and training of staff is occurring.

- The Non-Emergency Medical Dispatch piece has not started. It is anticipated that this will involve an extensive public education campaign and extensive staff time to be devoted to this effort before implementation.

- An EMS Advisory Commission will be brought together on an Ad Hoc basis as needed as the system plan progresses.

- Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have already begun to train and use Medical Priority Dispatch™ and have begun training and reports in Pro QA and Aqua programs.

Future Objectives:

- To complete the rest of the hospital pediatric site surveys for EMSC
- To implement an integrated data management system.
- To complete one years worth of response time data from all first responder and transport providers

SECTION ONE

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICE DISTRICT
EMS SYSTEM PLAN UPDATE 2004
(revised June 2006)

SUMMARY OF CHANGES

The Alameda County EMS Agency embarked on a five-year System Redesign Project in May 1994. A significant amount of time, effort and planning went into evaluating the system and recommending future changes. In December 1998, the end-product of the redesign project was released in the form of a Request for Proposal (RFP) for emergency ambulance transportation for a single provider for all cities and unincorporated areas of the County, with the exception of the cities of Alameda, Albany, Berkeley and Piedmont. These areas are covered by the cities Fire Department, and were grandfathered in as 224 cities (H&SC 1987.224), as all four cities provided emergency response and transport prior to 1/1/81. In addition, the Lawrence Livermore National Lab is covered by the Livermore Lab Fire Department. This is Federal land and therefore is not included in the EOA.

Specifications were developed for ambulance transportation; however, the lack of more than one qualified bidder compelled the agency to enter into "sole-source" negotiations. A contract with American Medical Response (AMR) was approved by the Board of Supervisors 11/1/99. . The five year contract was granted one extension through October 31, 2007. This extension was requested by Fire Chiefs and City Managers to allow for the hiring of a consultant to review the current systems and look into potential system redesign.

The Data Management system RFP was completed in May 1999/ Lancet Corporation of Boston, Massachusetts was selected and began work in the fall of 1999. EMS continues towards the ultimate goal of developing a County-wide data management system to include all providers and hospitals. EMS data staff has expanded to include an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist: These 3 are moving ahead with the County-wide data system project. This project will involve a juncture with an outside vendor capable of combining the contractually required data from all fire departments and AMR.

The RFP for Direct Medical Control went out for bid in of February 2002. Highland General Hospital was selected as the Countywide Trauma Base hospital effective February, 2004.

Leadership in the Agency has been consistent with Cindy Abbissinio as the EMS Director since July of 2001 and Dr. James Pointer as the Medical Director since 1997.

PROGRESS FROM PREVIOUS SYSTEM PLAN IN 2001

Major Changes:

- July 2001 – Injury Prevention staff are transferred from the Public Health Family Health Services Division back to EMS. Five additional staff are added and participated in such projects as the National Safe Kids Coalition, Senior Injury Prevention project, community car-seat trainings, Court Diversion program with regards to car-seat education, and bicycle helmet safety sessions An Injury Prevention supervisor was hired in September 2004

- A Prehospital Care Coordinator was hired with Bioterrosim expertise and will be coordinating with the Public Health Departments BT program.

- Highland Hospital designated as the single base hospital for medical control, MICNs eliminated, and all calls for medical direction are handled by a physician

- Via the RFP for the county-wide data management project, Lancet Corporation was chosen. The work started in April of 2001. This work is ongoing with a Lancet employee now based full time within EMS for the next 2-3 years. The EMS Data program has expanded with the hiring of an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist.

- The Medical Dispatch functions were transferred from the Alameda County Sheriff's Department to the Lawrence Livermore National Laboratory (LLNL) as of December 8, 2001. Medical Priority Dispatch™ has been implemented and Pro QA and Aqua programs are currently being utilized and training of staff is occurring.

- The Non-Emergency Medical Dispatch piece has not started. It is anticipated that this will involve an extensive public education campaign and extensive staff time to be devoted to this effort before implementation.

- An EMS Advisory Commission will be brought together on an Ad Hoc basis as needed as the system plan progresses.

- Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have already begun to train and use Medical Priority Dispatch™ and have begun training and reports in Pro QA and Aqua programs.

Future Objectives:

- To complete the rest of the hospital pediatric site surveys for EMSC
- To implement an integrated data management system.
- To complete one years worth of response time data from all first responder and transport providers

re-evaluate the monies being disbursed to each center. Audit was completed in November 2002. Penalties affiliated with monetary attachments have been added to the 02/03 contracts and are currently being enforced.

- February 2004 – EMS Agency moved offices to Creekside Plaza, 1000 San Leandro Blvd in San Leandro

- February 2004 – Per EMS Council recommendation, Highland Hospital designated as the single base hospital for medical control. MICNs eliminated, all calls for medical direction are handled by a physician

- July 2004 – Medical dispatch located at the Lawrence Livermore National Laboratory was expanded to begin utilizing the Medical Priority Dispatch™ system and implementing Pro QA and Aqua programs

- July 2004 - The First Responder Advanced Life Support (FRALS) contracts were renegotiated and signed.. Beginning in January 2003, with the final City of Oakland units having full paramedic response on the first-in engines, all cities and unincorporated areas of Alameda County have first responder paramedics.

- August 2004 – Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have begun implementing the National standard of and using the Pro QA and Aqua software.

- August 2004 – The Joint Powers Authority agreement with the EMS Agency, Alameda County Fire Department, City of Alameda Fire Department and Lawrence Livermore National Laboratory for medical and fire dispatching services expanded to include Camp Parks Federal Fire Agency, Union City Fire Department and Fremont Fire Department.

- March 2004 – EMS initiated the Bioterrorism Steering Committee and sub-committees as well as the Public Health Coalition in conjunction with the Health Officer. Meetings involve all pertinent County partners and agencies. Meetings are ongoing with the hiring of a consultant and the goal of completing the Public Health Bioterrorism plan. The BT plan was completed and distributed to all constituents in hard copy and CD formats in October 2002. EMS hired a BT Coordinator in March 2004.

- November 2005 – Proposal for AMR contract to be extended for 2 years for 911 advanced life support transport contract

Update on Specific Objectives from 2001 Plan

- After a two-year delay, the Emergency Medical Services for Children (EMSC) project has been reassigned to two Prehospital Care Coordinators. The site visits to the remaining Alameda County Receiving Hospitals Emergency Departments have been halted per the Northern California Hospital Council. Children's Hospital, Oakland was designated as a Pediatric Critical Care Center (PCCC) in the spring of 2000.

- All First Responder Advanced Life Support (FRALS) contracts are complete and with City of Oakland's completion of paramedic hiring in January 2003, all cities and unincorporated areas of Alameda County have first responder paramedic service.

TABLE 1:
SUMMARY OF SYSTEM STATUS

Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)

Date last revised: 6/23/05

A. SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level: Agency Administration

1.01 LEMSA Structure		✓				
1.02 LEMSA Mission		✓		✓		An integrated data management system known as BioKey's *Collector*, that will function as EMS' central repository to collect a standard code set and data elements from 80% of first responders. Continue research on the technological and financial feasibility of an electronic PCR system for transport providers in the County of Alameda
1.03 Public Input		✓				
1.04 Medical Director		✓	✓			

Universal Level: Planning Activities

1.05 System Plan		✓				
1.06 Annual System Plan Update		✓		✓		Update the system plan yearly, or as prescribed, and submit to EMSA
1.07 Trauma Planning*		✓	✓	✓		Re-assess the current trauma triage criteria with bi-county task force
1.08 ALS Planning*		✓		✓		Completed and second FRALS contract in place for all jurisdictions
1.09 Inventory of Resources		✓		✓		Update the resource directory annually and submit with the EMS System Plan
1.10 Special Populations		✓	✓		✓	Work with identified pedestrian group(s) to develop and implement an overall pedestrian safety plan
1.11 System Participants		✓	✓	✓		Coordinate with Alameda County receiving hospitals to acquire receiving hospital agreements.

Universal Level: Regulatory Activities

1.12 Review & Monitoring		✓		✓		1. Complete initial phase of county-wide data project 2. Apply data analysis to policy changes and educational venues
1.13 Coordination		✓				

TABLE 1:
SUMMARY OF SYSTEM STATUS

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
1.14 Policy & Procedure Manual		✓		✓		Complete a yearly review of policy and procedure manuals
1.15 Compliance with Policies		✓				
Universal Level: System Finance						
1.16 Funding Mechanism		✓				
Universal Level: Medical Direction						
1.17 Medical Direction*		✓				
1.18 QA / QI		✓	✓			See 1.12
1.19 Policies, Protocols Procedures		✓	✓			
1.20 DNR Policy		✓				
1.21 Determination of Death		✓				
1.22 Reporting of Abuse		✓	✓			
1.23 Interfacility Transfer		✓				
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		✓				
Enhanced Level: Pediatric Emergency & Critical Care System						
1.27 Pediatric System Plan		✓		✓		1. Continue to assess local EDs for pediatric capability (pending EMS-C TAC review of ED guidelines) 2. Support hospitals and ALS providers in providing services to children
Enhanced Level: Exclusive Operating Areas						
1.28 EOA Plan		✓			✓	Update the EOA plan as needed.

TABLE 1:
SUMMARY OF SYSTEM STATUS

B. STAFFING / TRAINING

Local EMS Agency

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
2.01 Needs Assessment		✓	✓	✓ (1.)	✓ (2. & 3.)	1. Conduct training sessions regarding Policy changes - annual. 2. Implement a data management system 3. Assess paramedic current knowledge and skills competency
2.02 Approval of Training		✓	✓	✓		Continue auditing CE providers
2.03 Personnel		✓				

Dispatchers

2.04 Dispatch Training		✓ (partial)			✓	Implement a nationally recognized EMD training program countywide

First Responders (non-transporting)

2.05 First Responder Training		✓	✓			
2.06 Response		✓			✓ on-going	Encourage adoption of public safety and industrial first aid programs, especially PAD.
2.07 Medical Control		✓				

Transporting Personnel

2.08 EMT-I Training		✓	✓			

Hospital

2.09 CPR Training		✓				
2.10 Advanced Life Support		✓			✓	Implement receiving hospital

Enhanced Level: Advanced Life Support

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

TABLE 1: SUMMARY OF SYSTEM STATUS

C. COMMUNICATIONS

Communications Equipment

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
3.01 Communication Plan*		✓	✓	✓		Provide policies and mechanisms to ensure consistent communications between medical personnel and other field responders
3.02 Radios		✓	✓			
3.03 Interfacility Transfer*		✓				
3.04 Dispatch Center		✓				
3.05 Hospitals		✓	✓			
3.06 MCI/Disasters		✓				

Public Access

3.07 9-1-1 Planning/ Coordination		✓	✓		✓	1. Improve dispatcher level of training, 9-1-1 access and turn-around time for calls that need a medical response. 2. Monitor dispatch times from first ring at the PSAP to on-scene. 3. Assist with implementation of cell phone calls going to local jurisdictions
3.08 9-1-1 Public Education		✓				

Resource Management

3.09 Dispatch Triage		✓	✓		✓	Facilitate process for agencies not currently providing EMD to: - establish process "in-house," or - create agreements with agencies that provide level of service
3.10 Integrated Dispatch		✓	✓			???

D. RESPONSE / TRANSPORTATION

Universal Level

4.01 Service Area Boundaries*		✓	✓		✓	Medical Transportation ordinance for BLS medical transportation
4.02 Monitoring		✓	✓			
4.03 Classifying Medical Requests		✓				

TABLE 1:
SUMMARY OF SYSTEM STATUS

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
4.04 Prescheduled Responses		✓		✓ 1 on-going	✓ 2.	1. Review unusual occurrences filed as the result of a scheduled interfacility transfer. 2. Review patient care data entered into the EMS system data management system (currently under development)
4.05 Response Time Standards*		✓				
4.06 Staffing		✓				
4.07 First Responder Agencies		✓			✓	Establish: - on-going monitoring process of first responder agreements and enforceable consequences for non-compliance. - reporting requirements for data collection as part of the EMS data management system currently under development.
4.08 Medical & Rescue Aircraft*		✓				
4.09 Air Dispatch Center		✓				
4.10 Aircraft Availability*		✓				
4.11 Specialty Vehicles*		✓				
4.12 Disaster Response		✓				
4.13 Intercounty Response*		✓				
4.14 Incident Command System		✓				
4.15 MCI Plans		✓				
Enhanced Level: Advanced Life Support						
4.16 ALS Staffing		✓	✓			
4.17 ALS Equipment		✓				
Enhanced Level: Ambulance Regulation						
4.18 Compliance		✓				
Enhanced Level: Exclusive Operating Permits						
4.19 Transportation Plan		✓				
4.20 Grandfathering		✓				
4.21 Compliance		✓				

TABLE 1:
SUMMARY OF SYSTEM STATUS

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
4.22 Evaluation		✓			✓	Reevaluate EOA design during the next contract negotiations (2007)

E. FACILITIES / CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities		✓	✓		✓	Work collaboratively with hospitals to accomplish standard
5.02 Triage & Transfer Protocols*		✓		✓		Draft a policy for cardiac care centers as part of the policy review process in 2005
5.03 Transfer Guidelines*		✓				
5.04 Specialty Care Facilities*		✓			✓	Work collaboratively with hospitals to accomplish standard
5.05 Mass Casualty Management		✓	✓			
5.06 Hospital Evaluation*		✓				

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		✓				

Enhanced Level: Trauma Care System

5.08 Trauma System Design		✓				
5.09 Public Input		✓				

Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design		✓			✓	Support integration of pediatric disaster response SOPS in Alameda County emergency/disaster plans
5.11 Emergency Departments		✓	✓		✓	Implementation of Pediatric Emergency Department Guidelines
5.12 Public Input		✓				

Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		✓				
5.14 Public Input		✓				

TABLE 1: SUMMARY OF SYSTEM STATUS

F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
6.01 QA/QI Program		✓	✓		✓	1. Collect and manage data on all 9-1-1 patients. 2. Provide the QA/QI Coordinator with the necessary information to accurately evaluate patient care provided. 3. Provide the information necessary to analyze and evaluate all components of the 9-1-1 system.
6.02 Prehospital Records		✓				
6.03 Prehospital Care Audits		✓			✓	1. A comprehensive data management system to collect data 2. Patient Care code set and data element standards 3. In future establish data link with hospitals to determine patient outcome
6.04 Medical Dispatch		✓		✓		1. Review dispatch response priority and pre-arrival/ post dispatch instructions. 2. Ongoing QA/QI feedback loop with dispatch agencies.
6.05 Data Management System*	✓			✓		An integrated data management system that includes system response data and clinical performance/outcome data from all provider agencies and hospitals
6.06 System Design Evaluation		✓				
6.07 Provider Participation		✓			✓	Have written agreements/contracts requiring participation from all service providers and hospitals
6.08 Reporting		✓		✓		An updated annual report to include the EMS System Plan

Enhanced Level: Advanced Life Support

6.09 ALS Audit		✓			✓	Contract agreement with receiving hospitals to provide patient care data to EMS Agency via a database interface or export utility

TABLE 1: SUMMARY OF SYSTEM STATUS

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
Enhanced Level: Trauma Care System						
6.10 Trauma System Evaluation		✓				
6.11 Trauma Center Data		✓	✓			

G. PUBLIC INFORMATION AND EDUCATION

Universal Level						
7.01 Public Information Materials		✓	✓	✓	✓	Continue with public education, awareness and information programs
7.02 Injury Control		✓	✓	✓	✓	1. Program on Injury prevention needs of older adults 2. Program on injury and illness prevention that emphasize the special needs of the older adult, infant and childhood populations
7.03 Disaster Preparedness		✓	✓			
7.04 First Aid & CPR Training		✓				

H. DISASTER MEDICAL RESPONSE

Universal Level						
8.01 Disaster Medical Planning*		✓			✓	Develop a regional multi-hazard catastrophic disaster plan in conjunction with Region II
8.02 Response Plans		✓	✓			
8.03 HazMat Training		✓		✓	✓	On-going WMD training
8.04 Incident Command System		✓	✓			
8.05 Distribution of Casualties*		✓			✓	Work with Region II to develop a mutual aid plan
8.06 Needs Assessment		✓	✓			
8.07 Disaster Communications*		✓				Develop radio interoperability among Bay Area Counties
8.08 Inventory of Resources		✓				
8.09 DMAT Teams		✓	✓			
8.10 Mutual Aid Agreements*		✓			✓	Establish disaster medical mutual aid agreements for operational area

TABLE 1:
SUMMARY OF SYSTEM STATUS

	Does not currently meet standard	Meets minimum standard	Meets recommended guideline	Short-range Plan	Long-range Plan	Needs / Objective(s)
8.11 CCP Designation*		✓		✓		Ensure all Alameda County Hospitals have identified Alternate Care Sites, and that hospitals in the same proximity have not identified the same locations
8.12 Establishment of CCPs		✓				
8.13 Disaster Medical Training		✓	✓	✓		HRSA funds to be used for disaster training for area hospitals/clinics
8.14 Hospital Plans		✓	✓			
8.15 Interhospital Communications		✓				
8.16 Prehospital Agency Plans		✓	✓			
Enhanced Level: Advanced Life Support						
8.17 ALS Policies		✓				
Enhanced Level: Specialty Care Systems						
8.18 Specialty Center Roles		✓				
8.19 Waiving Exclusivity		✓				

Date written: 12/2002 Date Reviewed: 1/7/05 Date last revised: 1/7/05

PLANNING ACTIVITIES

1.01 LEMSA STRUCTURE

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

The Alameda County EMS Agency has a professional staff of 25 individuals who administer the EMS system, including physicians, nurses, paramedics, data specialists, community health outreach workers and clerical support. The agency also uses outside contractors when needed for specialized programs (e.g. EMS for Children, Office of Traffic Safety Grants such as the car seat grant)

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: None

OBJECTIVE (S)

None

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20/05
Date last revised: 6/20/05

PLANNING ACTIVITIES

1.02 LEMSA MISSION

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

The Alameda County EMS Agency has been involved in planning, implementation and evaluation activities of the EMS system since it's beginning in 1974. EMS hired an ISA, ISS and Program Specialist to implement the county-wide data project. Until recently the lack of an application standard has made the data collection process extremely difficult. The decision to standardize on an advanced EMS module by first responders has provided EMS an excellent opportunity to begin collecting patient care data within the next six to nine months. The EMS Agency will also request an interface between the new CAD system and the advanced EMS module, to capture data from the initial dispatch to the patient's final destination. The EMS Agency will also research the potential impact of an electronic PCR system that will capture data from the main transport provider. Data from both first responders and transport providers will allow the EMS agency to collect 92% of pre-hospital patient care data. System changes will be based on QA/QI outcomes and system evaluation processes in some areas (e.g. Trauma, system redesign, disaster, policy development, financial audits).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

An integrated data management system known as BioKey's *Collector*, that will function as EMS' central repository to collect a standard code set and data elements from 80% of first responders. Continue research on the technological and financial feasibility of an electronic PCR system for transport providers in the County of Alameda.

OBJECTIVE (S):

Continue with the data collection from first responders and transport providers.

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/7/05
Date last revised: 1/7/05

PLANNING ACTIVITIES

1.03 Public Input

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

Multiple committees with a broad range of representation, including consumers and providers are involved in EMS system development.

Advisory groups established:

- ✓ Emergency Medical Oversight Committee – Open forum
- ✓ Research Committee – currently on hold
- ✓ Trauma Audit Committee (TAC)
- ✓ EMS for Children Committee – participating in Statewide committee
- ✓ Quality Council – currently on hold pending assignment of QI staff
- ✓ Receiving Hospital Committee in conjunction with EMS Director

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/2005
Date last revised: 2/25/2005

AGENCY ADMINISTRATION

1.04 Medical Director

STANDARD: 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.

GOAL: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Full-time EMS Medical Director, Board Certified in Emergency Medicine and Family Practice Medicine, Fellow of the American College of Emergency Physicians.

- Advisory groups established:
  - ✓ Emergency Medical Oversight Committee – Open forum
  - ✓ Supply Committee
  - ✓ Trauma Audit Committee (TAC)
  - ✓ EMS for Children Committee
  - ✓ Quality Council – currently on hold
  - ✓ Receiving Hospital Committee in conjunction with EMS Director
  - ✓ EMS Section in conjunction with EMS Director

COORDINATION WITH OTHER EMS AGENCIES: Contra Costa County for TAC and Critical Care Transport-Paramedic program

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002 Date Reviewed: 1/7/05 Date last revised: 1/7/05

PLANNING ACTIVITIES

1.05 System Plan

STANDARD: Each local EMS agency shall develop an EMS system plan, based on community need and utilization of appropriate resources, and shall submit to the EMS authority. The plan shall:

1. Assess how the current system meets these guidelines;
2. Identify system needs for patients within each of the targeted clinical categories (identified in Section II); and, provide a methodology and time line for meeting these needs.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

The Alameda County EMS Agency submitted a System Plan (using the current format) in 1997, 1999, 2001. The EMS System plan identifies:

1. Areas of compliance
2. System needs, including a plan and time line for meeting needs.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/2005
Date last revised: 1/2005

PLANNING ACTIVITIES

1.06 Annual Plan Update

STANDARD:
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:

1. Identify progress made in plan implementation
2. Changes to the planned system design.

CURRENT STATUS: ☐ Does not meet standard ☒ meets standard

- System Plan submitted July 1996.
- Updates submitted in 1997, 1999, 2001 and 2005.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: An updated System Plan

OBJECTIVE (S): Update the system plan yearly, or as prescribed, and submit to EMSA.

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1//2005
Date last revised: 2/25/2005

PLANNING ACTIVITIES

1.07 Trauma Planning

STANDARD: The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Trauma System Plan (2004) – submitted for approval August 2004 – received approval.
- Facilities designated in 1987. Current agreements for adult and pediatric trauma
- Nursing and physician site visits at the three trauma centers were completed in 2003. The data obtained will be used for future planning.

COORDINATION WITH OTHER EMS AGENCIES: Audit and QA functions - Contra Costa County

NEEDS: Trauma triage criteria need to be reassessed.

OBJECTIVE (S): Re-assess the current trauma triage criteria with bi-county task force

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

PLANNING ACTIVITIES

1.08 ALS Planning

STANDARD: The local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Advanced life support has been available county-wide since 1986.
- Advanced Life Support on all first-in engines is almost completed.
- The entire county will then be a one-and-one system with one paramedic arriving on the first-in fire engine, with a second paramedic and EMT arriving on the transport ambulance.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: County-wide one-and-one ALS system.

OBJECTIVE(S): Completed and second FRALS contract in place for all jurisdictions.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002 Date Reviewed: 1/2005 Date last revised: 1/2005

PLANNING ACTIVITIES

1.09 Inventory of Resources

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- Resource Directories updated (Current as of January 2005)
  - ✓ Table 8 – providers
  - ✓ Table 9 – approved training programs
  - ✓ Table 10 – facilities
  - ✓ Table 11 – dispatch agencies.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Maintain a current resource directory

OBJECTIVE (S): Update the resource directory annually and submit with the EMS System Plan.

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

PLANNING ACTIVITIES

1.10 Special Populations

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

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

Populations identified and special services offered:

Pediatric Patients:

- Patient Care Policies: 7006 - child abuse reporting; 7301 thru 7317 - ALS/BLS pediatric treatment protocols; 8040 - Consent guidelines; 10003 – Consent /refusals guidelines; 10101 - Cricothyrotomy; 10102 – Endotracheal intubation; 10103 – ET medication Administration; Spinal Immobilization - 10117.
- Use of Broselow tape; Pulse Oximetry; End-tidal CO_2 detection
- Emergency Information Card and Emergency Care Plan for special needs children.
- AED use by EMTs for patients < 8 years old with appropriate equipment and training. (12/05)

Elderly Patients:

- Patient Care Policies: 7006 - Elder abuse reporting, 8030 - Do Not Resuscitate, 10100 – CPAP.

Disabled Patients:

- Patient Care Policies: 8120 - Home health equipment; 10110 - Stoma care
- Participation on the following committees:
  - ✓ Continuum of Care Committee (homeless);
  - ✓ Commission for the Disabled and Out-reach Subcommittee (disabled)
  - ✓ Utilize the new Alameda County Step Up program for hiring of State disabled persons within the EMS Office (accomplished 6/02)

Non-English speaking:

- Language translation services

Injury Prevention Activities:

- Oakland Pedestrian Safety Project – pedestrian safety specific to children < 10 and seniors
- Safe Kids Coalition – includes car seat check-ups, safety fairs, window guards
- Safe Kids long-term task force – Safe transport of infants & children with special

physical & mental health needs
- Senior Injury Prevention Project – older adult injury prevention issues
- Court Diversion Classes for car seat and seat belt violators
- Community awareness, presentations, and workshops for low income families relative to safety and injury prevention

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

Injury Prevention

1. Pedestrian Safety Project – Enhance the focus of the Pedestrian Safety Project to include older children and young adults

2. Senior Injury Prevention Project – Reduce the number of preventable injuries to older adults in Alameda County and to raise awareness regarding the need for injury prevention programs for older adults.

OBJECTIVES: To work with identified pedestrian group(s) to develop and implement an overall pedestrian safety plan by convening focus groups, task forces, or committees as needed to review issues and concerns specific to the identified population to then implement appropriate activities.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

PLANNING ACTIVITIES

1.11 System Participants

STANDARD: Each local EMS agency shall identify optimal roles and responsibilities of system participants.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

Policies:

- Policies contained in the EMS Policy manual identify the optimal role and responsibility for system participants.

Contracts:

- Emergency ambulance response through Exclusive Operating Area designations in the Cities of Albany, Berkeley, Piedmont, and Alameda. The remaining area of the County is designated as a separate EOA awarded to a private provider.
- Fire Departments for first responder services (ALS/BLS) and defibrillation
- Trauma Centers for trauma services
- Air Medical Transportation
- Medical Dispatch Agency

Facility Designation:

- Receiving Hospitals
- Pediatric Critical Care Centers
- Trauma centers
- 5150 Facilities

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Agreements with receiving hospitals to obtain outcome data on EMS patients

OBJECTIVE (S): Coordinate with Alameda County receiving hospitals to acquire receiving hospital agreements. Due to Hospital Council intervention, signed contracts with receiving hospitals are not allowed but EMS Director meets with these hospitals on a monthly basis and has verbal agreement for data needed.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20/05
Date last revised: 6/20/05

REGULATORY ACTIVITIES

1.12 Review & Monitoring

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Site visits
- Audits
- Data collection
- Ongoing data users meeting
- Hired a quality improvement manager 3/05

COORDINATION WITH OTHER EMS AGENCIES: See 1.07

NEEDS: Continued comprehensive data collection and analysis; coordinated quality improvement

OBJECTIVE (S):

1) Complete initial phase of county-wide data project
2) Apply data analysis to policy changes and educational venues

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002 Date Reviewed: 1/7/05 Date last revised: 1/7/05

REGULATORY ACTIVITIES

1.13 Coordination

STANDARD: Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- EMS Council recommendations
- Emergency Medical Oversight Committee
- Research Committee – currently on hold
- Receiving Hospital Committee
- QA Council – currently on hold pending assignment of QI staff

COORDINATION WITH OTHER EMS AGENCIES: As needed

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

REGULATORY ACTIVITIES

1.14 Policy & Procedures Manual

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

CURRENT STATUS: ☐ Does not meet standard ☒ meets standard

- Alameda County EMS conducts a yearly policy review process (policy contained in section 1000 of the Admin Manual)
- Policies are divided into an Administrative Manual and a Field Manual.
- A new Field Manual is created each year following the policy review process. A copy of the Field Manual is made available to each EMS responder.
- New administrative policies are sent out annually.
- All policies are on the Alameda County EMS website.

COORDINATION WITH OTHER EMS AGENCIES: Some policies are developed in conjunction with Contra Costa County

NEEDS: Up-to-date and accurate policies.

OBJECTIVE (S): Yearly review of policy and procedure manuals.

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

REGULATORY ACTIVITIES

1.15 Compliance with Policies

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- ✓ **QI:** policies in 2000-series
- ✓ **Policy Review Process**
- ✓ **Unusual Occurrences:** #2300
- ✓ **Trauma Audit** #2600
- ✓ **Training program and CE provider audits**
- ✓ **System audits** cardiac arrest, intubation
- ✓ **IFT audits**

COORDINATION WITH OTHER EMS AGENCIES: Contra Costa County for trauma.

NEEDS: An integrated data management system

OBJECTIVE (S): See 1.02

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/7/05
Date last revised: 1/7/05

SYSTEM FINANCE

1.16 Funding Mechanism

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

Special Tax District funding

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

MEDICAL DIRECTION

1.17 Medical Direction*

STANDARD: 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 and hospital providers.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Designation of base hospital - As per EMS Council recommendation, single base hospital with physician services only – accomplished February 2004. MICN services eliminated
- Base hospital agreement
- EMS Policy Manual
  - ✓ QI - Policy 2280
  - ✓ Role and responsibility - Policy 5401; 7000
- Full-time Medical Director

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S): .

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20/05
Date last revised: 12/2002

MEDICAL DIRECTION

1.18 QA / QI

STANDARD: Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

GOALS: Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Provider based QI plans
- EMS Policy Manual – Policies # 2000-2600
- EMS QI Report
- Trend identification
- Training based on trends
- Policy review
- Quality Council – on hold currently
- Hired a quality improvement manager 3/05

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: See 1.12

OBJECTIVE (S): See 1.12

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

MEDICAL DIRECTION

1.20 DNR Policy

STANDARD: 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: ☐ Does not meet standard ☒ meets standard

EMS Policy Manual – Policy #8030

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S): N/A

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

MEDICAL DIRECTION

1.21 Determination of Death

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

CURRENT STATUS: ☐ Does not meet standard ☒ meets standard

EMS Policy Manual:
- ✓ 8030 (Death in the field)
- ✓ 8001 (Crime scene management/Evidence preservation)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

MEDICAL DIRECTION

1.22 Reporting of Abuse

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

GOALS: Develop a written policy for reporting SIDS death.

CURRENT STATUS : ☐ Does not meet standard ☑ meets standard ☐ meets goal – N/A

- EMS Policy Manual – Policy #7006 (Abuse child/elder), #8030 Death in the Field.
- There are no state laws specifically requiring the reporting of suspected SIDS deaths by prehospital personnel.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

MEDICAL DIRECTION

1.23 Interfacility Transfer

STANDARD: The local EMS Medical Director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- EMS Policy Manual –
  - ✓ 8110 - IFT protocol
  - ✓ 4605 - Scheduled IFT with critical care transport paramedic (CTT-P) personnel
  - ✓ Section 9000 – CCT-P protocols
  - ✓ Reciprocal Agreement in place with Contra Costa County EMS

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/7/05

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

1.24 ALS Systems

STANDARD: 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.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- ALS Provider Agency Contracts
  - ✓ Transport
  - ✓ Non-transport
- Exclusive Operating Areas designated as part of the contract

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S:

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

1.25 On-Line Medical Direction

STANDARD: 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.

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Designate Base Hospitals - A single medical control point (EMS Council recommendation) Highland General Hospital won the bid for sole base services and was functioning as of February 2004
- Base Hospital Contract
- Policy #3500, 7000, 5401
- Reevaluate as part of the EMS System Redesign Project
- ALS Provider contract
- RFP for on-line Medical Control went out February 2002; contract has been awarded and contract negotiations in progress as of 10/02.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 3/05
Date last revised: 1/2005

ENHANCED LEVEL: TRAUMA CARE SYSTEM

1.26 Trauma System Plan

STANDARD: 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;
b) the process which allows all eligible facilities to apply.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

A Trauma Plan was re-submitted to the State EMSA in the summer of 2004 and was approved..

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

1.27 Pediatric System Plan

STANDARD: 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 medical and critical care in the EMS system, and;
b) the process for assigning roles to system participants, including a process which allows eligible facilities to apply.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Trauma System Plan
- Pediatric patient care policies
- Diversion policy
- Burn Center (Children's Hospital stabilizes patients; transports to UC Davis)
- EMS-C projects:
  - ✓ Hospital Site visits (pending State-wide review process)
  - ✓ Emergency Guidelines for Schools: Dissemination of document and development of training curriculum
  - ✓ Injury Prevention: Crib Safe Program
  - ✓ Special Needs Project: Emergency Information Card
  - ✓ EMS-C Advisory Meetings Liaison with Children's Hospital, State Emergency Medical Services for Children's EMS-C Technical Advisory Committee, TAC and EMS-C Coordinators Group
  - ✓ Quality Improvement Meetings – Pediatrics
  - ✓ Trauma Audit Committee (Chart Review Pediatrics)
  - ✓ Disaster Plan and Training - Pediatrics

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: Improve Emergency Department (ED) and ALS provider capability for treating pediatric patients.

OBJECTIVE (S):

1. To continue to assess the local EDs for pediatric capability (pending EMS-C TAC review of ED guidelines)
2. To support hospitals and ALS providers in providing services to children

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

ENHANCED LEVEL: EXCLUSIVE OPERATING AREAS

1.28 EOA Plan

STANDARD: The local EMS agency shall develop, and submit for state 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: ☐ Does not meet standard ☑ meets standard

EOA Plan developed as part of the Request for Proposal (RFP) process – 1989

Service Area	Service provided by:
**The City of Albany	Albany Fire
**The City of Berkeley	Berkeley Fire
**The City of Piedmont	Piedmont Fire
** The City of Alameda	Alameda City Fire
The remaining cities in the county and un-incorporated areas.	American Medical Response

**Meets criteria for non-competitive selection under 1797.201

The providing of emergency medical services in Alameda County is defined as:

- ✓ The services needed to provide urgent medical care in a condition or situation in which the individual has a need for immediate medical attention or where the potential for such need is perceived by emergency medical personnel; or
- ✓ Any transportation needs pursuant to a request for an emergency ambulance shall be deemed the providing of emergency medical services.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: An Update EOA plan with system changes to service areas and/or provider agencies or at the time of contract negotiations.

OBJECTIVE(S): To update the EOA plan as needed. EOAs were updated as 7/1/04. This included the change in jurisdictions according to growth and population expansion patterns.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002 Date Reviewed: 12/04 Date last revised: 12/2002

B. STAFFING / TRAINING – LOCAL EMS AGENCY

2.01 Assessment of Needs

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

GOALS:

1. Develop on-going training programs based on trend identification through the CQI process
2. Re-evaluate staffing requirements

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Provider agency QI Plan
- Revised Unusual Occurrence Form
- Policy #2000 Policy and Skill Competency Requirements
- Policy # 3302 Paramedic Local Accreditation
- Policy # 8300 Staffing – ALS/BLS providers (updated 2000)
- Ride-alongs
- Mandatory policy training
- Case reviews by the medical Director based on data
- Full time QI/ PHCC coordinator

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Continued assessment and re-evaluation of personnel and training needs.

OBJECTIVE(S):

1. To conduct training sessions regarding policy changes – done annually following the policy review process and prior to the implementation of new policies.
2. Implement a data management system (see 1.02)
3. To assess paramedic current knowledge and skills competency

TIME FRAME FOR MEETING OBJECTIVE(S):

☑ Short-range (one year or less) #1 – ongoing (annually)
☑ Long-range (more than one year) #2 & 3

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

B. STAFFING / TRAINING – LOCAL EMS AGENCY

2.02 Approval of Training

STANDARD: 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.

GOALS: Approve CE providers, pre-hospital provider programs, according to state guidelines, and monitor to ensure compliance.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- CE provider/training program approval process policy #4000
- CE provider application #4600
- Ten prehospital training programs (as of 4/02)
- Twenty-six approved CE Providers (as of 4/02)
- On-going audits of training programs and CE providers to ensure compliance

COORDINATION WITH OTHER EMS AGENCIES: Share information on approved programs

NEEDS: Monitoring CE providers for compliance with guidelines

OBJECTIVE(S): Continue auditing CE providers (began in 2001)

TIME FRAME FOR MEETING OBJECTIVE(S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

B. STAFFING / TRAINING – LOCAL EMS AGENCY

2.03 Personnel

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

EMS policies defining certification, accreditation, authorization and unusual occurrence review:

- EMT-P accreditation #3302
- Base Physician authorization # 3500
- EMT-1 certification # 3200,
- Public Safety Defibrillation # 3201
- Unusual occurrences # 2300

COORDINATION WITH OTHER EMS AGENCIES: State EMS Authority

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

DISPATCHERS

2.04 Dispatch Training

STANDARD:
a) Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation;
b) medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

GOALS: 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 EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard (partial) ☐ meets goal

EMD training and testing is provided at ALCO-CMED and Oakland Fire. .

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: (see 1.19) EMD training and testing of all medical dispatch personnel in accordance with EMS Authority's Emergency Medical Dispatch Guidelines and the Medical Priority Dispatch™ system to include the QA portion.

OBJECTIVE(S): (see 1.19) Implement a nationally recognized EMD training program countywide.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (less than one year.
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

FIRST RESPONDERS (NON-TRANSPORTING)

2.05 First Responder Training

STANDARD: 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.

GOALS: 1) At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice. 2) 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.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- EMS Policy Manual
  - ✓ 3201 EMT certification,
  - ✓ 8005 (standards for First Responder personnel)
- Provider contracts
- Defibrillation available county-wide.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

FIRST RESPONDERS (NON-TRANSPORTING)

2.06 Response

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual

- Section 7,000, 8,000 and 10,000 (ALS/BLS policies and procedures)
- PAD program developed - information available on the EMS website.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Continue upgrading level of public safety agency and industrial first aid team utilization in the EMS system.

OBJECTIVE(S): Encourage adoption of public safety and industrial first aid programs, especially PAD.

TIME FRAME FOR MEETING OBJECTIVE(S):

☑ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

FIRST RESPONDERS (NON-TRANSPORTING)

2.07 Medical Control

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- EMS Policy Manual – sections 7000, 8000 and 10,000.
- Provider contracts

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/12/2005

TRANSPORTING PERSONNEL

2.08 EMT-I Training

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

GOALS: If advanced life support personnel are not available, both EMT-Is on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Provider contracts
- Policies
  - ✓ 3200 – EMT certification
  - ✓ 8300 - Staffing ALS/BLS providers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

HOSPITAL

2.09 CPR Training

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

The mechanism for requiring allied health personnel who provide direct emergency patient care to be trained in CPR is based on the fact that it is a JACHO requirement.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

HOSPITAL

2.10 Advanced Life Support

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

GOALS: All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal – Not possible

The mechanism for requiring ED physicians and RN's to be trained in ALS is based on the fact that it is a JCAHO requirement.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: A mechanism and the authority to require ED physicians to be board certified.

OBJECTIVE(S): The Hospital Council will not allow signed receiving hospital contracts therefore EMS cannot complete this objective. EMS will work collaboratively to seek these certifications.

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

2.11 Accreditation Process

STANDARD: The local EMS agency shall establish a procedure for accreditation of 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: ☐ Does not meet standard ☑ meets standard

- EMS Policy Manual – policy # 2000 (policy and skills competency requirements), # 3302 (paramedic accreditation)
- EMS Orientation – for new employees - held monthly.
- Policy update training – held annually to introduce new and revised policies.
- Local optional scope of practice skills demonstration
- EMS QI Plan

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

2.12 Early Defibrillation

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual –
- ✓ #3201 (Public safety defibrillation authorization),
- ✓ #4000 (Defib program approval)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

2.13 Base Hospital Personnel

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual –
- 3500 – Base Physician authorization
- 4500 – Base physician program approval

As per EMS Council recommendations, MICNs were eliminated and one Base Station with calls answered by physicians only was implemented.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

COMMUNICATIONS EQUIPMENT

3.01 Communications Plan*

STANDARD: 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.

GOALS: The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones. Medical communications systems should achieve at least level 4 of the APCO Interoperability standard.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal (partial)

- 800 MHz radio system
- EMS Policy Manual:
  - ✓ 10001 - 800 MHz procedure
  - ✓ 8070 - MCI
- Cell phones and satellite technology utilized in some parts if the County
- Reddinet micro-wave computer based system connecting EMS with EOC, LLL Dispatch, 12 hospitals in Alameda County, EMS in Contra Costa County as well as dispatch in Contra and Costa and nine hospitals in that county. May also access from any point using Internet gateway.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

1. Expand the use of cellular technology (regular cell phones and iridium satellite cell phones).
2. Implement communications systems such that Emergency Medical personnel may communicate with other public safety agencies.

OBJECTIVE(S): Provide policies and mechanisms to ensure consistent communications between medical personnel and other field responders.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

COMMUNICATIONS EQUIPMENT

3.02 Radios

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- 800 MHz radio system
- cell phones

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

COMMUNICATIONS EQUIPMENT

3.03 Interfacility Transfer*

STANDARD: Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephones.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- 800 MHZ radio system if in county.
- Cell phones required by transporting agency personnel. Completed 2004.
- Out-of-county receiving facilities notified by company dispatch or the base hospital.
- Any transportation needs pursuant to the request for an emergency ambulance, is considered the provision of emergency medical services, including Interfacility transfers. (See 1.28 – EOA Plan)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S): .

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

COMMUNICATIONS EQUIPMENT

3.04 Dispatch Center

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- 800 MHz radio system
- 800 MHz radio procedure (policy #10001)
- Policy (#8070) defining radio use during a Multi-casualty Incident.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

COMMUNICATIONS EQUIPMENT

3.05 Hospitals

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

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Telephone
- Via ALCO-CMED on 800 MHz
- Reddinet
- HAM radio during disasters

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

COMMUNICATIONS EQUIPMENT

3.06 MCI/Disasters

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual:
- # 10001 (800 MHZ radio procedure)
- # 8070 (MCI plan)

Disaster response plan:
- 800 MHZ
- ReddiNet
- Phone, fax
- Cell phone, satellite phone
- HAM radios

COORDINATION WITH OTHER EMS AGENCIES: Participation in UASI regional interoperable communications planning.

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

PUBLIC ACCESS

3.07 9-1-1 Planning / Coordination

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Enhanced 9-1-1 available county-wide
- EMS Director/ designee attends quarterly County-wide Dispatch Manager meetings

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: Improve training standards, access, quality of care and turn-around times for 9-1-1 calls needing a medical response.

OBJECTIVE(S):

Work with the cities and police agencies to:

- Improve dispatcher level of training, 9-1-1 access and turn-around time for calls that need a medical response.
- Monitor dispatch times from first ring at the PSAP to on-scene.
- Assist as needed with implementation of cell phone calls going to local jurisdictions if the jurisdictions so choose.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

PUBLIC ACCESS

3.08 9-1-1 Public Education

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Recommendation from the EMS Council as part of the EMS System Redesign Project to include public information programs as a requirement of all contracts and agreements.
- 9-1-1 educational information added to the EMS website (when to call, using cell phones to call)
- Assist those jurisdictions that choose to have cell phone 9-1-1 calls rerouted to them with public education campaign.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

RESOURCE MANAGEMENT

3.09 Dispatch Triage

STANDARD: The local EMS agency shall establish guidelines for proper dispatch triage, which identifies the appropriate medical response.

GOALS: The local EMS agency should facilitate adoptions county-wide of an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

Two enhanced EMD systems present in the county utilize Medical Priority Dispatch™ EMD system (including the Quality Improvement Process).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: (see 1.19) Increase the provision of EMD throughout the county.

OBJECTIVE(S): (see 1.19) Facilitate process for agencies not currently providing EMD to either establish that process "in-house" or create agreements with agencies that already provide that level of service.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

RESOURCE MANAGEMENT

3.10 Integrated Dispatch

STANDARD: The local EMS system shall have a functionally integrated dispatch system with county-wide emergency services coordination, using standardized communications frequencies.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- 800 MHZ radio system
- ALS Transport Provider contract
- Mutual aid provided between the current ambulance provider agencies (private and public)
- Centralized medical dispatch services

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Multi-agency interoperable communications (see 3.01)

OBJECTIVE(S): See 3.01

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

RESPONSE AND TRANSPORTATION

4.01 Service Area Boundaries*

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

GOALS: The local EMS agency should secure a county contracts or similar mechanisms for establishing emergency medical transport service areas

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

ALS transport provider agreements with American Medical Response, Albany Fire Department, Berkeley Fire Department, Piedmont Fire Department and Alameda Fire Department. Response zones established as part of the provider agreements.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Medical Transportation ordinance for BLS medical transportation, draft sent to County Counsel in June 2003, awaiting response.

OBJECTIVE(S):

1. Review draft ordinance developed in 1992.
2. Develop a medical transportation ordinance.
   a. distribute for public comment
   b. present to the County Board of Supervisors and City Managers

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year) to completion

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

RESPONSE AND TRANSPORTATION

4.02 Monitoring

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

GOALS: The local EMS agency should secure a county contract 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 regulator programs within the EMS area.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Adherence to statutes, regulations, policies, and procedures is monitored through the established Unusual Occurrence Process – EMS Policy # 2300.
- ALS provider contracts established for emergency medical transport.
- Implemented a non-emergency interfacility paramedic transport contract with two ambulance companies in Alameda County.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: Medical Transportation ordinance for non-emergency BLS transport.

OBJECTIVE(S): See 4.01

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

RESPONSE AND TRANSPORTATION

4.03 Classifying Medical Requests

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- The County currently uses Medical Priority Dispatch for emergency medical dispatch criteria in the two approved dispatch centers.
- In the majority of the County, with the exception of a couple of jurisdictions, requests for emergency services are dispatched code 3 (fire first responder advance life support units and ALS ambulance).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

RESPONSE AND TRANSPORTATION

4.04 Prescheduled Responses

STANDARD: 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 local EMS agency policy.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual - Policy # 4605 and Section 9000 allows approved service providers to use paramedic personnel for scheduled interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

✓ Reciprocal CCT-P authorization with Contra Costa County.

✓ For possible incident review if an unusual occurrence or patient care issue is identified during a scheduled interfacility transfer into or from another county.

NEEDS: Periodic monitoring of approved service providers.

OBJECTIVE(S):

1. Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer.
2. Review patient care data entered into the EMS system data management system (currently under development)

TIME FRAME FOR MEETING OBJECTIVE(S):

☑ Short-range (one year or less) #1 on-going

☑ Long-range (more than one year) - #2

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

RESPONSE AND TRANSPORTATION

4.05 Response Time Standard*

STANDARD: Each local 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.

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

a) the response time for a BLS and CPR capable first responder does not exceed: Metro/urban—5 minutes, Suburban/rural—15 minutes, Wilderness—(AQAP);
b) the response time for early defibrillation capable responder does not exceed: Metro/urban—5 minutes, Suburban/rural—(AQAP), Wilderness—(AQAP);
c) the response time for an ALS capable responder (not functioning as the first responder) does not exceed: Metro/urban—8 minutes, Suburban/rural—20 minutes, Wilderness—(AQAP);
d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban—8 minutes, Suburban/rural—20 minutes, Wilderness—(AQAP).

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- **ALS Ambulance:** The current response time for the ALS ambulance is 10 minutes 30 seconds, however this is calculated from the time the ALS provider receives the call, not from the time of 9-1-1contact. Response time requirements and financial penalties for non-compliance are defined in contracts between the EMS Agency and ALS service providers specifically. Monthly stats on response times are reviewed by the EMS Director . Currently in process of receiving quarterly response time reports from all agencies providing transport.
- **First Responder:** The current response time is 10 minutes 30 seconds for the ALS first responders. Currently in the process of receiving quarterly response time reports from all first responder ALS providers.
- **Defibrillation:** Policies/agreement require a five-minute response time for defibrillation. EMS agency does obtain monthly stats on cardiac arrest and defibrillation and submits reports back to the providers on a regular basis.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVES:

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

RESPONSE AND TRANSPORTATION

4.06 Staffing

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

EMS policies that define transport provider staffing and equipment requirements:
8300 (staffing requirements),
8400 (equipment requirements and inspection),
8401 (equipment list).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S): N/A

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

RESPONSE AND TRANSPORTATION

4.07 First Responder Agencies

STANDARD: The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies) into the system.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policies pertaining to first responder agencies:

Sections 7000, 8000, 10,000 – ALS/BLS patient care protocols and procedures
2260 & 2270 (BLS/ALS First Responder QA)
2300 (Incident Review),
3200, 3201, 3202, 3302 and 3307 (certification/accreditation),
4000 (defibrillation program requirements),
8401 (equipment lists).
10004 (transfer of care),

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

- Monitor first responder agreements and update as needed.
- Obtain EMS system data from first responder agencies
- Develop a mechanism of accountability for first responder agencies

OBJECTIVE (S):

1. Establish an on-going monitoring process of first responder agreements and enforceable consequences for non-compliance.
2. Establish reporting requirements for data collection as part of the EMS data management system currently under development.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

RESPONSE AND TRANSPORTATION

4.08 Medical & Rescue Aircraft*

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

1. EMS Policies defining EMS Aircraft operations:
   - 4700 (program approval),
   - 8130 (requesting and transport guidelines),
   - 8070 (use during a multicasulaty incident),
   - 2300 (unusual occurrences process).

2. Existing EMS Aircraft agreements
   ALS – CALSTAR. REACH, Stanford Life Flight, CHP, East Bay Regional Parks
   BLS – East Bay Regional Parks

COORDINATION WITH OTHER EMS AGENCIES: ALS Rescue aircraft are based in neighboring counties.

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

RESPONSE AND TRANSPORTATION

4.09 Air Dispatch Center

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- ALCO-CMED is the designated dispatch center for EMS Aircraft.
- EMS policies defining EMS Aircraft utilization:
  # 8130 (EMS Aircraft Transportation),
  # 8070 (Multicasualty Incident).

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ . Short-range (one year or less)
☐ . Long-range (more than one year)

RESPONSE AND TRANSPORTATION

4.10 Aircraft Availability*

STANDARD: 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 aero-medical services operating within the EMS area.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- EMS Policy # 8130 identifies the availability and staffing configuration of EMS Aircraft.
- The EMS Agency has written agreements with CALSTAR, Reach, Stanford Life Flight and East Bay Regional Parks.
- The CHP and Coast Guard helicopter are utilized occasionally. No written agreements exist with these agencies.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

RESPONSE AND TRANSPORTATION

4.11 Specialty Vehicles*

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- Specialty vehicles are available to the EMS system through the fire departments. The Sheriff's Department Office of Emergency Services maintains a comprehensive list of all specialty vehicles. This includes a list of all specialty vehicles such as haz/mat units.
- There are no specific policies that allow or disallow the use of specialty vehicles for transport.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

RESPONSE AND TRANSPORTATION

4.12 Disaster Response

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- Coordination by MHOAC during EOC activation
- Alameda County Operational Area Emergency Operations Plan
- Public Health Bioterrorism Response Plan for Alameda County
- Alameda County Operational Area Countywide Terrorism Response Plan
- Alameda County Fire Chiefs HazMat Working Group Plan
- Participation in the Master Mutual Aid Agreement

COORDINATION WITH OTHER EMS AGENCIES: Through the RDMHS and the quarterly MHOAC meetings.

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

RESPONSE AND TRANSPORTATION

4.13 Inter-County Response*

STANDARD: The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- Vehicles and personnel have responded through direct provider-to-provider requests for mutual aid and must notify EMS on-call personnel via dispatch.
- Alameda County has written agreements for mutual aid via AMR and also via the Fire Regional Mutual Aid at Lawrence Livermore Lab Department.
- Awaiting strike plan from State EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

- Ambulance strike team plans, which will address the issue of financial accountability, are being finalized at the State level and training is underway.
- Alameda County is participating with the San Francisco USAI to address a medical mutual aid plan within the Bay Area.

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

RESPONSE AND TRANSPORTATION

4.14 Incident Command System

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

A multi-casualty response plan has been developed (EMS Policy #8070) that establishes procedures for medical management and incident command during a multi-casualty response. Last revised December 2004.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

RESPONSE AND TRANSPORTATION

4.15 MCI Plans

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

The Alameda County MCI response plan is based on state guidelines, standardized emergency management system (SEMS), standardized incident command and START Triage.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

4.16 ALS Staffing

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

GOALS: 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 defibrillator.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

Staffing requirements are in policy # 8300. All ALS transport vehicles are staffed per the standard.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

4.17 ALS Equipment

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Written agreements/contracts with ALS transport providers to appropriately equip each ALS vehicle with ALS/BLS equipment specified in policy.
- EMS Policy # 8401 establishes the equipment that must be stocked on each ALS transport vehicle.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

ENHANCED LEVEL: AMBULANCE REGULATIONS

4.18 Compliance

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- ALS transport provider agreements/contracts
- Agreement/contract audits
- EMS Policy Manual - Unusual Occurrence Process policy # 2300

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

4.19 Transportation Plan

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

Alameda County has five EOA's. Four of them are covered by cities that meet the requirements of Section 1797.224, H&SC. The Alameda County EMS Agency has ALS contracts for all four to provide emergency response and transport.
The fifth EOA is part of the competitive bid area. This area includes the remaining cities not covered by the four cities above and the unincorporated areas of the county. A contract for services in those areas is current. Next competitive bid process is anticipated to start in 2007.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:
System-wide evaluation by an outside consultant of the current system.
Develop an RFP for ambulance transport.
Selection of a provider and negotiations

OBJECTIVE(S):

Hire consultant.	2006
System Assessment	2007
Develop RFP	2007
Completed a bid process	2008
Implement new contract	10/2008

TIME FRAME FOR MEETING OBJECTIVE(S):

- ☐ Short-range (one year or less)
- ☑ Long-range (more than one year)

ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

4.20 Grandfathering

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

Four cities in Alameda County provided EMS services in the same manner and scope prior to 1/1/81. These four cities qualify for grandfathering under §1797.224, H&SC. The four cities are:

Alameda
Albany
Berkeley
Piedmont.

The EMS Agency has contracts with the four cities.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:
Updated contracts with the 224 cities

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

4.21 Compliance

STANDARD: 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 §1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Contracts with 224 cities to perform EMS transport and ALS services
- Contract monitoring of key areas
  - Response times
  - Cardiac arrest data
  - Intubation data
- Audits of certification and CE programs
- EMS Policy Manual - Unusual Occurrence Process – policy # 2300

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

ENHANCED LEVEL: EXCLUSIVE OPERATING PERMITS

4.22 Evaluation

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EOA design is evaluated at the time of contract negotiations. Next negotiations scheduled for 2007.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Reevaluate the EOA plan

OBJECTIVE(S): Reevaluate EOA design during the next contract negotiations. EOA areas were redesigned in collaboration with all fire and ambulance agencies to accommodate industrial and population expansions in specific areas of the County.

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year) (2007)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

E. FACILITIES / CRITICAL CARE

5.01 Assessment of Capabilities

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

GOALS: The local EMS agency should have written agreements with acute care facilities.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

The following assessment mechanisms have been established and are periodically reassessed:

- Trauma Center Audits
- Trauma Center Contracts
- Pediatric Critical Care Center Standards

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Receiving Hospital agreements for pediatric critical care center standards will not be allowed by the Hospital Council therefore EMS Director is working collaboratively with each facility to accomplish tasks.

OBJECTIVE (S): EMS Director to work collaboratively with each facility.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

E. FACILITIES / CRITICAL CARE

5.02 Triage & Transfer Protocols*

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policies that assist with prehospital triage:

- 8070 (MCI)
- 8080 (Haz-Mat)
- 7100 (Trauma)
- 7009 (Burns)
- 7006 (Assault/abuse)
- 8105 (5150 hold)
- 7003 (General transport guidelines)
- 7102 (Crush injury)

EMS Policy that assist hospitals with transfer protocols:

- 5600 (interfacility transfers)
- CCT-P policies (Section 9000 - Field Manual)

COORDINATION WITH OTHER EMS AGENCIES: Counties with burn centers, trauma centers, hyperbaric chambers

NEEDS: Cardiac Care Centers have been proposed.

OBJECTIVE (S): Draft a policy for cardiac care centers as part of the policy review process in 2005.

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

E. FACILITIES / CRITICAL CARE

5.03 Transfer Guidelines*

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

EMS Policy that establishes transfer protocols have been established:

- Policy #: 5600

Pediatric Consultation and Transfer Guidelines developed November 1998
Any transportation needs that request an emergency ambulance shall be approved via the Base Hospital procedures.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 11/04
Date last revised: 11/12/04

E. FACILITIES / CRITICAL CARE

5.04 Specialty Care Facilities*

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

The EMS Agency has designated the following:

- Receiving hospitals
- Trauma Centers
- Base Hospitals
- Pediatric Critical Care Center
- 5150 psychiatric facilities

Recognition of State designated burn centers

The agency monitors trauma centers and the base hospital through contracts. The agency is unable to monitor receiving hospitals except through the incident review process. Agency meets monthly with receiving hospital ED managers.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: (see 1.11) Receiving hospital agreements will not be allowed by Hospital Council therefore EMS Director will work collaboratively with each facility to achieve standard.

OBJECTIVE (S): (see 1.11) EMS Director to work collaboratively with each facility to accomplish goals.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

E. FACILITIES / CRITICAL CARE

5.05 Mass Casualty Management

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Periodic disaster drills (annual) and training seminars.
- EMS policy that establish procedures for coordinating hospital communications and patient flow have been established: Policy #: 8070 (MCI)
- EMS facilitated the procurement process for hospital MCI equipment through HRSA grants.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

E. FACILITIES / CRITICAL CARE

5.06 Hospital Evaluation*

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Each facility has its own evacuation plan, as a part of the facility Disaster Plan.
- AMR has internal surge capacity plans in place.
- County plans include mutual aid requests to the region and state in accordance with SEMS, including forward movement of patients via NDMS, if needed.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002 Date Reviewed: 1/05 Date last revised: 1/20/05

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

5.07 Base Hospital Designation*

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- Original designation process – 1982
- Reevaluation – 1992 (committee appointed by the Board of Supervisors)
- Reevaluation – 1996 EMS System Redesign Project
- RFP completed 3/02 and in process of appointing vendor
- Highland General Hospital is single Base Hospital as of 2/04.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

ENHANCED LEVEL: TRAUMA CARE SYSTEM

5.08 Trauma Care System

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

a) the number and level of trauma centers (including the use of trauma centers in other counties)
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix
c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers
d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center
e) a plan for monitoring and evaluation of the system

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Trauma System Plan (Original plan completed 1985, operational 1987, updated 2000, 2001, and 2004)
- EMS Policy and Procedure Manual – policy # 7100, 7101
- Reevaluation – 1996-98 EMS System Redesign Project (Trauma Planning Team)
- Revised Trauma System Plan – 2001 and 2004

COORDINATION WITH OTHER EMS AGENCIES: Trauma Audit Process is coordinated with Contra Costa County.

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: TRAUMA CARE SYSTEM

5.09 Public Input

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Annual policy review process – Administration manual section 1000
- EMS System Redesign Project
- TAC and ZTAC processes allow for input from the Trauma community

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

5.10 Pediatric System Design

STANDARD: 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 which are outside of the primary triage area;
g) a plan for monitoring and evaluation of the system.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Trauma System Plan
- EMSC Project - Obtained the formal EMS-C Updates from the State EMS-C Technical Advisory Committee, TAC and State EMS-C Coordinators Group; integrated the recommendations into the County EMS Plan and EMS policies.
- EMS Policies (#7009 Burn center, 7102 Crush Injury, #7100, 7102 Trauma, #7003 General Transport Guidelines, #5600 Transfer Guidelines, #5000 Receiving Hospitals); (refer to Alameda County EMS website for other policies)
- Children's Hospital received formal PCCC designation in 2000. Six Alameda County Receiving Hospitals have completed the PCCC site surveys.
- Contract with Children's Hospital for standard equipment.
- Contract with AMR for standard requirement
- Disaster Plan – Pediatric Issues Addressed
- Injury Prevention Programs: Role of System Participants

COORDINATION WITH OTHER EMS AGENCIES: State EMS-C TAC and Coordinators Group

NEEDS: Disaster Plan integrated with Pediatric response Standard Operating Procedures, SOPs (pending EMSA State-wide pediatric disaster capability assessment and recommendations)

OBJECTIVE (S): To support integration of Pediatric disaster response SOPS in Alameda County emergency/disaster plans.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

5.11 Emergency Departments

STANDARD: 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.

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

EMS Policies established to identify pediatric critical care centers/trauma centers:

- 7100 - Trauma center;
- 7009 - Burn Center,
- 8105 - 5150 receiving facility for adolescents

Facilities identified as pediatric critical care centers/trauma centers:

- Children's Hospital: Trauma Center, Burn Center

Administration, Personnel and Policy Guidelines developed for the care of Pediatric Patients in the Emergency Department (September 1997, Revised October 1998)

Pediatric Disaster Capability Assessment (pending State-wide joint EMS-C and Bio-terrorism Pediatric Capability Profile and recommendations)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Identify emergency departments that meet the pediatric care center criteria. Develop EMS System Pediatric Disaster Capability

OBJECTIVE (S): Contribute input to State EMS-C TAC on implementation of Pediatric Emergency Department, ED Guidelines through consultation site visits (Implement ED site surveys when State EMS-C completes updates to guidelines)

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: PEDIATRIC EMERGENCY & CRITICAL CARE SYSTEM

5.12 Public Input

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- EMSC project
- Multidisciplinary Advisory Committee
- Policy Review Process

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEM

5.13 Specialty System Design

STANDARD: 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 mix;
c) identification of patients who should be triaged or transferred to a designated center;
d) the role of non-designated hospitals including those which are outside of the primary triage area;
e) a plan for monitoring and evaluation of the system.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual:

- 5000 (receiving hospital services provided)
- 7100 (trauma),
- 8105 (5150s),
- 7102 (Crush Injury),
- 8006 (Assault/abuse),
- 7009 (burns),

Unusual Occurrence Process:

- 2300

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/20/05

ENHANCED LEVEL: OTHER SPECIALTY CARE SYSTEM

5.14 Public Input

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Policy Review Process – Section 1000 of the Admin Manual.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

F. DATA COLLECTION / SYSTEM EVALUATION

6.01 QA/QI Program

STANDARD: 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: a) address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals; b) address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines; c) use provider based QA/QI programs and shall coordinate them with other providers.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

EMS policies and procedures that define QA/QI activities:

- EMS Policy Manual – policy # 2000 – 2600
- Unusual Occurrence – policy # 2300
- Trauma Audit Process – policy # 2600
- Provider QA Plans
- Data Collection Planning (in progress)

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

1. A comprehensive integrated data management system
2. A coordinated QA/QI Plan

OBJECTIVE (S):

1. Collect and manage data on all 9-1-1 patients.
2. Provide the QA/QI Coordinator with the necessary information to accurately evaluate patient care provided.
3. Provide the information necessary to analyze and evaluate all components of the 9-1-1- system.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

F. DATA COLLECTION / SYSTEM EVALUATION

6.02 Prehospital Records

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- EMS policy defining the use of the PCR - policy # 8230.
- AMR presents monthly PCR drop off statistics to the Emergency Department Nurse Managers at the monthly EMS meeting.
- AMR implemented training and policies to ensure that all PCR are being dropped off at the appropriate hospitals 90% of the time and has accomplished this goal over the past year. AMR continues to attend the Receiving Hospital Committee to present reports on a monthly basis.
- All PCRs are now electronically generated.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20/05
Date last revised: 6/20/05

F. DATA COLLECTION / SYSTEM EVALUATION

6.03 Prehospital Care Audits

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

EMS policies and procedures defining the audit process:

- Trauma Audit process - policy # 2600
- Response Time Audits by provider
- Provider Audits
- Current audits: aspirin, nitroglycerin, airway management, under two year-old refusals, cardiac arrest
- Unusual Occurrence process - policy # 2300
- EMS QA/QI Coordinator
- Provider clinical liaisons
- Hospital Diversions

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

1. A comprehensive data management system to collect data
2. Patient Care code set and data element standards
3. In future establish data link with hospitals to determine patient outcome

OBJECTIVE (S): Design an interface between the new Intergraph CAD system and first responders/transport providers that will automatically populate each system with critical dispatch data elements.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/05
Date last revised: 2/2005

F. DATA COLLECTION / SYSTEM EVALUATION

6.04 Medical Dispatch

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

A computerized and standardized EMD program and dispatch data management system is in place for part of the county.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:
1. A comprehensive integrated data management system
2. Ability to meet this standard for all dispatching agencies.

OBJECTIVE(S):
1. Have readily available data to review dispatch response priority and pre-arrival/ post dispatch instructions.
2. Insure an ongoing QA/QI feedback loop with dispatch agencies.

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20/2005
Date last revised: 6/20//2005

F. DATA COLLECTION / SYSTEM EVALUATION

6.05 Data Management System*

STANDARD: 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.

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

CURRENT STATUS: ☑ Does not meet standard ☐ meets standard ☐ meets goal

EMS is still in the preliminary development process of collecting performance/outcome data from first responders and transport providers. Currently response data is being collected from all providers. Hospital data is only being collected by the trauma centers, not from all hospitals in Alameda County. This area will be pursued once EMS receives PCR data from first responders and transport providers. We anticipate 80% collection from the County FD's (initially) by 4Q 2005 and 100% collection from AMR (pending research outcome on electronic PCR feasibility).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: An integrated data management system that includes system response data and clinical performance/outcome data from all provider agencies and hospitals.

OBJECTIVE (S): Continue development of a central repository to collect system response data and clinical performance/outcome data from all provider agencies.

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☑ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 2/2005
Date last revised: 2/14/2005

F. DATA COLLECTION / SYSTEM EVALUATION

6.06 System Design Evaluation

STANDARD: The local EMS agency shall establish an evaluation program to evaluate EMS system effectiveness at: a) meeting community needs, b) appropriateness of guidelines and standards, c) prevention strategies that are tailored to community needs, d) assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

System evaluation programs established to evaluate EMS system effectiveness have included:

- Emergency Medical Care Committee (1982-1994)
- Fitch Report (1988)
- EMS Task Force (1994)
- EMS Council as part of the EMS System Redesign Project (1995-98)
- Prevention activities (immunization project (1999), pedestrian safety, senior injury prevention)
- RFP was completed and Lancet corporation is in the process of Phase III of the system-wide data project
- On-going QI program

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

F. DATA COLLECTION / SYSTEM EVALUATION

6.07 Provider Participation

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Provider contracts and agreements (ALS providers, Base Hospital, Trauma Centers, First Responder, and Early defibrillation). (limited participation)
- EMS Policy Manual - QA policies # 2000-2600

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Contracts/agreements with all system participants to require participation in the system wide evaluation program.

OBJECTIVE (S): Have written agreements/contracts requiring participation from all service providers and hospitals.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/5/05

F. DATA COLLECTION / SYSTEM EVALUATION

6.08 Reporting

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- "Annual Report" to the Board of Supervisors - 2000
- EMS Council Update Report – 1998 (currently not in use)
- Presentation to Board of Supervisors regarding EMS Council recommendations and proposed RFP for ambulance transportation, Emergency/Non-Emergency Triage, Direct Medical Control and data management system 1998.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: An updated report to present to the Deputy Director of PH and potentially, per her decision, to the Board of Supervisors, system participants. This is currently on hold while implementation of the suggestions occurs.

OBJECTIVE (S): Prepare an updated annual report to include the EMS System Plan. (See standard: 1.05 System Plan).

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 6/20//2005
Date last revised: 6/20/2005

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

6.09 ALS Audit

STANDARD: The process used to audit treatment provided by advanced life support providers shall evaluate both base hospitals and prehospital activities.

GOALS: The local EMS agency's integrated data management system should include prehospital, base hospital and ultimately receiving hospital data.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- EMS policies that define the audit process – policy # 2250 – 2600
- EMS policies that define the Unusual Occurrences – policy # 2300,
- Agency Quality Report (including audit of certain prehospital and base hospital processes or outcomes).
- The data collection system is in progress and on future phases of the project will include linking the hospital data with prehospital data.
- On-going QI system with quarterly required data collection and analysis.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: Contract agreement with receiving hospitals to provide patient care data to EMS Agency via a database interface or export utility.

OBJECTIVE (S): Extensive collaboration and commitment from receiving hospitals and the EMS Agency.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than two years)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: TRAUMA CARE SYSTEM

6.10 Trauma System Evaluation

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- Bay Area Trauma Registry (1987-90)
- Trauma -1 (1990 to present)
- Trauma audit process
  - ✓ EMS policy # 2600
  - ✓ Zone Trauma Audit Committee
- Bi-county Trauma Audit Committee (TAC) (with Contra Costa Co.)
- Policy Review Process

COORDINATION WITH OTHER EMS AGENCIES: Contra Costa County (TAC)

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/2005

ADVANCED LEVEL: TRAUMA CARE SYSTEM

6.11 Trauma Center Data

STANDARD: 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.

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Trauma Contracts
- Trauma audit process EMS policy # 2600
- Trauma Patient Criteria EMS policy # 7100
- Trauma –1 Data
- Autopsy Review
- Zone Trauma Audit process (ZTAC)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

G. PUBLIC INFORMATION AND EDUCATION

7.01 Public Information Materials

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

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- EMS video (in 7 languages) "Every Second Counts"
- Phone First program
- Injury/Illness Prevention Programs (Pedestrian safety, child passenger safety seat information, bike helmet safety, drowning prevention, firearm safety, fire safety, Senior Injury Prevention)
- Injury Prevention and Safe Kids videos: "Are We There Yet" – Traveling Safely with Children; "Be Cool About Fire Safety"; "Don't Risk Your Child's Live" _VII– Crash Protection for Child Passengers
- Injury Prevention curriculum for pre-school & elementary schools implementation
- Senior Injury Prevention Resource Directory
- Falls Prevention Manual
- Falls Prevention Discussion Groups
- EMS Brochure and EMS Week activities
- Grief Support Brochure
- EMS System Redesign project
- On-going articles in the EMS and Public Health newsletters on disaster planning
- Public Access Defibrillation Program
- Injury Prevention Program brochure
- Car Seat Safety, Water Safety, Bike & Helmet Safety brochures

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Identify new areas of public education and public awareness needed in the community through focus groups, community meetings and input from partner agencies. Peer-counseling - Older adults who have been trained to be falls discussion group leaders.

OBJECTIVE (S): To continue with public education, awareness and information programs, adding new information on issues as they are identified through focus groups, community meetings, and input from partner agencies (proposed programs: in-home safety checks for the elderly, 1st responder falls referral programs, childhood safety and injury prevention areas, falls prevention discussion groups by EMS SIPP staff and peer counselors).

TIME FRAME FOR MEETING OBJECTIVE (S): *Objectives will be implemented within one year but the various components, tasks, and outcome measurements will be on-going.*

- ☑ Short-range (one year or less)
- ☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 01/2005
Date last revised: 01/2005

G. PUBLIC INFORMATION AND EDUCATION

7.02 Injury Control

STANDARD: The local EMS agency in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Walk This Way/Walk to School Day – City of Oakland and Safe Kids Coalition.
- Oakland Pedestrian Safety Project – City of Oakland
- Paramedic immunization pilot project (May 1998-99)
- Injury Prevention activities and information added to EMS website (1999 - present)
- Safe Kids Coalition – Car Seat safety check-ups, safety fairs, window guards, bike & helmet safety, monthly meetings, legislative reviews, media partnerships
- Senior Injury Prevention Project (SIPP)– EMS is the lead agency in this coalition of public and non-profit agencies initially focused on falls prevention and raising awareness regarding the need for injury prevention programs focused on the needs of older adults.
- Child Passenger Safety Seat Work Group (CPSSWG) - community and agency advocates for car seat safety education, laws and events. Child passenger car seats for low or no income county residents at risk.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:
1. Statewide programs & funding focused on the injury prevention needs of older adults.
2. Expand participation in injury and illness prevention programs to emphasize the special needs of the older adult, infant and childhood populations.

OBJECTIVE (S):
1. Develop a highly visible profile for Older Adult Injury Prevention Issues.
2. Identify and participate in the creation of appropriate legislation for Older Adult Injury Prevention issues.
3. Work with other public and private agencies on Older Adult Injury Prevention concerns.
4. Continue the task of developing, implementing and evaluating programs, projects, and activities relative to the older adults, infants, children and adolescents with a focus on safety and injury prevention.

TIME FRAME FOR MEETING OBJECTIVE (S): *These objectives will be initiated within one year and will be on-going*

☑ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

G. PUBLIC INFORMATION AND EDUCATION

7.03 Citizen Disaster Preparedness

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

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Disaster preparation information available on the EMS website
- Disaster packets available at EMS.
- Access to State OES library
- Disaster preparation lectures given upon request
- Disaster response information, CCP manuals and training packets shared with OES
- Participation by doing public speaking on City of Oakland CERT program
- Developed a brochure specifically for seniors on disaster prep. (2005)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less) - on-going
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 1/05
Date last revised: 1/11/05

G. PUBLIC INFORMATION AND EDUCATION

7.04 First Aid & CPR Training

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

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- First aid and CPR information is posted to the EMS website "Community" page.
- Collaborate with existing public education providers such as the American Heart Association and the American Red Cross in promoting first aid and CPR training
    1. Attend AHA meetings regularly
    2. Include AHA and ARC training information in our disaster education

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: .

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.01 Disaster Medical Planning*

STANDARD: 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 and Weapons of Mass Destruction (WMD).

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

Written Plans:
- Alameda County/Operational Area Emergency Operations Plan
- WMD Annexes to EOP
  - OES Terrorism Annex (internal to OES)
  - Public Health Bioterrorism Response Plan for Alameda County
  - Alameda County/Operational Area Countywide Terrorism Response Plan
- Mass Fatalities Operations Plan (Alameda County Coroner)
- Alameda County Fire Chiefs Association HazMat Working Group Plan

Planning Groups:
- Alameda County HazMat Working Group (Fire)
- Strategic National Stockpile Working Group (EMS)
- Bioterrorism Leadership Team and Work Group (Public Health)
- Terrorism Working Group (OES)
- Alameda County Hazard Mitigation Work Group (Association of Bay Area Governments)
- Valley Emergency Preparedness Group

Other:
- Region 2 – MHOAC quarterly meetings with RDMHS/C
- Mutual aid agreements with nearby counties
- Annual training and exercises

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: A regional multi-hazard catastrophic disaster plan.

OBJECTIVE(S): Develop a regional multi-hazard catastrophic disaster plan in conjunction with Region II

TIME FRAME FOR MEETING OBJECTIVE(S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.02 Response Plans

STANDARD: Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances and Weapons of Mass Destruction (WMD).

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Plans listed in 8.01 are multi-hazard functional plans.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.03 Haz/Mat Training

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

- Alameda County Mass Decontamination Plan (Adopted by all Fire Departments)
- Haz/Mat training provided by employer
- Annual Haz/Mat drill conducted to test plan
- Hazardous Materials Incidents - EMS Response (EMS policy # 8080)
- Participate in Oakland and Fremont MMRS programs
- Participate in Bay Area Terrorism Working Group and Alameda County Terrorism Working Group
- Participate in Valley Emergency Preparedness Working Group

COORDINATION WITH OTHER EMS AGENCIES: Participate in Region II MHOAC meetings

NEEDS: Need for on-going WMD specific training on chemical and biologic hazards

OBJECTIVE(S):
1. Conduct WMD training for providers
2. Purchase equipment for providers focused on WMD
3. Determine the hazardous materials training levels/needs of EMS personnel

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less) #2 & 3
☑ Long-range (more than one year) #1

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.04 Incident Command System

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- All medical response plans include ICS.
- NIMS incorporated in the Operational Area Plan at the EOC in Dublin.
- ICS training is provided in disaster trainings.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.05 Distribution of Casualties*

STANDARD: 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.

GOALS: The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities/capabilities for receipt and treatment of patients with radiation/chemical contamination and injuries.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

- MCI Policy #8070
- Alameda County Emergency Operations Plan
- Public Health Bioterrorism Response Plan for Alameda County
- Through Region II in consultation with the RDMHC/S
- Forward movement via NDMS through the Federal Coordinating Centers in accordance with the National Response Plan

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Completion of the Regional Mutual Aid Plan

OBJECTIVE (S): Work with Region II to develop a mutual aid plan

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.06 Needs Assessment

STANDARD: 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.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- EMSA and OES RIMS forms available at County EOC, Health Care DOC and other appropriate locations.
- ReddiNet communications system
- Phone, fax, radio back up systems in place
- Annual disaster exercise
- HAM radio

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.07 Disaster Communications*

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

Specific frequencies have been identified on 800 Megahertz and HAM radio.

- 800 MHZ radio system
- HAM radio
- State OES RIMS system via Operational Area EOC
- Iridium Satellite Cell Phone (currently not in use)
- OASIS via Alameda County Operational Area EOC
- ReddiNet
- Nextel cellular telephones
- VHF radios

COORDINATION WITH OTHER EMS AGENCIES: UASI Interoperability Planning Group

NEEDS: Radio interoperability among Bay Area Counties

OBJECTIVE (S): Develop radio interoperability among Bay Area Counties

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.08 Inventory of Resources

STANDARD: 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.

GOALS: The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☐ meets goal

Local Assets

- Oakland and Fremont MMRS caches
- HazMat Working Group Fire Assets Directory
- EMS Disaster Cache Trailers
- Public Health Resource Directory
- EMS decon trailer(s)

Resident Federal and State Assets

- National Guard 95th Civil Support Team (Hayward)
- Berkeley and Lawrence Livermore National Laboratories
- Sandia Laboratory
- Camp Parks Reserve Force Training area.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

H. DISASTER MEDICAL RESPONSE

8.09 DMAT Teams

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

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Alameda County supports a Region II Level 2 DMAT team jointly with other Bay Area Counties; Alameda County DMAT team members involved in planning and have activation status on the team.
- Alameda County supports the DMAT Team, recruits team members, and facilitates planning and training and has assisted with the purchase of equipment.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE(S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

H. DISASTER MEDICAL RESPONSE

8.10 Mutual Aid Agreements*

STANDARD: The local EMS agency shall ensure 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: ☐ Does not meet standard ☑ meets standard

- Operational Area Agreement provides for mutual aid among political jurisdictions and special districts within Alameda County
- Region II – RDMHC Emergency Response Plan (Interim Plan, 10/03)
- Participant – MHOAC group and Alameda County Operational Area; all mutual aid planning consistent with SEMS.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Participation in Regional medical mutual aid agreement in conjunction with the RDMHS via the MHOAC group

OBJECTIVE (S): Establish disaster medical mutual aid agreements for operational area.

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☑ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.11 CCP Designation*

STANDARD: The local EMS agency, in coordination with the local OES and county Health Officer, and using state guidelines, shall designate casualty collection points (CCPs) or potential Field Treatment Sites (FTS).

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Cities have identified alternative treatment sites within their jurisdictions
- Public Health Bioterrorism Response Plan for Alameda County identifies alterative care sites within Alameda County
- Most Alameda county hospitals identified alternative treatment sites

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: Advance listing of alternate treatment sites identified by local hospitals.

OBJECTIVE(S): Ensure that all Alameda County Hospitals have identified Alternate Care Sites, and that hospitals in the same proximity have not identified the same locations (e.g. public parks).

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.12 Establishment of CCPs

STANDARD: The local EMS agency, in coordination with the local OES, shall develop plans to establish CCPs and a means for communicating with them.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

See 8.07 and 8.11. Primary communication with alternative care sites will be via 800 MHz radios and Nextel cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES: Through Region II

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.13 Disaster Medical Training

STANDARD: 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.

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Fire first responders are trained to the First Responder Operations level
- Review of Hospital and Provider disaster plans, including terrorism annex
- EMS Policy Manual – policy # 8080 (Hazardous Material Incident Response)
- Conduct critique of actual MCI Hazmat incidents, as needed
- Participate in Medical Metropolitan Response System (MMRS) in both Oakland and Fremont

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS: Training for clinic personnel

OBJECTIVE(S): HRSA funds to be used for disaster training for area hospitals and clinics

TIME FRAME FOR MEETING OBJECTIVE (S):

☑ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.14 Hospital Plans

STANDARD: 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).

GOALS: 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: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- Annual disaster drill with hospitals, Cities providers, Health Care DOC and County OES, to test internal and external disaster plans.
- Annual hospital audits to ensure hospital plans consistent with County plans.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS: None

OBJECTIVE (S): None

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.15 Inter-Hospital Communications

STANDARD: The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

- Reddinet is used daily for reporting and can be used for emergency communication.
- 800 MHz and Ham radio tests are conducted periodically.
- An Alameda County EMS system policy and procedure (#10001) is in place for 800 Megahertz communications

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

H. DISASTER MEDICAL RESPONSE

8.16 Prehospital Agency Plans

STANDARD: 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.

GOALS: 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 hospital staffs in its service area.

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard ☑ meets goal

- All local hospitals use HEICS.
- Resource material and training offered to providers and hospitals.
- Alameda County EMS has comprehensive system policies for the management of significant incidents.
- All fire departments and AMR have basic and on-going training in MCI and specific topics related to terrorism and natural disaster.
- EMS coordinates a yearly multi-jurisdictional exercise and participates in several other drills, trainings and exercises with all of the emergency response community.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2004

ENHANCED LEVEL: ADVANCED LIFE SUPPORT

8.17 ALS Policies

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

The Alameda County EMS Field Manual is updated and issued to all ALS providers on an annual basis. Policies and Procedures in the Field Manual include policies for significant medical incidents (Multi-casualty Incidents, nerve agent exposure, etc.)

Mutual-aid responders from other EMS systems are allowed to function under the basic scope of practice defined by state regulations.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

☐ Short-range (one year or less)
☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: SPECIALTY CARE SYSTEMS

8.18 Specialty Center Roles

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

CURRENT STATUS: ☐ Does not meet standard ☑ meets standard

EMS Policy Manual – policy # 8070 (MCI)

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

Date written: 12/2002
Date Reviewed: 12/04
Date last revised: 12/2002

ENHANCED LEVEL: SPECIALTY CARE SYSTEMS

8.19 Waiving Exclusivity

STANDARD: 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: ☐ Does not meet standard ☑ meets standard

Region 2 Medical Mutual Aid Plan

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEEDS:

OBJECTIVE (S):

TIME FRAME FOR MEETING OBJECTIVE (S):

- ☐ Short-range (one year or less)
- ☐ Long-range (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Alameda County **Reporting Year:** 2004

TOTAL POPULATION **1,400,000**

Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered.)

a. Basic Life Support (BLS) City of Alameda (79,700)..... 5.84%
b. Limited Advanced Life Support (LALS).....N/A
c. Advanced Life Support (ALS) Remaining areas of the County (1,284,900) 94.16%

TYPE OF AGENCY:

9 Public Health Department
: County Health Services Agency
9 Other (non-health) County Department
9 Joint Powers Agency
9 Private Non-profit Entity
9 Other: _____

THE PERSON RESPONSIBLE FOR DAY-TO-DAY ACTIVITIES OF EMS AGENCY REPORTS TO:

: Director of Public Health
9 Public Health Officer
9 Health Services Agency Director/Administrator
9 Board of Directors
9 Other: _____

INDICATE THE NON-REQUIRED FUNCTIONS WHICH ARE PERFORMED BY THE AGENCY:

: Implementation of exclusive operating areas (ambulance franchising)
: Designation of trauma centers/trauma care system planning
9 Designation/approval of pediatric facilities – on hold per Hospital Council
9 Designation of other critical care centers
9 Development of transfer agreements
9 Enforcement of local ambulance ordinance
: Enforcement of ambulance service contracts
9 Operation of ambulance service
: Continuing education
: Personnel training
9 Operation of oversight of EMS dispatch center
9 Non-medical disaster planning
9 Administration of EMS Fund [Senate Bill (SB) 12/612]

Table 2 - System Organization & Management (cont.)

EMS Agency Budget for FY: 2000 - 2001

EXPENSES:

1. Salaries and benefits - all but contract personnel (1000) $1,126,326
2. Services - Medical Director, County Employee 130,000
3. Operations (3816, 3851, 3871, 3881, 3111, 3231, 3426, 3551) 358,925
4. Travel/Training (3351, 3361, 3362, 3831) 35,556
5. Fixed assets (5311, 5312) 460,000
6. Indirect expenses - overhead (4271, 4625, 4630, 4816, 3413) 334,820
7. Ambulance subsidy - AMR, Berkeley, Albany, Piedmont (3411) 998,934
8. EMS Fund (SB12/612) 2,134,207
   (553 - Discretionary [ALS] $587,536, 426 - Uncompensated physician care, ACCMA Administration, Disproportionate care $1,546,671)
9. Dispatch center operations - non-staff (3391) 821,000
10. Specialized Services 1,794,805
    Poison Center, EMS News, First Responder, System Evaluation, Computer Maintainance, Defibrillator Maintainance, EMS for Children, Communications (3811, 3411)
11. Trauma Centers/Base Hospitals (3411) 6,531,283
12. Supplemental Assessment (3411) 126,595
13. Injury Prevention (3411) 128,000
14. Contingency 130,512

TOTAL EXPENSES **$15,109,747**

SOURCES OF REVENUE:

15. Other local tax funds (e.g., EMS district) $11,119,703
16. Certification fees 18,750
17. Charges for Service 171,000
18. Interest on investments 200,000
19. EMS Fund (SB12/612) 2,642,313
20. Available Fund Balance 975,981

TOTAL REVENUE **$15,109,747**

Table 2 - System Organization & Management (cont.)

Fee structure for FY: 2000 - 2001

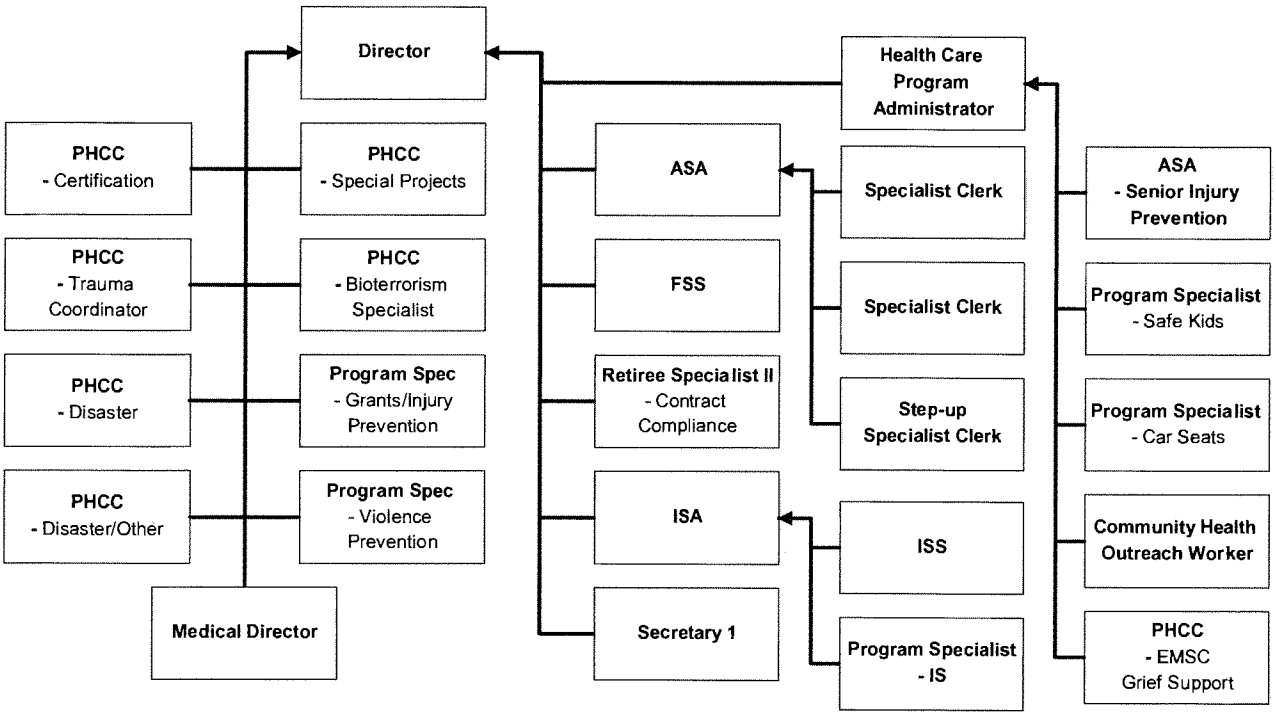
First responder certification	$ 0.00
EMS dispatcher certification	0.00
EMT-I certification	35.00
EMT-I recertification	35.00
EMT-defibrillation certification	0.00
EMT-defibrillation recertification	0.00
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	25.00
Interfacility transfer provider	10,000.00 (one-time fee)
	50.00/call (after the first 200 calls)
EMT-I training program approval	0.00
EMT-II training program approval	N/A
EMT-P training program approval	0.00
Base hospital designation	0.00
Trauma center application	0.00
Trauma center designation	0.00
Pediatric facility approval	0.00
Pediatric facility designation	0.00
Other critical care center application	0.00
Ambulance service license	N/A
Ambulance vehicle permits	N/A
Field Manual	7.25

Table 2 - System Organization & Management (cont.)

EMS System: Alameda County **Reporting Year:** 2001

CATEGORY	ACTUAL TITLE	FTE (EMS only)	TOP SALARY By Hourly Equivalent	BENEFITS (% of Salary)
EMS Administrator/ Coordinator/Director	Director, EMS	1	$ 36.91	26%
Program Coordinator Field Liaison Non-clinical	Prehospital Care Coordinator	3	28.88	26%
Trauma Coordinator	Clinical Nurse IV - Trauma Coordinator	1	32.82	26%
Medical Director	Medical Director	1	71.07	26%
Disaster Medical Planner	Prehospital Care Coordinator	1	26.53	26%
Data Evaluator/Analyst	Information Systems Specialist	1	24.08	26%
Executive Secretary	Secretary I	1	20.48	26%
Other Clerical	Medical Clerk	1	14.61	26%
Data Entry Clerk	Specialist Clerk	2	14.61	26%
Other: Fire Liaison Nurse	Prehospital Care Coordinator	1	28.88	26%

Alameda County EMS
Organizational Chart 2005



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY

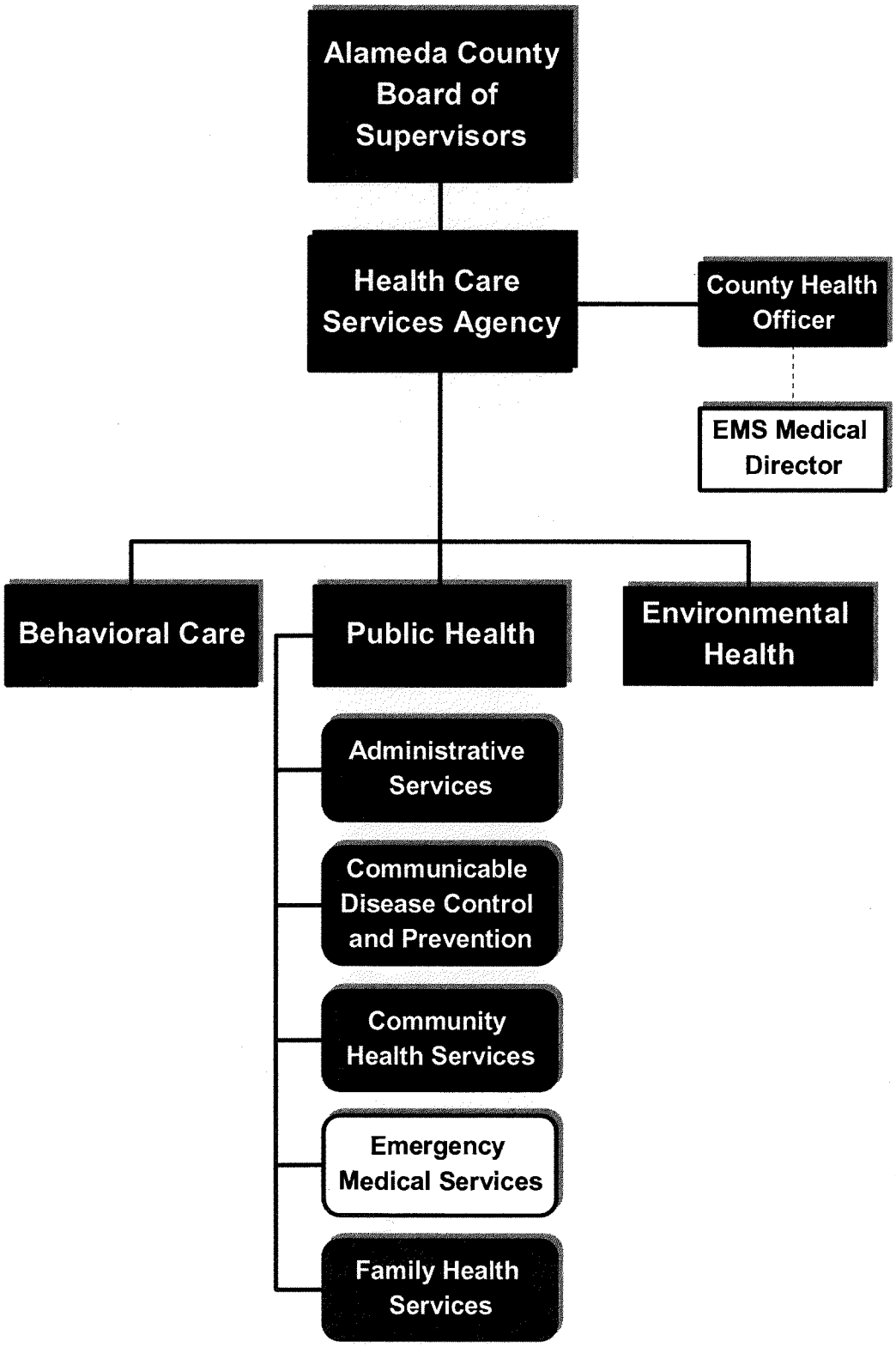


TABLE 3: SYSTEM RESOURCES AND OPERATIONS

Personnel/Training

Revision #3 []

EMS System: Alameda County Reporting Year: **2004**

	EMT - Is	First Responder	Paramedics	MICNs	EMS Dispatchers
Total certified	1455	0	N/A	N/A	0+
Number newly certified/accredited this year	292	N/A	44	0	N/A
Number recertified this year	320	0	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	458	N/A	N/A
a) formal investigations			2		
b) probation					
c) suspensions					
d) revocations	1				
e) denials					
f) denials of renewal	1				
g) no action taken					

1. **Number of EMS dispatchers trained to EMSA standards:** **+unknown**

2. **Number of personnel trained in Early defibrillation:**
   a) Number of EMT-I defibrillation certified *unknown
   b) Number of public-safety defibrillation certified (non-EMT-I): approx 166

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

\+ This agency no longer certifies EMS dispatchers (or first responders).

* Our certification database does not delineate between EMT-1s and EMT-Ds. All new EMT certifications are AED trained as are all recertifying EMT-1s since January 1, 2002.

TABLE 4: SYSTEM RESOURCES AND OPERATIONS
Communications

EMS System: Alameda County Reporting Year: 2004

1. **Number of primary Public Service Answering Points (PSAP)** 19
   (including BART, UC Hayward and CHP for cell phones)
2. **Number of secondary PSAPs** 3
   (Oakland, Fremont, ALCO-CMED, Hayward)
3. **Number of dispatch centers directly dispatching ambulances** 5
   (Alameda, Albany, Berkeley, Piedmont, AMR)
4. **Number of designated dispatch centers for EMS Aircraft** (ALCO-CMED) 1

5. **Do you have an operational area disaster communication system?** **yes** Y **no** ___
   a. Radio primary frequency: 800 MHz Radio A-1
   b. Other methods: HAM Radio, Reddinet, Cell Phones
   c. Can all medical response units communicate on the same disaster communications system? **yes** Y **no** ___
   d. Do you participate in OASIS? **yes** Y **no** ___
   e. Do you have a plan to utilize RACES as a back-up communication system? **yes** Y **no** ___
      Within the operational area? **yes** Y **no** ___
      Between the operational area and the region and/or state? **yes** Y **no** ___

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

Revision #1 [2/23/00]

EMS System: Alameda County

Reporting Year: 2004

TRANSPORTING AGENCIES:	Alameda City Fire	Albany Fire	AMR	Berkeley Fire	Piedmont Fire
Number of Exclusive Operating Areas (EOA)	**	**	1	**	**
Percentage of total population covered by EOAs Total Population: 1,354,600 Population of cities outside the EOA: 214,400	N/A	N/A	84.3%	N/A	N/A
Total number responses: 109,503	**3935**	**1000**	**95,933**	**7834**	**801**
a) Number of emergency responses (Code 3: lights & sirens)		1000	78,417	7834	
b) Number non-emergency responses (Code 2: expedient)		0	17,516	0	
Total number of transports: 78,729	**3059**	**632**	**68,726**	**5672**	**640**
a) Number of emergency transports (Code 3: lights and siren)			56,407	232	
b) Number of non-emergency transports (Code 2: expedient)			12,319	5440	

** Meets criteria for non-competitive selection under 1797.201

EARLY DEFIBRILLATION	Number
PROVIDERS	
Number of public safety defibrillation providers:	**2**
Automated (Semi-automatic)	2
Manual	0
Number of EMT-Defibrillation providers:	**2**
Automated (Semi-automatic)	2
Manual	0
DEFIBRILLATION STATISTICS (partial data as of 4/7/99)	
Total patient hook-ups	**0**
Numbering meeting determination of death criteria	0
Total hook-ups minus determination of death	**0**
Total patient defibrillated	0
# in V-fib/V-tach	0
# witnessed arrest	**0**
# bystander CPR	0
# patients discharged from the hospital	-

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

AIR AMBULANCE SERVICES: (CALStAR, Life Flight, REACH, East Bay Regional Parks, CHP)

	2004
Total number of responses:	a. 229
a)Number of emergency responses	b. N/A
b)Number of non-emergency responses	
Total number of transports	
a)Number of emergency transports (Trauma)	a. 123
b)Number of non-emergency transports	b. N/A

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)
Enter the response times in the appropriate boxes.

	METRO/ URBAN/SUBURBAN	RURAL	WILDERNESS
1. BLS and CPR capable first responder	5 minutes	As quick as possible	As quick as possible
2. Early defibrillation responder	5 minutes	As quick as possible	As quick as possible
3. Advanced life support responder**	8 minutes	15 minutes	25 minutes
4. Transport Ambulance**	10 minutes, 30 secs	20 minutes	35 minutes

** By contract 1/2000

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Revised 11/20/05

EMS System: Alameda County Reporting Year: 2004

A. Trauma:

1.	Number of patients meeting Critical trauma patient (CTP) triage criteria:	3,914
2.	Number of major trauma victims transported directly to a trauma center by ambulance *(meeting CTP criteria)*	3001*
3.	Number of major trauma patients transferred to a trauma center	N/A
4.	Number of patients not treated at a trauma center who were later identified as a major trauma patient	52
5.	Number of patients meeting triage criteria who weren't treated at a trauma center *(transported to a receiving hospital)*	342

B. Emergency Departments:

1.	Total number of emergency departments	13
2.	Number of referral emergency services	0
3.	Number of standby emergency services	0
4.	Number of basic emergency services	13
5.	Number of comprehensive emergency services	0

C. Receiving Hospitals

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

* Incomplete data

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Alameda County Reporting Year: 2004

A. SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located?: 52 potential field treatment sites have been selected

b. How are they staffed?: Personnel from evacuating hospitals; plan to request a DMAT team

c. Do you have a supply system for supporting them for 72 hours? yes

2. CISD

a. Do you have a CISD provider with 24 hour capability? yes

3. Medical Response Team

a. Do you have any team medical response capability no
(A Medical Reserve Corps is in the early planning stages)
b. For each team, are they incorporated into your local response plan? N/A
c. Are they available for statewide response? N/A
d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials

*** a. Do you have any HazMat trained medical response teams? yes
b. At what HazMat level are they trained?
Haz-mat Teams: Specialist Technician
c. Do you have the ability to do decontamination in an emergency room? *(Most would decon. outside the facility)* yes
d. Do you have the ability to do decontamination in the field? yes

B. OPERATIONS

a. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes

b. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?: 20 (estimated)(cities + special districts)

c. Have you tested your MCI Plan this year in a:
real event? yes
exercise? yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS
– Disaster Medical

4.** List all counties with which you have a written medical mutual aid agreement:
Contra Costa County

5.** Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?

no

6.** Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?

no

7. Are you part of a multi-county EMS system for disaster response? yes
(Region II)

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

N/A

*[** **Not applicable** - SB 1841 (SEMS legislation) has made formal agreement unnecessary. Hospitals and Clinics participate on a regular basis without the need for formal agreements.]*

*(***City of Oakland is in the process of training and equipping first responders for enhanced HAZ MAT response; this resource will be shared throughout Alameda County.)*

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Alameda County Reporting Year: 2004

A. SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located?: 52 potential field treatment sites have been selected

b. How are they staffed?: Personnel from evacuating hospitals; plan to request a DMAT team

c. Do you have a supply system for supporting them for 72 hours? yes

2. CISD

a. Do you have a CISD provider with 24 hour capability? yes

3. Medical Response Team

a. Do you have any team medical response capability no
(A Medical Reserve Corps is in the early planning stages)
b. For each team, are they incorporated into your local response plan? N/A
c. Are they available for statewide response? N/A
d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials

*** a. Do you have any HazMat trained medical response teams? yes
b. At what HazMat level are they trained?
Haz-mat Teams: Specialist Technician
c. Do you have the ability to do decontamination in an emergency room? *(Most would decon. outside the facility)* yes
d. Do you have the ability to do decontamination in the field? yes

B. OPERATIONS

a. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes

b. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?: 20 (estimated)(cities + special districts)

c. Have you tested your MCI Plan this year in a:
real event? yes
exercise? yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS
– Disaster Medical

4.** List all counties with which you have a written medical mutual aid agreement:
Contra Costa County

5.** Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?

no

6.** Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?

no

7. Are you part of a multi-county EMS system for disaster response? yes
(Region II)

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

N/A

*[** **Not applicable** - SB 1841 (SEMS legislation) has made formal agreement unnecessary. Hospitals and Clinics participate on a regular basis without the need for formal agreements.]*

*(***City of Oakland is in the process of training and equipping first responders for enhanced HAZ MAT response; this resource will be shared throughout Alameda County.)*

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Berkeley Fire Department
997 Cedar St
Berkeley, Ca 94701

Primary Contact: Ann-Margaret Moyer
(510) 981-5610

Written Contract: ☑ yes ☐ no	**Service:** ☑ Ground Air Water ☑ Transport Non-Transport	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 0 BLS 65 EMT-D 32 ALS
Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑ City; County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 3

Oakland Fire Department
47 Clay Street
Oakland, CA 94607

Primary Contact:
Jean English
(510) 238-6957

Written Contract: ☑yes no	**Service:** Ground Air Water Transport ☑ Non-Transport	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 385 EMT-D 101 EMT-P
Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑ City; County; State Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Alameda County Fire Department
835 E. 14th Street
San Leandro, CA 94577

Primary Contact: Al Kleveno
(510) 618-3485

Written Contract: ☑ yes no	**Service:** Ground Air Water Transport ☑ Non-Transport	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 0 BLS 13 EMT-D 93 ALS

Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain	**If Public:** City; ☑ County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 0

Piedmont Fire Department
120 Vista Avenue
Piedmont, CA 94611

Primary Contact:
Scott Barringer
(510) 420-3030

Written Contract: ☑ yes no	**Service:** ☑ Ground Air Water ☑ Transport Non-Transport	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 8 BLS 13 ALS

Ownership: ☑Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑City; County; State; Fire District; Federal	**System available 24 hours?** ☑yes no	**Number of ambulances:** 1 1 reserved

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Livermore/Pleasanton Fire Department
4550 East Avenue
Livermore, CA 94550

Primary Contact: Sabina Imrie
(925) 454-2315

Written Contract:	Service:	Air classification:	If Air:	Number of personnel providing services:
☑ yes no	Ground Transport Air ☑ Non-Transport Water	auxiliary rescue air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	0 BLS 104 EMT-D 50 ALS

Ownership:	Medical Director:	If Public:	If Public:	System available 24 hours?	Number of ambulances: 0
☑ Public Private	☑ yes no	☑ Fire Law Other explain:	City; County; State; ☑ Fire District; Federal	☑ yes no	

Hayward Fire Department
777 B St
Hayward, CA 94541

Primary Contact: Bob Negri
(510) 293-5049

Written Contract:	Service:	Air classification:	If Air:	Number of personnel providing services:
☑ yes no	Ground Transport Air ☑ Non-Transport Water	auxiliary rescue air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	0 BLS 50 EMT-D 67 ALS

Ownership:	Medical Director:	If Public:	If Public:	System available 24 hours?	Number of ambulances: 0
☑ Public Private	☑ yes no	☑ Fire Law Other explain:	☑ City; County; State; Fire District; Federal	☑ yes no	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Lawerence Livermore National Lab
P.O. Box 808 (L-388)
Livermore, CA 94550

Primary Contact: Sue Broadway
(925) 423-1800

Written Contract: ☑ yes no	**Service:** ☑ Ground ☑ Transport Air Non-Transport Water	**Air classification:** auxiliary rescue air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 28 EMT-D 17 ALS

Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** City; County; State; Fire District; ☑ Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 1

Newark Fire Department
6170 Thornton Ave, # D
Newark, CA 94560

Primary Contact: Brian Caminada
(510) 793400 x163

Written Contract: ☑yes no	**Service:** Ground Transport Air ☑ Non-Transport Water	**Air classification:** auxiliary rescue air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 24 BLS 27 EMT-D 17 ALS

Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑ City; County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances: 0**

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Alameda (City) Fire Department 1300 Park Street Alameda, CA 94501				**Primary Contact:** Doug Clifton (510) 748-4601	
Written Contract: ☑ yes no	**Service:** ☑ Ground ☑ Transport Air Non-Transport Water	**Air classification:** auxiliary rescue air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 32 EMT-P 65 EMT	
Ownership: ☑ Public Private	**Medical Director:** ☑yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑ City; County; State; Fire District; Federal	**System available 24 hours?** ☑yes no	**Number of ambulances:** 3

Emeryville Fire Department 2333 Powell Street Emeryville, CA 94608				**Primary Contact:** Dan Dyer (510) 596-4350	
Written Contract: ☑ yes no	**Service:** Ground Transport Air ☑ Non-Transport Water	**Air classification:** auxiliary rescue air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing	**Number of personnel providing services:** 0 BLS 18 EMT-D 9 ALS	
Ownership: ☑Public Private	**Medical Director:** ☑ yes no	**If Public:** ☑ Fire Law Other explain:	**If Public:** ☑ City; County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Albany Fire Department
1000 San Pablo
Albany, CA 94706

Primary Contact: Jeff Keary
(510) 528-5771

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
☑ yes no	☑ Ground ☑ Transport Air Non-Transport Water	auxiliary rescue air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	0 BLS 5 EMT-D 12 ALS

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances: 1**
☑Public Private	☑ yes no	☑ Fire Law Other	☑ City; County; State; Fire District; Federal	☑yes no	1 reserved

Dept of Forestry and Fire
11345 Pleasanton - Sunol Road
Pleasanton, CA
94566

Primary Contact: Ken McGeever
(925) 862-2197

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
yes ☑ no	Ground Transport Air ☑ Non-Transport Water	auxiliary rescue air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	9 EMT-D 4 ALS

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances**: 0
☑Public Private	☑ yes no	☑ Fire Law Other State	City; County; ☑ State; Fire District;	Yes ☑ No	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Fremont Fire Department 39100 Liberty Street Fremont, CA 94538					**Primary Contact:** Bob O'Brien (510) 494-4223
Written Contract: ☑ yes no	**Service:** Ground Transport Air ☑ Non-Transport Water	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing		**Number of personnel providing services:** 75 BLS 71 ALS
Ownership: ☑ Public Private	**Medical Director:** ☑yes no	**If Public:** ☑ Fire Law Other	**If Public:** ☑ City; County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 0

Camp Parks RTF Fire Department 520 Mitchell Drive Dublin, CA 94568					**Primary Contact:** Eric Martinez (925)875-6902
Written Contract: yes ☑ no	**Service:** Ground Transport Air ☑ Non-Transport Water	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** Rotary Fixed Wing		**Number of personnel providing services:** BLS 11 EMT-D ALS
Ownership: ☑ Public Private	**Medical Director:** yes X no	**If Public:** ☑ Fire Law Other explain:	**If Public:** City; County; State; Fire District; ☑ Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

East Bay Regional Park District
17930 Lake Chabot Road
Castro Valley, CA

Primary Contact: Dennis Rein
(510) 544-3050
Andrew White (helo)

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
☑ yes no	Ground ☑ Transport ☑ Air Non-Transport Water	Auxiliary rescue Air ambulance ☑ ALS rescue ☑ BLS rescue	☑ Rotary Fixed Wing	1 BLS 44 EMT-D 1 ALS

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances:** 0
☑Public Private	☑ yes no	Fire ☑ Law Other	City; ☑ County; State; Fire District; Federal	yes ☑ no - helo 12 hrs/day	

American Medical Response
640 143rd Ave.
San Leandro 94577

Primary Contact: Mike Turay
(510) 895-7533

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
☑ yes no	☑ Ground ☑Transport Air Non-Transport Water	Auxiliary rescue Air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	211 ALS 206 BLS

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances:** 85
Public ☑ Private	☑yes no	Fire Law Other explain:	City; County; State; Fire District; Federal	☑ yes no	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

California Highway Patrol (Helicopter Unit)
2700 Airport Road
Napa, CA 94558

Primary Contact: Sgt. Lonti Russell
(707) 257103

Written Contract: yes ☑ no	**Service:** Ground Transport Air Non-Transport Water	**Air classification:** Auxiliary rescue Air ambulance ALS rescue BLS rescue	**If Air:** ☑ Rotary Fixed Wing	**Number of personnel providing services:** 4 ALS 6 BLS

Ownership: ☑ Public Private	**Medical Director:** ☑ yes no	**If Public:** Fire ☑ Law Other	**If Public:** City; County; ☑ State; Fire District; Federal	**System available 24 hours?** yes no 7:30a – 12a staffed 12a – 7:30 on-call	**Number of ambulances:** 1

CALSTAR California Shock Trauma Air Rescue
177 John Glenn Drive
Concord, CA 94520

Primary Contact: Scott Wallace
(925) 798-1666

Written Contract: ☑ yes no	**Service:** Ground ☑ Transport ☑ Air Non-Transport Water	**Air classification:** Auxiliary rescue ☑ Air ambulance ALS rescue BLS rescue	**If Air:** ☑ Rotary Fixed Wing	**Number of personnel providing services:** 0 ALS (all RNs)

Ownership: Public ☑ Private	**Medical Director:** ☑ yes no	**If Public:** Fire Law Other	**If Public:** City; County; State; Fire District; Federal	**System available 24 hours?** ☑ yes no	**Number of ambulances:** 1

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Life Flight
300 Pasteur Drive
Stanford, CA 94305

Primary Contact: Derrick Alexander
(650) 725-4828

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
☑ yes no	Ground ☑ Transport ☑ Air Non-Transport Water	Auxiliary rescue ☑ Air ambulance ALS rescue BLS rescue	☑ Rotary Fixed Wing	0 ALS (all RNs)

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances:** 1
Public ☑ Private	☑yes no	Fire Law Other explain:	City; County; State; Fire District; Federal	☑ yes no	

REACH Air Ambulance
5010 Flightline Drive
Santa Rosa, CA 95403

Primary Contact: Jennifer Hardcastle
(707) 576-8686

Written Contract:	**Service:**	**Air classification:**	**If Air:**	**Number of personnel providing services:**
☑yes no	Ground ☑ Transport ☑ Air Non-Transport Water	Auxiliary rescue ☑ Air ambulance ALS rescue BLS rescue	☑ Rotary Fixed Wing	14 EMT-P

Ownership:	**Medical Director:**	**If Public:**	**If Public:**	**System available 24 hours?**	**Number of ambulances:** 1
Public ☑ Private	☑yes no	Fire Law Other	City; County; State; Fire District; Federal	☑yes no	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: _Alameda County_ **Reporting Year:** 2005

Union City Fire Department **Primary Contact:** Marlene Rivers
34009 Alvarado-Niles Rd. (510)675-5429
Union City, CA 94587

Written Contract:	Service:	Air classification:	If Air:	Number of personnel providing services:
☑ Yes ☐ No	☑ Ground Air Water Transport Non-Transport	Auxiliary rescue Air ambulance ALS rescue BLS rescue	Rotary Fixed Wing	22 BLS EMT-D 20 ALS

Ownership:	Medical Director:	If Public:	If Public:	System available 24 hours?	Number of ambulances:
☑ Public Private	☑ Yes No	☑ Fire Law Other explain:	☑ City; County; State; Fire District; Federal	☑ Yes No	

TABLE 9: RESOURCES DIRECTORY
-- Approved Training Programs

Reporting Year: 2004

Training Institution Name / Address		**Contact Person/Telephone**
Alameda County Fire Department 1426 164th Ave. San Leandro, CA 94578		Al Kleveno (510) 618-3485
Student Eligibility: Fire service & law enforcement	**Cost of Program:** None to employees	**Program Level**: EMT-1 **Number of students completing training per year**: Initial training: 0 Refresher: 80 Expiration Date: 6/30/08 **Number of courses**: Initial training: 0 Refresher: as needed

Training Institution Name / Address		**Contact Person/Telephone:**
Alameda Fire Department 1300 Park Street Alameda, CA 94501		Luis Diaz (510) 337-2106
Student Eligibility: Fire employees only	**Cost of Program** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year**: Initial training: 0 Refresher: 25-40 Expiration Date: 1/31/05 **Number of courses**: Initial training: 0 Refresher: as needed

Training Institution Name / Address		**Contact Person/Telephone:**
American Health Education 7300 Amador Plaza Blvd. Dublin, CA 94568		Jack Neiman-Kimel (800) 483-3615
Student Eligibility: Open to the public	**Cost of Program:** Basic: $795.00 Refresher: $295.00	**Program Level:** EMT-1 **Number of students completing training per year**: Initial training: 120 Refresher: 80 Expiration Date: 10/31/07 **Number of courses**: Initial training: Every other month Refresher: Every other month

TABLE 9: RESOURCES DIRECTORY

-- Approved Training Programs Reporting Year: 2004

Training Institution Name / Address Berkeley Fire Department 997 Cedar Street Berkeley, CA 94701		**Contact Person/Telephone:** Luis Ponce (510) 981-5615
Student Eligibility: Fire employees only	**Cost of Program** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: unk Expiration Date: 10/31/08 **Number of courses:** Initial training: 0 Refresher: as needed

Training Institution Name / Address: Chabot College 25555 Hesparian Blvd. Hayward, CA 94545		**Contact Person/ Telephone:** Brian Stewart (510) 723-7448
Student Eligibility: Open to the public	**Cost of Program:** Basic: $200.00 Refresher: $120.00	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 60 Refresher: 20 Expiration Date: 4/30/08 **Number of courses:** Initial training: 2 per year Refresher: 2 per year

Training Institution Name / Address: Fast Response Safety Training 1015 University Avenue Berkeley, CA 94710		**Contact Person/ Telephone:** Shawn Gillis (510) 849-4009
Student Eligibility: Open to the public	**Cost of Program:** Basic: n/a Refresher: $295.00	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: n/a Refresher: 80 Expiration Date: 4/30/08 **Number of courses:** Initial training: 2 per year Refresher: 2 per year

TABLE 9: RESOURCES DIRECTORY

-- Approved Training Programs

Reporting Year: 2004

Training Institution Name / Address: Fremont Fire Department, 3300 Capital Avenue, Bldg. B, Fremont, CA 94537		**Contact Person/ Telephone:** Pat Kramm (510) 494-4233
Student Eligibility: Fire employees only	**Cost of Program:** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: 80 Expiration Date: 2/28/05 **Number of courses:** Initial training: 0 Refresher: as needed

Training Institution Name / Address: Hayward Fire Department, 777 B street, Hayward, CA 94541		**Contact Person/ Telephone:** Bob Negri (510) 293-5049
Student Eligibility: HFD fire services	**Cost of Program:**	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: 80 Expiration Date: 2/28/05 **Number of courses:** Initial training: 0 Refresher: 2

Training Institution Name / Address Los Positas College, 3033 Collier Canyon Road, Livermore, CA 94550		**Contact Person/Telephone:** Sebastian Wong (925) 373-5800
Student Eligibility: **Open to the public**	**Cost of Program:** Basic: $175.00 Refresher: $40.00	**Program Level** **Number of students completing training per year:** Initial training: 60 Refresher: 20 Expiration Date: 3/31/2008 **Number of courses:** Initial training: 2 Refresher: as needed

TABLE 9: RESOURCES DIRECTORY

-- Approved Training Programs Reporting Year: 2004

Training Institution Name / Address Lawrence Livermore Fire Department 7000 East Avenue, L-388 Livermore, CA 94550		**Contact Person/Telephone:** Mike McLaughlin (925) 423-1814
Student Eligibility: Fire service employees	**Cost of Program** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: 30-35 Expiration Date: 8/31/08 **Number of courses:** Initial training: 0 Refresher: One per year

Training Institution Name / Address Merritt College 12500 Campus Drive Oakland, CA 94619		**Contact Person/Telephone:** Jean English (510) 238-6957
Student Eligibility: Open to the public	**Cost of Program:** $125 basic $15-25 refresher	**Program Level** EMT-1 **Number of students completing training per year:** Initial training: 60 Refresher: 0 Expiration Date: 3/31/08 **Number of courses:** Initial training: Two per year Refresher: none

Training Institution Name / Address Newark Fire Department 6170 Thornton Avenue, Bldg D Newark, CA 94560		**Contact Person/Telephone:** Marlene Rivers (510) 794-2306
Student Eligibility: Fire services employees	**Cost of Program** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: 30-40 Expiration Date: 3/31/08 **Number of courses:** Initial training: 0 Refresher: One per year

TABLE 9: RESOURCES DIRECTORY

-- Approved Training Programs Reporting Year: 2004

Training Institution Name / Address Oakland Fire Department 47 Clay Street Oakland, CA 94607		**Contact Person/Telephone:** Jean English (510) 238-6957
Student Eligibility: OFD fire services + Bay EMT Program for inner city youth	**Cost of Program** Basic: 0.00 Refresher: 0.00	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 8 Refresher: as needed Continuing Education: as needed Expiration Date: 3/31/08 **Number of courses:** Initial training: as needed Refresher: as needed Continuing Education: as needed

Training Institution Name / Address: Union City Fire Department 34009 Alvarado-Niles Road Union City, CA 94587		**Contact Person/ Telephone:** Marlene Rivers (510) 675-5429
Student Eligibility: Fire service employees	**Cost of Program:** No cost to employees	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 0 Refresher: 80 Expiration Date: 11/30/08 **Number of courses:** Initial training: 0 Refresher: two per year

Training Institution Name / Address Unitek College 4670 Auto Mall Parkway Fremont, CA 94538		**Contact Person/Telephone:** Carolina Dennehy-Green (510) 249-1060
Student Eligibility: Open to the public	**Cost of Program:** Basic: $1595.00 Refresher: unk	**Program Level:** EMT-1 **Number of students completing training per year:** Initial training: 140 Refresher: unk Expiration Date: 8/31/08 **Number of courses:** Initial training: about every other month + 2-week bi-monthly bootcamps Refresher: Not yet scheduled

: = YES

9 = NO

TABLE 10: RESOURCES DIRECTORY
-- Facilities

EMS System: Alameda County **Reporting Year:2004**

Alameda Hospital 2070 Clinton Ave. Alameda, CA 94501			**Primary Contact:** Steve Ahm, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

ValleyCare Medical Center 5575 W. Los Positas Blvd. Pleasanton, CA 94588			**Primary Contact:** Nancy Zahradnic, RN	
Written Contract : yes 9 no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: : yes 9 no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

St. Rose Hospital 27200 Calaroga Avenue Hayward, CA 94545			**Primary Contact:** ?, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:* 9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

TABLE 10: RESOURCES DIRECTORY
-- Facilities

Revision #1 [1/20/05]

Eden Hospital 20103 Lake Chabot Road Castro Valley, CA 94546			**Primary Contact: Lynn Santangelo**, RN	
Written Contract : yes 9 no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: : yes 9 no	If Trauma Center, what Level:**** Level II

Children's Hospital 747 52nd Street Oakland, CA 94609			**Primary Contact:** Stacey Hanover-Braga, RN	
Written Contract : yes 9 no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:* : yes 9 no
EDAP:** 9 yes : no	PICU:*** : yes 9 no	Burn Center: : yes no	Trauma Center: : yes 9 no	If Trauma Center, what Level:**** Level II

Highland General Hospital 1411 E - 31st. Street Oakland, CA 94602			**Primary Contact:** Valerie Louie, RN	
Written Contract : yes 9 no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: : yes 9 no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** NICU 9 yes : no	Burn Center: 9 yes : no	Trauma Center: : yes 9 no	If Trauma Center, what Level:**** Level II

TABLE 10: RESOURCES DIRECTORY
-- Facilities

Revision #1 [12/23/98]

Alta Bates Medical Center 2450 Ashby Avenue Berkeley, CA 94705			**Primary Contact:** Dolores Darling-Riordan, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:* 9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: : yes 9 no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

San Leandro, Hospital 13855 East 14th Street San Leandro, CA 94578			**Primary Contact:** Dorothy Holmes, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

Washington Hospital 2000 Mowry Avenue Fremont, CA 94538			**Primary Contact: Carol Hayden**, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

TABLE 10: RESOURCES DIRECTORY
-- Facilities

Kaiser Hospital, Oakland 280 West Mac Arthur Blvd. Oakland, CA 94611			**Primary Contact:** Felicia Green, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** : yes 9 no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

Kaiser Hospital, Hayward 27400 Hesparian Blvd. Hayward, CA 94545			**Primary Contact:** Terri Pillow-Noriega, RN	
Written Contract : yes 9 no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: : yes 9 no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

Summit Medical Center 350 Hawthorne Street Oakland, CA 94609			**Primary Contact: Patrick Evangelista**, RN	
Written Contract 9 yes : no	Referral emergency service 9 Standby emergency service 9 Basic emergency service : Comprehensive emergency service 9		Base Hospital: 9 yes : no	Pediatric Critical Care Center:*9 yes : no
EDAP:** 9 yes : no	PICU:*** 9 yes : no	Burn Center: 9 yes : no	Trauma Center: 9 yes : no	If Trauma Center what Level:****

TABLE 10: RESOURCES DIRECTORY
-- Facilities

<table>
<tr><td colspan="3">San Ramon Regional Medical Center
6001 Norris Canyon Rd.
San Ramon, CA 94623</td><td colspan="2">Primary Contact: ED Nurse Manager</td></tr>
<tr><td>Written Contract
9 yes
: no</td><td colspan="2">Referral emergency service 9
Standby emergency service 9
Basic emergency service :
Comprehensive emergency service 9</td><td>Base Hospital:
9 yes
: no</td><td>Pediatric Critical Care Center:*9 yes : no</td></tr>
<tr><td>EDAP:**
9 yes
: no</td><td>PICU:***
9 yes
: no</td><td>Burn Center:
9 yes
: no</td><td>Trauma Center:
9 yes
: no</td><td>If Trauma Center what Level:****</td></tr>
</table>

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

TABLE 11: RESOURCES DIRECTORY
-- Dispatch Agency

EMS System: Alameda County **Reporting Year:** 2005

Alameda County -Central Medical Dispatch (ALCO-CMED) LLNL Fire Department P.O. Box 808, L-388 Livermore, CA 94551		**Primary Contact:** Chuck Berdan, Dispatch Manager (925) 423-1803		
Written Contract: ☑ yes ☐ no	**Service:** ☑ Ground ☑ Day-to-day ☑ Air ☑ Disaster ☑ Water	**Number of Personnel providing services:** 23		
Ownership: ☑ Public ☐ Private	**Medical Director:** ☐ yes ☑ no	**If public:** ☑ Fire ☐ Law ☐ Other	**If public:** ☐ City; ☑ County; ☐ State; ☐ Fire District; ☐ Federal	**Number of Ambulances:**

Oakland Fire Department 250 Fallon Street Oakland, CA 94607		**Primary contact:** Jean English (510) 238-6725		
Written Contract: ☑ yes ☐ no	**Service:** ☑ Ground ☑ Day-to-day ☐ Air ☑ Disaster ☑ Water	**Number of Personnel providing services:** 17		
Ownership: ☑ Public ☐ Private	**Medical Director:** ☑ yes ☐ no	**If public:** ☑ Fire ☐ Law ☐ Other	**If public:** ☑ City; ☐ County; ☐ State; ☐ Fire District; ☐ Federal	**Number of Ambulances:**

TABLE 11: RESOURCES DIRECTORY
-- Dispatch Agency

<table>
<tr><td colspan="3">American Medical Response
640 143rd Ave
San Leandro, CA 94577</td><td colspan="3">Primary Contact:
Mike Turay
(510) 895-7633</td></tr>
<tr><td>Written Contract:
☑ yes
☐ no</td><td>Service:
☑ Ground
☑ Day-to-day
☐ Air
☑ Disaster
☐ Water</td><td colspan="4">Number of Personnel providing services: 8 (0 EMD)</td></tr>
<tr><td>Ownership:
☐ Public
☑ Private</td><td>Medical Director:
☑ yes
☐ no</td><td>If public:
☐ Fire
☐ Law
☐ Other</td><td>If public:
☐ City;
☐ County;
☐ State;
☐ Fire District;
☐ Federal</td><td colspan="2">Number of Ambulances:
38 – peak staffing</td></tr>
</table>

County/R on: ***Alameda 2004 update***
Review conducted 5/06

Zone	Exclusivity	Type Exclusivity	Analysis/Comment	Reviewer Comment
Albany	Grandfathered	9-1-1 emergency ambulance (ALS and BLS).	Provider is Albany Fire Dept.	OK Need to be sure the type of exclusivity is included on the revised forms.
Berkeley	Grandfathered	9-1-1 emergency ambulance (ALS and BLS).	Provider is Berkeley FD.	OK
Piedmont	Grandfathered	9-1-1 emergency ambulance (ALS and BLS).	Provider is Piedmont Fire Dept.	OK
Alameda (city)	Grandfathered	9-1-1 emergency ambulance (ALS and BLS).	The Alameda City Fire department has provided the city of Alameda BLS level care and transport, in the same scope and manner, since before 1981 until 2001. At that time they began ALS level care and transport.	OK Note: The form that was submitted with the 2001 plan states that the city was not part of the "service area" prior to 1999. There has been no change in scope and manner for the provider; the service area refers to a tax that was imposed on Alameda County residents that the City of Alameda does not participate in. This has no bearing on the grandfatherability of the provider.
All remaining cities and unincorporated areas of county. (Includes Oakland, San Leandro, Hayward, Castro Valley, Union City,, Newark, Fremont, Pleasanton, Livermore, and unincorporated areas).	Competitive bid conducted 1998.	9-1-1 emergency ambulance (ALS and BLS).	Provider is AMR. An RFP was issued with only one bidder. Contract dates 11/1/99 through 11/1/04. Extended for 2 years through 10/31/05, and again for 2 years through 10/31/07.	OK

Notes:

6/1/06: Emailed Kris Helander with questions to clarify zones. Included these comments/questions:
I am unclear under section 4.19 how the response relates to the standard. Can you provide more specific information for how the county meets this standard?

Under Section 4.20, it states that this standard is not applicable. If you are grandfathering in any providers, they must meet the requirements under Health and Safety Code, Section 1797.224. Your plan should address this as well.

Under Sec 4.21, it is unclear how the response addresses the standard. Ca u please provide more specific information for how the county me the standard?

6/2/06: Conversation with Kris Helander: Lawrence Livermore Lab is listed as a transporting provider in the provider directory. This is a federal facility and not subject to the LEMSA's oversight.

Also, Page 1 Section One of the Alameda EMS plan update states that a competitive bid process was conducted in 1994. The process was conducted for all of the county with the exception of Albany, Berkeley, Piedmont, and Alameda. However, the 1999 update appears to indicate that RFPs were conducted in 1999 in these four cities, but this is not correct.

Suggested language for letter:

Sections 4.19, 4.20, and 4.21 do not adequately address the standard. Please submit additional information that indicates how these standards have been met.

The ambulance zone summary forms for the Albany, Berkeley, Piedmont, and City of Alameda zones state that the providers have been in service since 1982. We understand this was a typographical error and that the providers were in service prior to January 1, 1981, in compliance with the requirements for grandfathering under Health and Safety Code, Section 1797.224. Please resubmit the forms for these zones with the correct information.

For the exclusive operating area in which a competitive bid process has been conducted, the EMS Authority advises that competitive bids take place at least every 10 years.

SECTION ONE

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICE DISTRICT
EMS SYSTEM PLAN UPDATE 2004
(revised June 2006)

SUMMARY OF CHANGES

The Alameda County EMS Agency embarked on a five-year System Redesign Project in May 1994. A significant amount of time, effort and planning went into evaluating the system and recommending future changes. In December 1998, the end-product of the redesign project was released in the form of a Request for Proposal (RFP) for emergency ambulance transportation for a single provider for all cities and unincorporated areas of the County, with the exception of the cities of Alameda, Albany, Berkeley and Piedmont. These areas are covered by the cities Fire Department, and were grandfathered in as 224 cities (H&SC 1987.224), as all four cities provided emergency response and transport prior to 1/1/81. In addition, the Lawrence Livermore National Lab is covered by the Livermore Lab Fire Department. This is Federal land and therefore is not included in the EOA.

Specifications were developed for ambulance transportation; however, the lack of more than one qualified bidder compelled the agency to enter into "sole-source" negotiations. A contract with American Medical Response (AMR) was approved by the Board of Supervisors 11/1/99. . The five year contract was granted one extension through October 31, 2007. This extension was requested by Fire Chiefs and City Managers to allow for the hiring of a consultant to review the current systems and look into potential system redesign.

The Data Management system RFP was completed in May 1999/ Lancet Corporation of Boston, Massachusetts was selected and began work in the fall of 1999. EMS continues towards the ultimate goal of developing a County-wide data management system to include all providers and hospitals. EMS data staff has expanded to include an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist: These 3 are moving ahead with the County-wide data system project. This project will involve a juncture with an outside vendor capable of combining the contractually required data from all fire departments and AMR.

The RFP for Direct Medical Control went out for bid in of February 2002. Highland General Hospital was selected as the Countywide Trauma Base hospital effective February, 2004.

Leadership in the Agency has been consistent with Cindy Abbissinio as the EMS Director since July of 2001 and Dr. James Pointer as the Medical Director since 1997.

PROGRESS FROM PREVIOUS SYSTEM PLAN IN 2001

Major Changes:

- July 2001 – Injury Prevention staff are transferred from the Public Health Family Health Services Division back to EMS. Five additional staff are added and participated in such projects as the National Safe Kids Coalition, Senior Injury Prevention project, community car-seat trainings, Court Diversion program with regards to car-seat education, and bicycle helmet safety sessions An Injury Prevention supervisor was hired in September 2004

- A Prehospital Care Coordinator was hired with Bioterrosim expertise and will be coordinating with the Public Health Departments BT program.

- Highland Hospital designated as the single base hospital for medical control, MICNs eliminated, and all calls for medical direction are handled by a physician

- Via the RFP for the county-wide data management project, Lancet Corporation was chosen. The work started in April of 2001. This work is ongoing with a Lancet employee now based full time within EMS for the next 2-3 years. The EMS Data program has expanded with the hiring of an Information Systems Analyst (ISA), Information System Specialist (ISS) and a data specific program specialist.

- The Medical Dispatch functions were transferred from the Alameda County Sheriff's Department to the Lawrence Livermore National Laboratory (LLNL) as of December 8, 2001. Medical Priority Dispatch™ has been implemented and Pro QA and Aqua programs are currently being utilized and training of staff is occurring.

- The Non-Emergency Medical Dispatch piece has not started. It is anticipated that this will involve an extensive public education campaign and extensive staff time to be devoted to this effort before implementation.

- An EMS Advisory Commission will be brought together on an Ad Hoc basis as needed as the system plan progresses.

- Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have already begun to train and use Medical Priority Dispatch™ and have begun training and reports in Pro QA and Aqua programs.

Future Objectives:

- To complete the rest of the hospital pediatric site surveys for EMSC
- To implement an integrated data management system.
- To complete one years worth of response time data from all first responder and transport providers

re-evaluate the monies being disbursed to each center. Audit was completed in November 2002. Penalties affiliated with monetary attachments have been added to the 02/03 contracts and are currently being enforced.

- February 2004 – EMS Agency moved offices to Creekside Plaza, 1000 San Leandro Blvd in San Leandro

- February 2004 – Per EMS Council recommendation, Highland Hospital designated as the single base hospital for medical control. MICNs eliminated, all calls for medical direction are handled by a physician

- July 2004 – Medical dispatch located at the Lawrence Livermore National Laboratory was expanded to begin utilizing the Medical Priority Dispatch™ system and implementing Pro QA and Aqua programs

- July 2004 - The First Responder Advanced Life Support (FRALS) contracts were renegotiated and signed.. Beginning in January 2003, with the final City of Oakland units having full paramedic response on the first-in engines, all cities and unincorporated areas of Alameda County have first responder paramedics.

- August 2004 – Oakland Fire Department is working towards becoming the second regional dispatch center for Alameda County. They have begun implementing the National standard of and using the Pro QA and Aqua software.

- August 2004 – The Joint Powers Authority agreement with the EMS Agency, Alameda County Fire Department, City of Alameda Fire Department and Lawrence Livermore National Laboratory for medical and fire dispatching services expanded to include Camp Parks Federal Fire Agency, Union City Fire Department and Fremont Fire Department.

- March 2004 – EMS initiated the Bioterrorism Steering Committee and sub-committees as well as the Public Health Coalition in conjunction with the Health Officer. Meetings involve all pertinent County partners and agencies. Meetings are ongoing with the hiring of a consultant and the goal of completing the Public Health Bioterrorism plan. The BT plan was completed and distributed to all constituents in hard copy and CD formats in October 2002. EMS hired a BT Coordinator in March 2004.

- November 2005 – Proposal for AMR contract to be extended for 2 years for 911 advanced life support transport contract

Update on Specific Objectives from 2001 Plan

- After a two-year delay, the Emergency Medical Services for Children (EMSC) project has been reassigned to two Prehospital Care Coordinators. The site visits to the remaining Alameda County Receiving Hospitals Emergency Departments have been halted per the Northern California Hospital Council. Children's Hospital, Oakland was designated as a Pediatric Critical Care Center (PCCC) in the spring of 2000.

- All First Responder Advanced Life Support (FRALS) contracts are complete and with City of Oakland's completion of paramedic hiring in January 2003, all cities and unincorporated areas of Alameda County have first responder paramedic service.

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
City of Alameda

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Alameda Fire Department

Area or Subarea (Zone) Geographic Description:
City of Alameda including the property known as Coast Guard Island

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All calls requiring emergency ambulance service

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.
Uninterrupted service, in the same manner and scope, prior to 1/1/81
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Not applicable

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
City of Albany

Name of Current Provider(s): Include company name(s)
City of Albany
Length of operation (uninterrupted) in specified area or subarea.
Prior to 1/1/81

Area or Subarea (Zone) Geographic Description:
City of Albany

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All calls requiring emergency ambulance service

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.
Uninterrupted service, in the same manner and scope, prior to 1/1/81

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Not applicable

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
City of Berkeley

Name of Current Provider(s): Include company name(s)
Berkeley Fire Department

Length of operation (uninterrupted) in specified area or subarea.
Prior to 1/1/81

Area or Subarea (Zone) Geographic Description:
City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All calls requiring emergency ambulance service.

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.
Uninterrupted service, in the same manner and scope, prior to 1/1/81

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Not applicable

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
City of Piedmont

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Piedmont Fire Department

Area or Subarea (Zone) Geographic Description:
City of Piedmont

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All calls requiring emergency ambulance service

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.
Uninterrupted service, in the same manner and scope, prior to 1/1/81

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Not applicable

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
Lawrence Livermore National Lab

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Livermore Lab Fire Department

Area or Subarea (Zone) Geographic Description:
Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Not applicable, Federal property

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Not applicable, Federal property

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.
Not applicable, Federal property

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
Not applicable, Federal property

Date: June 2006

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
The County of Alameda

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
American Medical Response (1990) formerly known as Regional Ambulance

Area or Subarea (Zone) Geographic Description:
The County of Alameda, all cities and unincorporated areas, with the exception of the cities of Alameda, Albany, Berkeley, Piedmont and the Lawrence Livermore National Lab

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
All calls requiring emergency ambulance service

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: Competitive bid
Intervals: Five years, with 1 extension to 10/2007.
Selection process. Request for Proposal (RFP). The last contract was negotiated as a sole-source as AMR was the only qualified bidder, as determined through a Request for Qualification (RFQ) process.
Attach copy/draft of last competitive process used to select provider or providers.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95814-7043
916) 322-4336 FAX (916) 324-2875

June 16, 2006

Michael King, EMS Director
Alameda County EMS Agency
1000 San Leandro Blvd., Suite 100
San Leandro, CA 94577

Dear ~~Mr. King~~: MICHAEL

We have completed our review of *Alameda's 2004 Emergency Medical Services Plan Update,* which we received on 12/14/05, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines.*

Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

Cesar A. Aristeiguieta, M.D.
Director

CAA:ss

Enclosure