STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
EDMUND G. BROWN JR., *Governor*

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

July 9, 2015

Mr. Fred Claridge, EMS Director
Alameda County EMS
1000 San Leandro Blvd, Suite 200
San Leandro, CA 94577

Dear Mr. Claridge:

This letter is in response to your 2014 Alameda County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Alameda County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Alameda County in 1995, 1999, 2004, 2007, 2009, 2010, 2011 and, most current, its 2014 plan submission.

Alameda County received its last Five-Year Plan approval on its 1999 submission and its last annual Plan Update approval in 2012 for its 2011 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

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

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

III. Analysis of EMS System Components:

Following are comments related to Alameda County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. EOA Exclusivity

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

E.	☒	☐	Facilities/Critical Care
F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Alameda County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

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

V. <u>Next Steps</u>:

Alameda County's annual EMS Plan Update will be due on July 9, 2016. Please include any specialty program updates including Trauma Plan and Quality Improvement.

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

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

1/7/15: Include in the Plan Letter

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Alameda County															
City of Alameda		X	Non-Competitive	X				X							
City of Albany		X	Non-Competitive	X				X							
City of Berkeley		X	Non-Competitive	X				X							
City of Piedmont		X	Non-Competitive	X				X							
Remaining Cities		X	Competitive	X				X							
Lawrence Livermore Nat'l Lab		X	Federal Property												

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2014

Authors: Fred Claridge, EMS Director, EMT-P; Cynthia Frankel, RN, PHCC
11/2014

ALAMEDA COUNTY
EMERGENCY MEDICAL
SERVICES

EMS SYSTEM PLAN 2014

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Alex Briscoe, Director

Emergency Medical Services District

Fred Claridge, EMS Director
Karl Sporer M.D., Medical Director

1000 San Leandro Blvd, Suite 200
San Leandro, CA 94577

Main (510) 618-2050
Fax (510) 618-2099

November 21, 2014

Dr. Howard Backer
Director
Emergency Medical Services Authority
10901 Gold Center Drive, 4th Floor
Rancho Cordova, CA 95670

Dear Dr. Backer,

Attached please find the Alameda County EMS Plan as requested by Lisa Galindo in July. The full Five-Year EMS Plan was actually due in December 2013. My apologies for the late submission.

This plan represents our best effort at accurately describing our EMS system as of *today*. Over the past several years, our county – like several others – has been undergoing tremendous change with regard to the larger healthcare system. That change is most acutely felt in the way our system is financed and reimbursed. These changes have had a very negative impact on the financial sustainability of our EMS system – particularly with regard to the private contractor that provides the bulk of our ambulance transportation. The challenges we face are significant.

In order to meet these challenges, we believe strongly that we are going to have to be flexible and nimble in the way we react to change. We are going to begin a process of redesigning our EMS system. Many of the assumptions and realities used in previous planning efforts are no longer valid in our view. The rapidly changing environment we find ourselves in necessitates that we consider new ideas – and that we not be unrealistically wedded to ideas that work for only a period of time before further change becomes necessary.

For that reason, we reserve the right to make changes to the basic design of our EMS system as those changes become necessary. We are happy to cooperate with the EMS Authority as we go forward in addressing the needs of our system. The Plan we are submitting to you cannot become an impediment to doing what we have to do to ensure the continued provision of quality emergency medical services to the citizens and visitors of Alameda County. We doubt our system will look exactly the way it does today five years from now. Change may come much sooner. As we go forward, we will work with you to the extent possible to make sure whatever happens here is done fairly and thoughtfully.

Please don't hesitate to contact me if you have any questions. I look forward to our meeting planned for December.

Sincerely,

Fred Claridge

EMS Director

Cc Alex Briscoe, HCSA Director

ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2014

Authors: Fred Claridge, EMS Director, EMT-P; Cynthia Frankel, RN, PHCC
11/2014

ALAMEDA COUNTY
EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 81-4

Alameda County
Emergency Medical Services
1000 San Leandro Boulevard, Suite 200
San Leandro, CA 577
(510) 618-2050

Fred Claridge: Fred.claridge@acgov.org
Cynthia Frankel: Cynthia.frankel@acgov.org

TABLE OF CONTENTS

ALAMEDA COUNTY EMS SYSTEM PLAN
EXECUTIVE SUMMARY – 2014

Executive Summary *- Provide a brief overview of the plan. It should identify the major needs which have been found and a summary of the proposed program solutions.*

EMS SYSTEM PLAN - OVERVIEW

EMS PLAN - Division 2.5 of the California Health and Safety Code, Section 1797.254 states "Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the Authority, according to the EMS Systems, Standards, and Guidelines established by the Authority."

The Alameda County EMS System Plan provides a comprehensive report with the required documentation for the compliance with the California EMS regulations and guidelines. The EMS standards are met to the minimal standards and in most cases exceed the requirements to ensure a quality EMS system. The Alameda County EMS responsibility for planning, implementing and evaluating the local EMS systems is documented in this report. Many of our responsibilities, and the authority needed to carry out our oversight role, are derived from Division 2.5 of the California Health and Safety Code, and related chapters of Title 22 of the California Code of Regulations

EMS SYSTEM OVERVIEW

ALAMEDA COUNTY EMS VISION

- **VISION** Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders.
- **MISSION** Alameda County EMS ensures the provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County.
- **VALUES** Alameda County EMS values a caring environment sustained by empowerment, honesty, integrity and mutual respect. We embrace excellence through innovation, teamwork and community capacity building.

ORGANIZATION

Alameda County Emergency Medical Services (ALCO EMS) is a division of the Health Care Services Agency. ALCO EMS is recognized by the California Emergency Medical Services Authority as a "Local EMS Agency," or LEMSA. Many different constituent groups make up the ALCO EMS System, including dispatch centers, fire departments, hospitals, private ambulance providers, and specialty centers for the emergency care of victims of major trauma, stroke, and certain types of heart attacks. ALCO EMS facilitates the coordination of the 911 medical responses through its contracts with EMS provider organizations, as well as through the development of policies and procedures for prehospital care.

The Alameda County EMS system responds to approximately 124,000 patients annually for medical emergencies. A fire department unit and a Paramedics Plus ambulance responds to emergency medical calls. Alameda, Albany, Berkeley and Piedmont Fire Departments provide ambulance transport services in addition to first response. In the remaining areas of the county, fire departments respond with ALS fire units and Paramedics Plus provides emergency transport services under contract with the County.

EMERGENCY AMBULANCE SERVICES - CONTRACTS

Alameda County EMS is responsible for the procurement of emergency ambulance services that includes contracts with Paramedics Plus and the cities of Alameda, Albany, Berkeley, and Piedmont for Advanced Life Support (ALS) services in Alameda County. These cities referenced above provide ambulance as well as first response ALS service. These cities have opted not to contract for an outside ambulance services provider and provide ambulance through their own city fire departments. EMS has separate ambulance provider contracts with the above cities to provide services within their jurisdiction. The terms of these contracts end on October 31, 2016. After the Board approved of the fee increases on January 28, 2014 for the County ambulance provider contract, the cities of Alameda, Albany, Berkeley, and Piedmont submitted a letter of intent to adopt the same user rates approved for Paramedics Plus which was approved.

COMMUNITY PROJECTS AND COLLABORATION

ALCO EMS staff collaborates closely with their EMS system-wide providers to continually improve the EMS system by basing policy and program changes on the analysis of the data they provide us, as well on the findings of recent research studies. As a part of the Health Care Services Agency, EMS contributes to promoting health equity through our injury prevention programs. Camp Sweeney and EMS Corps programs help prepare young adults from low income families for careers in health care.

ALCO EMS continues to be a visionary leader in local, regional and national EMS. ALCO EMS provides oversight for all aspects of the EMS system in the county; to include monitoring dispatch centers, first responder paramedic engines, transporting ambulances, and receiving hospitals. Alameda County EMS system has an innovative and highly skilled and competent professional staff that demonstrates leadership and innovation with leading edge models, projects and programs that have changed the prehospital care throughout California and the nation. Alameda County EMS has an integrated and collaborative team that recognizes the need for inclusive partnerships to leverage improvements and growth within the system.

2014 NEW CHANGES / HEALTH CARE SYSTEM AND POLICY

The Alameda County healthcare system has undergone significant hospital reorganizations and evolving transitions from 2012-14. In order to prevent any EMS disruptions and anticipate potential prehospital / ED patient overload, Alameda County EMS has and will continue to adapt with preemptive readiness and priority planning efforts.

RE-ORGANIZATIONS

- **EMS Organization** - Alameda County EMS has been reorganized under the Health Care Services Agency (HCSA) and is now a separate division under the Health Care Services Agency. The EMS Director Fred Claridge now reports directly to the Health Care Services Agency Director Alex Briscoe.
- **Hospital Mergers** - Significant reorganizations have occurred in Alameda County which requires shifts in the EMS provider community to accommodate the evolving changes. Although Alameda County EMS continues to have 13 receiving hospitals, some of the ALCO health care system hospitals have merged and or consolidated. The hospital landscape has changed.
    - The Oakland Children's Medical and Research Center is now a partner with UCSF. The new hospital name is UCSF Benioff Children's Hospital in Oakland.
    - The Kaiser Permanente Hayward Hospital has relocated to San Leandro. The new hospital name is Kaiser Permanente San Leandro
    - Kaiser Oakland Hospital has expanded with consolidated pediatric services in Oakland
    - Alameda County Medical Center has expanded to include the Alameda Hospital and San Leandro Hospitals. These hospitals now are known as the Alameda Health System.
- **Trauma Hospitals – New Designations** - American College of Surgeons (ACS) certification was completed at all Alameda County Trauma Centers in May 2013. UCSF Benioff Children's Hospital Oakland is now a Level 1 Pediatric Trauma Center.

POLICY CHANGES

- **Diversion Policy Change - Out-of-County Hospital Closure** - Effective August 1, 2014, Alameda County EMS suspended the use of ED Saturation and Critical Patient Overload (CPO) diversion indefinitely due to the potential impact of the closure of emergency services at Doctor's Medical Center, San Pablo (DMC). The prehospital impact is expected to increase patient transports and "walk-ins" to Alameda County. ALCO EMS has met with stakeholders throughout the Bay Area to plan for the potential surge of patients in the emergency departments. The ED status will be monitored closely and assessed to determine the impact.

NEW CONTRACTS

- **Paramedics Plus New Contract** – In June of 2010, Alameda County entered into a contract with Paramedics Plus for emergency ambulance services. The company began service November 1, 2011. The new contract contains significantly more stringent response time compliance standards and has resulted in the EMS system in Alameda County being one of the most high performance systems in the country. In addition, the new provider purchased equipment for the system including 110 mechanical CPR devices distributed to fire departments, new state of the art monitor defibrillators, and a comprehensive electronic patient care reporting system allowing for more sophisticated quality improvement efforts. Paramedics Plus has successfully been integrated as the 9-1-1 ambulance provider with a new modular design system. Response time standards have been fully met.
- **MPDS** - Our system was redesigned from the ground up to integrate MPDS determinants into our system response design. Alameda County EMS is working to fully operationalize a response system that reduces the number of unwarranted "lights and sirens" responses, as well as mobilizing the priority resources to the most acutely ill and/or injured patients..
- **Rural Metro Operating Company – CCT-P**
  The State EMSA allows paramedic inter-facility transport of patients and requires that Alameda County EMS monitor and regulate all paramedic prehospital care. Inter-facility transport is used to transport patients who have been medical stabilized at one hospital and need to be transferred to another hospital for higher-level of care. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCT-P Interfacility Transport Agreement with Rural Metro Operating Company incorporates County EMS guidelines and standards, patient transfer protocols, data collection and reporting requirements that ensure patient safety. EMS has requested to enter into agreement from August 5, 2013 through May 31, 2018. Under this agreement, Rural Metro Operating Company will pay for the quality review of the initial CCT-P transports. This contract makes this interfacility transport available to the residents of Alameda County. Currently, other ambulance provider services in the County, including Paramedics Plus, only provide interfacility transport services with Emergency Medical Technicians.

NEW QUALITY IMPROVEMENT – PROCESS

- **Quality Improvement – "Patient Centric" System Performance** - Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis - Alameda County EMS employs business intelligence software to analyze the system participant's performance on compliance with system policies. Operationally, Alameda County EMS ensures that system participants are compliant with response time requirements. Clinically, Alameda County EMS analyzes system data to ensure that patients are receiving appropriate prehospital medical care. Alameda County EMS not only measures compliance with clinical care policies, but also ensures that the measurements and analysis is patient centric. Since all Alameda County system participants are utilizing one single data collection system, Alameda County EMS has unprecedented access to a cohesive picture of the clinical and operational performance of our system.
- **Quality Improvement - Data Management System – "Single Entry Point"** - The FRALS and transport agencies are reporting on one data management system for patient care which provides a very streamlined data reporting process for the Alameda County EMS system. Our system with a single e-PCR system allows for unprecedented QI and an overview of our EMS System.

HPP PROGRAM

- **EMS HPP Program Changes** - The administration of the Hospital Preparedness Program (HPP) grant has been moved to the Alameda County Public Health Department. The Regional Disaster Medical /Health Specialist is located within Alameda County EMS and provides access to regional training and planning activities.
- **New Disaster Preparedness Health Coalition (DPHC)** - The EMS HPP EMSA Coordinator and the PHCC Communications coordinators participate on the new Steering Committee and Workgroups to leverage system-wide partners and to facilitate effective planning and exercises.

HPP PROGRAM (continued)

- **Medical Surge Deliverables** – The priority EMS benchmark is to strengthen medical surge, patient tracking, patient movement, and pediatrics capabilities.

COMMUNICATIONS AND INFORMATION MANAGEMENT

- **Information Management Upgrades - WEBEOC** – Alameda Operational Area has transitioned from RIMS to the new WEBEOC information management system.
- **ReddiNet Communications**– ReddiNet access and utilizations is expanding to include new participation with prehospital providers, clinics, and skilled nursing facilities
- **700 Megahertz Communications** – The EMS 800 Megahertz radio communications system is transitioning to the East Bay Regional Communications System (EBRICS) radios. Redundant and interoperable communications with common radio frequencies between fire and ambulance providers is a top priority.
- **Sydion Patient Tracking** – Beta-test and training with the mobile Sydion patient tracking system is being implemented with select prehospital partners.

EMS FELLOW

- Alameda County EMS has a contract with the University of California, San Francisco (UCSF) Department of Emergency Medicine for the provision of emergency medicine focused lectures with a Medical Fellow. UCSF has appointed a half-time Medical Fellow, who is a qualified physician in the field of emergency medicine to train EMS staff. In addition to the EMS focused training, the medical fellow will assist in the development of appropriate training materials for the annual paramedic update trainings and present at the Bay Area Paramedic Journal Club meetings.

RDMHS

- On December 4, 2012, the Board accepted a two-year agreement between the Alameda County EMS and CA EMSA to provide regional disaster medical health coordination services for the period July 1, 2012 through June 30, 2014. The funding is for the Regional Disaster Medical Health Specialist (RDMHS) position. This position is the component of the Regional Disaster Medical and Health Coordination Program that directly supports regional disaster preparedness, response, mitigation and recovery activities. A new contract has now been signed extending that contractual arrangement.

PATIENT CARE - TECHNOLOGY INNOVATION HIGHLIGHTS

- Lucas Devise For CPR - on all first responder engines
- Lifepak 15 Monitor/Defibrillators
- New System Status Plan ("Marvlis" System)
- Hydraulic Stretchers

NEW MODEL PROGRAMS AND PROJECTS AT THE FOREFRONT

- **Urban Shield** – Tactical EMS
- **EMS Corps**
- **CPR 7** – 10,000 7th graders trained in Alameda County (2010-12). The goal is to increase the percentage of sudden cardiac arrest victims who receive effective bystander CPR
- **CA Neonatal/Pediatric Disaster Coalition** – Project co-chair CA EMSA EMSC-TAC Workgroup and EMSC Coordinator facilitates pediatric Medical Surge / Disaster Readiness through a shared resource site and annual conferences.

NEW MODEL PROGRAMS AND PROJECTS AT THE FOREFRONT (continued)

- **ED Pediatric Readiness Project** – UCSF Children's Hospital and Alameda County EMS conducts ED site visits to strengthen pediatric capability to care for children for Alameda County hospitals. The site visit provides customized training and a follow-up report with recommendations for improvement from the UCSF Children's Hospital Oakland Site Visit Team (ED Medical Director; ED Nursing Director, and Emergency Planner).
- **Alameda County EMS Blog -** The EMS Agency established an online blog, *ALCO EMS Blog*, in Dec. 2013. We highlight new and changed policies, changes to the EMS system, provider updates, news about upcoming conferences and continuing education events, injury prevention news, staff updates, and stories of EMS in action. There is a subscribe button on the site.
- **Partnership for the Homeless Project - Beta-Test conducted August 2014**
- **Alameda County Health Coach Program** - With the support of the Robert Wood Johnson Foundation's Workforce Development Program, young adults with a passion for health education will work with patients at Alameda Health System-Highland Hospital. This innovative program is the first to provide health coaching directly from the Emergency Department.
- **Cardiac Arrest Registry to Enhance Survival (CARES Registry)** – August 2014
- **Community Paramedicine** - Alameda County is set to launch its two year Community Paramedicine Pilot Project. It is one of thirteen sites statewide.
- **AED/PAD Program** - The Alameda County Project HeartSAFE became a reality in 2012. The project placed 185 AEDs in County and community buildings. To accomplish the aggressive plan, Alameda County EMS partnered with Ice Safety Solutions of Fremont for the site assessments, set-up and installation of the AEDs, CPR/AED training/recertification, set-up installation of the AEDs, and data management in a five year plan.
- **Sepsis Alert Program** – Screening tool designed to identify potential sepsis patients providing "sepsis alert" for Receiving Hospitals. Goal is to begin therapy in ED as quickly as possible.
- **Alameda County Stroke Centers** –
- **Alameda County STEMI Receiving Centers / Cardiac Arrest Centers**
- **Spinal Motion Restriction Publications** - In 2012, Alameda Count embarked on a bold plan to decrease our use of backboards in the Alameda County community. This carefully designed plan was rolled out over a 12 month period with remarkable success. This program has been featured in JEMS and EMS World in the past year. This program has been copied successfully in over 6 California counties and more recently adopted by the state of Kansas.

PUBLICATIONS, RESEARCH, HONORS, AND AWARDS

- Select Highlights -

AWARDS 2013

- **EMS Medical Director of the Year Award - KARL SPORER, MD**
  This award was given by the EMS Authority of the State of California for lifelong passion for innovation in healthcare, quality, medical direction, leadership and significant EMS contributions to the medicine and science of EMS in California.
- **Distinguished Service Award – CYNTHIA FRANKEL, RN, MN**
  This award was given by the EMS Authority of the State of California for superior sustained statewide leadership, advocacy, and education in improving EMS for Children.
- **Meritorious Service Medal Award – MICHAEL JACOBS, EMTP**
  This award was given by the EMS Authority of the State of California for outstanding efforts involving the improvement of cardiac arrest survivability in the hospital and prehospital setting.
- **Meritorious Service Medal Award – JIM MORRISSEY, EMTP**
  This award was given by the EMS Authority of the State of California for 30 years of sustained, dedicated EMS service in the San Francisco area.

PEER REVIEWED PUBLICATIONS

- Sporer KA, Wilson KG. How Well Do Emergency Medical Dispatch Codes Predict Prehospital Medication Administration In A Diverse Urban Community? Journal of Emergency Medicine. 2013;44: 413-422.
- Sporer KA, Solares M, Durant EJ, Wang W, Wu AHB, Rodriguez RM. Accuracy of the Intial Diagnosis among Patients with an Acutely Altered Mental Status. Emergency Medicine Journal. 2013;30:243-246.
- McMullan JT, Pinnawin A, Jones E, Denninghoff K, Siewart N, Spaite DW, Zaleski E, Silbergleit R; Neurological Emergencies Treatment Trials investigators. The 60-day temperature-dependent degradation of midazolam and Lorazepam in the prehospital environment. Prehosp Emerg Care. 2013 Jan-Mar;17 (1):1-7.
- Hodell EM, Sporer KA, Brown JF. Which Emergency Medical Dispatch Codes Predict High Prehospital Nontransport Rates in an Urban Community? Prehosp Emerg Care. 2014;18:28-34.
- Morrissey JF, Kusel ER, Sporer KA. Spinal Motion Restriction: An Educational and Implementation Program to Redefine Prehospital Spinal Assessment and Care. Prehosp Emerg Care. 2014;18: 429-32.
- McMullan JT, Jones E, Barnhart B, Denninghoff K, Spaite D, Zaleski E, Silbergleit R. Neurological Emergencies Treatment Trials investigators. Degradation of Benzodiazepines after 120 Days of EMS Deployment. Prehosp Emerg Care. 2014 Jul-Sep;18(3):368-74.
- Hall MK, Raven M, Rodriguez R, Brown J, Sporer K. EMS-STARS: Emergency Medical Services Superuser Transport Association: a Retrospective Study. Prehospital Emergency Care. 2014 Aug 5. [Epub ahead of print]

NON PEER REVIEWED PUBLICATIONS

- Morrissey J. Active Shooter Response. EMS World, July 2011
- Sporer KA. Why We Need to Rethink C-Spine Immobilization. EMS World, 2012 Nov 74-76.
- Morrisey J. Spinal Immobilization Time for a Change. JEMS 2013 March 38(3):28-39.
- Sporer KA, English J. What Dispatch Really Shows? JEMS 2014 July 58-63.

ABSTRACTS

- Tataris K, Govindarajan P, Mercer M, Yeh C, Sporer K. Out-of-Hospital Aspirin Administration for Acute Coronary Syndrome in the United States: An EMS Quality Assessment Using the NEMSIS (National EMS Information System) Database. Prehospital Emergency Care 2014:18(1):127. Presented at NAEMSP 2014, New Orleans
- Pithia N, Sims L, Anderson CL, Kusel E, Omaish M, Schreiber M. Integrating Responder Resilience Competencies into the *Urban Shield* Mass Casualty Exercise. Presented at the National Center for Disaster Medicine and Public Health Annual conference and won the second place award.
- Schreiber M, Shields S, Kusel E. Building Responder Resilience Leveraging Coalitions: LA, Oakland and Texas. Selected for oral presentation at the 2014 National Healthcare Coalition Preparedness Conference in Denver, CO in December.

LECTURES

- Karl Sporer, MD- State of EMS Research in California, EMSAAC Annual Conference, San Diego, CA May 28, 2014.
- Cynthia Frankel, RN, MN – "Getting to Yes: Leveraging Sustainable Pediatric / Neonatal Capability Under All Conditions" Panel, California Hospital Association Conference, September 24, 2014

SYMPOSIUMS

- Michael Jacobs - ECCU 2010: "Taking Heart to the Streets"
- Michael Jacobs - ECCU 2012: "CPR7-CPR in Schools Community Outreach Initiative"
- Michael Jacobs - ECCU 2014: "Changing the Culture Surrounding Cardiac Arrest"
- Miriam Rabinovitz - 2014 Morton Kesten Summit, *Designing California's Future: Aging in Place Innovations*

PEER REVIEW

- Karl Sporer is a member of the Editorial Board of Prehospital Emergency Care.
- Karl Sporer is a peer reviewer for Resuscitation, Prehospital Emergency Care, Singapore Ministry of Health, Academic Emergency Medicine, Emergency Medical Journal, PLOS Medicine, Annals of Internal Medicine.

COALITIONS

- Cynthia Frankel, RN, MN, Co-Chair, California Neonatal/Pediatric Disaster Coalition

2014-15 PRIORITY WORKPLAN

IDENTIFIED MAJOR NEEDS

- Address Hospital Closures – consolidations
- Support Paramedics Plus and fire based responders – Monitor contract compliance
- Strengthen medical surge plans and leverage partners to participate in preparedness
- Strengthen redundant and interoperable communications
- Continued data collection cardiac and stroke focus

GOALS:

- Decrease ED patient overload
- Strengthen emergency medical surge plans, communications, and information management
- Increase cardiac and stroke survival – New Modalities

MAJOR PROGRAM SOLUTIONS

Refer to the new changes below that will strengthen the EMS system.

- **Monitor EMS System – Mitigate Doctor's Hospital Closure Impact**. Modify plans and policies to adapt to changing health care system. Plan for patient ED surge and overcrowding. Assess ED Diversion Policy
- **Planning for Paramedics Plus** – Meetings with Health Care Services Agency Director
- **Continuous quality improvement** during hospital re-organizations. Expedite Emergency Department Pediatric Site Visit and Evaluations
- **Facilitate EMS New Policy and Procedure Update** – Disseminate annual information update and conduct training
- **Ensure Interoperable& Redundant Disaster Communications** - Strengthen infrastructure - interoperable and redundant communications. Expand participating partner access to ReddiNet.
- **Strengthen Disaster Resource System** - Strengthen regional resource inventory – Metrics for disasters
- **Strengthen Medical Surge Capability and Capacity** – Develop a framework for transportation to be addressed in the Operational Area (OA) medical surge planning. Given transportation assets have limitations on resources, a plan for medical surge acquisition and use of medical prehospital provider resources is a priority. Under the HPP workplan grant, a medical surge contractor will be hired to explore patient movement including preparing to move patients inside and outside of the OP area in the interest of increasing hospital acute care capability. Given the state and region EMSA, CDPH, OES, and the Bay Area UASI have several projects to expand surge capacity including Catastrophic Earthquake Planning, EMS is participating on planning committees and aligning surge plans accordingly.
- **Enhance Bi-Directional Data Sharing Capabilities with Dispatch Centers and EDs** – Leverage HL7 compliant software systems currently in place to get EMS data into hospital data systems and get outcome data out of hospital systems.
- **Promote Patient Care "Best Practices"** - Sustain and strengthen research and disseminate information via publications. Examples: Collaborate with Paramedics Plus on Tactical Medicine Program. And Beta Test Homeless Senior Program.
- **Reduce ED Overcrowding** - Facilitate Community Paramedic Project and Senior Homeless project beta-test as measures to decrease ED overload
- **Strengthen EMS System Capability and Capacity to continue research and innovation** – Ensure sustainable research funding sources. Seek revenue to enhance already existing programs and to conduct field testing

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		✓			
1.21 Determination of Death		✓			
1.22 Reporting of Abuse		✓			
1.23 Inter-facility 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 Medical and Critical Care System:					
1.27 Pediatric System Plan		✓		✓	
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		✓			✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		✓	✓		✓
4.02 Monitoring		✓	✓		
4.03 Classifying Medical Requests		✓			✓
4.04 Prescheduled Responses		✓		✓ **on-going**	
4.05 Response Time*		✓			✓
4.06 Staffing		✓			
4.07 First Responder Agencies		✓			✓
4.08 Medical & Rescue Aircraft*		✓			
4.09 Air Dispatch Center		✓			
.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		✓			
.20 "Grandfathering"		✓			
4.21 Compliance		✓			
4.22 Evaluation		✓			✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		✓	✓		
5.02	Triage & Transfer Protocols*		✓			
5.03	Transfer Guidelines*		✓			
5.04	Specialty Care Facilities*		✓			✓
5.05	Mass Casualty Management		✓	✓		
5.06	Hospital Evacuation*		✓			
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 Medical and Critical Care System:						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓	✓		✓
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		✓			✓
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓		✓	✓
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties*		✓			✓
8.06 Needs Assessment		✓	✓		
8.07 Disaster Communications*		✓			
8.08 Inventory of Resources		✓	✓		
8.09 DMAT Teams		✓	✓		
8.10 Mutual Aid Agreements*		✓			
8.11 CCP Designation*		✓		✓	
8.12 Establishment of CCPs		✓			
8.13 Disaster Medical Training		✓	✓		
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:Y					
8.18 Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		✓			

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

*** Alameda County EMS meets or exceeds all of the required EMS system minimum standards.**

All of the following 2014 assessment forms identify standards that Alameda County fully meets or exceeds.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The EMS Agency is a division of the Alameda County Health Care Services Agency. The EMS Agency coordinates EMS activities in Alameda County. The Board of Supervisors (five members) makes general policy decisions affecting the EMS Agency. The Director of Health Care Services reports to the Board of Supervisors. The County Health Officer is designated the EMS District Medical Director by the Board of Supervisors. The County Health Officer delegates this responsibility to the EMS Agency Medical Director. Medical control of the prehospital medical care within the system is the responsibility of the EMS Medical Director.

EMS Staff

The **EMS Director** is responsible for system oversight.

The Alameda County EMS Agency has a professional staff of 43 individuals who administer the EMS system including: physicians, nurses, paramedics, data specialists, financial services specialist, community injury prevention staff, EMS Corps staff, Health Pipeline staff, and clerical administrative services support. The EMS staff positions are identified below:

- EMS Director - 1
- Medical Director - 1
- Director's Secretary - 1
- Financial Services Specialist - 1
- PHCCs – 10
- Health Pipeline Partnership Team – 13
- EMS Corps Team – 4
- Injury Prevention Team – 4
- Information Systems Team – 3
- Administrative Services Team - 5

Contractors - The EMS Agency also utilizes outside contractors, consultants, and EMS Fellows for specific projects, training, exercises, and system-wide EMS development as needed. Select customized contracts have included: 1) professional facilitators for the.EMS staff development; 2) UCSF Benioff Children's Hospital ED Medical Directors/Nurse Managers for ED Pediatric Site Visits; 3) Conference Speakers for EMSC/Disaster Training; 4) Contractors for Emergency/Medical Surge Plans; and 5) other collaborative partners.

Organization Chart - Refer to this EMS System Plan Table 2 for the Alameda County EMS organization chart as well as the Alameda County EMS System Report 2012 – p. 5 and the Alameda County EMS Quality Improvement Plan 2014 p.7 and p. 8

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Mission -- "Alameda County EMS ensures the provision of quality emergency services and prevention programs to improve health and safety in Alameda County."

Vision - - "Alameda County EMS will explore frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders."

The Alameda County EMS Agency has been involved in planning, implementation and evaluation activities of the EMS system since 1974. The ALCO EMS Agency has established and facilitates a system-wide quality improvement program to monitor, review, evaluate, and improve the delivery of prehospital care services. Alameda County EMS staff collaborates closely with the ALCO EMS system-wide providers to continually improve and strengthen the EMS system with evidence based policy and programs. ALCO EMS updates policies and programs; prepares improvement corrective action plans; and leverages system-wide changes as needed. ALCO EMS relies on field tested data and research publications.

- Refer to the Alameda County EMS System Report 2012 and the EMS Quality Improvement Plan 2014 (available on the ALCO EMS website).
  - Alameda County EMS Quality Improvement Plan 2014
  - Alameda County EMS System Report 2012 (on website) and this EMS System Report 2014

- Refer to the EMS Administrative Policies 2013 for the operations, program approval requirements, and quality improvement programs. (available on the Alameda County EMS website: http://www.acphd.org/ems/manual_policies_plans.aspx). Policies and programs are provided below:

  - OPERATIONS
    - Ambulance Diversion – 6/16/09
    - Census Reporting – 4/1/12
    - ED Downgrades and closures – 4/1/12
    - Emergency Re-Triage and Transfers – 12/5/12
    - Interfacility Transfer Guidelines – 1/29/11
    - ReddiNet Utilization 3/6/13
    - Trauma Center – 4/1/12
    - Trauma System Advertising and Marketing Policy 5/31/12
  - PROGRAM APPROVAL - The Alameda County EMS programs include
    - 12 Lead ECG Program – 12/20/11
    - Ambulance Ordinance – Chapter 6.114 – Adopted 2007
    - Responsibilities - Base Physician Program Training – 4/1/12
    - Critical Care Paramedic (CCP) – Program Standards – 6/18/13
  - QUALITY IMPROVEMENT PROGRAM * - The Quality Improvement Program includes the
    - Alameda County Emergency Medical Services Quality Improvement Program Plan - 1/6/2014
    - Base Hospital QI Responsibilities – 4/1/12
    - Base Hospital Responsibilities – Quality Improvement - 4/1/12
    - Receiving Hospital Responsibilities – Quality Improvement - 4/1/12
    - Policy and Skills Competency Requirements - Paramedics (#2000) 11/9/12
    - Trauma Audit Process – 4/1/12
    - Unusual Occurrence Process – 8/3/12

** ALCO EMS has 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 challenging. The decision to standardize on an advanced EMS module by first*

responders has provided EMS an opportunity to collect vital patient care data..The EMS Agency also has 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. Data from both first responders and transport providers will allow the EMS agency to collect significant 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).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Committees – (for Public Input)

Various committee collaborations are set up in specific areas as a mechanism to seek and obtain health care provider and consumer input for the development of plans and quality improvement strategies. These committees have at least one EMS agency representative attending and preferably the EMS medical director in attendance as follows:

- EMS Quality Council
- Emergency Medical Oversight Committee EMOC
  - The committee shall serve in an advisory capacity to, and report to, the Alameda County Health Officer and EMS Medical Director. The meetings are public. and chaired by the EMS Medical Director.
  - The committee is responsible for assisting in the development and/or implementation of:
    - Medical policies or procedures
    - Medical standards for prehospital care providers
    - Quality improvement standards
- Receiving Hospital Committee
- STEMI Committee
- Stroke Committee
- Trauma Audit Committee
- Regional Trauma Coordinating Committee
- Equipment QI Committee
  - The committee reviews and makes recommendations for changes to the standardized supply list found in the field manual.
  - The committee serves in an advisory capacity to, and reports to, the EMS Medical Director.
  - The Procedures/Objectives of the Committee are :
    - To only evaluate new equipment after study
    - To evaluate for adoption new equipment after significant field input
    - To evaluate new equipment using an objective format. (See: New Equipment Evaluation Form)
- Data Steering Committee
- ePCR Change Committee
- EMS Section Chiefs Committee
- Alameda County Fire Chiefs Committee
- EMSAAC/EMDAAC
- LEMSA Coordinators Committee
- Various other ad-hoc committees
- Refer to the EMS Quality Plan 1/16/14

NEED(S):

OBJECTIVE:

Continue obtaining input from consumer and healthcare partners

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The local EMS Agency Medical Director has administrative experience and specialization in EMS.

Medical Director - Experience

- Local EMS Agency Medical Director – Karl Sporer, MD was appointed in November 2011
  - Licensed in California- meets minimum standards
  - Over 30 years in Emergency Medicine, Boarded in Emergency Medicine- meets minimum standards
  - 15 years of experience in EMS
  - Awarded the EMS Medical Director of the Year by the California EMS Authority, 2013
- Associate EMS Medical Director – Jocelyn Garrick, MD
  - Licensed in California- meets minimum standards
  - Over 10 years experience in Emergency Medicine, Boarded in
  - Emergency Medicine- meets minimum standards
- EMS Fellow - UCSF Fellow 50% FTE beginning July 2014 for two years

Medical Director - Responsibilities

- As the Chair of the Alameda County EMS Quality Council, EMS Medical Director provides leadership, collaborates with system-wide partners; and leverages input from stakeholders from the Advisory Committees listed below:

Advisory Committees Established

- EMS Quality Council
- Emergency Medical Oversight Committee EMOC
  - The committee serves in an advisory capacity to, and report to, the Alameda County Health Officer / EMS Medical Director.
  - The meetings are public and chaired by the EMS Medical Director.
  - The committee is responsible for assisting in the development and/or implementation of:
    - Medical policies or procedures
    - Medical standards for prehospital care providers
    - Quality improvement standards
- Receiving Hospital Committee
- STEMI Committee
- Stroke Committee
- Trauma Audit Committee
- Research Committee
- Regional Trauma Coordinating Committee
- Equipment QI Committee
  - The committee reviews and makes recommendations for changes to the standardized supply list found in the field manual.
  - The committee serves in an advisory capacity to, and reports to, the EMS Medical Director.
  - The Procedures/Objectives of the Committee are :
    - To only evaluate new equipment after study
    - To evaluate for adoption new equipment after significant field input
    - To evaluate new equipment using an objective format. (See: New Equipment Evaluation Form)
- Data Steering Committee

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

- ePCR Change Committee
- EMS Section Chiefs Committee
- Alameda County Fire Chiefs Committee
- EMSAAC/EMDAAC
- LEMSA Coordinators Committee
- Various other ad-hoc committees

- Refer to the EMS Quality Plan 1/16/14 for additional information. (available on the Alameda County EMS website)

NEED(S): NONE

OBJECTIVE:

- Continue with the current staffing for EMS Medical Direction

TIME FRAME FOR MEETING OBJECTIVE: Short-Range Plan (One Year Or Less) / Long-Range Plan (More Than One Year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS System Plan acknowledges community need, utilization of appropriate resources and identifies system needs for patients with categories identified in Section II.

The Alameda County EMS Agency submitted an EMS System Plan and annual updates as follows:

- EMS System Plan submitted July 1995, 2005, and 2014
- EMS System Updates submitted in 1997, 1999, 2001, 2005, 2007, 2009, and 2010.

The ALCO EMS System plan identifies:

1. Areas of compliance with standards and guidelines.
2. System needs
3. Objectives and Solutions
4. Short and long term work plan with timeframe for addressing needs

The latest EMS System Plan update was approved by the EMS Authority in June 2011.

NEED(S):

OBJECTIVE

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS Agency submitted an EMS System Plan and annual updates as follows:

- EMS System Plan submitted July 1995, 2005, and 2014
- EMS System Updates submitted in 1997, 1999, 2001, 2005, 2007, 2009, and 2010.

The latest EMS System Plan update was approved by state EMS Authority in June 2011.

The ALCO EMS System plan and updates identifies:

1. Areas of compliance with standards and guidelines.
2. System needs
3. Objectives and Solutions
4. Short and long term work plan with timeframe for addressing needs

NEED(S):

OBJECTIVE: Update the system plan yearly or as prescribed and submit to EMSA

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency has a plan for trauma care and determines the optimal system design for trauma care in the operational area.

Trauma Plan Status

- Trauma System Plan accepted in 2014 with Alameda County partners - meets minimum standard.
- Alameda County Trauma Plan for 2013 was approved by EMSA. 2014 plan to be submitted by December 31, 2014.
- Trauma Hospitals were designated in 1987.
- Use of the CDC criteria for Trauma Triage- meets minimum standards
- MOU with our three designated Trauma Centers completed 2012. -meets minimum standards
- Measure C Funds utilized to subsidize our Trauma Centers- meets minimum standards
- Recent American College of Surgeons Certification of our three trauma centers in 2014- meets minimum standards

Trauma System Design

- The Trauma System design created in 1985 is essentially unchanged.
- The structure and rationale for the determination of the number and location of the trauma centers was based on the needs assessment described in Section III of the Alameda County Trauma System Plan.

Trauma System – Delivery System Requirements and Patient Volume

Many changes have occurred in the County's health care delivery system as well as the EMS System. Select system structure and process changes include:

- **Communications**
  - (Refer to the Alameda County Emergency Medical Services Agency, *EMS SYSTEM REPORT - PLAN 2012*, Sections 3.01 through 3.10 – on the Alameda County EMS website))
- **Response/Transportation -**
  - (Refer to the *EMS SYSTEM REPORT - PLAN 2012*, Sections 4.01 – 4.22)
- **Facilities/Critical Care**
  - (Refer to the *EMS SYSTEM REPORT - PLAN 2012*, Sections 5.01 – 5.14)
- **Trauma Triage Criteria**
  - (Appendix 2, EMS policy, *Trauma Patient Criteria*)
  - Prehospital care providers use these criteria to identify the critically injured patient. These criteria are divided into three components: anatomical, physiological and mechanism of injury. All patients meeting the anatomical and/or physiological criteria are transported to the appropriate trauma center.
  - Injured children 14 years of age and under are identified as pediatric trauma patients.
  - Adult trauma arrest patients: (Appendix 3, EMS policy, *Determination of Death in the Field*)
- **Advance Life Support Zones**
  - The ALS Zones outlined in the 1985 data are no longer used in Alameda County. The County is divided into North and South zones with the eastern portion being incorporated into the southern catchment area. The Oakland/San Leandro border is the dividing line between the north and south trauma zones. Alameda County Medical Center serves the north zone, Eden Medical Center serves the south zone and Children's Oakland (pediatric trauma center) serves both zones.
- **Medical Control**

- Paramedics may contact the Base hospital physician regarding any questions involving transport destinations. This patient population are those that have sustained injuries listed under the mechanism of injury or special consideration, that are physiologically stable that the paramedic determines can be safely transported to a non-trauma receiving facility. The base physician has the ultimate responsibility to determine the patient destination.

- **Trauma Patient Volume**
  - The actual number of critical trauma patients transported to each of the trauma centers in the year 2012;
    - Children's – 779
    - Eden – 1667
    - Highland – 2174
  - **Total critical trauma patients transported to trauma centers in 2012 = 4620**

- **Receiving Facilities/Non-trauma Centers**
  - The non-trauma facilities in our county receive some patients meeting Trauma Patient Criteria (CTP), as outlined in *EMS Policy Trauma Triage Criteria (Appendix 2)*. These facilities are directed to call 911 for emergent transfer to the closet trauma center.

COORDINATION WITH OTHER EMS AGENCIES:

- Quarterly Trauma Audit Committee (Regional) in place for more than a decade- meets minimum standards
- Alameda County EMS is currently working on a Trauma Patient Memorandum of Understanding with the NorCal EMS region. These agreements will address the transfer and transport of trauma patients from one jurisdiction to the other. These agreements recognize the need to share data for the purposes of quality review and when used as such are not subject to the mandated patient authorization procedures of HIPAA. The agreement also stipulates the trauma protocols of the receiving system will be followed.

- **Contra Costa County.** Alameda County and Contra Costa County EMS agencies have worked closely in developing, implementing and evaluating their trauma systems over the last 15 years. Children are transported from Contra Costa County from the scene of the incident by both ground and air transport. When John Muir is on trauma bypass, their patients may be transported by ground to Highland, in the northern portion of the county and either by ground or air to Eden in south and east county. Alameda County trauma patients may be transported to John Muir by ground or by air when Eden is on trauma bypass. Copies of the letters of agreement are available on file with EMS.

- **Santa Clara County.** Trauma patients are transported to Regional Medical Center from the southernmost part of Alameda County when based on the patient's presentation and the transport time to Eden, it is determined that it is in the patient's best interest to go to San Jose. Historically, the number of trauma patients transported to Santa Clara County averages approximately 200 per year.

NEED(S):

- Add ACS Certification as a requirement for future MOU's with our trauma centers

OBJECTIVE:

- The purpose of the trauma plan is to monitor the delivery of services, improve trauma care through use of best practice in reducing death and disability, and identify areas where improvement can be made.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
  - Add ACS Certification as a requirement for future MOU's with our trauma centers

- Long-Range Plan (more than one year)
  - Completion of a System Wide Trauma Evaluation
  - Renew MOU's in 2015

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS plans for eventual provision of advanced life support services throughout its jurisdiction.

Advanced Life Support – First Response, Dispatch, and Data

- Advanced Life Support has been available county wide since 1986 - meets minimum standard
- Advance Life Support is available on all first response vehicles since 2011- meets minimum standard
- Medical Priority Dispatch System (EMD) has been implemented in over 90% of the system.
- Current contract allows the use of BLS ambulance for any Alpha or Bravo calls.
- Currently using BLS for Alpha Calls in the north county.
- Evaluation of the MPDS system was completed and published.

ALS Provider Approval Pending Draft 2014

- Purpose - To provide standards for the permitting of Advanced Life Support (ALS) Providers in Alameda County.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S):

- **Data**
  - Data driven approach to our response pattern.

OBJECTIVE:

Overall

- Ensure seamless delivery of 911 services to the citizens of Alameda County by integrating all FRALS providers into one contract template and one set of equipment

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- Creation of guidelines for calls that are appropriate for first responder paramedics.
- Development of a work group to assess those low priority calls that potentially may not require first responders.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

- Development of the task force to evaluate guidelines for first responders

Long-Range Plan (more than one year)

- MPDS in 100 % of the system
- Development of a policy guiding first responder requirements in our system.

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Resource Inventories are provided below and are updated annually as follows:

EMS Policy Manual - Operational Policies for resources (available on the Alameda County EMS website)

- Equipment and Supply Requirements and Inspection
- Equipment and Supply Specifications – ALS/BLS
  - MCI/Disaster/WMD - Disaster Trailer Cache

Personnel – Resource Inventory and Contact Information Lists

- EMS Staff Directory – 2014 EMS Field Policy Manual
- EMS Providers – ALS/BLS Inventory
- Health Care Facilities List: Hospitals – Administration, Emergency Planners; Clinics; Long Term Care; Dialysis Centers
- Disaster Health Volunteers (DHV) Inventory – Alameda Unit
- MRC Inventory – Personnel Resource
  - Oakland
  - Berkeley
  - Alameda County Public Health Department

Equipment and Supplies

- General Services Agency – Logistics Resource Inventories
- Private Sector: Logistics Inventory – Acculogistics location for Vericor mobile caches
- Alameda County Public Health Department / EMS Resource Inventories: ACS Caches – MOUs
- EMS Emergency/Disaster Supply Inventory – EOC Medical/Health Branch and EMS Office

Vehicles – MCI Trailers

- Fire Departments and Paramedics Plus - Location Inventories

Facilities

- General Services Agency – Logistics Resource Inventories includes OA GIS Maps and Facilities

Resource Directories * (current as as of August 2014)

- Regional Resource – Metrics Inventory *
- EMS System Plan Tables 2014
  - Table 8 – Providers
  - Table 9 – Approved Training Programs
  - Table 10 – Facilities
  - Table 11 – Dispatch Agencies
- ACPD and EMS Supply/Equipment Inventories – includes Vericor / Accu-Logistics Inventory
- AED/PAD Location Inventory

Coordination with Partners (RDMHS and Alameda County Public Health Division)

- Collaborate with Alameda County Public Health for HPP and PHEP inventories
- Coordinate with RDMHS to integrate Regional Metrics System
- Share resource data base information with RDMHC/S

* **Metrics Inventory**- Alameda County EMS is in the process of moving all MHOAC EMS/ PH resources and directories to online inventory with spreadsheet backup on flash drives. This is an ongoing project with a timeline of Fall 2014 for completion.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

Equipment /Supply Quality Improvement (Refer to Alameda County Equipment/Supply Quality Improvement Plan)

- The Alameda County Equipment Quality Improvement Committee is an advisory committee that serves to educate the EMS Medical Director regarding EMS equipment needs.
- *Purpose:* To evaluate and implement equipment and supplies that reduces pain and suffering and Improves the health of patients and providers

NEED(S): Maintain and strengthen resource directory

OBJECTIVE:

- Update the Resource Directory annually and submit EMS System Plan tables to EMSA annually.. .
- Coordinate with the RDMHS to ensure resources updates are included in the metrics information management system data.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)

  Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has policies, plans, and projects which addresses the special populations – including children, adults, and functional needs patients served by the EMS System. Populations have been identified and special services are offered.

Pediatric and Elderly Patients - Policies

Refer to the Prehospital EMS Field Manual 2014- addresses "At Risk / Functional Needs" (available on the Alameda County EMS website)

- **General Policies**
  - Assault / Abuse (Pediatrics and Elderly)
- **Operational Policies**
  - Psychiatric and Behavioral Emergencies (Pediatrics and Elderly)
- **Pediatric Policies**
  - Airway Obstruction
  - Anaphylaxis
  - Altered
  - ALTE
  - Bradycardia
  - Neonatal Resuscitation
  - Pain Management
  - Others

Injury Prevention Activities – Children . Seniors

(information available on the EMS website and the 2012 EMS System Report)

- The Injury Prevention Program (IPP) has operated as a unit in EMS since the late 1990s.
- The IPP strives to prevent unintentional injuries by targeting children, adolescent's, older adults and their families and service providers.
- IPP provides health education, advocacy, and facilitates collaborative relationships with entities serving and/or advocating for targeted populations.
- **Childhood Injury Prevention Program** activities include: community based bike and helmet safety presentations; facilitates local Safe Kids Coalition and Child Passenger Safety Work Group; distribution car seats to organizations serving low-income populations, conduct monthly Inspection Station; promoting texting prevention campaign; annually host/facilitates NHTSA child passenger safety technician (CPST) training class; initiates and/or participate in CEU classes for certified CPST; and assure the availability of educational materials in various languages e.g. Spanish, Chinese, etc. to service providers and residents. Staff includes certified CPSTs and an instructor.
- **Children Projects:**
  - Oakland Pedestrian Safety Project
  - Safe Kids Coalition
  - Emergency Information Card and Emergency Care Plan for Special Needs Chidren
  - Car Seat Program
  - EMSC – Community Education Campaign
  - Annual Pediatric Conferences - State EMSC Conference scheduled November 20, 2014 and Joint Contra Costa Pediatric Conference scheduled Spring 2015
- **Senior Injury Prevention Program (SIPP)** - activities include: community presentation on falls prevention, safe driving (Drive Smart) and emergency preparedness; regularly update and publish falls prevention booklet targeting residents; education service providers on injury prevention strategies; annually coordinate/co-host a statewide senior injury prevention conference; facilitate the local Senior Injury Prevention Partnership Network.
- **Senior Injury Prevention Program (SIPP) - Annual conferences** (scheduled May 2015)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

Community and Schools - Emergency Preparedness, Readiness Projects, and Plans
(information available on the EMS website and the 2012 EMS System Report)

- Emergency Information Card
- Emergency School Guidelines
- AED Program
- CPR7 Project

Pediatric Disaster Emergency Preparedness - Projects, Plans and Training
(information available on the EMS website and the 2012 EMS System Report)

- EMS Emergency Plans – Pediatric Medical Surge Plan
- **Annual training, conferences, and exercises**
  - Joint Contra Costa and Alameda County Annual Pediatric Programs – Planning conference for Spring 2015
  - Pediatric scenarios and injects included in statewide medical/health exercises (planning for November 20, 2014 functional and full scale exercise with pediatric patient movement between hospitals.
- **CA Neonatal/Pediatric Disaster Coalition**
  - Partnership with Contra Costa County EMS (Googlelist serve and resources available on-line)
  - Participate on National Pediatric Resilience Conference Calls with ASPR/HSS);
  - Support Contra Costa County EMS CONOPs project
- **Hospital ED Pediatric Site Visits** with UCSF Benioff Children's Hospital – assess ED pediatric readiness
- **Alameda County Emergency Operations Plan – Children's Annex** * (EMS Partnership) – developed draft plan with General Services Agency Project Leads

Homeless Population and Behavioral Health Projects

- "**Partnership for the Homeless**" (collaboration with Trust Clinic) – currently a beta-test; intent to decrease Hospital emergency department overload and facilitate resources for the homeless
- Preparing training curriculum on **Autism and Behavioral Health Emergencies** - partnering with experts from Trust Clinic
- Benioff Children's Hospital Oakland training available on Pediatric Mental Health issues – Grand Rounds held July 2014.

Non-English Speaking

- Language Translation Services Provides by Alameda County Health Care Services Agency

Disabilities and Functional Needs

- Disabilities Council, Alameda County Public Health Division
- Functional Assessment Services Teams (FAST)
- Patient Care Policies

Collaboration - EMS Staff and Partners address functional needs populations (disabled populations)

- Disaster Preparedness Health Coalition (DPHC) – includes Behavioral Health Services Agency and Community Based Organizations that serve special populations
- EMS Staff: EMS-C Coordinator; Safe Kids Coordinator; and Senior Injury Prevention Coordinator
- UCSF Benioff Children's Hospital
- Alameda County Public Health Department
- City of Oakland OES
- Alameda County Emergency Managers Association
- Community Based Organizations: Collaborating Agencies Responding to Disasters (CARD) and 211

* *Alameda County EOP - Children's Annex*

- *Purpose - provide functional and operational direction for the care and support of children affected by disaster.*
- *Collaboration Partners – plan addresses government departments,. agencies; municipal governments in the county; assistance and coordinating agencies from outside the county; nongovernmental organizations (NGOs) and community based organizations (CBOs) that respond to disaster incidents and events.*
- *Roles - delineates response roles and responsibilities for the medical care and shelter of children impacted during and by an emergency*
- *Aligned with State Plans - directed by it, are consistent with the California Emergency Services Act, the Standardized Emergency Management System (SEMS), the California State Emergency Plan, the National Incident Management System (NIMS), mutual aid agreements (MAAs), memorandums of understanding (MOUs), and all relevant county, State, and Federal laws and planning efforts.*

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

NEED(S):

Child Injury Prevention – Expand community outreach to reduce number of childhood injuries

Senior Injury Prevention Project – reduce the number of preventable injuries to older adults in Alameda County

OBJECTIVE:

- Integrate EMS policies, procedures, and training to include "At-Risk" functional needs populations
- Collaborate with organizations that serve "At Risk" populations to leverage effective solutions and ensure "inclusive" planning

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less) – Maintain established partnerships/collaborations and program activities
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS 911 System

The Alameda County EMS 911 System consists of emergency responders including hospitals, trauma centers, emergency departments, ambulance, fire departments, paramedics, EMTs and more. The list below identifies Alameda County responders, contracts, and MOUs:

- **Local EMS Agency**
  - EMS Staff
  - Fire Departments in Alameda County
  - Hospitals in Alameda County
- **Hospital Facility Designations - MOUs**
  - Receiving Hospitals
  - Pediatric Critical Care Centers
  - Trauma Centers
  - STEMI Centers
  - Stroke Centers
  - 5150 Facilities
- **Trauma Centers**
  - Alameda County Medical Center
  - Eden Medical Center
  - Children's Hospital Oakland
- **Medical Dispatch**
  - Oakland Fire Department Dispatch Center (FDC)
  - Alameda County Regional Emergency Communication Center (ACRECC)
- **Contracts / MOUs***
  - Paramedics Plus - Emergency Operating Area (EOA) Transport Ambulance Response
  - Emergency ambulance transport response through EOA designations in the Cities
    - Fire Department first responder agencies for Advanced Life Support services (FRALS)
      - Alameda
      - Albany
      - Berkeley
      - Piedmont
  - Trauma Centers for trauma services
  - Air Medical Transportation
  - Medical Dispatch
- **Ambulance Ordinance**
  - Ambulance Ordinance Chapter 6.114
  - Ambulance Ordinance for Non-Emergency Ambulance services
- **Ambulance Provider**
  - Advanced Life Support (ALS) Transport: Paramedics Plus
  - Alameda County EMS Ambulance Transport Provider Agreement with Paramedics Plus
  - Basic Life Support (BLS) Transport: AMR | NorCal | Royal

EMS Roles and Responsibilities

- Ensure procurement of emergency ambulance services for countywide Exclusive Operating Area (EOA)
- Monitor contract compliance
  - Contracts with Fire Department first responder agencies for Advanced Life Support Services (FRALS)
  - Contracts with three Trauma Centers and County Dispatch Center (ACRECC)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

- Identified optimal roles and responsibilities of system participants through agreements, contracts, and policies:
- Facilitates current, written agreements with contracts
  - 9-1-1 ambulance service provider, as well as with first responder agencies.
  - Hospitals designated as STEMI Centers, Cardiac Arrest Receiving Centers, and Stroke Centers.
  - Regional Dispatch Center - Alameda County Regional Emergency Communications Center.(ACRECC)

EMS Policies and Quality Improvement Plan – Identifies Roles

- Policies contained in the 2014 EMS Policy manual identify the optimal role and responsibility for system participants.
- Refer to the Alameda County Administrative Policy, Field Policy Manual and the Quality Improvement Plan 2014. (available on the Alameda County EMS website).

** **Paramedics Plus * Contract** - designated as a separate EOA awarded to a private provider.*

- *Contact is a "high performance" contract between county and provider agency (one of the most strict in the county)*
- *Contractor (Paramedics Plus) agrees to provide all services in accordance with applicable state code*
  - *(Health & Safety Code – Division 2.5) and regulations (Title 22, Division 9)*
- *Contractor must supply all resources necessary to meet response time standards and numerous other required performance measures*
- *Contractor must increase resources at its own expense to meet increased demand for services*
- ***Paramedics Plus Contract - RFP and Transition Background Information –***
  - *Countywide paramedic service began 1986*
  - *American Medical Response (AMR) provided ambulance provided ambulance service in EOA for 21 years – started with RFP process in 1990*
  - *Early 2010 RFP competition process opened for qualified companies to bid on contract for largest EOA.*
  - *Following rigorous review process, Paramedics Plus LLC (based in Texas) chosen*
  - *Four cities excluded from EOA since they provide their own ambulance transport*
  - *Paramedics Plus had over a year to plan for implementation of new system*
  - *New provider began service November 1, 2011.*

NEED(S):

- Ongoing. Renegotiating/renewing contracts and agreements based on past experiences
- Agreements with hospitals to obtain data on EMS patients.

OBJECTIVE: COORDINATE

- Coordinate with Alameda County receiving hospitals – EMS Medical Director will meet with ED Medical Directors to address issues and policy issues

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Policies: (Refer to the EMS Administrative Policies, Field Manual, and Quality Improvement Plan 2014 on the EMS website.

- Policies contained in the EMS Policy Manual and Quality Improvement Plan 2014 identify the optimal role and responsibility of system participants for review and monitoring of the EMS system operations (available on the Alameda County EMS website)

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 Paramedics Plus.
- Fire Departments for first responder services (ALS/BLS) and defibrillation
- Trauma Centers for trauma services
- STEMI Centers
- Stroke Centers
- Air Medical Transportation
- ACRECC Dispatch

Facility Designation:

- Receiving Hospitals
- Pediatric Critical Care Center
- Trauma Centers
- STEMI Centers
- Stroke Centers
- 5150 Facilities

Quality Improvement - Monitoring *

- Site Visits
- Audits
- Data Collection
- On-going Quality Improvement Meetings
- EMS Prehospital Care Coordinator is a designated quality improvement program manager

* Refer to 1.3 section of this EMS Assessment form

NEED(S):

- Improved data driven approach to response, care and transportation of patients
- Continue comprehensive data collection and analysis, coordinated quality improvement

OBJECTIVE (S):

- Coordinate analysis of all patient care data from "first ring" at PSAP to discharge from receiving hospital
- Apply data analysis to policy changes and educational venues

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less)
  - o Expanded pre-hospital data analysis with dashboards monitoring performance

- ✓ Long-Range Plan (more than one year)
  - o EMS link to Receiving Hospital data
  - o EMS link to PSAP data

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The EMS Agency coordinates EMS activities in Alameda County. Refer to the EMS System Report 2012, EMS System Plan 2014 and the EMS Quality Improvement Plan 2014 for the Alameda County EMS plan focused on coordinating EMS system operations. The County Health Officer delegates the EMS coordination responsibility to the EMS Agency Medical Director. Medical control of the prehospital medical care within the system is the responsibility of the EMS Medical Director.

- **EMS Agency Coordinates EMS System and Quality Improvement -**
  - Authority: *Division 2.5 of the Health and Safety Code, Chapter 4.*
  - Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to EMS.
  - Coordinate prehospital quality improvement committees.
  - Plan, implement and evaluate the EMS system including public/private agreements and operational procedures.
  - Implement advanced life support systems and limited advanced life support systems
  - Approve and monitor prehospital training programs.
  - Certify/authorize prehospital personnel.
  - Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
  - Facilitate implementation by system participants of required Emergency/Disaster, Trauma, and Quality Improvement plans.
  - Design reports for monitoring identified problems and/or trends analysis.
  - Approve standardized corrective action plan for identified deficiencies in prehospital and base hospital personnel.

- **EMS Agency Coordinates with Committees -** Various committee collaborations are set up in specific areas of EMS including emergency preparedness, Trauma, Dispatch, and Quality Improvement. These committees have at least one EMS agency representative attending and preferably the EMS medical director in attendance
  - **EMS Quality Council**
  - **Emergency Medical Oversight Committee EMOC**
    - The committee shall serve in an advisory capacity to, and report to, the Alameda County Health Officer and EMS Medical Director.
    - The meetings are public and chaired by the EMS Medical Director.
    - The committee is responsible for assisting in the development and/or implementation of:
      - Medical policies or procedures
      - Medical standards for prehospital care providers
      - Quality improvement standards
  - **Receiving Hospital Committee**
  - STEMI Committee
  - Stroke Committee
  - **Trauma Audit Committee**
  - **Regional Trauma Coordinating Committee**
  - Regional MHOAC Committee
  - Equipment QI Committee - The committee reviews and makes recommendations for changes to the standardized supply list found in the field manual. The committee serves in an advisory capacity to, and reports to, the EMS Medical Director. The Procedures/Objectives of the Committee are :
    - To only evaluate new equipment after study
    - To evaluate for adoption new equipment after significant field input
    - To evaluate new equipment using an objective format. (See: New Equipment Evaluation Form)
  - Data Steering Committee
  - ePCR Change Committee
  - **EMS Section Chiefs Committee**
  - **Alameda County Fire Chiefs Committee**
  - EMSAAC/EMDAAC
  - LEMSA Coordinators Committee

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

- **Disaster Preparedness Health Coalition (DPHC)**
- Association of Bay Area Health Officers (ABAHO)
- Various other ad-hoc committees

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency develops a policy and procedure manual (available on the Alameda County EMS website)

- Alameda County EMS conducts a yearly policy review process (policy review process is contained in Quality Improvement Plan)
- 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 printed and made available to each EMS responder
- Administrative policies are continuously updated as needed
- All policies are available on the Alameda County EMS website

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

NEED(S):

- Enhanced flexibility in making some urgent and smaller Field Policy changes
- Up-to-date and accurate policies

OBJECTIVE:

- Develop policies and best practices based on the latest best available evidence from studies, best practices and local data analysis
- Yearly review of policy and procedure manuals

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)
  - o Continue to develop and update field policy manual as needed. Ensure accessible formats

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Quality Improvement Plan

- The EMS agency has a mechanism to review, monitor, and enforce compliance with system policies.
- Refer to the EMS Quality Improvement Plan 2014 (available on the EMS website).

Overarching Monitoring Mechanisms

- QI Committee and Plan
- Policy Review
- Unusual Occurrences
- Trauma Audit
- Training Program and CE Provider Audits
- System Audits – Cardiac Arrest, intubation

Compliance - Data

- Alameda County EMS employs business intelligence software to analyze our system participant's performance on compliance with system policies.
- Operationally, we ensure that system participants are compliant with response time requirements.
- Clinically, we analyze system data to ensure that our patients are receiving appropriate prehospital medical care. It is not good enough to just measure compliance with clinical care policies, it is important to ensure that the measurements and analysis are patient centric.
- Since all of our system participants are utilizing one single data collection system, we have unprecedented access to a cohesive picture of the clinical and operational performance of our system.
    - Paramedics Plus contract maintains strict response time standards for urban, suburban/rural, and wilderness areas
    - Calls are categorized based on severity (Alpha, Bravo, Charlie, Delta, Echo)
    - Fines are assessed for non-compliance with response time standards
    - Electronic PCR system – data submission for use in quality improvement efforts

EMS Responsibilities - in the Quality Improvement Plan (available on the Alameda County EMS website)

- Authority: *Division 2.5 of the Health and Safety Code, Chapter 4.*
- Refer to the Alameda County EMS Quality Improvement Section of the Plan 2014

Prospective

- Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to emergency medical services.
- Coordinate prehospital quality improvement committees.
- Plan, implement and evaluate the emergency medical services system including public and private agreements and operational procedures.
- Implement advanced life support systems and limited advanced life support systems
- Approve and monitor prehospital training programs.
- Certify/authorize prehospital personnel.
- Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
- Facilitate implementation by system participants of required Quality Improvement plans.
- Design reports for monitoring identified problems and/or trends analysis.
- Approve standardized corrective action plan for identified deficiencies in prehospital and base hospital personnel.

Concurrent

- Site visits to monitor and evaluate system components.
- On call availability for unusual occurrences, including but not limited to:
- Multicasualty Incidents (MCI)

- Ambulance Diversion.

Retrospective

- Evaluate the process developed by system participants for retrospective analysis of prehospital care.
- Evaluate identified trends in the quality of prehospital care delivered in the system.
- Establish procedures for implementing the Certificate Review Process for prehospital emergency medical personnel.
- Monitor and evaluate the Incident Review Process.

Reporting/Feedback

- Evaluate submitted reports from system participants and make changes in system design as necessary.
- Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
- Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.

COORDINATION WITH OTHER EMS AGENCIES: Contra Costa EMS for trauma

NEED(S)

Data

- Enhance bi-directional data sharing capabilities with dispatch centers and hospital EDs.

OBJECTIVE:

Data

- Leverage HL7 compliant software systems currently in place to get EMS data into hospital data systems, and get outcome data out of hospital systems.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has a stable funding mechanism which is sufficient to ensure its continued operation.

- EMS District formed in 1984 – assessment measure passed with over 80% to fund countywide paramedic services
- Reaffirmed in 1997 with 81.3% majority for "Measure C" *

EMS funds are maximized.

OBJECTIVE:

- Continue to work with appropriate entities to ensure long term EMS system financial sustainability

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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 pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS agency has a plan for medical direction within the EMS system. The plan identifies the optimal number and role of the base hospitals.

- Current Base Hospital (Alameda County Health Center) has been designated since 2004 - meets minimum standards
- MOU with $200,000 annual subsidy completed in 2011- meets minimum standards
- Sole Base Hospital Agreement for the county- meets minimum standards
- Base Hospital Coordinator and Medical Director Assigned - meets minimum standards
- All calls are recorded for QI purposes (Refer to Quality Improvement Plan 2014 – Available on the Alameda County EMS website

Refer to Alameda County Quality Improvement Plan (available on the alameda County EMS website)

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated with the other Bay Area counties including Contra Costa County, Santa Clara, San Mateo, and San Francisco. Regarding trauma medical direction, coordination planning occurs at the Regional Trauma Coordinating Committee. Regarding disaster medical direction, coordination planning occurs at the Region 2 MHOAC meetings.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

✓ **Short-Range Plan** (one year or less)
- Development of new Base Hospital Course for second year residents at Alameda County Health Center.

✓ **Long-Range Plan** (more than one year)
- Renew subsidy and MOU in 2015

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) 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.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency has an established a quality improvement programs.

- Refer to the 2014 Quality Improvement Plan (available on the Alameda County EMS website).
- Refer to section 1.13 and 1.15 in this 2014 EMS system assessment portion of the EMS System Plan

QI System-Wide Procedures and Plan

- Provider based QI plans
- EMS QI Plan approved by state EMSA
- CA EMSA Core Measures
- One ePCR data collection and reporting system for all 911 providers
- Data analysis and trend identification
- Training based on trends
- Policy review
- Various QI committee groups: EMSA Core Measures, Quality Council, ePCR, Equipment, STEMI, Stroke, Trauma Audit, Receiving Hospital

NEED(S):

- Improved patient data measurement, analysis and reporting from PSAPs, dispatch, prehospital providers and hospitals

OBJECTIVE:

- Measurably improve patient care and outcomes

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)
  - Pre-hospital data analysis and reporting from EMS and providers with Tableau analytic tool

✓ Long-Range Plan (more than one year)
  - Integration of data with hospitals with HIE and/or other methods

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has developed written policies, procedures, and protocols. Refer to the 2014 EMS Administrative and Policy Manual (available on the Alameda County EMS website). Specific policies and protocols are provided below:

Triage Policies:

- MCI Response
- Haz/Mat Policies including: Biological, Chemical, Chempack, Nerve Agent, Radiological, and Decontamination

Field Policies:

- Treatment Policies including: Local Scope, Transport Guidelines, Assault/Abuse, Anaphylaxis, OB/GYN, Burn Care, Trauma Care, Cardiac Treatments, ALOC, Stroke, Seizure, Pain Management, Respiratory Care, Sepsis, Poisoning, Airway Management, Special Procedures (12 Lead, CPAP, IO, Pleural Decompression, Sedation, Spinal Motion Restriction, Pacing), Operations (ALS/BLS Responder, Death in the Field, Equipment Requirements, Interfacility Transfers, Medical Personnel On Scene (Physician), Psychiatric/Behavioral Emergencies, EMS Aircraft)
- Instructions within treatment protocols if early transport recommended
- Standing orders: All standing orders identified as non-shaded boxes in treatment algorithms
- Requirement for Base physician order identified as shaded boxes in treatment algorithms

Medical Dispatch Protocols:

- Oakland and ACRREC Emergency Medical Dispatch Centers use MPDS to dispatch the appropriate EMS response and for pre-arrival / post dispatch instructions

NEED(S):

- Implement MPDS for Berkeley Fire Department Dispatch
- Improve efficiency of response resources
- Improve analysis of the effect of field policy updates

OBJECTIVE:

- "Provide the right resource to the right patient at the right time"
- Improve patient outcomes

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less)
  - Implement MPDS at Berkeley Fire Department Dispatch

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has a policy regarding "Do Not Resuscitate" (DNR)

- Refer to the EMS Policy Manual 2014 (available on the Alameda County EMS website)
- Death in the Field Policy
  - Includes Do Not Resuscitation
    - Describes POLST, Medical Alert, DNR order - meets minimum standards
    - POLST form recently revised – training provided

Policy is compliant with EMSA DNR guidelines (EMSA #311).

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
None

Long-Range Plan (more than one year)
None

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS in conjunction with the county coroner has developed a policy regarding determination of death.

- EMS Policy Manual – Refer to the 2014 EMS Policy Manual (available on the Alameda County EMS website)
- Death in the Field Policy
  - Includes criteria for determining death in the field - meets minimum criteria
  - Allows the discontinuation of a medical cardiac arrest after the persistence of a non shockable rhythm after four round of drugs and/or 20 minutes of ACLS. meets minimum criteria

Policy includes deaths at the scene of apparent crimes.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
None

Long-Range Plan (more than one year)
None

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has a mechanism for reporting child abuse and elder abuse.

Refer to the EMS Field Manual 2014 (available on the Alameda County EMS website)

- EMS Field Policies – Assault/Abuse, Death in the Field, and Grief Support
- There are no state laws specifically requiring the reporting of suspected SIDS deaths by prehospital personnel.

NEED(S):

None

OBJECTIVE:

- Provide appropriate care and emotional support for patient and families
- Notify the appropriate agencies including law enforcement , hospital staff, child and adults protective services of all suspected abuse

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

- None

Long-Range Plan (more than one year)

- None

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS Medical Director has established policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

- Meets minimum standards
- EMS Policy Manual – Refer to the EMS Field Policy Manual 2014 (available on the EMS website)
  - Interfacility Transfer Guidelines
  - Emergency Re-triage to Trauma Centers
    - Demonstration of decreasing the time to transfer to trauma centers in the last year
- EMS Administration Manual
  - Critical Care Paramedic (CCP) – Program Standards

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Monitor Trauma Re triage

Long-Range Plan (more than one year)
none

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Advanced life support services are provided only as an approved part of our Alameda County EMS system. All ALS providers have written agreements with Alameda County EMS.

The following fire departments provide ambulance transportation: City of Alameda, Albany, Berkeley, and Piedmont

The following fire departments provide First Responder Advanced Life Support (FRALS): Alameda County Fire, Fremont, Hayward, Livermore/Pleasanton and Oakland – These departments all have contracts with EMS and are financially compensated with pass-through funds from contract provider.

ALS Transport Provider

- Exclusive Operating Area
  - Contract awarded to Paramedics Plus in 2011- meets minimum standard
- 201 Cities - MOU completed
  - City of Berkeley
  - City of Albany
  - City of Piedmont
  - City of Alameda

ALS Non-Transport Provider – FRALS

- Alameda County Fire
- Fremont Fire
- Hayward Fire
- Livermore/Pleasanton Fire
- Oakland Fire

NEED(S):

None

OBJECTIVE:

- Maintain current arrangements

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
- None

✓ Long-Range Plan (more than one year)
- Re evaluation of EOA contract at 5 year

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has an on-line medical direction, provided by a base hospital.

- Base Configuration
  - Single Base Hospital for the county- meets minimum standards
- Process for selecting
  - Base Hospital designated in 2004 after the completion of an RFP
  - Latest MOU with Alameda County Health Center completed in 2012
  - $200,000 per year subsidy to the Base Hospital
- Process for determining the need for in house medical direction
  - Performance Improvement process for area of improvement
  - Quarterly audits of base hospital calls

Refer to Quality Improvement Administrative Policies and Programs (available on the Alameda County EMS website.

- Alameda County Quality Improvement Plan
- Base Hospital Responsibilities
- Base Physician Program

NEED(S):

- None

OBJECTIVE:

- Continuing monitoring QI and Base Hospital physician training.

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less)
  - QI and physician training yearly
- ✓ Long-Range Plan (more than one year)
  - Renew MOU

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency has a plan for trauma care and determines the optimal system design for trauma care in the operational area. The trauma system plan was approved by the State of California and implemented in January of 1987. The purpose of the trauma system, as written in 1985, was to assure optimum preparation, response, and definitive care for the people that incur critical traumatic injuries within Alameda County. The goal remains unchanged. The many changes influencing the health care delivery system in the Unites States over the last fourteen years have affected the trauma system in the County. Yet, the fundamental components of the trauma system design remain intact and continue to meet the needs of the residents and visitors to Alameda County.

Trauma Centers

- Alameda County Medical Center
- Eden Medical Center
- UCSF Benioff Children's Hospital Oakland

Trauma Plan Status

- Trauma System Plan accepted in 2014 with Alameda County partners - meets minimum standard.
- Alameda County Trauma Plan for 2013 was approved by EMSA. 2014 plan was submitted by December 31, 2014. *Alameda County Trauma System Plan was re-submitted in 2015 and Alameda County EMS is waiting for approval.*
- Trauma Hospitals were designated in 1987.
- Use of the CDC criteria for Trauma Triage - meets minimum standards
- MOU with our three designated Trauma Centers completed 2012. - meets minimum standards
- Measure C Funds utilized to subsidize our Trauma Centers- meets minimum standards
- Recent American College of Surgeons Certification of our three trauma centers in 2014 - meets minimum standards

Trauma System Design

- The Trauma System design created in 1985 is essentially unchanged.
- The structure and rationale for the determination of the number and location of the trauma centers was based on the needs assessment described in Section III of the Alameda County Trauma System Plan.

Trauma System – Delivery System Requirements and Patient Volume

- Many changes have occurred in the County's health care delivery system as well as the EMS System. Select system structure and process changes include:

- **Communications**
  - (Refer to the Alameda County Emergency Medical Services Agency, *EMS SYSTEM REPORT - PLAN 2012*, Sections 3.01 through 3.10 – available on the Alameda County EMS website))
- **Response/Transportation -**
  - (Refer to the *EMS SYSTEM REPORT - PLAN 2012*, Sections 4.01 – 4.22)
- **Facilities/Critical Care**
  - (Refer to the *EMS SYSTEM REPORT - PLAN 2012*, Sections 5.01 – 5.14)
- **Trauma Triage Criteria**
  - (Appendix 2, EMS policy, *Trauma Patient Criteria*)
  - Prehospital care providers use these criteria to identify the critically injured patient. These criteria are divided into three components: anatomical, physiological and mechanism of injury. All patients meeting the anatomical and/or physiological criteria are transported to the appropriate trauma center.
  - Injured children 14 years of age and under are identified as pediatric trauma patients.
  - Adult trauma arrest patients: (Appendix 3, EMS policy, *Determination of Death in the Field*)
- **Advance Life Support Zones**
  - The ALS Zones outlined in the 1985 data are no longer used in Alameda County. The County is divided into North and South zones with the eastern portion being incorporated into the southern catchment area. The Oakland/San Leandro border is the dividing line between the north

and south trauma zones. Alameda County Medical Center serves the north zone, Eden Medical Center serves the south zone and UCSF Benioff Children's Hospital Oakland (pediatric trauma center) serves both zones.

- **Medical Control**
  - Paramedics may contact the Base hospital physician regarding any questions involving transport destinations. This patient population are those that have sustained injuries listed under the mechanism of injury or special consideration, that are physiologically stable that the paramedic determines can be safely transported to a non-trauma receiving facility. The base physician has the ultimate responsibility to determine the patient destination.
- **Trauma Patient Volume**
  - The actual number of critical trauma patients transported to each of the trauma centers in the year 2012;
    - Children's – 779
    - Eden – 1667
    - Highland – 2174
  - **Total critical trauma patients transported to trauma centers in 2012 = 4620**
- **Receiving Facilities/Non-trauma Centers**
  - The non-trauma facilities in our county receive some patients meeting Trauma Patient Criteria (CTP), as outlined in *EMS Policy Trauma Triage Criteria (Appendix 2)*. These facilities are directed to call 911 for emergent transfer to the closet trauma center.

COORDINATION WITH OTHER EMS AGENCIES:

- Quarterly Trauma Audit Committee (Regional) in place for more than a decade- meets minimum standards
- Alameda County EMS is currently working on a Trauma Patient Memorandum of Understanding with the NorCal EMS region. These agreements will address the transfer and transport of trauma patients from one jurisdiction to the other. These agreements recognize the need to share data for the purposes of quality review and when used as such are not subject to the mandated patient authorization procedures of HIPAA. The agreement also stipulates the trauma protocols of the receiving system will be followed.
- **Contra Costa County.** Alameda County and Contra Costa County EMS agencies have worked closely in developing, implementing and evaluating their trauma systems over the last 15 years. Children are transported from Contra Costa County from the scene of the incident by both ground and air transport. When John Muir is on trauma bypass, their patients may be transported by ground to Alameda Health System – Highland Hospital, in the northern portion of the county and either by ground or air to Eden in south and east county. Alameda County trauma patients may be transported to John Muir by ground or by air when Eden is on trauma bypass. Copies of the letters of agreement are available on file with EMS.
- **Santa Clara County.** Trauma patients are transported to Regional Medical Center from the southernmost part of Alameda County when based on the patient's presentation and the transport time to Eden, it is determined that it is in the patient's best interest to go to San Jose. Historically, the number of trauma patients transported to Santa Clara County averages approximately 200 per year.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to System Assessment Form - 5.12

Alameda County EMS-C Program and Plan *

The Alameda County EMS agency has developed a pediatric emergency medical and critical care system plan based on community needs and utilization of appropriate resources with the optimal system design and process for assigning roles to system participants

EMSC - Pediatric Plan Goals

The overall goal of the Alameda County Emergency Medical Services for Children (EMSC) program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for children's special needs. The Alameda County pediatric emergency medical and critical care system plan was implemented in the 1980s. Alameda County EMS has a dedicated EMS-C Coordinator who conducts on-going planning, training, and pediatric site visits to strengthen the Alameda County pediatric emergency medical and critical care system. The EMSC Coordinator is also the Co-Chair of the CA EMSA – EMSC TAC Disaster Surge Subcommittee and Coalition

EMSC Comprehensive Model

Alameda County EMS with the assistance of experts in various aspects of pediatric care, has developed and adapted state EMSA – EMSCC guidelines, standards, and key products that make up a comprehensive model for Alameda County EMS. The Alameda County EMS Model provides a continuum of care, beginning with the detection of an illness or injury to emergency department care and rehabilitation consistent with the state.

- Trauma System Plan
- Pediatric Patient Care Policies
- Diversion Policy
- Burn Center (Children's Hospital stabilizes patients,, transports to UC Davis
- EMSC Projects – Hospital ED Pediatric Readiness and Injury Prevention
- Pediatric Disaster / Surge Preparedness Projects

Alameda County EMSC Plan 2014-15: (Plans and Projects)

- Education on EMSC Prehospital Policies and Procedures – New Pediatric Updates (available on the EMS website)
- Conduct Hospital ED Pediatric Site Visits – "Readiness Project Assessment": Collaboration with UCSF Benioff Children's Hospital (conducted every two years); includes assessment tool and comprehensive follow-up recommendations. Next site visit cycle will begin Spring 2015
- Support Pediatric Education – Annual EMSC Conferences; support California EMSC Education Forum (next conference scheduled November 6, 2014.
- Facilitate Medical Surge/Disaster Preparedness – CA Neonatal/Pediatric Disaster Coalition: disseminate resources
- Collaborate - Joint Alameda County/Contra Costa County Pediatric Conferences – (next conference scheduled Spring 2015)
- Support CA EMSA and Contra Costa County Children's Medical Surge CONOPs Project
- Support Regional and National Resiliency Forum to inspire and leverage pediatric needs
- Facilitate Injury Prevention Projects (Safe Kids; Previous PemSoft Project; and Emergency School Guidelines)
- Integrate pediatrics in annual statewide medical/health exercises (next exercise scheduled November 20, 2014)
- Advise ALCO Disaster Preparedness Health Coalition (DPHC) and receiving hospital committees; ensure pediatric needs and

solutions addressed – ensure inclusive planning
- Facilitate pediatric supply/equipment resource inventory in new "Metrics" inventory

On-going Collaborative Partners include:
In planning for pediatric emergency medical and critical care system, Alameda County EMS collaborates with partners and leverages the vital input of vital pediatric experts including:
- California EMSC "Readiness Project" – Marianne Gaushe-Hill, MD and Kate Remmick, MD
- California EMSA EMSC Technical Advisory Committee (TAC) - TAC Pediatric Disaster Subcommittee
- California Neonatal/Pediatric Disaster Coalition and partners
- Regional and National Multidisciplinary Advisory Committees – Resiliency Forums
- UCSF Benioff Children's Hospital Trauma Directors, ED Medical Directors, and Emergency Planner

EMS Alignment - Foundation Guidelines
The Alameda County EMS pediatric standards and projects have been updated and aligned with the EMS Authority's Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Departments and other guidelines as follows:.
- EMSA #181: Guidelines For Pediatric Interfacility Transport Programs
- EMSA #182: Administration, Personal and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department
- EMSA #183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines
- EMSA #184: Guidelines for Pediatric Critical Care Centers
- EMSA #185: Pediatric Prehospital Treatment Protocols
- EMSA #186: Model Pediatric Interfacility Transfer Agreement
- EMSA #187: Pediatric Education Guidelines For Paramedics
- EMSA #188: Prehospital Pediatric Equipment For BLS/ALS Support Units
- EMSA #190: EMSC Recommendation For Illness and Injury Prevention
- EMSA #194: Intensive Care Services for the Pediatric Trauma Patient
- EMSA #196: Emergency First Aid Guidelines for California Schools
- EMSA #197: EMSC Pediatric Disaster Preparedness Guidelines for LEMSAs
- EMSA #198: EMSC Pediatric Disaster Preparedness Guidelines for Hospitals

Quality Improvement
- Prehospital and hospital provider input is vital to the program. The EMS program follows the Alameda County EMS quality improvement process. (Alameda County Quality Improvement Plan 2014 available on the EMS website)

** ***Alameda County EMS-C Program, Projects, and Plan ****
- ***EMSC Pediatric System Goal***
  - *Ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children.*
  - *Facilitate a model that provides a continuum of care beginning with the detection of sick or injured children and transport to the appropriate emergency department through rehabilitation.*
  - *Addresses the specific care of children within the EMS system to include the prevention, prehospital, emergency department, in-patient and rehabilitation services - includes planning, implementation, management, policy development, evaluation, and education consistent with California / National EMSC standards/ guidelines.*
- ***EMSC Pediatric System Plan***
  - *Provides optimal system design for pediatric emergency medical services and critical care in the EMS area.*
  - *Integrates and aligns with the California EMS-C EMSA Guidelines.*
  - *Provides specialty care program*
  - *Sustain and strengthen EMSC Program as a subdivision of the Alameda County EMS Systems Division.*
- ***EMSC Coordinator***
  - *EMSC Coordinator provides technical assistance to the Alameda County operational area to ensure the EMSC benchmarks.*
  - *Focus - on prehospital and hospital quality of care, continuity of care, family-centered care, cultural diversity, care for children with special needs, and inclusive emergency preparedness programs with consideration for children and pediatric medical surge capability..*
- ***State Partnership and Collaboration - California EMSA** – Leverage System Planning with partners*
  - *Participate on the California EMS for Children Technical Advisory Committee*
  - *Participates on annual CA EMSA planning committee*
  - *Co-Chair, Pediatric Disaster Sub-Committee*
- ***Prehospital Care and Polices** (Refer to the 2014 Field Policy Manual Pediatric section – available on the EMS website)*
- ***Education***
  - *Require Pediatric Education for paramedics – PEPP and PALS requirements*
- ***Equipment***

- *Prehospital Pediatric Equipment for BLS/ALS*
- *Pediatric Patient Care*

- ***Administrative Policies***
  - *Diversion policy*
  - *Burn Center (Children's Hospital stabilizes patients; transports to UC Davis)*
- ***Emergency Department Readiness Project*****
  - *Conduct Pediatric ED Site Visits every two years with follow-up training and education*
  - *Disseminate CA EMSA EMS ED and Disaster Guidelines:*
  - *Facilitate EMSA Guidelines and readiness resources*
- ***Interfacility Transport*** *(Refer to Inter-facility Policy)*
  - *Interfacility Trauma and Critical Care Centers*

Specialized Centers & Trauma System *(Refer to the 2014 Trauma System Plan available on the Alameda County EMS website)*

- *Pediatric Level 1 trauma center designation – UCSF Benioff Children's Hospital*

Quality Improvement *(Refer to the Alameda County Quality Improvement Plan 2014 available on the Alameda County EMS website)*

- *Integrates Quality Improvement Meetings for Pediatrics*
- *Trauma Audit Committee (Chart Review Pediatrics)*

Emergency / Disaster Preparedness *(Refer to 2014 HPP Medical Surge Workplan benchmarks and required capabilities)*

- *HPP Medical Surge Preparedness*
- *ReddiNet Information Management System*
- *Pediatric Medical Surge Training and Conferences*
- *Pediatric Medical Surge Plan*

Injury Prevention

- *Emergency Guidelines for Schools: Dissemination of document and development of training curriculum*
- *Children - Injury Prevention Program*
- *Functional Needs Project: Emergency Information Card*

*** Alameda County (ALCO) does not have verified Emergency Departments Approved for Pediatrics (EDAPs), but we do have a formal process to review and evaluate our pediatric readiness in all of our hospitals. Every two years UCSF Benioff Children's Hospital (CHO) in Oakland partners with Alameda County EMS to conduct customized ED Pediatric Site Visits at each of our 13 - ALCO emergency rooms. The ED Readiness Assessment tool is utilized and a formal follow-up report with recommendations is shared with each hospital ED Manager and Director. Between the ED Site Visits, each hospital participates in pediatric readiness activities including: 1) visits our Children's Hospital ED; 2) collaborates with CHO to address corrective actions; and 3) participates in pediatric training seminars and exercises throughout the year with CHO..*

NEED(S): Strengthen emergency department (ED) and ALS provider capability and capacity to for treating pediatric patients with focus on medical surge

OBJECTIVE:

- Continue to assess the local EDs for pediatric capability
- To facilitate hospital and ALS pediatric readiness with focus on medical surge

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

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, that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

EOAs in Alameda County have remained consistent since 1999. At this time, there is no evidence to suggest that a change in our EOA structure would benefit the public.

Paramedics Plus became the provider of 9-1-1 ambulance transport services on November, 1, 2011 taking over the EOA formerly serviced by AMR.

Five year, performance based contract between Alameda County EMS and Paramedics Plus designed to innovate delivery of prehospital services with an integrated system of dispatch protocols (utilizing EMD) and a uniform data collection system, as well as uniformity of the equipment used by each agency.

EOA Plan

Service Area	Service Provided By
** City of Albany	Albany Fire
** City of Berkeley	Berkeley Fire
** City of Piedmont	Piedmont Fire
** City of Alameda	Alameda City Fire
The Remaining Cities In The County And Unincorporated Areas.	Paramedics Plus

**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.

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ✓ Long-range (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS routinely assesses personnel and training needs.

The primary mechanisms in place contribute to the assessment of needs as follows:

- Provider Agency QI Plan
- LEMSA QI Plan 2014 - (available on the Alameda County EMS website)
- Unusual Occurrence Process – Quality Improvement Administrative Policy
- Policies:
  - Policy #2000 - Policy and Skill Competency Requirements (Quality Improvement)
  - Paramedic Local Accreditation including an ALCO EMS Orientation class
- Ride-Alongs
- Mandatory update policy training done yearly
- Case reviews by the Medical Director based on data
- Training needs based on local data
- Full time QI / PHCC coordinator
- As part of the policy update process, training is provided including an update video, PPT, summary of changes and a "Train-The-Trainer" class is conducted annually prior to the implementation of new policies.

Alameda County EMS:

1. **Develops on-going training programs based on trend identification through the QI process**
2. **Re-evaluates staffing requirements**

NEED(S): Continued assessment and re-evaluation of personnel and training needs

OBJECTIVE:

- Use the data management system to assess provider compliance with Policy 2000 (Ongoing)
- To conduct training sessions regarding policy changes – done annually following the policy review process and prior to the implementation of new policies
- To assess paramedic current knowledge and skills competency

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency has a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with regulations.

- CE provider/training program approval process policy #4000 – MEETS MINIMUM STANDARD
- CE provider application #4600 – MEETS MINIMUM STANDARD
- Twenty (20) prehospital training programs (as of July 2014) – MEETS MINIMUM STANDARD
- Twenty-nine (29) approved CE Providers (as of July 2014) – MEETS MINIMUM STANDARD
- On-going audits of training programs and CE providers to ensure compliance – MEETS MINIMUM STANDARD

New paramedic training program approved at Las Positias College.

NEED(S): Monitoring CE providerx for compliance with guidelines

OBJECTIVE: Continue auditing CE providers

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less)
  Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

EMS policies define certification, accreditation, authorization and unusual occurrence review process:

- EMT-P Accreditation: Policy 2000, Policy and Skill Competency Requirements and Paramedic Local Accreditation
- Base Physician Authorization
- EMT-1 Certification - Meets minimum Standard
- Public Safety Defibrillation
- Unusual Occurrences

Policies include compliant certification reviews.

NEED(S):

OBJECTIVE:

EMT Certification-None

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)
- Incorporate all actively accredited EMT-Ps into state EMSA database

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our two, main dispatch centers in Alameda County, ACRECC (Alameda County Regional Emergency Communications Center, and Oakland Fire Dispatch) are both accredited Centers of Excellence with the National Academies of Emergency Dispatch. As well, our agreement with ACRECC requires them to maintain certification or compliance with any EMSA, NHTSA, and NFIRS guidelines. We also require them to maintain the dispatch center telephony standards at or above those set by any governing bodies that oversee such standards.

- 18 Public Safety Answering Points (PSAPS) in Alameda County that receive 911 calls
- Two centers are nationally accredited Emergency Medical Dispatch (EMD) /MPDS centers – Oakland Fire and ACRECC
- The EMD centers provide pre-arrival instructions on topics such as CPR, choking, bleeding control, and childbirth
- Calls are reviewed for appropriateness – much like review of clinical care provided to patient

NEED(S): Continued training and testing of all Medical Dispatch personnel in accordance with EMS Authority's Dispatch Guidelines and the EMD guidelines

OBJECTIVE:

Continuously monitor compliance.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM 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. The training requirements are included in the policies, agreements, and regulations provided below:

- **Training – Policies and Agreements** - Requirements
  - Refer to the Alameda County 2014 Field Manual – General . Operational Policies (available on Alameda County EMS website)
    - ALS Responder – Operational Policy
    - BLS Responder – Operational Policy
    - Certification / Recertification / Accreditation Checklist
    - Medical Personnel on the Scene
    - Paramedic Field Supervisors – Utilization of ALS Skills
  - Refer to the Alameda County EMS Administration Manual
    - EMT Certification Policy (#3200)
    - Paramedic Accreditation Policy (#3302)

- **Provider Contracts / Agreements** - Requirements
  - Refer to the Emergency Medical Services First Responder Advanced Life Support Services Agreements (FRALS) with Fire Departments *
    - Personnel Licensure /Certification/Training Requirements

- **Standards for First Responder Personnel** – Requirements per contracts

- **County-Wide Automatic External Defibrillators** - 1762 AEDs are available county-wide.
  - Refer to the Alameda County EMS Website for information on the AED/PAD program and the regulations
  - Refer to the Alameda County EMS System Report 2012 p. 10

- **Quality Improvement Plan**
  - Refer to the Staffing – ALS and BLS Providers Operations Policy – August 4, 2014
  - Refer to the 2014 Quality Improvement Plan
    - EMT Certification/Paramedic Accreditation, p.42
    - EMT / Paramedic Training Programs requirements and quality improvement process p.42

** First Responder Advanced Life Support (FRALS) – This innovative program began in 1986 with the Fremont Fire Department. By 1999, many of the non-transporting fire departments had a paramedic on the fire engine and many of the other departments were moving in that direction. An agreement was reached between AMR and the fire departments that provided ALS to respond in eight minutes: 30 seconds, meeting the response time criteria. All FRALS departments are under contract with EMS for which they are compensated.*

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE: SHORT-RANGE PLAN (ONE YEAR OR LESS) / LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES: NONE.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Standard is met through the following activities:

- The AED and EMSC Coordinator provides ongoing outreach to public safety and industrial first aid teams. The target group primarily is the Alameda County organizations participating in the HeartSAFE Project. This project places 185 AEDs throughout the county. Each site receives customized emergency plans and AED/PAD training for their first aid teams..
- Alameda County EMS partners with the Fire Departments and Paramedics Plus to liaison with the County-wide AED coordinators. The goal is to promote AED/PAD programs and assist with emergency response team training.
- The Alameda County Sheriff's Department, Alameda County Fire, and many local jurisdiction city partners provide Community Emergency Response Team (CERT) training for industrial first aid teams.. Refer to the links below:
  - http://www.acphd.org/emsemergprepresp/community.aspx
  - http://www.acgov.org/fire/emergency/cert.htm
  - https://www.citizencorps.fema.gov/cc/showCert.do?id=45866

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and regulations.

EMS Policy Manual 2014 – Refer to the Alameda County Administration and Policy Manual 2014 (available on Alameda County EMS website

- ALS / BLS policies and procedures

Tactical Medicine

- Looking to train prehospital personnel in POST approved tactical medicine training and encouraging law enforcement agencies to work toward integration of these trained personnel into their tactical teams.
- Two classes have been completed with more being funded with UASI grants.

AEDs / PAD Program * (Information available on the Alameda County EMS website)

- EMS Agency has been supporting the placement of AEDs throughout Alameda County for several years – certain requirements such as training and medical direction apply throughout county
- As of August 2014, there are **1762 AEDs** throughout Alameda County.
- The Alameda County AED locations are shared with the two 9-1-1 dispatch centers.
- Project HeartSAFE – Placed 185 AEDs in the community **
- Paramedics Plus contributes funding for ten AEDs per year per contract
- Since 2008, we average 30 cardiac arrests a year where a non-medical individual use an AED. Eighteen to 21 had a shockable rhythm and 5 to 10/year survive to hospital discharge.

CPR7 – Training Seventh Graders to Save Lives

* Automatic external defibrillators (AEDs) Program – The Alameda County EMS Agency provides overall support to people and businesses in Alameda County that are interested in getting or registering an AED. With the goal of increasing the number of AEDs and AED awareness, an Agency designed tri-fold informational flyer about AEDs is being distributed to local businesses by county fire departments and EMS

NEED(S): Continue to leverage public safety agency and PAD programs in the EMS system

OBJECTIVE:

PAD Program – Continue to expand the programs in Alameda County
Tactical Medicine - Provide a standards based, tactically trained workforce to be available to Law Enforcement. Provide trained EMS personnel to the system in order to be better able to respond to events like active shooter incidents and mass casualties.

TIME FRAME FOR MEETING OBJECTIVE:

- ✓ Short-Range Plan (one year or less)
- ✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets minimum standards

- MOU developed and signed by all First Responder ALS providers
- EMS Policy Manual 2014 (available on the Alameda County EMS website)
- Annual Protocols Update Training (new protocols and policies available on the Alameda County EMS website)
- Provider contracts and services agreements

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

7Short-Range Plan (one year or less)

- Ongoing Performance Improvement monitoring

Long-Range Plan (more than one year)

- Renew MOU's when appropriate.

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Policy, provider contracts, EMT certifications, and ALS/BLS that address requirements are provided below.

- **Policy**
  - Refer to the Alameda County Operations Policy: "Staffing – ALS and BLS Providers" (August 4, 2014) *
- **Provider Contracts**
- **EMT certification**
- **Staffing ALS/BLS providers**

*** Staffing - ALS AND BLS Providers**

1. Each transporting BLS mobile unit will be staffed continuously by a minimum of two (2) certified EMT-Is (as defined in Title 22 and EMT Certification Policy).
2. **Each transporting ALS Unit will be staffed continuously by a minimum of:**
   2.1 **In areas with First Responder ALS:**
   - ✓ one (1) California State licensed and Alameda County accredited paramedic (as defined in Title 22 and Paramedic License/Local Accreditation Policy)
   - ✓ one (1) California State certified EMT-I (as defined in Title 22 and EMT Certification Policy)

   2.2 **In areas without First Responder ALS**
   - ✓ two (2) California State licensed and Alameda County accredited paramedics (as defined in Title 22 and Paramedic License/Local Accreditation Policy)
3. **Each ALS First Responder Unit must be staffed continuously by at least**:
   - ✓ one (1) California State licensed and Alameda County accredited paramedic (as defined in Title 22 and Policy Paramedic License/Local Accreditation Policy)
   - ✓ at least one (1) California State certified EMT-I (as defined in Title 22 and EMT Certification Policy)
4. Alameda County has established benchmark criteria for paramedics. Staffing levels must adhere to the following: (*For additional information on benchmark criteria, see policy #2000, Policy and Skills Competency Requirements)*
   - ✓ **Entry Level** Paramedics may only work with an Advanced Level Paramedic. Upon completion of benchmark criteria, an Entry Level Paramedic advances to an Advanced Level.
   - ✓ **Advanced Level** Paramedics may be the single medic on a response unit
5. A list of all licensed/accredited ALS personnel and certified/authorized BLS personnel shall be continually maintained at the employment agency, including a record of the training program, continuing education requirements, and any other required training
6. The employing agency shall submit to EMS, by email, a file containing the name and license number of all employed ALS personnel yearly in January.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM 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.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

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.

NEED(S):A Mechanism and the authority to require ED physicians to be board certified.

OBJECTIVE: EMS will continue to work collaboratively with ED Directors and managers to seek these certifications for physicians and registered nurses.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- 2014 EMS Field Manual and Administration Policies:
  - Policy 2000 (Policy and Skills Competency Requirements),
  - Paramedic Certification / Accreditation / Checklist
- Paramedic Accreditation information available on the Alameda County EMS website
- EMS Orientation – for new employees - held monthly.
- Local optional scope of practice skills competency required
- Field Evaluation by an FTO level evaluator required
- Newly accredited paramedics begin at "Entry Level" status. Promotion to "Advanced Level" status require 6 month in-county experience (timeline may be shortened in special circumstances IAW policy 2000). Only Advanced Level paramedics may work independently without another paramedic.
- Policy update training – held annually to introduce new and revised policies.
- EMS Quality Improvement (QI) Plan

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

- Incorporate all actively accredited EMT-Ps into state EMSA database

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

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

AEDs / PAD Program (Information available on the Alameda County EMS website and the EMS System Report 2012 – p. 10-11)

- EMS Agency has been supporting the placement of AEDs throughout Alameda County for several years – certain requirements such as training and medical direction apply throughout county
- As of August 2014, there are **1762 AEDs** throughout Alameda County.
- The Alameda County AED locations are shared with the two 9-1-1 dispatch centers.
- Project HeartSAFE – Placed 185 AEDs in the alameda County community including county building and schools
- Paramedics Plus contributes funding for ten AEDs per year per contract
- Since 2008, we average 30 cardiac arrests a year where a non-medical individual use an AED. Eighteen to 21 had a shockable rhythm and 5 to 10/year survive to hospital discharge.
- Alameda County EMS has a designated AED/PAD Coordinator

PulsePoint (Information available in the 2012 EMS System Report, p. 10))

- In addition, PulsePoint, an application that allows citizens to be alerted to nearby (within a few hundred yards) cardiac arrest events and the location of the closest AED has been implemented at one of our main dispatch centers.

Certification / Recertification / Accreditation Checklist

- Refer to the Alameda County 2014 EMS Policy Manual (available on the EMS website)

EMS Administration Manual

- #3201 (Public Safety Defibrillation Authorization)
- #4000 (Defibrillation Program Approval)

NEED(S):

OBJECTIVE:

Encourage citizens to install PulsePoint on their smartphones in order to get more bystanders who are motivated to perform CPR and apply defibrillators to patients in cardiac arrest.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Meets minimum standard.

Standards are met by policies below:

EMS Policy and Requirements

- EMS Policy - Base Physician (#4500)
- Requirements
  - Current California Medical License
  - Completion of the Base Hospital Physician training program
  - 8 hour ride along within the first year and 4 hours per year afterward
  - Review of the first 5 EMS calls by the Base Hospital Physician

Administrative Policy – Programs

- Base Physician Program

Administrative Policy – Quality Improvement

- Base Hospital QI Responsibilities
- Base Hospital Responsibilities

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)
- Performance Improvement

✓ Long-Range Plan (more than one year)
- Renew MOU

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS agency has a plan for EMS communications. The plan specifies the medical communications capabilities of emergency transport vehicles, non-transporting ALS responders, and acute care facilities.

Paramedics Plus Communications Plan

- Paramedics Plus ambulances are dispatched by ACRECC – support is provided to dispatch center for system upgrades, workstations, computer added dispatch (CAD) components
- Each ambulance and supervisor vehicle has necessary radio equipment for system-wide communications
- Vehicles also have mobile computers
- Refer to Paramedics Plus Contract

EMS Communications Plan - 2014 EMS Administrative and Policy Manual

– Sections that address Communications Plan

- EMS Field Policy Manual
  - ✓ MCI Policy
- Administrative Policy
  - ✓ ReddiNet Utilization – Operations Section Policy

Disaster Communication Systems and Protocols – Utilized by EMS Agency, Acute Care Facilities, and Paramedics Plus

- Interoperable and Redundant Communications for Disaster Response

- 700 Megahertz Radios - transitioning from 800 Megahertz; Using East Bay Regional Communications System (EBRCS) – New
- ReddiNet *
- CAHAN
- WebEOC (new in Alameda County Emergency Operations Center 2014)
- HAM Radio
- Sydion Patient Tracking

** ReddiNet computer web based communications system utilized by EMS Agency and surrounding Bay Area Counties except Santa Clara County. ReddiNet Satellite connected at the Alameda County Emergency Operations Center.*

EMS Agency Disaster Plan – Communication Sections address communications and coordination plans for system-wide providers **

- Emergency Wallet Cards
- Disaster Medical Operations Plan
- Medical Surge Plan

*** Select communication plans and systems tested in annual statewide medical health exercises. Exercises scheduled September 5, 2014 and November 20, 2014.*

Contract Specifications for "Radios and Equipment"

- Communications requirements identified in Contacts and MOUs for EMS System Providers including First Responders (Non-Transporting) and Transport EMS Providers

- ALS Ground Transport Providers
  - o Alameda City Fire
  - o Albany Fire

  - Berkeley fire
  - Piedmont Fire
  - Paramedics Plus
- First Responder ALS (FRALS)
  - Alameda County Fire
  - Albany Fire
  - Berkeley Fire
  - Piedmont Fire
  - Fremont Fire
  - Hayward Fire
  - Livermore-Pleasanton Fire
  - Oakland fire
- First Responder BLS
  - Camp Parks fire
  - East Bay Regional Parks

The Alameda County General Services Agency coordinates communications logistics for Alameda County EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated EMS communications with the other Bay Area Counties including. Contra Costa, San Mateo, Santa Clara, and San Francisco. East Bay Regional Communications System (EBRCS) planning occurs with these counties for 700 megahertz radios. ReddiNet system regional planning occurs in the Bay Area as well.

NEED(S):

- Continue to conduct training and exercises on all communications systems
- Expand partner access to ReddiNet and other communication systems

OBJECTIVE:

- Provide on-going training and exercises to ensure redundant and interoperable communications

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ **Long-Range Plan** (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to section 3.01 EMS Assessment form

- 800 Megahertz Radio Systems – Transitioning to East Bay Regional Communications System (EBRCS) – NEW
- Cell phones

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 3.01 section of this system assessment form

- 800 MHZ radio system if in county. (converting to 700 MHZ) – Transitioning to East Bay Regional Communications System (EBRCS) – New
- 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. (Refer to section 1.28 – EOA Plan)

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated inter-facility transfer communications with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our two, main dispatch centers in Alameda County, ACRECC (Alameda County Regional Emergency Communications Center, and Oakland Fire Dispatch) are both accredited Centers of Excellence with the National Academies of Emergency Dispatch. As well, our agreement with ACRECC requires them to maintain certification or compliance with any EMSA, NHTSA, and NFIRS guidelines. We also require them to maintain the dispatch center telephony standards at or above those set by any governing bodies that oversee such standards.

- 18 Public Safety Answering Points (PSAPS) in Alameda County that receive 911 calls
- Two centers are nationally accredited Emergency Medical Dispatch (EMD) /MPDS centers – Oakland Fire and ACRECC
- The EMD centers provide pre-arrival instructions on topics such as CPR, choking, bleeding control, and childbirth
- Calls are reviewed for appropriateness – much like review of clinical care provided to patient

Applicable Plans, Policies and Procedures

- 800 MHz radio systems (converting to 700 Megahertz) Transitioning to East Bay Regional Communications System (EBRCS) – New
- 800 MHz radio procedure policy
- Multi-Casualty Incident Policy – describes radio utilization
- ReddiNet Utilization – Administrative Operations Policy
- Census Reporting – Administrative Operations Policy
- Disaster Medical Operations Plan (DMOP)

All EOA provider contracts require radios and disaster communications including Paramedics Plus, FRALS, and two dispatch centers (ACRECC) and Oakland Fire Dispatch.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

ReddiNet

ReddiNet has been used in Alameda County since 2005 and is our dedicated emergency medical communications network. It facilitates information exchange among hospitals, EMS agencies, paramedics, dispatch centers, law enforcement, homeland security, public health officials and other health care system professionals in local and regional communities. Reddinet has the ability to:

- Manage MCIs, tracking dispatched ambulances and patient locations
- Assess available health care system resources
- Participate in biosurveillance reporting
- Communicate hospital ED status
- Send secure messages to multiple network facilities
- Communicate bed availability and patient evacuation needs
- Interface with other emergency medical systems

ReddiNet capabilities have improved significantly with the hospitals and the dispatch centers allowing more accurate visibility to day-to-day bed/resource availability thereby better equipping us to handle a disaster scenario. Updated ReddiNet MCI module training has been conducted for all system participants. We are looking to implement ReddiNet access to long-term care facilities and community clinics. Reddinet is connected to satellite in the Alameda County Emergency Operations Center

Applicable Plans, Policies and Procedures

Radios – 800 MHz *

- 800 MHz radio systems (converting to 700 Megahertz) Transitioning to East Bay Regional Communications System (EBRCS) – New
- 800 MHz radio procedure and policy

EMS Emergency Plans

- Multi-Casualty Incident Policy – describes radio utilization (refer to 2014 Alameda County Field Policy Manual)
- ReddiNet Utilization – EMS Administrative Operations Policy
- Census Reporting – EMS Administrative Operations Policy
- Disaster Medical Operations Plan (DMOP)
-

Operational Area Communication Plan – supports hospitals

- Alameda County Emergency Operations Plan
- Radio Amateur Civil Emergency Service (RACES)
- Amateur Radio Emergency Services ARES Field Response Manual
- HAM Radio Requirements and plan

* All hospitals have portable and hardened 800 MHz radios on their hospital sites.

NEED(S):

OBJECTIVE:

- To provide 24 hour emergency communication options for Hospitals, Dispatch and EMS to communicate with reliable, redundant, and interoperable communications in the event of a disaster.

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.06 MCI/DISASTERS

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

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of a multi-casualty incident and /or disasters. Alameda County EMS participates in the annual statewide medical health exercises which includes testing redundant and interoperable communication systems as follows:

Communication Systems

- 800 MHz
- ReddiNet – including satellite connection
- CAHAN
- Med1 – Email designated as dedicated for disaster response
- Disaster Health Volunteers (DHV)
- HAM radio
- Sydion Patient Tracking
- WebEOC
- Cell Phones
- Landlines
- Fax

ReddiNet Communications

- All EMS partners use (web based) ReddiNet to communicate routinely and in the event of a disaster.
- Most recently, Alameda County EMS has equipped the transport supervisors to use ReddiNet directly from the scene of an MCI to send patients to surrounding hospitals. This is critical for patient tracking.
- ReddiNet capabilities have improved significantly with the hospitals and the dispatch centers allowing more accurate visibility to day-to-day bed/resource availability thereby better equipping us to handle a disaster scenario.
- Updated reddiNet MCI module training has been conducted for all system participants. We are looking to implement ReddiNet access to long-term care facilities and community clinics.

2014 Statewide Medical and Health Exercise

- This year's November 20, 2014 Statewide Medical and Health Exercise is designed to build upon our medical and public health community based capability and capacity for a disaster-related healthcare response with focus on communications.
- A discussion based table-top exercise will review communications linkages scheduled on October 7, 2014
- Communications systems listed above will be discussed and tested in the exercise

Alameda County Disaster Planning Health Coalition (DPHC)

- The DPHC has a sub-committee specifically assessing and strengthening communications plans

Education and Training

- The Alameda County Office of Emergency Services holds classes on the communication systems listed above
- The EMS ReddiNet Coordinator, HPP EMSA Coordinator, and Communications coordinators schedule customized classes on the communication systems including ReddiNet, Sydion, and 800 MHz..

Applicable plans, policies, and procedures
EMS Emergency Plans

- Multi-Casualty Incident Policy – describes radio utilization (refer to 2014 Alameda County Field Policy Manual)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

- ReddiNet Utilization – EMS Administrative Operations Policy
- Census Reporting – EMS Administrative Operations Policy
- Disaster Medical Operations Plan (DMOP)
- Emergency Wallet Cards

Operational Area Communication Plan – supports hospitals

- Alameda County Emergency Operations Plan
- Radio Amateur Civil Emergency Service (RACES)
- Amateur Radio Emergency Services ARES Field Response Manual
- HAM Radio Requirements and plan

NEED(S):

OBJECTIVE:

- To insure the ability to communicate in the event of a disaster with all EMS partners and stakeholders
- Utilize Reddinet to track patients in an MCI.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

(Refer to 2.4)

Dispatch System

- Two centers are nationally accredited Emergency Medical Dispatch (EMD) /MPDS centers – Oakland Fire and ACRECC
  - Our two, main dispatch centers in Alameda County, ACRECC (Alameda County Regional Emergency Communications Center, and Oakland Fire Dispatch) are both accredited Centers of Excellence with the National Academies of Emergency Dispatch.
  - As well, our agreement with ACRECC requires them to maintain certification or compliance with any EMSA, NHTSA, and NFIRS guidelines.
  - We also require them to maintain the dispatch center telephony standards at or above those set by any governing bodies that oversee such standards.
- 18 Public Safety Answering Points (PSAPS) in Alameda County that receive 911 calls
- The EMD centers provide pre-arrival instructions on topics such as CPR, choking, bleeding control, and childbirth
- Enhanced 9-1-1 available county-wide

Quality Improvement Plan – Emergency Medical Dispatch

- Calls are reviewed for appropriateness – much like review of clinical care provided to patient

Primary QI Partners

- All Providers and Dispatch Centers
- All PSAPs

QI Activities

- Timely dispatch of appropriate resources
- MPDS QI/QA

EMS Staff – Program development

- EMS Director and/or designee attends quarterly County-wide Dispatch Manager meetings

NEED(S):

OBJECTIVE:

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:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Through educational events in schools, and in partnership with first responder agencies and our contracted ambulance service provider, we reach out to thousands of school aged children every year.

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.

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

NEED(S):

More can be done to educate the public on our county's use of the Medical Priority Dispatch System (MPDS)

OBJECTIVE:

Develop public service announcements in collaboration with first responder and transport provider agencies, information that educates the public on why we use the MPDS, and how we continually monitor and maintain effective deployment of the system.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our system utilizes the MPDS. Alameda County EMS has been using tools for analyzing MPDS and clinical data to help maximize the decision-making process for deployment strategies based on MPDS call types and severity codes (see JEMS, July 2014, *What Dispatch Really Shows*). We are forming an MPDS Committee with representation from all levels of the system from the EMS Medical Director, down to field level personnel. This committee will have an advisory role in future decision-making for Alameda County EMS with respect to deployment and response configuration models.

- New dispatch system implemented with new contract – Medical Priority Dispatch System (MPDS)
- MPDS provides more robust call screening and pre-arrival instructions (national standard)

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

NEED(S):

OBJECTIVE:

Schedule first meeting of MPDS Committee (4th quarter 2014)

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our system utilizes P25 compliant communications equipment and participates in regional communications efforts through East Bay Regional Communications System Authority (EBRCSA). ACRECC employs a 'closest unit' dispatch model throughout its service area, and cities in Zone 1 (North County) coordinate peak demand response and transport efforts through mutual aid.

- 800 MHZ radio system – Transitioning to 700 MHZ
- ALS Transport Provider contract
- Mutual aid provided between the current ambulance provider agencies (private and public)
- Centralized medical dispatch services

NEED(S):

OBJECTIVE:

Continuously monitor mutual aid performance

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our response zone areas were reconfigured in November 2011 to increase the number of response zones from 3 (North, South, and East) to 5 (Zone 1 North County '1797.201' cities, Zone 2 North, Zone 3 Mid-county, Zone 4 South, Zone 5 East). This increase in zones achieves a granularity on countywide response performance, ensuring that ambulance coverage is consistent throughout the entire county.

ALS transport provider agreements with Paramedics Plus, 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:

Alameda County EMS has coordinated the emergency medical transportation boundaries planning with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco.

NEED(S):

OBJECTIVE:

Continuously monitor system performance

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- New electronic patient care reporting system implemented – gathers data from first responder and transport agencies
- Adherence to statutes, regulations, policies, and procedures is monitored through the established Unusual Occurrence Process – EMS Policy .
- ALS provider contracts established for emergency medical transport.
- Implemented a non-emergency interfacility paramedic transport contract with two ambulance companies in Alameda County.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.03 CLASSIFYING MEDICAL REQUESTS -

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 3.09

Our system utilizes the MPDS. Alameda County EMS has been using tools for analyzing MPDS and clinical data to help maximize the decision-making process for deployment strategies based on MPDS call types and severity codes (see JEMS, July 2014, *What Dispatch Really Shows*). We are forming an MPDS Committee with representation from all levels of the system from the EMS Medical Director, down to field level personnel. This committee will have an advisory role in future decision-making for Alameda County EMS with respect to deployment and response configuration models.

Working with Alameda County Fire Chiefs to explore the ability to tier FRALS responses to those patients who have emergent and urgent medical complaints.

- 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).

NEED(S):

OBJECTIVE:

Have a fully tiered, MPDS based 9-1-1 response system that ensures the right resources are dispatched to the right patients. Reduce the number of superfluous resources sent to non-emergent 9-1-1 calls.

Schedule first meeting of MPDS Committee (4th quarter 2014)

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

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

NEED(S):

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

We have undergone a complete system redesign based on MPDS determinant levels. For the 9-1-1 transport providers: Echo level calls should be responded to within 8 1/2 minutes, Delta in 10 1/2 minutes, Charlie and Bravo in 15 minutes, and Alpha in 30 minutes. The county has been separated into 5 zones and each zone has 3 sub-zones (urban, rural/suburban, and wilderness) and compliance must be maintained with 90 percentile or better in each zone and sub-zone. Rural/suburban and wilderness sub-zones have longer response time standards.

- 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.

Paramedics Plus			
MPDS CATEGORY:	**Metro/Urban**	**Suburban/Rural**	**Wilderness**
Echo	8:30 min.	14:00 min.	18:00 min.
Delta	10:30 min.	16:00 min.	22:00 min.
Charlie	15:00 min	25:00 min.	28:00 min.
Bravo	15:00 min.	25:00 min.	28:00 min.
Alpha	30:00 min.	40:00 min.	40:00 min.

First Responder ALS (FRALS)						
	Metro/Urban		**Suburban/Rural**		**Wilderness**	
MPDS CATEGORY:	**First Responders**	**Transport**	**First Responders**	**Transport**	**First Responders**	**Transport**
ECHO	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
DELTA	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
CHARLIE	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
BRAVO	12:45 min.	18:00 min.	12:45 min.	18:00 min.	12:45 min.	18:00 min.
ALPHA	12:45 min.	18:00 min.	12:45 min.	18:00 min.	12:45 min.	18:00 min.

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated response time standards planning with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco.

NEED(S):

OBJECTIVE:

Create a compliance regime that mirrors the MPDS system

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.06 STAFFING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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 member.

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Staffing requirements are in Staffing - ALS and BLS Providers Policy. All ALS transport vehicles are staffed per the standard.

2014 EMS field policies that define transport provider staffing and equipment requirements:

- Staffing Requirements)
- Equipment Requirements and Inspection,
- Equipment List.

NEED(S):

OBJECTIVE:

- Provide the right resource to the right patient at the right time
- Improve the efficient use of resources

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

✓ Long-Range Plan (more than one year)

- Assess the value, effectiveness and efficiency of first responder paramedic care.

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM 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)

EMS System Providers
ALS Ground Transport Providers

- Alameda City Fire Department
- Albany Fire Department
- Berkeley Fire Department
- Piedmont Fire Department
- Paramedics Plus

First Responder ALS (FRALS)

- Alameda County Fire Department
- Albany Fire Department
- Camp Parks Fire Department
- Berkeley Fire Department
- Piedmont Fire Department
- Fremont Fire Department
- Hayward Fire Department
- Livermore-Pleasanton Fire Department
- Oakland Fire Department

First Responder BLS

- Camp Parks
- East Bay Regional Parks Fire Department

***ACFD at Livermore Lab transports patients from its facility with fewer than 100 responses**

Receiving Facilities

- Alta Bates Hospital
- Alta Bates/Summit Hospital, Oakland
- UCSF Benioff Children's Hospital Oakland
- Kaiser Permanente Oakland Medical Center
- Alameda Hospital – Alameda Health System
- Alameda County Medical Center(Base Hospital) – Alameda Health System (Highland Hospital)
- San Leandro Hospital (Alameda Health System)
- John George Pavilion
- Willow Rock
- Eden Hospital
- Valley Care Hospital

- Kaiser Permanente San Leandro Medical Center
- Kaiser Permanente Fremont Medical Center
- Washington Hospital

Air Transport Providers

- REACH
- CALSTAR
- Lifeflight
- East Bay Regional Parks

Interfacility Transport (IFT) Providers

- Royal
- Pro Transport One
- Priority One
- AMR
- Norcal
- Westmed

Receiving Facilities

- Alta Bates Hospital
- Alta Bates/Summit Hospital, Oakland
- UCSF Benioff Children's Hospital Oakland
- Kaiser Oakland Hospital
- Alameda Hospital – Alameda Health System
- Alameda County Medical Center(Base Hospital) – Alameda Health System
- San Leandro Hospital Alameda Health System
- John George Pavilion
- Willow Rock
- Eden Hospital
- Valley Care Hospital
- Kaiser San Leandro Hospital
- Kaiser Fremont Hospital
- Washington Hospital

EMS System Partners

- Patients
- Patient Families
- The Community (NERT/CERT; CBOs; 211; Red Cross; DMAT; DHV/MRC)
- All Providers
- All Receiving Facilities
- County Board of Supervisors and City Councils
- Insurance companies and other third party payers
- Vendors
- Education/Training Organizations
- Other Regulatory Agencies

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to Field Manual 2014 – Operations: EMS Aircraft; Section 1-11.6 (pages 87-9)

1. EMS POLICIES DEFINING EMS AIRCRAFT OPERATIONS:

- 4700 (Program Approval),
- EMS Aircraft / Transport
  - Requesting And Transport Guidelines
- MCI - Use During A Multi-Casualty Incident
- Unusual Occurrences Process.

2. EXISTING EMS AIRCRAFT AGREEMENTS

ALS – CALSTAR. REACH, STANFORD LIFE FLIGHT, CHP, EAST BAY REGIONAL PARKS

BLS – EAST BAY REGIONAL PARKS

Air Transport Providers

- REACH
- CALSTAR
- Stanford Lifeflight
- East Bay Regional Parks (BLS)

COORDINATION WITH OTHER EMS AGENCIES:

All Alameda County EMS Agencies, REACH Air Medical Services, CALSTAR and LIFE FLIGHT (Stanford)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 2014 EMS Field Manual – Operations: EMS Aircraft; Section 3 -4.6 (pages 87 & 88)

Alameda County Regional Emergency Coordination Center (ACRECC) is the designated dispatch center for EMS Aircraft.

EMS policies defining EMS Aircraft utilization:

- EMS Aircraft Transportation
- Multicasualty Incident

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM 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:

Alameda County EMS has coordinated aircraft transportation planning with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- 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:

Alameda County EMS has coordinated issues of specialty vehicles with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM 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. The Alameda County EMS agency has a 24/7 "EMS Duty" officer who is the point of contact for MCIs and disaster. The MHOAC will coordinate information and resource requests as needed.

Overarching Programs and Plans - MHOAC Program and Operational Area Plans

- Coordination by MHOAC during EOC activation consistent with CA Medical/Health EOM
- Alameda County Operational Area (OA) Emergency Operations Plan
- EMS Agency and Public Health Emergency Plans
- Participation in the Master Mutual Aid Agreement

Relevant Plans, Policies, and Contracts

- Alameda County Emergency Operations Plan (EOP)
- Disaster Medical Operations Plan (DMOP)
- Medical Surge Plan
- Multi-Casualty Incident (MCI) – EMS Response Policy (2014 Field Manual)
- EMS Disaster Trailer Cache
- MCI/Disaster/WMD
- Paramedics Plus Contract
- FRALs Contracts

Collaboration Planning Partners

- Alameda County Office of Homeland Security and Emergency Services
- Disaster Panning Health Coalition (DPHC)
- HPP EMSA and Partnership Coordinator
- MHOAC coordinators Meeting

NEED(S):

OBJECTIVE:

- Continue MHOAC involvement by both ALCO EMS and Public Health

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The EMS agency has developed agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

- Vehicles and personnel have responded through direct provider-to-provider requests for mutual aid and must notify the EMS on-call "duty Officer" personnel via dispatch Alameda County Regional Emergency Coordinating Center (ACRECC) - .
- Alameda County has written agreements for mutual aid via Paamedics Plus and also via the Fire Regional Mutual Aid at Lawrence Livermore Lab Department.
- Ambulance Strike Team - State EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco for inter-county emergency transport response.

NEED(S):

- Mutual Aid Agreements

OBJECTIVE:

- Work with Transportation Subgroup on mutual aid agreements between fire transport agencies and private contracted provider

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ Long-Range Plan (more than one year)

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 4.12

A multi-casualty response plan has been developed that establishes procedures for medical management and incident command during a multi-casualty response. Last revised December 2013.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 4.14

The Alameda County MCI response plan is based on state guidelines, Standardized Emergency Management System (SEMS), standardized incident command principles and START Triage.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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 member.

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to Alameda County Ambulance Transport Provider Agreement 2010 – Staffing Requirements (23.11 – p.11) "Contractor shall staff at a minimum one paramedic.." The website link is provided below:
http://www.acphd.org/ems/about-ems/paraplus.aspx

Also refer to – Alameda County CCT Ambulance Ordinance - 6.114.200 Ambulance staffing.
6.114.210 Ambulance personnel qualifications.

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

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Written agreements/contracts with ALS transport providers to appropriately equip each ALS vehicle with ALS/BLS equipment specified in policy.
- EMS Equipment and Supply Specifications Policy establishes the equipment that must be stocked on each BLS (transport) and ALS (non-transport and transport) vehicle.
- The Alameda County Equipment Quality Improvement Committee meets regularly as an advisory committee that serves to educate the EMS Medical Director regarding EMS equipment needs.

NEED(S):

OBJECTIVE:

- Evaluate and implement equipment and supplies that reduces pain and suffering and Improves the health of patients and providers

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to Quality Improvement Plan and ALS Transport Provider Agreements/Contracts.

Sections of the Alameda County Emergency Medical Services Ambulance Ordinance are provided below:

- Providers of 911 ALS emergency ambulances service are regulated through contracts
- Emergency and non-emergency Critical Care Transportation services, and emergency and non-emergency Basic Life Support services have been unregulated in the past.
- The purposes of the ordinance are to establish policies and regulations for issuing certificates and permits, and regulating the operation of ground ambulance services in Alameda County.

- **ALS Transport Provider Agreements/Contracts**
- Agreement/contract audits
- EMS Policy Manual - Unusual Occurrence Process policy

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, 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 bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our Ambulance Transport Provider Agreement with Paramedics Plus details our EMS transportation plan.

Alameda County began its paramedic emergency ambulance service program as a pilot in 1982 and countywide paramedic service was implemented in 1986. In 1990 EMS issued a Request for Proposal for emergency ambulance services in the Exclusive Operating Area that includes all of Alameda County, except for the cities of Alameda, Albany, Berkeley, and Piedmont, where the local fire departments respond to and transport EMS patients. American Response (AMR) was chosen as the county contracted ambulance service provider and provided this service for 21 years.

In early 2010 the competitive bid process opened up the Exclusive Operating Area (EOA) for qualified ambulance companies interested in providing ambulance service for Alameda County to bid on the contract. Following a rigorous process and review of submitted proposals, Paramedics Plus LLC was chosen as the county contracted ambulance service provider and began providing service November 1, 2011.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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 Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Our contracts with the cities that provide ambulance transport (under section 1797.201, H&SC), as well as first responder services detail our plan.

Not applicable. Areas not part of the EOA are covered by cities that meet the requirements of 1797.201.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 1.13, 1.15, 1.28, 4.01, 4.03, and 4.19.

We continuously monitor performance of our contract provider for compliance with response time standards. As well, we monitor the system itself to ensure that our enforcement of those standards has the intended consequence of protecting the public and providing a high level of 9-1-1 service. Further, our clinical analysis is not provider specific, but instead is patient centered and aimed at ensuring consistency throughout the county. There are several standing committees whose sole focus is to provide feedback and provide advisory guidance to Alameda County EMS with respect to effectiveness of county treatment protocols and training.

Quality Improvement Plan 2014

- Quality Improvement Responsibilities – ALS Provider Agencies
- Unusual Occurrences/Investigations/Enforcement
  - QI Partners - All providers
- Contracts
  - QI Partners - All providers
  - Activities – Contract compliance - Audits

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Refer to 1.28 and 4.01

Our EOAs in Alameda County have remained consistent since 1999. At this time, there is no evidence to suggest that a change in our EOA structure would benefit the public.

Our response zone areas were reconfigured in November 2011 to increase the number of response zones from 3 (North, South, and East) to 5 (Zone 1 North County '1797.201' cities, Zone 2 North, Zone 3 Mid-county, Zone 4 South, Zone 5 East). This increase in zones achieves a granularity on countywide response performance, ensuring that ambulance coverage is consistent throughout the entire county.

EOA design has been evaluated at the time of contract negotiations. .

Alameda County began its paramedic emergency ambulance service program as a pilot in 1982 and countywide paramedic service was implemented in 1986. In 1990 EMS issued a Request for Proposal for emergency ambulance services in the Exclusive Operating Area that includes all of Alameda County, except for the cities of Alameda, Albany, Berkeley, and Piedmont, where the local fire departments respond to and transport EMS patients. American Response (AMR) was chosen as the county contracted ambulance service provider and provided this service for 21 years.

In early 2010 the competitive bid process opened up the Exclusive Operating Area (EOA) for qualified ambulance companies interested in providing ambulance service for Alameda County to bid on the contract. Following a rigorous process and review of submitted proposals, Paramedics Plus LLC was chosen as the county contracted ambulance service provider and began providing service November 1, 2011.

NEED(S):

PROJECT IN 1982.OBJECTIVE:

Continuously monitor system performance

If needed, 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:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The following assessment mechanisms have been established and are periodically reassessed:
(Refer to the Quality Improvement Plan 2014 available on the Alameda County EMS website)

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

All receiving hospital emergency departments are assessed every two years for pediatric readiness capability including medical surge. UCSF Benioff Children's Hospital ED Medical Director, Nursing Director, and the Emergency Planner partner with Alameda County EMS to conduct the pediatric evaluation site visits. A formal post ED report is provided to each hospital with recommendations for improvement and a corrective action plan.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has prehospital triage protocols and policies as follows: (available on the Alameda County EMS website)

- Multi-Casualty Incident – EMS Response
- Hazardous Materials Incidents – EMS Response
- Trauma Patient Care
- Trauma Patient Criteria
- Burns Patient Care
- Burn Patient Criteria
- Assault / Abuse
- Psychiatric and Behavioral Emergencies
- Psychiatric Evaluation – 5150 Transports
- General Transport Guidelines
- Crush Injury

Alameda County EMS Administrative and Program Policies that assist hospitals with transfer protocols include:

- Interfacility Transfer Guidelines
- CCT-P policies

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated with the other Bay Area Counties including Contra Costa, Santa Clara, San Mateo and San Francisco for pre-hospital triage and transfer protocols.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS has established guidelines to identify patients who should be considered for transfer to higher capability of acute care.

Administration Policies – Operations (Available on the Alameda County EMS Website)

- Interfacility Transfer Guidelines
- CCT-P Program Standards
- Emergency Re-Triage to Trauma Centers

Field Policies 2014 (Available on the Alameda County EMS Website)

- Interfacility Transfers
- Transport Guidelines
- EMS Aircraft Transport

Quality Improvement Plan – Trauma Care (Available on the Alameda County EMS Website)

- Primary QI Partners
  - Trauma Audit Committee (TAC) with Trauma Centers and Providers
  - Regional TAC with other counties
  - Air Transport Providers
- QI Activities
  - Trauma Case Reviews
  - Improve Triage
  - Improve Spinal Immobilization Triage and Care
  - Efficient Aircraft Utilization
  - Feedback to providers on patient outcomes

- 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:

Alameda County EMS has coordinated with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco for transfer guidelines planning.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES -

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Receiving Hospitals and Designated Specialty Centers

- The EMS Agency has designated the hospitals including Specialty Centers:
  - Receiving hospitals
  - Trauma Centers
  - Base Hospitals
  - Pediatric Critical Care Center
  - 5150 psychiatric facilities
  - STEMI Centers / Cardiac Arrest Centers
  - Stroke Centers
    - ❖ *Recognition of State designated burn centers*

Contracts

- Alameda County EMS monitors trauma centers and the base hospital through contracts.

Specialty Center - MOUs

- STEMI Cardiac Arrest Receiving Center MOU
- EMS Primary Stroke Receiving Center Agreement

Specialty Center - Patient care Policies

- Acute Stroke
- Post Resuscitation Care
- Ventricular Fibrillation/Ventricular Tachycardia: Pulseless
- Chest Pain/Acute Myocardial Infarction
- Asystole/Pulseless Electrical Activity

Quality Improvement Plan 2014

- Unusual Occurrences - EMS monitors receiving hospitals and specialty centers through the incident review process.

Administrative Policies

- Programs – Base Physician Program
- Operations – Trauma Centers; Census Reporting; ReddiNet Utilization (Use of ReddiNet to communicate 24/7 with Alameda County Hospitals)

COORDINATION WITH OTHER EMS AGENCIES AND PARTNERS:

- EMS Quality Council
- Emergency Medical Oversight Committee EMOC
  - The committee shall serve in an advisory capacity to, and report to, the Alameda County Health Officer and EMS Medical Director. The meetings are public. and chaired by the EMS Medical Director. The committee is responsible for assisting in the development and/or implementation of:
    - Medical policies or procedures
    - Medical standards for prehospital care providers
    - Quality improvement standards
- Receiving Hospital Committee - EMS meets monthly with receiving hospital ED managers.
- STEMI Committee

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

- Stroke Committee
- Trauma Audit Committee
- Research Committee
- Regional Trauma Committee
- Equipment QI Committee
  - The committee reviews and makes recommendations for changes to the standardized supply list found in the field manual.
  - The committee serves in an advisory capacity to, and reports to, the EMS Medical Director.
  - The Procedures/Objectives of the Committee are :
    - To only evaluate new equipment after study
    - To evaluate for adoption new equipment after significant field input
    - To evaluate new equipment using an objective format. (See: New Equipment Evaluation Form)
- Data Steering Committee
- EMS Section Chiefs Committee
- Alameda County Fire Chiefs Committee
- EMSAAC/EMDAAC
- LEMSA Coordinators Committee
- Various other ad-hoc committees

NEED(S):

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS encourages hospitals to prepare for mass casualty events. EMS collaborates with health care facilities and leverages their input in planning, training, conferences, and exercises throughout the year.

The HPP Program provides an opportunity for hospitals to partner and network with healthcare system wide partners. The Disaster Preparedness Health Coalition meets every other month. Workgroups focus on the required HPP capabilities and activities including: medical surge, communications, and exercises with consideration to planning for mass casualty events.

The California Medical/Health Emergency Operations Manual (EOM) addresses the MHOAC functions, communications, information management, and medical surge with consideration for mass casualty management. DPHC members are given the opportunity to participate in the EOM training.

EMS disseminates and educates hospital emergency planners on emergency plans which address coordinating hospital communications and information management as follows:

Emergency Plans

- Disaster Medical Operations Plan
- Medical Surge Plan
- Field Treatment site Plans
- Government Authorized Alternate Care Site Plan

Field Manual 2014

- Active Shooter Response
- Biological Attack
- Chemical Attack
- Chempack Deployment
- Radiological Dispersion Device
- Disaster Trailer Cache
- Hazardous Materials Incidents – EMS Response
- Multi-Casualty Incident – EMS Response

Operations Plans and Procedures

- Census Reporting
- ReddiNet Utilization

Operational Area Planning Meetings include:

- Disaster Preparedness Hospital Coalition (DPHC)
- Alameda County Emergency Managers Association

Regional Planning Meetings

- East Bay Emergency Planning and Safety Meeting
- Resiliency Forum
- UASI Medical Surge Workgroup

Training and exercise events include:

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

- Annual Statewide Medical/Health Exercises (Next exercises November 20, 2014)
- Bay area UASI Trainings including mass casualty events
- Urban Shield
- Operation Independence
- DHV/MRC Exercises
- ReddiNet Training
- CAHAN Training

Conferences

- DPHC Conference – scheduled January 2015
- Annual CA Neonatal/Pediatric Conferences

Equipment and Procurement Process

- HPP Funded Equipment and Supplies

Paramedics Pllus – Multi-Casualty Incident / Disaster Response

- Refer to the Alameda County EMS Ambulance Transport Provider Agreement with Paramedics Plus – June 2010, p. 13 (available on the Alameda County EMS Website).
- Contractor shall participate in County sanctioned exercises, disaster drills, and interagency training.
- Currently Paramedics Plus is participating with Alameda County Hospitals on the Urban Shield exercise scheduled September 5, 2013 and the statewide exercise scheduled November 20, 2014.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Each hospital facility has its own evacuation plan, as a part of the facility Disaster Plan
- Paramedics Plus has internal surge capacity plans in place
- Alameda County emergency plans - which may be activated in a hospital evacuation include:
    - Alameda County Emergency Operations Plan
    - Disaster Medical Operations Plan (DMOP)
    - Medical Surge Plan
    - Field Treatment Site Plan
    - Government Authorized Care Site Plan
    - Evacuation and "Shelter-In-Place" Plan
    - Field Manual 2014 – MCI Plan

The MHOAC program may be activated to support the needs for a hospital evacuation. If Alameda County resources are depleted, the MHOAC/s may request resources from the RDMHC consistent with the state Medical / Health Emergency Operations Manual (EOM). - in accordance with SEMS, including forward movement of patients via NDMS.

During a hospital evacuation, the non-evacuating hospital will be expected to expand capacity to take more patients. HAvBed reporting will be required via ReddiNet Communications.

The emergency plans including evacuation are tested in a discussion based table-top and or functional exercises.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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 pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Process for Eligible Facilities

- Original base hospital designation process – 1982
- Reevaluation – 1992 (committee appointed by the Board of Supervisors)
- Reevaluation – 1996 EMS System Redesign Project
- RFP completed 3/02
- Alameda Health System (Highland General Hospital, Oakland) is single Base Hospital as of 2/04

Administrative Policy - Quality Improvement Responsibilities Base Hospitals (# 2280) – *rev, April 2012*

1. **Prospective**
   - 1.1 Participation on the Receiving Hospital Committee
   - 1.2 Education
     - 1.2.1 Continuing Education activities that are consistent with regulations (Title 22, Chapter 2 and 4).
     - 1.2.2 Offer educational programs based on problem identification and trend analysis.
     - 1.2.3 Facilitate educational opportunities to include didactic, web-based or skills for prehospital care providers.
     - 1.2.4 Establish procedures for informing Base Hospital personnel of system changes
     - 1.2.5 Establish criteria for offering supervised clinical experience to paramedics.
   - 1.3 Evaluation - Develop criteria to evaluate the Base Hospital Physician (BHP) to include, but not limited to:
     - 1.3.1 Evaluation of new employees
     - 1.3.2 Routine calls – tape and written record
     - 1.3.3 Problem oriented calls
     - 1.3.4 Design standardized corrective action plans for individual Base Hospital Physician deficiencies.
   - 1.4 Authorization/Training - establish procedures, based on Alameda County policies, for Base Hospital Physicians regarding:
     - 1.4.1 Initial authorization
     - 1.4.2 Maintaining authorization
     - 1.4.3 Training and orientation
2. **Concurrent Activities**
   - 2.1 Provide on-line medical control for paramedics within the Alameda County approved scope of practice.
   - 2.2 Develop a procedure for identifying problem calls.
   - 2.3 Develop internal policies regarding Base Physician involvement in medical control according to Alameda County policies and procedures
   - 2.4 Develop performance standards for evaluating the quality ff on-line medical control delivered by the BHPs through reviews by the ALS Liaison physician
   - 2.5 Provide 60 hours/year didactic or other educational preparation
3. **Retrospective analysis**
   - 3.1 Develop a process for retrospective analysis of field care and base direction utilizing the BHP record, audio tape, PCR and/or patient follow-up, to include but not limited to:
     - 3.1.1 High-risk
     - 3.1.2 High-volume
     - 3.1.3 Problem-oriented calls
     - 3.1.4 Those calls requested to be reviewed by EMS or other appropriate agency
     - 3.1.5 Specific audit topics established through the Quality Council as reported by EMS.
   - 3.2 Perform audits on all calls required by Title 22.
   - 3.3 Develop performance standards for evaluating the quality of medical direction delivered by the BHPs through retrospective analysis.
   - 3.4 Participate in the Unusual Occurrence Process according to policy #2300.
   - 3.5 Comply with reporting and other quality improvement requirements as specified by the EMS Agency.
   - 3.6 Participate in prehospital research and efficacy studies requested by the EMS Agency, Research Committee and/or the Quality Council.
4. **Reporting/Feed-back**
   - 4.1 Develop a process for identifying trends in the quality of medical direction delivered by BHPs.
     - 4.1.1 Report as specified by the EMS Agency.

4.1.2 Design and participate in educational offering based on problem identification and trend analysis.
4.1.3 Make approved changes in internal policies and procedures based on trend analysis.
4.2 Participate in the process of identifying trends in the quality of field care delivered by Field personnel.
4.3 Provide quarterly reports to include the total number of Base Physician calls handled by month, types of calls handled (i.e. AMA, trauma destination, etc) and Q.I. trends indentified.

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated with the other Bay Area counties including Contra Costa, Santa Clara, San Mateo and San Francisco for base hospital designation.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The trauma system began in 1987 when three receiving hospitals were designated as trauma centers. Over the 25 year history of the trauma system almost 95,000 critically injured persons have been treated at these stat-of-the-art centers. Oversight of the trauma system is through a bi-county quality improvement and case review process with Contra Costa County.

In May 2012 EMS hosted the American College of Surgeons (ACS) to perform a "Trauma Consultation" survey of the three trauma centers according to the National Standards of Optimal Patient Care. The completed consultations have assisted in creating a roadmap of improvements that culminated in three hospitals applying for formal ACS Trauma Center status. The three trauma hospitals have completed the process and are now verified centers of excellence in trauma care by the ACS.

Alameda County Trauma System Plan 2014

- Alameda County EMS Trauma Plan is submitted annually to EMSA and was approved for 2013 by California EMSA.
- Aligned and consistent with State Trauma Plan – 2014 draft *
  - **Goals** - supported by the State Trauma Plan (2014 draft): *
    - **Timely Access to Trauma Care** *(Field triage, re-triage, and interfacility transfer)*
    - **Delivery of Optimal Trauma Care** *(Performance Improvement supported by data, acute care and rehabilitation practices, compliance assessment and professional education)*
    - **Community Health and Wellness** *(Public education and primary prevention)*
  - **Functional Components – consistent with State Trauma Plan ***
- Trauma Plan identifies and analyzes 15 functional components, based on an evaluation guided by the 2006 Health Resources Services Administration *Model Trauma System Planning and Evaluation* document and the American College of Surgeons Committee on Trauma *Regional Trauma Systems: Optimal Elements, Integration, and Assessment* guidance document:
  - Trauma System Leadership
  - System Development Operations
  - Trauma System Finance
  - EMS System: Prehospital Care
  - EMS System: Ambulance and Non-Transporting Medical Units
  - EMS System: Communications
  - Definitive Care Facilities: Acute Care Facilities, Re-Triage/Interfacility Transfer, and Rehabilitation
  - Inter-Facility Transfer and Re-Triage
  - Rehabilitation and Trauma Recovery
  - Information Systems
  - System Evaluation and Performance Improvement
  - Education & Training
  - Trauma Systems Research
  - Injury Prevention
  - Emergency/Disaster Preparedness

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

EMS Administrative Polices 2013 - Operations

- Ambulance Diversion
- Census Reporting
- Emergency Re-triage and Transfer
- Intefacility Transfer Guidelines
- ReddiNet Utilization
- Trauma Centers
- Trauma System Advertising

EMS Administrative Policies 2013 – Programs

- 12-Lead ECG Program
- Base Physician Program

EMS Administration Policies 2013 - Operations

- Alameda County EMS QI Plan **
- Base Hospital QI Responsibilities
- Hospital Responsibilities
- Trauma Audit Process
- Unusual Occurrences

Primary QI Partners **

- Trauma Audit Committee (TAC) with Trauma Centers and Providers
- Regional TAC with other counties
- Air Transport Providers

Trauma QI Activities

- Trauma Case Reviews
- Improve Triage
- Improve Spinal Immobilization Triage and Care
- Efficient Aircraft Utilization
- Feedback to providers on Pt outcomes

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

In September 1984 the Health Care Services Agency (HCSA) received approval from the Board of Supervisors of Alameda County to develop a trauma plan under the proposed state regulations for Trauma Systems. The Board of Supervisors authorized the development of a special Trauma Review Committee that began its work in October 1984. This Committee was selected through input from the county medical association, the local hospital association, the county Emergency Medical Care Committee (EMCC) and other interested groups including consumer representation. The Trauma Review Committee completed the trauma plan in seven months. The key component of the proposed trauma system was the designation of two trauma centers that would receive all major trauma victims. Each trauma center would serve a distinct zone: one located in the northern part of the county and the other would serve the southern and eastern part of the county. The plan called for a competitive application process with the selection of the two hospitals based upon independent review.

Review

The trauma plan was submitted for review to the EMCC, the Alameda Contra Costa Medical Association, the East Bay Hospital Association, the City Managers Association, the Health Care Systems Agency, the Alameda Taxpayers Association and other interested groups. The Board of Supervisors approved the plan in 1985. The Trauma System Plan was then submitted to the State Emergency Medical Services Authority and was approved in the same year.

Hospital Involvement

All hospitals in the County providing emergency services were kept informed of the planning process. At the start of the process, each hospital received a copy of the committee's work program, the committee composition, and the state regulations on trauma (final draft). Each hospital was also sent a self-assessment survey, which addressed their current trauma capabilities and requested that they indicate their interest in applying for trauma designation. There was 100 percent response to the survey. There were sixteen hospitals providing basic emergency medical services at that time. Six of these institutions indicated their intention to apply for designation:

- Providence Hospital (now closed)
- Highland General Hospital (designated a Level II trauma center)
- Eden Hospital (designated a Level II trauma center)
- St. Rose Hospital
- Washington Township Hospital (Washington Hospital)
- Valley Memorial, Livermore (Valley Care Hospital, Pleasanton)

Children's Hospital, Oakland indicated an interest in being designated as the pediatric trauma center.

Designation Process

The process to designate one pediatric and two adult trauma centers was initiated in 1986 with a Request for Proposal process. Site visits to competing hospitals by a multidisciplinary team of surveyors was part of this process. In November of 1986, the Board of Supervisors provisionally designated Children's Hospital, Oakland, as the pediatric trauma center and Eden Hospital Medical Center and Highland General Hospital as the adult trauma centers. The trauma system operations began on January 15, 1987.

A second site survey by this multidisciplinary team occurred in August of 1987 to assess the trauma centers progress in meeting County standards as well as the specific deficiencies identified at the time of the first survey. All three trauma centers achieved full designation after the second survey. A third and final visit occurred in 1990. These site visits were mandated by contractual agreements between Alameda County Emergency Medical Services, as the oversight agency for the trauma system and each of the trauma centers.

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

The County of Alameda continues to maintain contractual agreements with each of the designated trauma centers. These agreements have undergone many revisions over the years. The fundamental components of these agreements are based on the California State Regulations for Trauma Systems. Compliance with the standards in these agreements is linked to the quarterly financial payments to each trauma center. Most recent is the successful trauma verification designation received from the American College of Surgeons (ACS).
ACS is dedicated to improving all phases of care of the injured trauma patient and is a nationally recognized group of trauma professionals.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Pediatric Hospital Requirements

The Alameda County pediatric emergency medical and critical care system consists of two levels of pediatric facility designation:

1. Receiving Hospital Emergency Department (ED) Pediatric Readiness (Although the formal EDAP terminology is not used in Alameda County, the assessment and evaluation criteria is adapted from the EDAP model). Every two years, each hospital has a rigorous ED Pediatric Site Visit with UCSF Children's Hospital, Oakland. A formal written report with hospital with recommendations for improvement and corrective actions are shared with ED Managers/Directors, Emergency Planners, and administration.
2. Pediatric Critical Care Trauma Center (PCCC)

Pediatric Tertiary Care – Trauma Center

- UCSF Benioff Children's Hospital received formal PCCC designation in 2000
- UCSF Benioff Children's Hospital in Oakland is the designated trauma center for pediatric trauma patients (patients under 15 years).

EMS and Hospital Pediatric Benchmarks

- Ensure pediatric equipment and supplies
- Adopt pediatric policies and protocols
- Promote continuing education activities
- Incorporate pediatric-specific needs into hospital disaster planning
- Develop facility pediatric capability verification programs
- Establish pediatric advisory committees via DPHC and Receiving Hospital Committees
- Sustain Pediatric EMSC Coordinator
- Works with the EMS System Administrator and Medical Director to:
  - Ensure Available pediatric resources and gaps within the EMS system
  - Ensure field care protocols are in place that address the needs of children
  - Ensure quality improvement plans incorporate pediatric specific indicators
  - Maintain a relationship with the state's EMS for Children Program Manager for both collaboration and reporting

Overall Alameda County Pediatric System Plan Components

- "Pediatric Readiness" - Alameda County Receiving Hospitals have completed the Pediatric ED site visits and evaluation
- Contracts - with UCSF Benioff Children's Hospital for standard equipment and ED Site Visits
- Contract with Paramedics Plus for pediatric standard requirements
- Medical Surge Disaster Plan and Equipment Caches – Pediatric Issues Addressed
- Injury Prevention Programs: Role of System Participants
- Trauma System Plan – Integration Pediatrics
- QI Plan
- Alameda County EMSC Project Technical Experts
  - Obtained the formal EMS-C Updates from the State California EMS-C Technical Advisory Committee (TAC)
  - Integrate recommendations into the County EMS Plan and policies

- Alameda County EMS Pediatric Policies

Pediatric Emergency Preparedness

- EMSC Coordinator is the Co-Chair of the CA Neonatal/Pediatric Disaster Coalition
- Supports annual pediatric medical surge state-wide conferences

Pediatric Medical Surge Plan (revised 2012 – available upon request))

- Alameda County EMS has a formal pediatric medical surge plan. If an event occurs with a surge of acutely ill/injured patients, UCSF Benioff Children's Hospital will expand capacity to take more acute pediatric patients and decompress less acute patients. Non-pediatric receiving hospitals will be expected to take lower acuity pediatric patients.

Pediatric - Quality Improvement (QI) Plan 2014 (available on EMS Website)

- Primary Partners
  - Trauma Audit Committee (TAC) with Trauma Centers and Providers
  - Regional TAC with other counties
  - Air Transport Providers
- QI Activities
  - Trauma Case Reviews
  - Improve Triage
  - Improve Spinal Immobilization Triage and Care
  - Efficient Aircraft Utilization
  - Feedback to providers on patient outcomes

Administrative Policy 2013 (available on EMS Website)

Trauma Center

- UCSFBenioff Children's Hospital is a designated level 1 trauma center

Emergency Re-Triage to Trauma Center

- Pediatric Patients (below age 15) appropriate for Emergency Trauma Re-Triage to the Pediatric Trauma Center (Children's Hospital and Research Center, Oakland) include:
  - Hemodynamic Criteria -
    - Patients with abnormal blood pressure or poor perfusion (see age-appropriate vital signs chart below). Pediatric clinical signs of poor perfusion include: Cool, mottled, pale or cyanotic skin or prolonged capillary refill, low urine output, or lethargy
  - Requirement of more than two crystalloid boluses (20 ml/kg each) or requirement of blood transfusion (10 ml/kg)
  - Neurologic criteria a. GCS < 12 (pediatric scale – see verbal for young children below) or decrease in GCS by 2
  - Respiratory Criteria a. Respiratory Failure
  - Anatomic Criteria a. Penetrating wound to the head, neck, chest, or abdomen
  - Patients, who in the judgment of the evaluating emergency physician, are anticipated to have a high likelihood for emergent life- or limb-saving surgery or other intervention within two (2) hours.

Age-Appropriate Vital Signs			
Age	**Weight (kg)**	**HR**	**Systolic BP**
0-12 months	0-10	<160	<60
1-2 years	10-14	<150	<70
3-5 years	14-18	<140	<75
6-12 years	18-36	<120	<80
> or = 13 years	>36	<100	<90

Prehospital Field Manual 2014 (available on EMS Website)

- Ambulance Diversion Criteria
  - CT Failure
  - Trauma Center Overload
- General Policies
  - Transport Guidelines
  - Trauma Patient Care
  - Trauma Patient Criteria
- Pediatric Policies
  - Airway Obstruction
  - Anaphylaxix

- Altered Level of Consciusness
- Apparent Life threatening Event
- Bradycardia
- Neonatal Resuscitation
- Pain Management
- Pediatric Drug Chart
- Poisoning / Ingestion
- Pulseless Arrest
- Respiratory Depression or Apnea
- Respiratory Distress
- Routine Medical Care
- Seizure
- NauseaNausea
- Severe
- Shock
- Submersion
- Tachycardia
- Other - Burn center; Crush Injury; Trauma; General Transport Guidelines; Transfer Guidelines; and Receiving Hospitals (Refer to Alameda County EMS website for other policies)

- Operational Policies
  - ALS Responder
  - EMS Aircraft Transport
- MCI/Disaster WMD
  - MCI Incident EMS Response

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS conducts hospital ED pediatric site visits every two years. The EMSC Coordinator collaborates with UCSF Benioff Children's Hospital to provide an on-site assessment and follow-up report with recommendations for improvement. All participating Alameda County hospitals have the opportunity to include their E Managers/directors, Administration, and Emergency planners. The Alameda County pediatric readiness project aligns with the state guidelines and the California ED Pediatric Readiness Project.:

- EMSA #197: EMSC Pediatric Disaster Preparedness Guidelines for LEMSAs
- EMSA #198: EMSC Pediatric Disaster Preparedness Guidelines for Hospitals

Alameda County Prehospital Care Policies 2014

- Airway Obstruction
- Anaphylaxis / Allergic Reaction
- Altered Level of Consciousness
- Apparent Life-Threatenin Event – ALTE
- Bradycardia
- Neonatal Resuscitation
- Pain Management
- Pediatric Drug Chart
- Poisoning / Ingestion / Overdose
- Pulseless Arrest Asystole, PEA
- Pulseless Arrest VF/VT
- Respiratory Depression or Apnea (Suspected Narcotic OD)
- Respiratory Distress (Stridor) – Upper Airway
- Respiratory Distress (Wheezing)
- Routtine Medical Care
- Seizure
- Seizure – Miazolam Drug Chart
- Severe Nausea
- Shock and Hypotension
- Submersion
- Tachycardia

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

- Trauma center – UCSF Benioff Children's Hospital Oakland
- Out of County Burn Centers
- 8105 - 5150 receiving facility for adolescents (Behavioral Health Emergencies)

Facilities identified as pediatric critical care centers/trauma centers:

- UCSF Benioff Children's Hospital, Oakland: Trauma Center

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The overall goal of the Alameda County Emergency Medical Services for Children (EMSC) program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for children's special needs. The Alameda County pediatric emergency medical and critical care system plan was implemented in the 1980s. Alameda County EMS has a dedicated EMS-C Coordinator who conducts on-going planning, training, and pediatric site visits to strengthen the Alameda County pediatric emergency medical and critical care system. The EMSC Coordinator is also the Co-Chair of the CA EMSA – EMSC TAC Disaster Subcommittee and Coalition

Alameda County EMS with the assistance of experts in various aspects of pediatric care, has developed and adapted state EMSA – EMSCC guidelines, standards, and key products that make up a comprehensive model for Alameda County EMS. The Alameda County EMS Model provides a continuum of care, beginning with the detection of an illness or injury to emergency department care and rehabilitation consistent with the state.

Alameda County EMSC Plan 2013-14:

- EMSC Prehospital Policies and Procedures – Pediatrics (available on the EMS website)
- Hospital ED Pediatric Site Visits – "Readiness Project: Collaboration with UCSF Benioff Children's Hospital (conducted every two years); includes assessment and comprehensive follow-up recommendations
- Pediatric Education – Annual EMSC Conferences (support California EMSC Education Forum)
- Facilitate Medical Surge/Disaster Preparedness – CA Neonatal/Pediatric Disaster Coalition
- Joint Alameda County/Contra Costa County Pediatric Conference
- Support Contra Costa County Statewide and Regional CONOPs Project
- Support Regional and National Resiliency Forum to inspire and leverage pediatric needs
- Injury Prevention Projects (Previous PemSoft Project; Emergency School Guidelines)
- Integrate pediatrics in annual exercises
- Advise ALCO Disaster Preparedness Health Coalition (DPHC) on pediatric needs and solutions

On-going Collaborative Partners include:

In planning for pediatric emergency medical and critical care system, Alameda County EMS leverages the vital input of vital pediatric experts and guidelines:

- California EMSC "Readiness Project" – Marianne Gaushe-Hill, MD
- California EMSA EMSC Technical Advisory Committee (TAC) - TAC Pediatric Disaster Subcommittee
- California Neonatal/Pediatric Disaster Coalition and partners
- Regional and National Multidisciplinary Advisory Committees – Resiliency Forums
- UCSF Benioff Children's Hospital Trauma Directors, ED Medical Directors, and Emergency Planner

Foundation Guidelines

The Alameda County EMS pediatric standards and projects have been updated and aligned with the EMS Authority's Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Departments.

- EMSA #181: Guidelines For Pediatric Interfacility Transport Programs
- EMSA #182: Administration, Personal and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department
- EMSA #183: Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guidelines
- EMSA #184: Guidelines for Pediatric Critical Care Centers
- EMSA #185: Pediatric Prehospital Treatment Protocols
- EMSA #186: Model Pediatric Interfacility Transfer Agreement
- EMSA #187: Pediatric Education Guidelines For Paramedics

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

- EMSA #188: Prehospital Pediatric Equipment For BLS/ALS Support Units
- EMSA #190: EMSC Recommendation For Illness and Injury Prevention
- EMSA #194: Intensive Care Services for the Pediatric Trauma Patient
- EMSA #196: Emergency First Aid Guidelines for California Schools
- EMSA #197: EMSC Pediatric Disaster Preparedness Guidelines for LEMSAs
- EMSA #198: EMSC Pediatric Disaster Preparedness Guidelines for Hospitals

Prehospital and hospital provider input is vital to the program. The EMS program follows the Alameda County EMS quality improvement process. (Alameda County Quality Improvement Plan 2014 available on the EMS website)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

The American Heart Association has recommendations regarding ALL below cardiovascular patients (STEMI, STROKE, CARDIAC ARREST) including assessment, treatment, triage and transport guidelines.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS determined the optimal system for specialty care.

ALL below specialty patient assessment, treatment, triage and transport protocols meet local and national recommended guidelines.

STEMI Centers – Cardiac Arrest

ST-Elevation Myocardial Infarction (STEMI) Recognition, Treatment and Transport to STEMI Receiving Center:

- Six SRC's
- 12-Lead ECG transmission: ALL 6/6 transport providers, 4/5 FRALS Fire Depts.
- EMS MOU with ALL SRC's
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data
- Quarterly SRC quality improvement (QI) meetings

ALCO Paramedics screen over 40,000 patients per year for life threatening myocardial infarctions (heart attacks) by performing prehospital 12-lead electrocardiograms (12-lead ECG). Not all myocardial infarctions present with the same symptoms or ECG abnormalities. The most acute life threatening ECG finding is that of ST-Elevation Myocardial Infarction (STEMI) and this can only be detected by a diagnostic quality 12-lead ECG. Definitive treatment for a STEMI once recognized is time sensitive therapy to re-open the culprit coronary artery with emergent percutainious coronary intervention (PCI), or systemic fibinolytics (IV clot dissolving medication) if PCI is unavailable.

A systems based approach for STEMI patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide STEMI program was established in 2004 and consists of four STEMI Receiving Centers (SRC) with emergent PCI capabilities 24/7/365 and all transporting Paramedic units having the ability to perform prehospital 12-lead ECG's. To further expedite definitive care for the STEMI patient, in 2010 transporting Paramedic units gained the capability to transmit diagnostic 12-lead ECG's from the patient's side to the emergency department (ED) of an SRC for physician (MD) analysis. If STEMI confirmed by transmission at SRC, the Cardiac Catheterization Team is activated by the ED MD giving all personnel involved ample time to prepare for patient arrival.

The 2011 collaboration effort between EMS and SRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS STEMI patient outcomes as well as SRC aggregate performance for all STEMI patients.

Current / Annual Approximate:

- ALCO EMS 12-lead ECG transmission/SRC STEMI activations: 700
- ALCO EMS 911 median dispatch to hospital time: 35 minutes.

Cardiac Arrest: Recognition, Treatment and Transport to Cardiac Arrest Receiving Center:

- Six CARC's
- EMS MOU with 2/6 CARC's
- All cardiac arrest responses
- All cardiac arrest responses with resuscitation efforts and return of spontaneous circulation

- All cardiac arrest responses with resuscitation efforts and transport
- VF/VT, PEA, Asystole
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data
- Quarterly CARC quality improvement (QI) meetings

Alameda County Emergency Medical Services (ALCO EMS) responds to approximately 1300 Out-of-Hospital Cardiac Arrests (OHCA) annually. The total number of annual EMS responses for suspected cardiac arrest includes medical and traumatic etiologies. Approximately 1000 cardiac arrest (CA) cases per year in ALCO warrant resuscitation efforts and only 700 are transported to a receiving hospital. Due to the bleak survival outcomes of traumatic CA, this subset of patients is excluded from data analysis regarding annual CA survival outcomes.

UTSTEIN criteria are the international guidelines for calculating CA survival outcomes. This criterion stratifies causes of CA and isolates only suspected cardiac of origin, excluding non-cardiac etiologies for data review. Historically, a specific subset of CA patients, those that are found by first responders to have an initial ECG rhythm of ventricular fibrillation (VF) or ventricular tachycardia (VT), have a much higher survival to hospital discharge rate than others. Also, those VF/VT patients that have a witnessed collapse and bystander CPR have an even higher survival rate compared to those that don't. CA Patients that present with an initial ECG rhythm or condition other than VF/VT, such as asystole (lack of any rhythm) or PEA (pulseless electrical activity), have a significantly lower rate of survival.

There is compelling international evidence that shows patients suffering from sudden out-of-hospital cardiac arrest that have a witnessed VF/VT CA and regain pulses but remain comatose, benefit from Induced Therapeutic Hypothermia by improving survival to hospital discharge as well as neurologic outcomes. Further international evidence suggests that approximately 40% of patients that suffer from sudden out-of-hospital cardiac arrest with VF/VT as the initial presenting ECG rhythm are in need of emergent coronary intervention in effort to restore blood flow to the culprit artery.

Because of the marked difference in CA survivals relative to the above stated situational variables, ALCO EMS is currently calibrating with already established ST-Elevation Myocardial Infarction Receiving Centers (SRC) that by definition are capable of emergent coronary intervention and can also provide therapeutic hypothermia if warranted. These SRC's also have well established Intensive/Coronary Care Units as well as a variety of rehabilitation services which makes these comprehensive facilities a logical fit for newly founded Cardiac Arrest Receiving Centers (CARC). The strategic location and specialized services offered by these CARC's are a pivotal element for a fully integrated systems based approach to improving survival regarding sudden out-of-hospital cardiac arrests in Alameda County.

Current / Annual Approximate:

- 34% Survival to Discharge for All VF/VT (shockable)
- 6% Survival to Discharge for All Ayastole/PEA (non-shockable)
- 12% Survival to Discharge for ALL OHCA with resuscitation efforts

Stroke: Recognition, Treatment and Transport to Primary Stroke Receiving Center:

- Eight Joint Commission Certified PSRC's
- Two of eight PSRC's offer comprehensive (interventional) services
- EMS MOU with ALL PSRC's
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data
- Quarterly EMS PSRC quality improvement (QI) meetings

ALCO Paramedics routinely screen for suspected Stroke by comprehensive history and physical when patients present with associated symptoms. The frequency of stroke types: ischemic (85%) and hemorrhagic (15%) this suspect condition requires radiographic imaging (RI) to differentiate. The most acute life threatening of the two strokes is hemorrhagic, and would warrant emergent Neurology/Neurosurgical services consult. If patient is suspect of an ischemic/ occlusive stroke by RI rule out, they may be a candidate for time sensitive therapy to re-open the culprit cerebral artery with emergent systemic fibinolytics (IV clot dissolving medication) if patient has low risk stratification and meets inclusion criteria.

A systems based approach for Stroke patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide Stroke program was established in 2008 and now consists of eight Joint Commission Certified Primary Stroke Receiving Centers (PSRC). These PSRC's by definition have RI, Neurology and Neurosurgical availability, highly trained stroke team with the capability of delivering emergent systemic fibinolytics 24/7/365 as well as a variety of rehabilitation services. Two of the eight ALCO PSRC's have Interventional Radiology (RI) capabilities for management of some hemorrhagic strokes as well as intra arterial (IA) therapies for occlusive stroke warranted.

A stroke activation and transport to an ALCO EMS PSRC should occur immediately on completion of a comprehensive history and physical by the Paramedic including: vital signs, pulse asymmetry, ECG, Cincinnati Prehospital Stroke Scale, blood glucose and confirmation by a valid historian the time patient last seen normal/baseline. The stroke team at PSRC is activated by the ED giving all personnel involved ample time to prepare for patient arrival. As above mentioned, the treatment for acute ischemic/occlusive stroke is time sensitive: International guidelines as well as the American Heart Association and American Stroke Association recommends systemic (IV) fibrinolytic intervention is started no longer than 4.5 hours since onset of symptoms.

SYSTEM ASSESSMENT FORMS
FACILITIES AND CRITICAL CARE

The 2011 collaboration effort between EMS and PSRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS Stroke patient outcomes as well as PSRC aggregate performance for all Stroke patients.

Current / Annual Approximate:

- ALCO EMS Stroke activation/PSRC transport for suspected stroke (annual): 900
- ALCO EMS 911 median dispatch to hospital time: 34 minutes.

NEED(S):

OBJECTIVE:

STEMI Centers - Get patients who were pulseless on scene (or in recurrent VF/VT) and now have ROSC to the cath lab to resolve underlying condition providing the public with a true systems based approach. We are looking to increase our cardiac arrest survival rate to 40% (survival to discharge) over the next few years.

Get patients who were pulseless on scene (or in recurrent VF/VT) and now have ROSC to the Cath Lab to resolve underlying condition providing the public with a true systems based approach. We are looking to increase our cardiac arrest survival rate to 40% (survival to discharge) over the next few years.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

STEMI Centers

A systems based approach for STEMI patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide STEMI program was established in 2004 and consists of four STEMI Receiving Centers (SRC) with emergent PCI capabilities 24/7/365 and all transporting Paramedic units having the ability to perform prehospital 12-lead ECG's. To further expedite definitive care for the STEMI patient, in 2010 transporting Paramedic units gained the capability to transmit diagnostic 12-lead ECG's from the patient's side to the emergency department (ED) of an SRC for physician (MD) analysis. If STEMI confirmed by transmission at SRC, the Cardiac Catheterization Team is activated by the ED MD giving all personnel involved ample time to prepare for patient arrival.

The 2011 collaboration effort between EMS and SRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS STEMI patient outcomes as well as SRC aggregate performance for all STEMI patients.

There is compelling international evidence that shows patients suffering from sudden out-of-hospital cardiac arrest that have a witnessed VF/VT CA and regain pulses but remain comatose, benefit from Induced Therapeutic Hypothermia by improving survival to hospital discharge as well as neurologic outcomes. Further international evidence suggests that approximately 40% of patients that suffer from sudden out-of-hospital cardiac arrest with VF/VT as the initial presenting ECG rhythm are in need of emergent coronary intervention in effort to restore blood flow to the culprit artery.

Because of the marked difference in CA survivals relative to the above stated situational variables, ALCO EMS is currently calibrating with already established ST-Elevation Myocardial Infarction Receiving Centers (SRC) that by definition are capable of emergent coronary intervention and can also provide therapeutic hypothermia if warranted. These SRC's also have well established Intensive/Coronary Care Units as well as a variety of rehabilitation services which makes these comprehensive facilities a logical fit for newly founded Cardiac Arrest Receiving Centers (CARC). The strategic location and specialized services offered by these CARC's are a pivotal element for a fully integrated systems based approach to improving survival regarding sudden out-of-hospital cardiac arrests in Alameda County.

Stroke Centers

ALCO Paramedics routinely screen for suspected Stroke by comprehensive history and physical when patients present with associated symptoms. The frequency of stroke types: ischemic (85%) and hemorrhagic (15%) this suspect condition requires radiographic imaging (RI) to differentiate. The most acute life threatening of the two strokes is hemorrhagic, and would warrant emergent Neurology/Neurosurgical services consult. If patient is suspect of an ischemic/ occlusive stroke by RI rule out, they may be a candidate for time sensitive therapy to re-open the culprit cerebral artery with emergent systemic fibinolytics (IV clot dissolving medication) if patient has low risk stratification and meets inclusion criteria.

A systems based approach for Stroke patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide Stroke program was established in 2008 and now consists of eight Joint Commission Certified Primary Stroke Receiving Centers (PSRC). These PSRC's by definition have RI, Neurology and Neurosurgical availability, highly trained stroke team with the capability of delivering emergent systemic fibinolytics 24/7/365 as well as a variety of rehabilitation services. Two of the eight ALCO PSRC's have Interventional Radiology (RI) capabilities for management of some hemorrhagic strokes as well as intra arterial (IA) therapies for occlusive stroke warranted.

A stroke activation and transport to an ALCO EMS PSRC should occur immediately on completion of a comprehensive history and physical by the Paramedic including: vital signs, pulse asymmetry, ECG, Cincinnati Prehospital Stroke Scale, blood glucose and confirmation by a valid historian the time patient last seen normal/baseline. The stroke team at PSRC is activated by the ED giving all personnel involved ample time to prepare for patient arrival. As above mentioned, the treatment for acute ischemic/occlusive stroke is time sensitive: International guidelines

as well as the American Heart Association and American Stroke Association recommends systemic (IV) fibrinolytic intervention is started no longer than 4.5 hours since onset of symptoms.

The 2011 collaboration effort between EMS and PSRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS Stroke patient outcomes as well as PSRC aggregate performance for all Stroke patients.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County Emergency Medical Services (EMS) Agency provides a quality Improvement (QI) plan used to measure EMS related services – to evaluate the response to emergency medical incidents and the care provided to specific patients. The purpose of the plan is to provide the: 1) mission; 2) structure; 3) data collection; 4) actions to improve; 5) training / education; and 6) an annual update process. The plan describes: 1) key quality terms for a common vocabulary and consistent message; 2) a culture of quality and the desired future state of quality in the organization); 3) key elements of the plan's governance structure and oversight committee; 3) types of quality improvement training; 5) project alignment with strategic plan goals, objectives, and evaluation indicator measures. The patient centered EMS Agency is adapting the county service provided to the "continually changing" community with continuous education and Quality Improvement.

EMS policies and procedures that define QA/QI activities:

- Alameda County QI Plan (Approved by State EMSA)
- Provider QA/QI Plans
- All ALS Providers are using unified data collection and reporting programs (Zoll and Tableau)
- Variously QI committees (Quality Improvement Council meets regularly
- Unusual Occurrence Policy
- Trauma Audit Process

NEED(S):

- ALCO EMS and provider QI Plans to be updated yearly
- Improvement data collection and reporting by making data entry and data reporting more user friendly

OBJECTIVE:

- Reduce pain and suffering and improve the health of our patients

TIME FRAME FOR MEETING OBJECTIVE:

✓ Short-Range Plan (one year or less)

- Improve Core Measures accuracy in Tableau
- Implement First Responder screen in Zoll ePCR
- Establish reports that assess pre-hospital interventions by analyzing patient VS changes
- Expand Tableau ad hoc reporting capability for EMS

✓ Long-Range Plan (more than one year)

- Integrate pre-hospital data with hospital data (via HIE and other methods) to assess patient outcomes and the effect of pre-hospital interventions

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- All ALS Providers are using unified data collection and reporting programs (Zoll and Tableau)
- The Data Steering Committee make regularly to coordinate data collection and reporting

NEED(S):

- Improved data collection and reporting by making data entry and reporting more user friendly

OBJECTIVE:

- Through scientific data collection and analysis, measurably assess pre-hospital impact on reducing pain and suffering and improving the health of our patients

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

- Improve Core Measures accuracy in Tableau
- Implement First Responder screen in Zoll ePCR
- Establish reports that assess the effect of pre-hospital interventions by analyzing patient VS changes
- Expand Tableau ad hoc reporting capability for EMS

Long-Range Plan (more than one year)

- Integrate pre-hospital data with hospital data (via HIE and other methods) to assess patient outcomes and the effect of pre-hospital interventions

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Various data systems in the Alameda County EMS system, including CAD, ZOLL ePCR, Reddinet, and First Watch, contain relevant data. Electronic PCR data elements are NEMSIS/CEMSIS compliant. The implementation of all these data systems into user friendly data entry and reporting formats is essential to ensure that clean usable data is obtained. Integration of these data systems between dispatch, EMS providers, receiving facilities and state and national data systems is essential in opening up communication necessary to facilitating Quality Improvement.

These data systems are used to:

- Prospectively identify areas for improvement and enable data driven decisions
- Monitor system changes after QI interventions have been implemented
- Monitor individual and group performance in the EMS system
- Support research
- Provide benchmarks with other EMS systems

Data Quality Improvement activities include:

- Implementation of a user friendly Zoll ePCR program for all 911 providers
- Implementation of a user friendly data reporting tool
- Integration and continuing maintenance of all data systems

Per the 2014 EMS Quality Improvement plan, on-going prehospital care audits, including both system response and clinical aspects are conducted to include:

- Prehospital Contracted Partners (All Contracted Providers and Partners included)

Alameda County Quality Indicators – Clinical Areas

- Advanced Airways
- Cardiac Arrest
- CVA
- Respiratory Distress
- STEMI
- Cardiac Arrest
- IV Treatment
- Sepsis
- Data Compliance
- Continuity of Care
- Status seizures
- Trauma
- ALOC
- Anaphylaxis
- Assessment
- Pain Management
- Sedation
- Shock

EMS Staff QI Activities include ongoing:

- Contract compliance monitoring of all line items

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

- Development of new agreements
- Reviewing Response Time Audits by Provider
- Reviewing Provider Audits
- Participate in audits (Previous and current audits have included: aspirin, nitroglycerin, airway management, under two year-old refusals, and cardiac arrest)
- Review - Unusual Occurrence process
- EMS QA/QI Coordinator Role
- Collaborate with Provider Clinical Liaisons
- Monitor Hospital Diversions

EMS policies and procedures describe the audit process accountability requirements:

- Alameda County QI Plan 2014
- Base Hospital QI Responsibilities
- Base Hospital Responsibilities
- Hospital Responsibilities
- Policy and Skills Competency
- Trauma Audit Process Policy
- Unusual Occurrence Policy

NEEDS:

OBJECTIVE:

Create a one-stop data source for all clinical system data to better enable ALCO EMS to conduct detailed research with FRALS and transport data integrated into the same system. This will reduce the time needed to implement queries and will also ensure that clinical data is not under or over counted due to the increased ability to match FRALS and trnasport data to one patient.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Per the 2014 Quality Improvement Plan, Emergency Medical Dispatch has responsibilities:

- Prospective: participation on EMS Committees; education; evaluation
- Concurrent Activities: procedure of evaluation of EMDs
- Retrospective Analysis: Analysis of dispatched calls
- Reporting Feedback

Dispatch - Primary QI Partners

- All providers and dispatch centers
- All PSAPs

Dispatch - QI Activities

- Timely dispatch of appropriate resources
- MPDS Data

A computerized and standardized EMD program and dispatch data management system is in place for Alameda County.

NEED(S):

OBJECTIVE:

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:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that 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.

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Various data systems in the Alameda County EMS System, including CAD, ZOLL, ePCR, ReddiNet, and First Watch, contain relevant data. Electronic PCR data elements are NEMSIS/CEMSIS compliant. The implementation of all these data systems into user friendly data entry and reporting formats is essential to ensure clean usable data is obtained. Integration of these data systems is essential in opening up communication necessary to facilitating Quality Improvement.

We have implemented a single data collection system (Zoll Data Systems RescueNet ePCR) countywide and are currently finishing up training for the FRALS agencies. Since the end of 2012, all agencies are submitting patient care records into the single ZDS database. We will also be implementing several robust First Watch data surveillance triggers to help with everything from syndromic surveillance to clinical data reporting.

COORDINATION WITH OTHER EMS AGENCIES:

Alameda County EMS has coordinated with the other Bay Area Counties including Contra Costa, Santa Clara, San Mateo and San Francisco to address data management planning.

NEEDS:

OBJECTIVE:

Create a one-stop data source for all clinical system data to better enable ALCO EMS to conduct detailed research with FRALS and transport data integrated into the same system. This will reduce the time needed to implement queries and will also ensure that clinical data is not under or over counted due to the increased ability to match FRALS and transport data to one patient.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

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

- Emergency Medical Care Committee (1982-1994)
- Fitch Report (1988) and follow-up 2013-14
- 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

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Provider contracts and agreements (ALS providers, Dispatch, Base Hospital, Trauma Centers, STEMI Centers, Stroke Centers, First Responder, and Early defibrillation)
- EMS QI Plan 2014 requires provider participation in in system wide QI activities (available on the Alameda County EMS website)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

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).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS Director provided an Alameda County Board of Supervisors Health Committee Presentation – January 28, 2013. Board update included: Transition to 911 Ambulance Provider Contract - Paramedics Plus; Dispatch and First Response; Performance and Clinical Quality and lessons learned.

Alameda County EMS engaged Fitch and Associates to conduct a review of the Alameda County EMS System - Fitch Consultant Report, Alameda County, California, EMS System Review, January 31, 2008. In March 2012, Fitch Consultants conducted a study on the internal EMS Agency.

The EMS Quality Improvement Plan 2014 includes the Fitch Report Quality Indicators and Activities (available on the Alameda County EMS website)

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- EMS QI Plan 2014 defines audit processes – (Available on the EMS Website)
- EMS policies assess Unusual Occurrences – Refer to Unusual Occurrence Policy (August 2012)
- Audit of base hospital processes and outcomes
- Audit of prehospital processes and outcomes including specialty care audits (trauma, stroke, STEMI, cardiac arrest etc.).
- Certain providers have established peer review audit programs
- All ALS providers are using a unified data collection and reporting system (ZOLL and Tableau). Future phases of the data project will include linking the hospital data with prehospital data

NEED(S):

OBJECTIVE:

- Future phases of the data project will include linking the hospital data with prehospital data

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

- Integrate pre-hospital data with hospital data (via HIE and/or other methods) to assess patient outcomes and the effect of pre-hospital interventions

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Trauma Center Standard of Care: Standard of care for trauma patients, that is expected to be provided at each designated trauma center includes the review of medical care rendered through the utilization of audit filters for monitoring purposes. The minimum screening audit filters and focused audit filters that are used for assessing the care rendered to a trauma patient are available

Alameda County - Trauma System Plan evaluated by the multidisciplinary Trauma Audit Committee (TAC).

Bi-County Trauma Audit Committee (TAC): TAC, a multi-disciplinary trauma audit/advisory committee to the EMS Agency, is comprised of representatives from surgical and non-surgical specialties, trauma center program managers, county coroner, pre-hospital ALS transport QI manager, ED medical directors, pre-hospital provider medical directors, the EMS Agency Medical Director's from Alameda County and Contra Costa County. TAC conducts detailed mortality and morbidity review of cases that meet one or more of the screening or focused audit filter criteria. Other cases may also be reviewed that are regarded as having exceptional educational or scientific benefit.

Verification of Trauma Centers/Trauma System:
Reviews conducted every three years by the American College of Surgeons (ACS), allows for evaluation for verification of trauma centers and effectiveness of the trauma system. The reviews are designed to evaluate the quality of care rendered by the trauma centers and to review the trauma centers for compliance with both CA regulations and local requirements of the trauma system.

In May 2012, Alameda County completed the first step in the process for ACS trauma verification by completing the formal Trauma Consultation at each of our three trauma centers. The Consultation visit is used to assess the current trauma care at each facility as well as prepare for the future verification review.

The American College of Surgeons has recently "verified" all three Alameda County trauma centers in June 2014.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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 QA/QI and system evaluation program.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Trauma Care

- Non-trauma hospitals submit under triaged trauma patients though the use of an Unusual Occurrence Form. Follow-up occurs with the prehospital provider and FRALS responders. Hospitals are included to close the loop on corrective actions as needed.

- Primary QI Partners
  - Trauma Audit Committee (TAC) with Trauma Centers and Providers
  - Regional TAC with other counties
  - Air Transport Providers

- QI Activities
  - Trauma Case Reviews
  - Improve Triage
  - Improve Spinal Immobilization and Care
  - Efficient Aircraft Utilization
  - Feedback to providers on patient outcomes

- Hospital Data requirements (2014 Alameda County Quality Improvement Plan) - Cooperate with the Alameda County Emergency Medical Services Agency and the Alameda County Health Care Services Agency in gathering and providing statistics and information needed for monitoring and evaluating prehospital programs. Cooperate with designated Alameda County Base Hospitals and ALS Provider Agencies in providing follow-up information regarding patient diagnosis, disposition and outcome. The Hospital Trauma Centers send National Trauma Data to the State EMS Authority and Alameda County EMS.

- Pediatric Trauma Case Study Reviews
  - Education on Pediatric Trauma Assessment and Trauma Destinations is occurring at EMS Stakeholder meetings: Emergency Department Receiving Hospital Meetings; and the Regional TAC Meeting with other counties.
  - EMS Medical director and Quality Review Committee is monitoring data to improve outcomes.
  - Primary Partner – UCSF Benioff Children's Hospital Oakland – Trauma Directors

NEED(S):

Expand corrective EMS system action for trauma patients transported to non-trauma hospitals

Provide education on pediatric Ensure pediatric trauma determination

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')COUNTY***

Alameda County EMS develops and disseminates county-wide EMS information materials for the community throughout the year at community events and training programs:

EMS Website

- EMS Newsletter/Blog - The Agency maintains a continuously updated blog. We highlight new and changed policies, changes to the EMS system, provider updates, news about upcoming conferences and continuing education events, injury prevention news, staff updates, and stories of EMS in action.
- EMS Website Resources -
  - Emergency Preparedness and Response - On-going articles in the EMS and Public Health newsletters on emergency preparedness and disaster planning
    - DHV/MRC
    - Disaster forms (both local and state) are found on the EMS Website
  - EMS-C
    - Emergency School Guidelines
    - Emergency Information Cards
  - Community Resources
    - CPR7
    - EMS Corps
    - Health Coach
    - Injury Prevention
    - Senior Injury Prevention Program (SIPP)
    - Childhood Injury Prevention
    - Health Coach
    - AED/Public Access Defibrillators (PAD)
    - Health Pipeline Partnership

Children – Injury Prevention

- 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 Program brochure: Car Seat Safety, Water Safety, Bike & Helmet Safety brochures; Safe Surrender
- EMS Week activities – held at Fire Departments and/or Schools (planning Special Event with Reach/Ashland program 2014)
- 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, and middle school implementation – UCSF Benioff Injury Prevention Calendars; Emergency Information Cards; and Emergency School Guidelines

Seniors – Injury Prevention SIPP

- Senior Injury Prevention Resource Directory
- Falls Prevention Manual
- Falls Prevention Discussion Groups

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

General Resource Materials

- EMS Brochures – 911 system
- AED/Public Access Defibrillation Program
- EMS Video (in 7 languages) "Every Second Counts"
- Phone First program

The following programs provide information to the public about appropriate utilization of ED's: AED/PAD Program; Injury Prevention Programs; EMSC Program; EMS Corp; and HPP / Disaster Program.

NEED(S):

OBJECTIVE:

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:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Injury Prevention Program primarily targets children, older adults and organizations that provide services to these populations.

Children

- EMS for Children Program – EMSC Coordinator participates on CA EMSC Technical Advisory Group; Facilitates injury prevention and preventive medicine programs; Disseminates revised 2014 School Emergency Guidelines; supports planning for annual CA EMSC Conference (held November 2013); planning with the state Unintentional Injury Strategic Planning Group to develop a statewide strategic plan (2014)
- EMS Childhood Injury Prevention Program addresses issues specific to vulnerable, at-risk population. The program addresses major injury areas: pedestrian safety, water safety, drowning prevention, poison prevention, car seats, motor vehicle safety, falls and fire/burn prevention.
- Safe Kids Coalition – In existence since the early 1990s; Promotes Car Seat safety check-ups, safety fairs, window guards, bike & helmet safety, monthly meetings, legislative reviews, and media partnerships; Membership includes UCSFBenioff Children's Hospital and Alameda Health System – Highland, Oakland
  - "Walk This Way/Walk to School" Day – City of Oakland and Safe Kids Coalition.
  - Oakland Pedestrian Safety Project – City of Oakland
- Child Passenger Safety (CPS) Work Group - 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. Workgroup educates service providers on child passenger safety seat laws and proper use and installation of car seats. As part of an Alameda County Court Diversion program, the workgroup provides CPS education for people cited for car seat or seat belt violations. Workgroup also conducts annual CPS technician and educator courses.
- Helmet Safety Program - provides age appropriate and interactive presentations focused on rules and best practices for using non-motorized wheeled vehicles (bikes, scooters, skateboards) for children ages eighteen and under.
- Cal-Trans Federal Safe Routes to School (SRTS) Grant - Collaboration Partners: Alameda County EMS Injury Prevention Program; Alameda County Public Health Department Nutrition Services and Transform
- World's Largest Swimming Lesson Event (June 2014) – Oakland Safe Kids Alameda County (SKALCO), a program of the Alameda Co. EMS Injury Prevention Program (IPP), joined forces with UCSF Benioff Children's Hospital Oakland and Kiwanis; offered local youth chance to become world record holder by offering free swim / CPR lessons for 60 local youth at East Oakland Sports Center.

Seniors

- 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. SIPP partners with community organizations to provide public education and assistance to reduce preventable injuries to older adult. All fall prevention research shows that the most effective fall prevention programs are multi-faceted and include these components:
  - Physical Activity Training Sessions to train lay people who are conducting exercise classes
  - SIPP partners with the Area Agency on Aging to provide home modifications, medication management assistance, and physical activity classes geared towards fall prevention.
  - Fall Prevention Discussion Groups –These sessions began as focus groups in 1999 to help us collect data and understand when, where, and how falls occur in our community.
  - Driving Safety and Driving Safety Discussion Groups
  - CarFit – Helps mature drivers learn how to adjust their car "fit" them in a way that provides the best visual ability, safety and access to controls.
  - Bone Density Screenings are conducted by EMS/SIPP staff using the densitometer purchased with Measure A funding.
  - Hospice "Getting the Most Out of Life" – This program's vision is to increase enrollment of hospice eligible patients into hospice care by educating caregivers, patients and the public on what hospice has to offer and improving the current image of hospice.
  - Annual SIPP Conference (held May 2014)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

Other

- Paramedic Immunization Pilot Project (May 1998-99)

Resource Dissemination

- Injury Prevention activities and information available on the Alameda County EMS website (1999 - present)

NEED(S):

OBJECTIVE:

- Develop a highly visible profile for Children and Older Adult Injury Prevention Issues. Focus on "At-Risk" Functional Needs children
- Identify and participate in the creation of appropriate legislation for Children and Older Adult Injury Prevention issues.
- Work with other public and private agencies on Children and Older Adult Injury Prevention concerns.
- 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:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS supports and promotes the county-wide emergency preparedness program. The HPP EMSA Coordinator collaborates closely with the Alameda County Sheriiff's Department – Office of Emergency Services, Alameda County Public Health Department emergency preparedness program and the Alameda County EMS Injury Prevention program on community education preparedness projects. Activities include health fairs and community-wide training events. The Alameda County Public Health department has an annual "Operation Independence" (Emergency Preparedness) Day open to the public. DHV/MRC and volunteer emergency response teams are invited to participate. The goal is to inspire community emergency readiness, provide preparedness training, and to disseminate information.

Resources

- Emergency/disaster preparation information available on the Alameda County EMS and Public Health Department websites.
- Emergency preparedness for children resources are also available on the EMS website and the CA Pediatric Disaster Coalition googlelist serve (updated 2014)
- Emergency preparedness information packets available at EMS and the public health department (including emergency information cards, Collaborating Agencies Responding to Disasters (CARD) resources, and 211 wallet cards)

Citizen Preparedness Activities

- Annual EMS Week – Children's Day (Community Emergency preparedness)
- Annual Public Health Department "Operation Independence: (Community Emergency preparedness)
- Disseminates Emergency Preparedness Resources at Injury Prevention Events and Health Fairs
- Links EMS and Public Health Department emergency preparedness resources at community events
- Promotes Collaborating Agencies Responding to Disasters (CARD) training courses and resources
- Participates with CERT/NERT, VOAD, FAST Team, and 211 on community education and preparedness campaigns
- Emergency preparation lectures given upon request - Provides lectures for City of Oakland and other local jurisdiction programs
- Developed a brochure specifically for seniors on disaster preparedness
- Social Media and U-tube videos – via Alameda County Public Health Department

COLLABORATION PARTNERS

County

- Alameda Emergency Managers Association (HHP EMSA Coordinator attends monthly meetings)
- Alameda County Public Health
- Disaster Preparedness Health Coalition (DPHC)
- Alameda County Safe Kids
- City of Oakland OES (HPP EMSA Coordinator attends quarterly meetings)
- Collaborating Agencies Responding to Disasters (CARD)
- VOAD / FAST/ 211
- MRC/DHV

State

- Emergency Medical Services for Children Technical Advisory Group
- Unintentional Injury Strategic Planning Committee

Disaster Preparedness Health Coalition

The Alameda County Disaster Preparedness Health Coalition (DPHC) is a voluntary multidisciplinary, multi-agency body created to coordinate healthcare preparedness for all-hazard emergencies through mitigation, planning, response and recovery. The primary role is to provide for communication and collaboration among the participating agencies in these activities. Coalition duties include; planning, shared systems, response coordination, defining priorities for Hospital Preparedness Program (HPP) funding and potentially, looking for

other funding opportunities.

The DPHC was originally developed in 2006 to coordinate HPP grant funding and partner on emergency planning with health care providers. The general membership is open and voluntary to providers of healthcare services in Alameda County. DPHC welcomes new members any time particularly from healthcare sectors that are underrepresented in our coalition such a behavioral health, dialysis and surgery centers.

- **Our Vision:** To collaborate and optimally respond to all hazards with the goal of preserving of life, property and environment.
- **Our Mission:** To provide education, networking, mentoring, technical assistance, coordination, communication and leadership opportunities to health care staff/facilities in Alameda County.
- **Our Goals:** Provide and improve networking opportunities, develop information sharing, raise awareness, define roles and responsibilities, improve communication, define opportunities for improvement, identify gaps in planning, impact healthcare partner facilities in relation to response efforts, strengthen organization structures and capacities, improve intra and extra agency coordination, strengthen leadership and staff roles for emergency response.

- Goals are developed through a combination of National Guidance for Healthcare Preparedness Capabilities, state required activities, gaps identified by coalition members and guidance provided by the coalition steering committee.
- Three workgroups develop specific goals and objectives around communications capabilities, exercise and training and medical surge planning.
- Coalition members typically attend 6 meetings per year, participate in relevant training offered and the state medical health exercise and attend workgroup meetings.
- Behavioral/mental healthcare is an important component to any medical health response. The DPHC would like to develop specific goals and objectives related to behavioral health. These may include promoting awareness of the behavioral health role in a disaster response, developing/coordinating responder mental health training, application of psychological first aid during trainings/exercises, developing pre-deployment briefings, coordinating field triage, developing multiagency response teams, and coordinating a response specific to a particular event e.g. earthquake, versus an anthrax attack or terrorism. Additionally, we would like to better define the role of behavioral health within our workgroups: 1) Medical Surge, e.g. transfer of mental health patients to other facilities requiring various level of care, attending to the needs of responders, assisting with death notifications; 2) Exercise & Training, e.g. incorporating realistic objectives and roles into exercises to increase participation of the behavioral health community; and 3) Communications, e.g. providing immediate accurate information to behavioral health teams and identifying triggers for response.

NEED(S): / OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS
PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS promotes countywide community-wide first aid and CPR/AED training available to the public. Both public and private provider agencies are actively engaged in local community education programs. Alameda County EMS, Public Health Department and Fire Departments sponsor safety and health education programs including health fairs.

- An Alameda County EMS Prehospital Care Coordinators has a dedicated role as the **Alameda County AED/PAD program Coordinator**. The AED Coordinates is the point of contact per regulations for new AED placements within the Alameda County area and she prepares an updated list of AEDs in the county for all 911 dispatch centers.

- Alameda County EMS has a five year contract with **ICE Safety Solutions** to manage the **AED HeartSAFE program**. The AED Coordinator provides project oversight for the ICE Safety contract. Thusfar, ICE Safety Solutions has installed AEDs in 185 county locations primarily government sites. The contract provides for site assessment, installation, CPR/AED certification and recertification, and management of monthly AED inspections.

- First aid, CPR, and AED/PAD program information is posted on the Alameda County EMS website "Community" page. The AED Coordinator disseminates AED program packets and community education materials.

- Alameda County EMS collaborates with existing public education providers such as the American Heart Association and the American Red Cross in promoting first aid and CPR training
  - Attend AHA meetings regularly
  - Include AHA and ARC training information in community disaster education

- The CPR Anytime School Pilot Project has been fully implemented county wide and is now known as the **CPR7 project**. 10,000 7th graders in Alameda County were trained in CPR using the CPR anytime kit and encouraged to take the kit home and train their friends and family.

NEED(S):

OBJECTIVE:

Collect data from survey forms to determine the multiplier effect of the CPR7 project to increase the number of citizens trained in providing chest compressions to people who have suffered cardiac arrest

- Collect data from CPR7 survey forms to determine the multiplier effect of the CPR7 project.
- Increase the number of citizens trained in providing chest compressions to people who have suffered cardiac arrest:
- Increase access to AEDs with trained emergency response teams

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County EMS agency has emergency plans for the organization, mobilization, coordination, and direction of medical and health services during a disaster in the continuum of care. The plans are consistent with the CA Medical Health EOM and support the Alameda County operational area plans. The plans delineate the authority, responsibility, functions, and operations of the healthcare system-wide partners. The emergency plans for catastrophic disasters primarily focus on the following required HPP / PHEP capabilities: Preparedness Coalitions; Information Management and Communications; Medical Surge; emergency Operations Centers, and Disaster Volunteers.

Priority to Strengthen Medical Surge Capability and Capacity – Alameda County EMS will be developing **a framework for transportation to be addressed in the Operational Area (OA) medical surge planning. Given transportation assets have limitations on resources, a plan for medical surge acquisition and use of medical prehospital provider resources is a priority. Under the HPP workplan grant, a medical surge contractor will be hired to explore patient movement including preparing to move patients inside and outside of the OP area in the interest of increasing hospital acute care capability. Given the state and region EMSA, CDPH, OES, and the Bay Area UASI have several projects to expand surge capacity including Catastrophic Earthquake Planning, EMS is participating on planning committees and aligning surge plans accordingly.**

Alameda County has dedicated EMS staff preparing for catastrophic planning include;

- HPP EMSA Coordinator
- ReddiNet Coordinator
- Communications - Sydian and 700 Megahertz Radio Coordinators)
- Tactical EMS Coordinator
- DHV and CAHAN Administrators
- EMS for Children – Pediatric Medical Surge / Disaster Coordinator

Operational Area Completed Written Plans:

- Alameda County / Operational Area Emergency Operations Plan
- WMD Annexes to EOP; OES Terrorism Annex (Internal to OES)
- Alameda County Disaster Medical Operations Plan
- Alameda County Medical Surge Plan
- Alameda County Fatalities Management Plan
- Alameda County Field Treatment Site Plan
- Alameda County Government Authorized Alternate Care Site Plan
- Alameda County Evacuation and "Shelter-In-Place" Plan
- Alameda County DPHC Roles Matrix (Medical/Health Coalition partners)
- Alameda County Public Health Bioterrorism Response Plan
- Alameda County Agency DOC Plan (Health Care Services Agency)
- Alameda County Health Care Services Agency Continuity of Operations Plan (COOP)
- Alameda County/Operational Area Countywide Terrorism Response Plan
- Mass Fatalities Operations Plan (Alameda County Coroner)
- Alameda County Fire Chiefs Association Hazmat Working Group Plan

Bay Area / Region 2 Planning Groups:

- UASI Medical Surge Working Group
- Region 2 MHOAC Group with RDMHC/S
- Region 2 – Association of Bay Area Health Officers (ABAHO) Committee
- Region 2 Multi-Agency Coordination (MAC) Planning Guide
- Region 2 Catastrophic Earthquake Working Group
- Northern California Regional Intelligence Center (NRIC)

- Bay Area Resiliency Workgroup
- California Neonatal/Pediatric Disaster Coalition)

Alameda County Operational Area Planning Groups

- Alameda County HPP / PHEP Planning Groups (includes HHP Partnership Coordinator and HPP EMSA Coordinator)
- Alameda County Disaster Planning Health Coalition (DPHC), Steering Committee, and Sub-Committees (Medical/Health Partners) – Quarterly Meetings *
- Alameda County Emergency Managers Association (EMA)
- Alameda County Children's Annex Working Group
- City of Oakland Emergency Managers Group
- Alameda County Hazmat Working Group (Fire)
- Strategic National Stockpile (SNS) Working Group (Public Health Division)
- Bioterrorism Leadership Team And Work Group (Public Health)
- Terrorism Working Group (OES)
- Alameda County Hazard Mitigation Work Group (Association of Bay Area Governments)
- Pleasanton/Livermore and Tri-City Emergency Preparedness Groups

Annual Training, Exercises, and Conferences

- Annual Statewide Medical / Health Table-top and Functional Exercises (Upcoming Anthrax Exercise 2014)
- DHV/MRC Exercises

Other Collaboration Partners

- Mutual Aid Agreements with Nearby Counties
- Coordination with Other EMS Agencies:

*** Disaster Preparedness Health Coalition**

The Alameda County Disaster Preparedness Health Coalition (DPHC) is a voluntary multidisciplinary, multi-agency body created to coordinate healthcare preparedness for all-hazard emergencies through mitigation, planning, response and recovery. The primary role is to provide for communication and collaboration among the participating agencies in these activities. Coalition duties include; planning, shared systems, response coordination, defining priorities for Hospital Preparedness Program (HPP) funding and potentially, looking for other funding opportunities.

The DPHC was originally developed in 2006 to coordinate HPP grant funding and partner on emergency planning with health care providers. The general membership is open and voluntary to providers of healthcare services in Alameda County. DPHC welcomes new members any time particularly from healthcare sectors that are underrepresented in our coalition such a behavioral health, dialysis and surgery centers.

- **Our Vision:** To collaborate and optimally respond to all hazards with the goal of preserving of life, property and environment.
- **Our Mission:** To provide education, networking, mentoring, technical assistance, coordination, communication and leadership opportunities to health care staff/facilities in Alameda County.
- **Our Goals:** Provide and improve networking opportunities, develop information sharing, raise awareness, define roles and responsibilities, improve communication, define opportunities for improvement, identify gaps in planning, impact healthcare partner facilities in relation to response efforts, strengthen organization structures and capacities, improve intra and extra agency coordination, strengthen leadership and staff roles for emergency response.

- Goals are developed through a combination of National Guidance for Healthcare Preparedness Capabilities, state required activities, gaps identified by coalition members and guidance provided by the coalition steering committee.
- Three workgroups develop specific goals and objectives around communications capabilities, exercise and training and medical surge planning.
- Coalition members typically attend 6 meetings per year, participate in relevant training offered and the state medical health exercise and attend workgroup meetings.

COORDINATION WITH OTHER EMS AGENCIES:

- Coordination occurs with the Region 2 RDMHC/S and MHOAC Group

NEED(S):

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

OBJECTIVE:

Overarching Goals - To integrate medical health system stakeholders and partners into preparedness planning efforts.

- Strengthen already existing plans with focus on medical surge - aligning with state and Regional plans and guidance.
- Integrate and collaborate with medical/health system-wide partners to leverage effective disaster response plans
- Coordinate plans, test plans in exercises, and prepare HSEEP compliant after action reports with corrective action plans

Medical Surge Goal - The current goal is the development of an operational county wide medical surge plan that includes the coordination of acute care patients among county health care facilities and other health care partners

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Plans listed in 8.01 are multi-hazard functional plans consistent with the California Multi-Hazard Plan and aligned with the CA Medical / Health EOM.

Operational Area Written Plans:

- Alameda County / Operational Area Emergency Operations Plan
- WMD Annexes to EOP; OES Terrorism Annex (Internal to OES)
- Alameda County Disaster Medical Operations Plan
- Alameda County Medical Surge Plan
- Alameda County Fatalities Management Plan
- Alameda County Field Treatment Site Plan
- Alameda County Government Authorized Alternate Care Site Plan
- Alameda County Evacuation and "Shelter-In-Place" Plan
- Alameda County Public Health Bioterrorism Response Plan
- Alameda County Agency DOC Plan (Health Care Services Agency)
- Alameda County Health Care Services Agency COOP Plan
- Alameda County/Operational Area Countywide Terrorism Response Plan
- Mass Fatalities Operations Plan (Alameda County Coroner)
- Alameda County Fire Chiefs Association Hazmat Working Group Plan

Bay Area / Region 2 Planning Groups:

- UASI Medical Surge Working Group
- Region 2 MHOAC Group with RDMHC/S
- Region 2 – Association of Bay Area Health Officers (ABAHO) Committee
- Region 2 Multi-Agency Coordination (MAC) Planning Guide
- Region 2 Catastrophic Earthquake Working Group
- NRIC
- Bay Area Resiliency Workgroup
- California Neonatal/Pediatric Disaster Coalition

Alameda County Operational Area Planning Groups

- Alameda County HPP / PHEP Planning Groups (includes HHP Partnership Coordinator and HPP EMSA Coordinator)
- Alameda County Disaster Planning Hospital Coalition (Medical/Health)
- Alameda County Emergency Managers Association (EMA)
- Alameda County Children's Annex Working Group
- City of Oakland Emergency Managers Group
- Alameda County Hazmat Working Group (Fire)
- Strategic National Stockpile (SNS) Working Group (Public Health Division)
- Bioterrorism Leadership Team And Work Group (Public Health)

Annual Drills and Exercises

- Urban Shield
- Statewide EMSA Medical / Health Exercises: Table-Top and Functional Exercises with planning and AARIP
- Golden Guardian Exercise

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

- Regional Table-Top Exercises – Medical Surge
- DHV/MRC Exercises

Other Collaboration Partners

- Mutual Aid Agreements with Nearby Counties
- Coordination With Other EMS Agencies:

COORDINATION WITH PARNERS

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

All EMS providers are properly trained and equipped for responses to hazmat in compliance with their roles and responsibilities. Nearly all public safety providers have received haz-mat training in at least the "First Responder Awareness Level." Many firefighter personnel trained to the first responder level.

Policies and Plans:

- Alameda County Mass Decontamination Plan (adopted by all fire departments)
- Hazardous Materials Incidents - EMS Response (EMS Policy)

Training:

- HAZ/MAT training provided by employer *
- Annual HAZ/MAT drill conducted to test plan
- Participate In Annual Urban Shield Exercises ** (The next Urban shield event is scheduled for September 4-7, 2014)

Planning Groups:

- Participate in Oakland and Fremont MMRS programs
- Participate in Bay Area Terrorism Working Group and Alameda County Terrorism Working Group

* **Special Operations Division** - The Alameda County Fire Department Special Operations Division is responsible for training personnel and maintaining equipment to provide hazardous material and water rescue response capabilities.

All City of Alameda firefighters are trained in hazardous materials response to the First Responder Operational (FRO) level. Firefighters are able to contain and clean up small releases of certain known chemicals. For large releases of these known chemicals, or of unknown substances, the Alameda Fire Department works in conjunction with the Alameda County Fire Department HAZMAT Team and the National Response Corporation (NRC) to mitigate, clean-up and dispose of these types of hazardous materials.

** Urban Shield has grown into a comprehensive, full-scale regional preparedness exercise assessing the overall Bay Area UASI Region's response capabilities related to multi-discipline planning, policies, procedures, organization, equipment and training. Urban Shield continues to test regional integrated systems for prevention, protection, response and recovery in our high-threat, high-density urban area. The exercise evaluates our existing level of preparedness and capabilities, identifying not only what we do well, but areas in need of improvement. The previous years' After Action Reports are referenced and used to assist in prioritizing upcoming expenditures possible for the region so we may become more prepared for any type of critical event or incident in our area.

The overarching goals of Urban Shield include striving for the capability to present a multi-layered training exercise to enhance the skills and abilities of regional first responders, as well as those responsible for coordinating and managing large scale events. Urban Shield is implemented to identify and stretch regional resources to their limits, while expanding regional collaboration and building positive relationships. In addition, this exercise provides increased local business and critical infrastructure collaboration. Urban Shield challenges the skills, knowledge and abilities of all who participate. It not only improves regional disaster response capabilities, but provides a platform for national and international first responders, as well as the private sector, to work efficiently and effectively together when critical incidents occur.

NEED(S):

OBJECTIVE:

- Conduct WMD training for providers (Long Range)
- Purchase equipment for providers focused on WMD (Short Range)
- Determine the hazardous materials training levels/needs of EMS personnel (Short Range)

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less) / Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

All public provider agencies and private providers have adopted the Incident command system. The Standardized Emergency Management System has been implemented with all healthcare system-wide medical facilities. The introductory Course to SEMS, combined with the Hospital Emergency Incident Command System (HICS), forms the foundation of ICS for hospitals. The hospital emergency planners and management are invited to attend the California Medical/Health EOM training.

- All Alameda County medical emergency response plans include ICS
- NIMS is incorporated in the operational area plans at the Alameda County EOC in Dublin.
- ICS content is provided in disaster trainings

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS meets the standard. EMS has guidelines and procedures to distribute disaster casualties to the medically most appropriate facilities. Refer to the Alameda County Disaster Medical Operations Plan (DMOP); Field Treatment Site Plan and Government Authorized Alternate Care Site Plan. Also, refer to the Alameda County "MCI - EMS Response Policy"- Destination Procedure (p. 156 - 2015 Field Manual)"

All hospitals emergency departments are expected to have capability to receive and treat patients with chemical contamination and injuries. Through Federal HPP grant funding, EMS has offered all hospitals personal protective equipment, training to ensure that hospitals are aware of hazmat response requirements as a component of terrorism (CBRNE) preparedness. Relevant 2014 EMS Field Manual policies include;

- Chemical Attack
- Decontamination Incident
- Radiological Dispersion

The Alameda County written policies and procedures for distributing patients are listed below:

- MCI Policy *
- Alameda County Emergency Operations Plan
- Alameda County Medical Surge Plan
- Public Health Bioterrorism Plan

The RDMHC/S may be notified to assess hospital bed availability outside of Alameda County

- RDMHC/S is notified via Region 2 will provide consultation with EMS
- Forward movement via NDMS through the Federal coordinating centers may be considered

* MCI Policy - Hospital Poll: for MCI incidents involving 15+ patients – Alameda County Regional Emergency Coordinating Center (ACRECC) will send a "bed capacity" poll via ReddiNet. For the duration of the MCI, the Transport Group Supervisor under ICS will determine transportation methods and destinations and notify receiving facilities of the number of incoming patients.

ReddiNet will be utilized for HAVBED reporting to determine hospital bed availability for critical patients.

COORDINATION WITH OTHER EMS AGENCIES:

- MHOAC will coordinate with RDMHC/S

NEED(S):

OBJECTIVE:

- Work with Region 2 to develop a mutual aid plan

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda EMS has written procedures for early assessment of needs and resource requests. The Alameda County Disaster Medical Operations Plan (DMOP) includes the situation status and resource request forms for a disaster response. The DMOP is consistent with the CA Medical Health Emergency Operations Manual. The DMOP is disseminated to healthcare system wide partners and exercised annually in the statewide medical/health exercises. The DMOP describes: the EMS roles and functions in the Alameda County EOC Medical / Health Branch; the MHOAC roles; horizontal and vertical communications to the RDMHC/S and required SitStat forms; and process for information management.

The Alameda County disaster ReddiNet communications and HAVBED requirements are described in the following plans and procedures:

- Census reporting – Operations Plan
- ReddiNet Utilization – Operations Plan

The Alameda County disaster redundant and interoperable communications and contact information is disseminated via the DMOP plan and wallet cards. The modes of communications include::

- Med1 – disaster email
- ReddiNet
- CAHAN
- WebEOC
- DHV/MRC
- HAM Radio
- Email / Fax / Cell

Situation reports are submitted to the RDMHC/S and resource requests are sent as well if needed in a disaster response consistent with the California Medical/Health Emergency Operations Manual (EOM).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Specific Alameda County EMS communications frequencies have been identified for the EBRC's - 700 megahertz* and HAM radios. Alameda County EMS is transitioning from the 800 megahertz to the 700 megahertz* radios. The EMS radios will be utilized throughout the operational area for interagency communications.

Alameda County EMS has reliable redundant and interoperable communication systems throughout the operational area for coordination during a disaster response. Emergency disaster interagency communications include:

- 700 megahertz Radios
- ReddiNet
- CAHAN
- WebEOC
- HAM Radios
- Cell phones
- Social Media

Alameda County EMS is planning to "roll-out" the Sydian patient tracking device for MCIs and POD sites. A beta –test with select prehospital providers will be implemented in 22014.

The Dragon Force application will be used for the 2014 Urban Shield event.

** East Bay Regional communications Authority (EBRCSA) Mission: To build, own and operate a state-of-the-art P25 compliant communications system for the public agencies within Alameda and Contra Costa counties.* ***Overview:*** *The East Bay Regional Communications System Authority (EBRCSA) was officially created on September 11, 2007 with the formation of a Joint Powers Authority (JPA).*

COORDINATION WITH OTHER EMS AGENCIES AND PARTNERS :

- Alameda County Communications – General Services Agency
- Alameda County Regional Emergency Communications Center – Dispatch Agency

NEED(S):

OBJECTIVE:

Provide a mechanism for better communication between law enforcement and EMS and to allow for better response into a warm zone to attempt to salvage lives affected by active shooter incidents

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS maintains a current inventory of appropriate disaster medical resources which include:

- Current status of hospitals, clinics, skilled nursing facilities, and dialysis centers
- Current list of approved ambulance companies in the county
- Current approved contracts with medical supply vendors

Alameda County is developing a robust Metrics Resource and Personnel Management System with medical and health supplies and equipment inventories. The RDMHS is building the Regional and Operational Area inventory to include GIS mapping and points of contact for: health care facilities; air and ground transport providers; alternate care sites; ACS caches; Chempacks; MCI trailers; and equipment / supply vendors. The entire Alameda County Operational Area resource directory is also included with local jurisdiction, private sector, and special district emergency planners identified.

The Alameda County HPP EMSA Coordinator is preparing a revised emergency response MOU for the health care facilities who are members of the Disaster Preparedness Hospital Coalition.

The Alameda County 2014 EMS Policy and Procedure Field Manual includes information on the disaster supplies including: Chempack Deployment and the disaster trailers.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Alameda County (ALCO) EMS supports a Region II Level 2 DMAT team jointly with other Bay Area Counties. Alameda County CA-6 DMAT team members are involved in ALCO emergency planning and have activation status on the team
- Alameda County proactively collaborates with the CA-6 DMAT Team as follows: supports the needs of the CA-6 DMAT Team; recruits team members; facilitates planning and training; and has assisted with the purchase of equipment.
- DMAT Team members participate as instructors in EMS training, conferences, and exercises throughout the year including the statewide medical/health exercises, Operation Independence Events, and Urban Shield exercises. Specifically, the Region 2 DMAT Medical Director and other members participate as exercise evaluators in the ALCO EMS exercises.
- The Alameda County emergency plans such as the Medical Surge, Field Treatment Site Plan, and Government Authorized Alternate Care Site Plan identify the DMAT Team as a potential mutual aid resource.
- Alameda County EMS was one of the five Bay Area counties that founded the CA-6 DMAT team in 1997..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure 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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County Operational Area provides mutual aid among political jurisdictions and special districts within Alameda County. Under the California Master Mutual aid Agreement, all public resources shall be shared within and among Mutual Aid Regions. Private resources that are requested across operational areas shall be reimbursed.

In a disaster and/or mutual aid event, Alameda County EMS will support the Alameda County Emergency Operations Plan and align with the California Medical/Health Emergency Operations Manual with focus on the process for operational area mutual aid consistent with SEMS

Operational Area is an intermediate level of state's emergency services organization, which encompasses Alameda County and all political subdivisions located within the County. The operational area manages and/or coordinates information, resources, and priorities among local governments within the operational area, and serves as the coordination and communication link between the local government level and the regional level.Regional Because of its size and geography, the state has been divided into six Mutual Aid Regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities. The State Office of Emergency Services (OES) provides administrative oversight over the mutual aid regions through three Administrative Regional Offices. State The state level of SEMS manages state resources in response to the emergency needs of the other levels, and coordinates mutual aid among the mutual aid regions and between the regional level and the state level.

COORDINATION WITH OTHER EMS AGENCIES:

- Alameda County EMS currently serves as the RDMHC/S for Region 2.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The term Casualty collection Point (CCP) is a model that is no longer utilized. Field Treatment Sites has now replaced the previous CCP model. FTS are sites pre-designated by county officials which are used or the assembly, triage, medical, and austere medical treatment, relatively long-term holding and subsequent evacuation of casualties.

Alameda County EMS has designated potential Field Treatment Sites. Refer to the Alameda County EMS Field Treatment Site Plan 2012. Alameda County also has a Government Authorized Alternate Care Site Plan 2012. Alameda County hospitals are prepared to activate temporary alternate care sites in their parking lots. Livermore Municipal Airport has identified an alternate care site for a potential medical surge event. The City of Berkeley has designated potential alternate care sites designated in their emergency plans.

COORDINATION WITH OTHER EMS PARTNERS:

- DPHC Disaster Preparedness Hospital Coalition
- Alameda County FTS/ACS Planning Committee
- FTS Site Location - Emergency Planners and /or Site Coordinators
- Local Jurisdiction Emergency Planners – primarily City of Oakland, Fremont, and Pleassanton

NEED(S):

OBJECTIVE:

Identify a site that is likely to be outside of a significant earthquake shake zone with enough space to house and operate an FTS with freeway access and the ability to control traffic into and out of the site.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County meets standard for establishment of Field Treatment Sites, FTS (previously referred to as Casualty Collection Points). Alameda County EMS has a Field Treatment Site Plan with information on communication protocols."

Casualty Collection Points originally were proposed in the early 1990s but the current model has changed to Casualty Collection Points.

Government Authorized Alternate Care Sites are also utilized..

- Alameda County EMS has developed the Government Authorized Alternate Care Site Plan consistent with the California CDPH guidelines. (revised 2012)
- Alameda County EMS has adapted the California Medical Shelter Plan 2013. Currently Alameda County has a plan to activate the state Medical Shelter plan in an Alameda County medical surge event if needed.
- During a medical surge event, Alameda County hospitals have plans to activate temporary alternate care sites in their parking lots. Alameda County EMS has a field treatment site plan.
- The 2014 EMS field Manual has a multi-casualty incident plan which includes: Triage, Treatment, and Transportation Areas for patients at the incident scene.
- The HPP EMSA Coordinator attends the monthly meetings for the Association of Bay Area Health Officers (ABAHO). As of 2013, discussions are underway to identify similarities and differences between the bay area operational area ACS plans. New discussions are occurring on the Medical Shelter plans.
- Alameda County EMS ensures redundant and interoperable communications between hospitals, prehospital providers, and other healthcare system partners. Refer to the Alameda County Disaster Medical Operations Plan for information on the disaster communications plan. Primary communications with Government Authorized ACS sites will be 700 MHz radios and cell phones.*

**** Alameda County Ambulance Ordinance - 6.114.180 AMBULANCE COMMUNICATION CAPABILITY***
Each ambulance shall have a radio for establishing and maintaining radio contact with County Dispatch and county hospitals as prescribed by the COUNTY and in compliance with F.C.C. regulations.

COORDINATION WITH OTHER EMS PARTNERS:

- DPHC Disaster Preparedness Hospital Coalition (meets every month; alternating Steering Committee and Entire Group as of 2013-14)
- Alameda County FTS/ACS Planning Committee (active in 2010-2012); Given focus on "Pandemic Influenza" planning Gov. Authorized Alternate Care Site project lead will reside in the Alameda County Public Health Department)
- Potential FTS/ACS Site Location - Emergency Planners
- Local Jurisdiction Emergency Planners – primarily City of Oakland, Fremont, and Pleasanton

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The primary EMS providers utilize the Incident Command System when responding to multiple casualty incidents. When casualties are exposed to and contaminated by toxic or radioactive substances, providers are required to follow the procedures addressed in the EMS field policy manual: Active Shooter Response; Biological Attack; Chemical Attack; ChemPack Deployment; Cyanide Poisoning; Decontamination Incident; Radiological Dispersion Device (RDD); Disaster Trailer Cache; Hazardous Materials Incidents – EMS response; Multi-Casualty Incident – EMS Response; Nerve Agent Autoinjector Administration; Nerve Agent Treatment; and Suspicious Powder Process.

Trainers from public safety, law, fire, and health as well as trainers from private EMS providers, have received ICS Training, HSEEP, EOM, CSTI, Tactical Medicine, and other specialized HAZMAT training. EMS responders must comply with the Policy and Skills Competency Requirements. As part of the Alameda County Quality improvement Plan, ALS Service Providers are responsible for assessing the current knowledge of their paramedics in local policies and procedures and for assessing their paramedics' skills competency.

Alameda County EMS staff audits prehospital provider training curriculum and classes with a formal evaluation process. (ongoing 2013-14)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

All hospitals in Alameda County participate in the annual statewide medical health disaster exercises. Redundant and interoperable communication systems are required capabilities for each hospital and tested in annual exercises. Standardized disaster status and resource request forms are used by the healthcare system-wide partners including prehospital providers and hospitals. Alameda County EMS disseminates and shares the EMS emergency plans with the healthcare facilities and prehospital providers. Healthcare organizations share their internal plans with EMS to validate them as needed. The Alameda County Disaster Planning Healthcare Coalition (DPHC) provides an opportunity for healthcare partners to share information and collaborate to strengthen plans. The hospital emergency planners partner with EMS and the Public Health Department to ensure understanding of the Operational Area EOC and Agency DOC plans including the EMS Disaster Medical Operation plan. The health care facilities will be signing MOUs with Alameda County Health Care Services Agency for disaster response (Planning for October 7, 2014 table-top exercise and November 20, 2014 functional exercise)

COLLABRATION PARTNERS

- RDMHC/S
- MHOAC Meetings
- Disaster Planning Healthcare Coalition (DPHC)
- Hospital Emergency Planners
- Local Jurisdiction Emergency Planners
- Alameda County Emergency Managers Association

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- **Reddinet** - The ReddiNet communications system is utilized by all Alameda County hospitals for "day to day" and disaster communications. The ReddiNet system includes hospital census, bed availability, and diversion status. Alameda County EMS coordinates the ReddiNet implementation and training. The ReddiNet operations policy is available on the Alameda County EMS website. The ReddiNet system includes the HAvBed reporting and MCI Tracking module. HAvBed reporting is tested and evaluated in quarterly exercises. Alameda County EMS has a dedicated prehospital care ReddiNet Coordinator who updates the system and provides training. (MCI Tracking Feature and Stemi/Stroke Categories updated 2013-14)
- **Radio Communications** - The hospitals have redundant and interoperable communications systems including 700 megahertz and HAM radios with operational procedures which are tested and evaluated throughout the year. Alameda County EMS has two prehospital care coordinators dedicated to overseeing the communications plan.
- **CAHAN** – The EMS Agency utilizes CAHAN for emergency notifications, participates in required state exercises, and enures CAHAN contact information is updated annually. Alameda County EMS has a CAHAN administrator and partners with the Alameda County Public Health Department

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital 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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

- Prehospital providers and receiving hospitals have developed internal guidelines and emergency plans for the management of significant medical incidents.
- Alameda County EMS emergency plans are consistent with the CA Medical/Health EOM. The Alameda County EMS emergency plans include the Disaster Medical Operations Plan, Medical Surge Plan, Fatality Management Plan, Field Treatment Site Plan, Evacuation and "Shelter-In-Place" Plan, and the Government Authorized Alternate Care Site Plan.
- Prehospital provider agencies have adopted the Incident Command System (SEMS/NIMS) and hospitals have adopted HEICs.
- All fire departments and Paramedics Plus have basic and on-going training in MCI and specific topics related to terrorism, pandemic influenza, and natural disasters. A web-based training module provides information on the EMS MCI policy.
- EMS participates in statewide and regional medical/health exercises with the emergency response community. Annual statewide medical/health exercises include discussion based table-top exercises and functional exercises test healthcare system wide information management, EOC organization, information management, communications, and medical surge.
- Alameda County EMS provides ongoing training and exercises to facilitate emergency preparedness and leverages collaboration amongst partners to strengthen emergency plans.
- Alameda County leads or supports state and regional emergency preparedness exercises and conferences.

COORDINATION WITH OTHER EMS AGENCIES AND PARTNERS

- MHOAC Meetings – coordinate with REMHC/S
- ABAHO meetings – (HPP EMSA Coordinator attends monthly meetings 2014)
- Disaster Planning Healthcare Coalition (DPHC) – (New Steering Committee 2013-14)
- Alameda County Emergency Managers Association -
- HPP/PHEP planning meetings for training and exercise programs

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Alameda County EMS adheres to the California Code of Regulations, Title 22, and Section 100143c which permits paramedic not licensed in CA to temporarily perform their scope of practice in California on a mutual aid response or during a special event, when approved by the medical director of the local EMS agency. The California Medical/Health Emergency Operations Manual, Alameda County emergency operations plan and Master Mutual Aid agreement establishes the mutual aid process for prehospital personnel needs and requests for resources.

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 include:

EMS MCI/Disaster/WMD Policies (revised 2014)

- Active Shooter
- Biological Attack
- Chemical Attack
- ChemPack Deployment
- Cyanide Poisoning
- Decontamination Incident
- Radiological Dispersion Device (RDD), ADA "Dirty Bomb"
- Disaster Trailer Cache
- Hazardous Materials Incidents – EMS Response
- Multi-Casualty Incident – EMS Response
- Nerve Agency Treatment
- Suspicious Powder Process

EMS Emergency Plans (revised 2012)

- Alameda County Emergency Operations Plan
- Alameda County EMS – Disaster Medical Operations Plan
- Alameda County Medical Surge Plan
- Alameda Field Treatment Site Plan
- Alameda County Government Authorized Alternate Care Site Plan

Mutual-aid responders from other EMS systems are allowed to function under the basic scope of practice defined by state regulations Alameda County EMS policies provide guidelines for medical personnel called to the scene of these significant medical events. ALS providers have an opportunity to participate in annual training and exercises to test these policies and plans.

COLLABORATION PARTNERS

- Alameda County Emergency Managers Association
- Alameda County Disaster Planning Health Coalition

NEED(S):

OBJECTIVE:

Developed an Active Shooter Incident policy to provide better guidelines for medical personnel called to the scene of these events.

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less) /

✓ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

- The California EMS Authority has guidelines for specialty centers including hospital trauma centers and specialty pediatric readiness in Emergency Departments
- The American Heart Association has recommendations regarding cardiovascular programs.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

Depending on the size of a major medical emergency or disaster, specialty centers including trauma centers, may or may not function under the normal policies governing triage. The smaller the event, the greater the likelihood that the specialty centers will function as they normally do (assuming they are not directly impacted by the disaster).

SIGNIFICANT MEDICAL INCIDENTS – Relevant Emergency Plans/Policies

- Alameda County Multi-Casualty Incident – EMS Response Plan 2013 (2014 EMS Field Manual)
- Alameda County EMS - Disaster Medical Operations Plan (revised 2012)
- Alameda County EMS – Medical Surge Plan (revised 2012)
- Alameda County Trauma Plan (revised 2014)

COORDINATION WITH PARTNERS

- Planning with the RDMHS via the MHOAC group and other OAs to address regional medical surge triage and transportation issues.

TRAUMA AND SPECIALTY CARE CENTERS

ALL below programs (STEMI, STROKE, and CARDIAC ARREST) meet local and national minimum standards.

STEMI Receiving Centers (SRC):

- Six SRC's
- 12-Lead ECG transmission: ALL 6/6 transport providers, 4/5 FRALS Fire Depts.
- EMS MOU with ALL SRC's
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data
- Quarterly SRC quality improvement (QI) meetings

Alameda County Emergency Medical Services (ALCO EMS) responds to approximately 120,000 911 calls annually. Since OHCA secondary to Heart Disease still prevails as the second leading cause of death in the United States following Cancer at number one (JAMA 2008); ALCO Paramedics screen over 40,000 patients per year for life threatening myocardial infarctions (heart attacks) by performing prehospital 12-lead electrocardiograms (12-lead ECG). Not all myocardial infarctions present with the same symptoms or ECG abnormalities. The most acute life threatening ECG finding is that of ST-Elevation Myocardial Infarction (STEMI) and this can only be detected by a diagnostic quality 12-lead ECG. Definitive treatment for a STEMI once recognized is time sensitive therapy to re-open the culprit coronary artery with emergent percutainious coronary intervention (PCI), or systemic fibinolytics (IV clot dissolving medication) if PCI is unavailable.

ALCO EMS prides itself on a collaborative systems based approach for special needs patients: Trauma, STEMI, Stroke, Sepsis and coming soon Sudden Cardiac Arrest.

A systems based approach for STEMI patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide STEMI program was established in 2004 and consists of four STEMI Receiving Centers (SRC) with emergent PCI capabilities 24/7/365 and all transporting Paramedic units having the ability to perform prehospital 12-lead ECG's. To further expedite definitive care for the STEMI patient, in 2010 transporting Paramedic units gained the capability to transmit diagnostic 12-lead ECG's from the patient's side to the emergency department (ED) of an SRC for physician (MD) analysis. If STEMI confirmed by transmission at SRC, the Cardiac Catheterization Team is activated by the ED MD giving all personnel involved ample time to prepare for patient arrival. As above mentioned, the treatment for STEMI is time sensitive: International guidelines as well as the American Heart Association recommend hospital door to intervention time is less than 90 minutes.

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

Until recently, January 2012, ALCO EMS has been unable to consistently obtain STEMI patient outcome data from its four SRC's. The 2011 collaboration effort between EMS and SRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS STEMI patient outcomes as well as SRC aggregate performance for all STEMI patients.

Treatment for STEMI is time sensitive: For patients that meet inclusion criteria (60%) of EMS activations, International guidelines as well as the American Heart Association recommend hospital door to intervention time is less than 90 minutes.

Current / Annual Approximate:

- ALCO EMS 12-lead ECG transmission/SRC STEMI activations: 700
- ALCO EMS 911 median dispatch to hospital time: 35 minutes.
- ALCO EMS SRC average hospital door to intervention time: 60 Minutes

ALCO EMS 911 dispatch to hospital intervention time: 95 minutes

Cardiac Arrest Receiving Centers (CARC):

- Six CARC's
- EMS MOU with 2/6 CARC's
- All cardiac arrest responses
- All cardiac arrest responses with resuscitation efforts and return of spontaneous circulation
- All cardiac arrest responses with resuscitation efforts and transport
- VF/VT, PEA, Asystole
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data
- Quarterly CARC quality improvement (QI) meetings

Alameda County Emergency Medical Services (ALCO EMS) responds to approximately 1300 Out-of-Hospital Cardiac Arrests (OHCA) annually. OHCA is the third leading cause of death in the United States following OHCA secondary to Heart Disease; Cancer still being the number one killer (JAMA 2008). The total number of annual EMS responses for suspected cardiac arrest includes medical and traumatic etiologies. Approximately 1000 CA cases per year in ALCO warrant resuscitation efforts and only 700 are transported to a receiving hospital. Due to the bleak survival outcomes of traumatic CA, this subset of patients is excluded from data analysis regarding annual CA survival outcomes.

UTSTEIN criteria are the international guidelines for calculating CA survival outcomes. This criterion stratifies causes of CA and isolates only suspected cardiac of origin, excluding non-cardiac etiologies for data review. Historically, a specific subset of CA patients, those that are found by first responders to have an initial ECG rhythm of ventricular fibrillation (VF) or ventricular tachycardia (VT), have a much higher survival to hospital discharge rate than others. Also, those VF/VT patients that have a witnessed collapse and bystander CPR have an even higher survival rate compared to those that don't. CA Patients that present with an initial ECG rhythm or condition other than VF/VT, such as asystole (lack of any rhythm) or PEA (pulseless electrical activity), have a significantly lower rate of survival.

There is compelling international evidence that shows patients suffering from sudden out-of-hospital cardiac arrest that have a witnessed VF/VT CA and regain pulses but remain comatose, benefit from Induced Therapeutic Hypothermia by improving survival to hospital discharge as well as neurologic outcomes. Further international evidence suggests that approximately 40% of patients that suffer from sudden out-of-hospital cardiac arrest with VF/VT as the initial presenting ECG rhythm are in need of emergent coronary intervention in effort to restore blood flow to the culprit artery.

Because of the marked difference in CA survivals relative to the above stated situational variables, ALCO EMS is currently calibrating with already established ST-Elevation Myocardial Infarction Receiving Centers (SRC) that by definition are capable of emergent coronary intervention and can also provide therapeutic hypothermia if warranted. These SRC's also have well established Intensive/Coronary Care Units as well as a variety of rehabilitation services which makes these comprehensive facilities a logical fit for newly founded Cardiac Arrest Receiving Centers (CARC). The strategic location and specialized services offered by these CARC's are a pivotal element for a fully integrated systems based approach to improving survival regarding sudden out-of-hospital cardiac arrests in Alameda County.

Current / Annual Approximate:

- 34% Survival to Discharge for All VF/VT (shockable)
- 6% Survival to Discharge for All Ayastole/PEA (non-shockable)
- 12% Survival to Discharge for ALL OHCA with resuscitation efforts

Primary Stroke Receiving Centers (PSRC):

- Eight Joint Commission Certified PSRC's
- Two of eight PSRC's offer comprehensive (interventional) services
- EMS MOU with ALL PSRC's
- Identified / de-identified patient follow-up data
- Identified / de-identified SRC performance data

- Quarterly EMS PSRC quality improvement (QI) meetings

Alameda County Emergency Medical Services (ALCO EMS) responds to approximately 120,000 911 calls annually. Since Stroke is the fourth leading cause of death in the United States, Following Cancer, Heart disease and OHCA (JAMA 2008); ALCO Paramedics routinely screen for suspected Stroke by comprehensive history and physical when patients present with associated symptoms. The frequency of stroke types: ischemic (85%) and hemorrhagic (15%) this suspect condition requires radiographic imaging (RI) to differentiate. The most acute life threatening of the two strokes is hemorrhagic, and would warrant emergent Neurology/Neurosurgical services consult. If patient is suspect of an ischemic/ occlusive stroke by RI rule out, they may be a candidate for time sensitive therapy to re-open the culprit cerebral artery with emergent systemic fibinolytics (IV clot dissolving medication) if patient has low risk stratification and meets inclusion criteria.

ALCO EMS prides itself on a collaborative systems based approach for special needs patients: Trauma, STEMI, Stroke, Sepsis and coming soon Sudden Cardiac Arrest.

A systems based approach for Stroke patients is essential for maintaining continuity of care from dispatch to hospital discharge. The current countywide Stroke program was established in 2008 and now consists of eight Joint Commission Certified Primary Stroke Receiving Centers (PSRC). These PSRC's by definition have RI, Neurology and Neurosurgical availability, highly trained stroke team with the capability of delivering emergent systemic fibinolytics 24/7/365 as well as a variety of rehabilitation services. Two of the eight ALCO PSRC's have Interventional Radiology (RI) capabilities for management of some hemorrhagic strokes as well as intra arterial (IA) therapies for occlusive stroke warranted.

A stroke activation and transport to an ALCO EMS PSRC should occur immediately on completion of a comprehensive history and physical by the Paramedic including: vital signs, pulse asymmetry, ECG, Cincinnati Prehospital Stroke Scale, blood glucose and confirmation by a valid historian the time patient last seen normal/baseline. The stroke team at PSRC is activated by the ED giving all personnel involved ample time to prepare for patient arrival. As above mentioned, the treatment for acute ischemic/occlusive stroke is time sensitive: International guidelines as well as the American Heart Association and American Stroke Association recommends systemic (IV) fibrinolytic intervention is started no longer than 4.5 hours since onset of symptoms.

The 2011 collaboration effort between EMS and PSRC's developed a Memorandum of Understanding (MOU) that by contractual agreement allows the consistent sharing of EMS Stroke patient outcomes as well as PSRC aggregate performance for all Stroke patients.

Treatment for acute ischemic/occlusive stroke is time sensitive: For patients that meet inclusion criteria (20%) of EMS activations, International guidelines as well as the American Heart Association and American Stroke Association recommend IV fibrinolytic intervention started within 60 minutes of hospital arrival.

Current / Annual Approximate:

- ALCO EMS Stroke activation/PSRC transport for suspected stroke (annual): 900
- ALCO STROKE Receiving Centers average door-to-drug time: 66 minutes.
- ALCO EMS 911 median dispatch to hospital time: 34 minutes.
- ALCO EMS 911 dispatch to hospital intervention time:100 minutes

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS
DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')***

The Alameda County exclusive operating program agreements permit emergency ambulance transportation services by Federal, State, or County operated ambulance vehicles, or to a city government operated ambulance vehicle if authorized to transport by an authorized County agency or by another lawful authority, or to air ambulances if authorized to transport by an authorized County agency. Additionally, during periods of major emergency or disaster within the exclusive operating area, the County, by agreement, may require and use the services of other providers.

Public agencies may develop mutual aid agreements between the city and other public agencies and/or separate back-up service agreements between city and private ambulance operations.

- **California Master Mutual Aid Agreement**
- **Alameda County Emergency Operations Plan 2007**
- Alameda County Master Mutual Aid Agreements
- **Alameda County Board of Supervisors Minute Order – June 26, 2012**: Ordinance # 0-2012-25: An ordinance amending chapter 6.114 of title 6 of the ordinance code of the County of Alameda Relating to Emergency Medical Services
    - 6.114.30 Exemptions
    - 6.114.460 Emergency and Disaster Operations

Alameda County Board of Supervisors Orders: 6.114.460 EMERGENCY AND DISASTER OPERATIONS (A) In the events of a disaster or mass casualty incident, the ability of the emergency ALS ambulance providers to provide necessary prehospital emergency ambulance care and transportation may be disrupted or be inadequate for the number of casualties. It is necessary; therefore, that all ambulances permitted in Alameda County be available to assist disaster or mass casualty medical needs when there is a disaster or mass casualty incident. In the events of a disaster or mass casualty incident, the COUNTY will determine the amount of assistance needed, determine accessible acceptable ambulance staffing and configuration, and may authorize the dispatch of any ambulance as permitted by law. Each service shall make available, and place into service, all permitted units at the request of the COUNTY. The COUNTY shall coordinate all medical mutual aid requests through the County Centralized Emergency Medical Dispatch, the medical mutual aid system, and the County Health Officer when applicable

Alameda County Emergency Operations Plan

- C. Emergency orders and regulations - If necessary to protect life, property or to preserve public order and safety, the Board or the Director may promulgate orders and regulations. These must be in writing and must be given widespread publicity.(Alameda County Administrative Code, Title 2, Chapter 2.118, Section 2.118.120; California Government Code, Emergency Services Act, Section 8634)
- XII. OTHER ORGANIZATIONS - A. Mutual Aid. Since Alameda County's resources may be stretched to exhaustion during an emergency, we have mutual aid agreements with other governments.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2014

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

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Alameda

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

2. Type of agency
   a) Public Health Department
   b)**X** County Health Care Services Agency
   c) Other (non-health) County Department
   d) Joint Powers Agency
   e) Private Non-Profit Entity
   f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
   a) Public Health Officer
   b)**X** Health Care Services Agency Director/Administrator
   c) Board of Directors
   d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	**X**
Designation of trauma centers/trauma care system planning	**X**
Designation/approval of pediatric facilities	
Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	**X**
Enforcement of ambulance service contracts	**X**
Operation of ambulance service	
Continuing education	**X**
Personnel training	
Operation of oversight of EMS dispatch center	**X**
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 4,250,111
Contract Services (e.g. medical director)	
Operations (e.g. copying, postage, facilities)	4,734,643
Travel	6,000
Fixed assets	
Indirect expenses (overhead)	1,228,706
Ambulance subsidy	6,554,940
EMS Fund payments to physicians/hospital	32,180,111
Dispatch center operations (non-staff)	3,041,820
Training program operations	
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	$ 51,996,332

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$ 130,000
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	210,720
Other local tax funds (e.g., EMS district)	16,832,319
County contracts (e.g. multi-county agencies)	
Certification fees	73,509
Training program approval fees	81,499
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	2,850
EMS Fund (SB 12/612)	6,116,473
Other grants: __Hospital Preparedness Grant_	810,226
Other fees: _____	_____
Other (specify): __Interest __	42,704
Other (specify): __County General Fund____	_____
Other (specify): _Other County Fund___	20,317,994
Other (specify): _Other State Revenue VLF___	31,414
Other (specify): _Ambulance Pass thru to Fire Dept	4,703,500
Other (specify): _Use of Available Fund Balance__	2,643,124
TOTAL REVENUE	$ __51,996,332

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	140.00
EMT-I recertification	102.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	1500.00 / 3000.00 for Private Programs
AEMT training program approval	N/A
EMT-P training program approval	2250.00 / 4500.00 for Private Programs
MICN/ARN training program approval	N/A
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation	
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	
Ambulance vehicle permits	

a. Certificate of operation fee ($3000.00 biennial).
b. In a separate payment, the ambulance permit fee (for each ambulance permit requested ($250.00 fee per ambulance, biennial).
c. The 20% late fee if it applies.

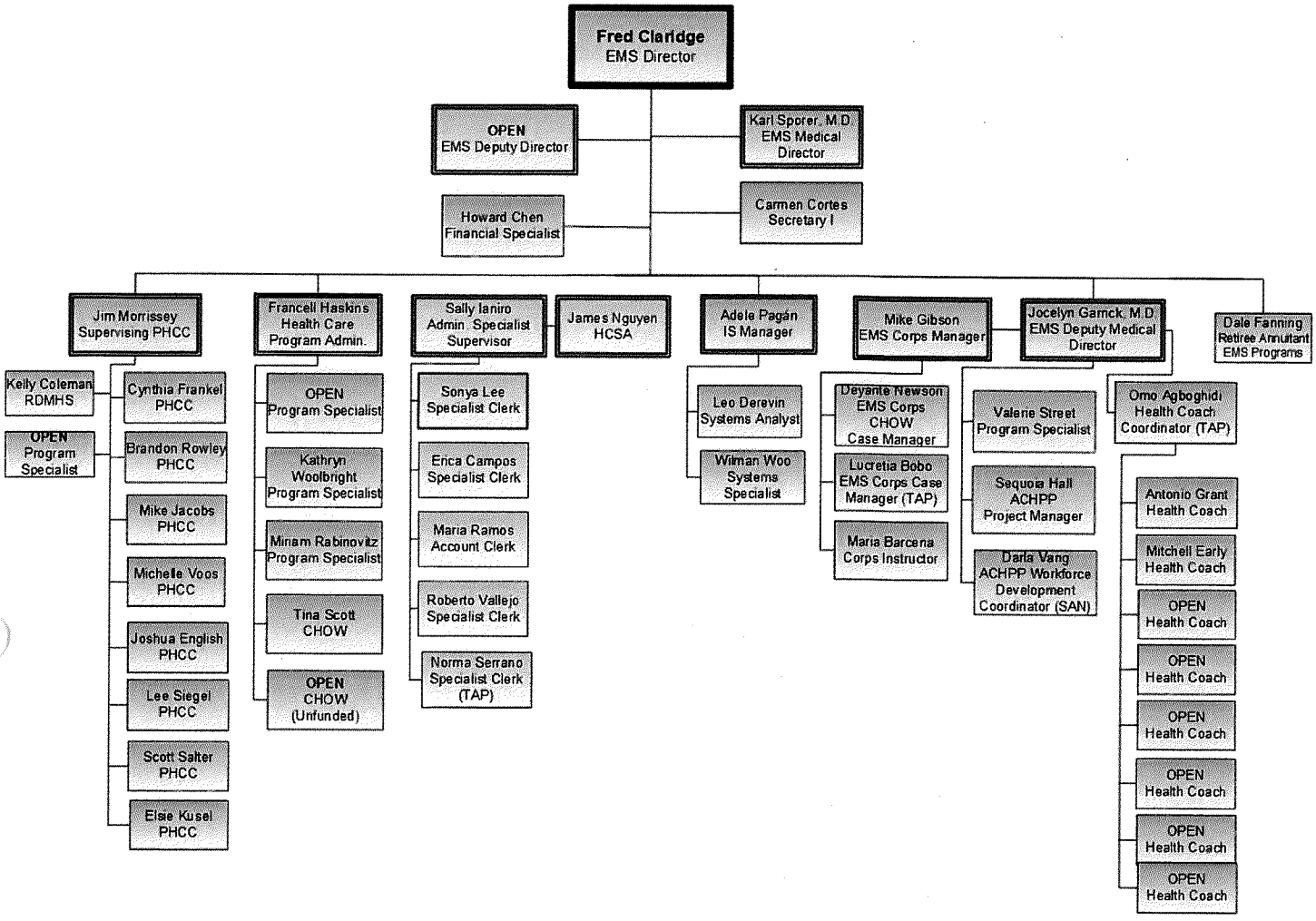
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	56.64	N/A	
Asst. Admin./Admin.Asst./Admin. Mgr.	Assistant Director	1	53.23		
ALS Coord./Field Coord./Trng Coordinator Ambulance Ordinance/ HEMS/Community Paramedicine	Prehospital Care Coordinator (PHCC)	1	46.32		
Program Coordinator/Field Liaison Certification/Training Programs/ Enforcement/ Investigations	Prehospital Care Coordinator (PHCC)	1	46.32		
Trauma Coordinator Hospital Liaison/ Unusual Occurrence Investigation	Prehospital Care Coordinator (PHCC)	1	46.32		
Medical Director	Medical Director (Physician IV)	1	105.41		
Other MD/Medical Consult/Training Medical Director	Assistant Medical Director (Physician III)	1	97.45		
Disaster Medical Planner MHOAC/ Disaster/ Terrorism	Supervising PHCC	1	49.1		
Dispatch Center Liaison Contract Compliance/ Policy & Protocol	Prehospital Care Coordinator (PHCC)	1	46.32		
Medical Planner Cardiac Arrest Receiving Centers (RC)/ STEMI RC/ Primary Stroke RC/ CPR 7	Prehospital Care Coordinator (PHCC)	1	46.32		
Data Evaluator/Analyst	Information Systems Specialist	1	37.45		
QA/QI Coordinator Policy Updates/ Aircraft/ CCTP/ Orientation	Prehospital Care Coordinator (PHCC)	1	46.32		

Education Coordinator Training, Hospital Preparedness/ Medical Surge/ DHV/ Health Equity	Prehospital Care Coordinator (PHCC)	1	46.32		
Executive Secretary	Secretary 1	1	25.64		
	Prehospital Care Coordinator (PHCC)	1	46.32		
	Prehospital Care Coordinator (PHCC)	1	46.32		
Other Clerical	Specialist Clerk 1	4	24.34		
Data Entry Clerk					
Other	Program Financial Specialist	1	41.28		
	Information System Analyst	1	47.36		
	Community Outreach Worker	1	27.73		
	Admin. Specialist II	1	37.45		
	Health Care Program Admin	1	44.52		
	Info Systems Manager	1	52.12		
	Program Specialist (Prevention)	6	41.28		

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

Alameda County EMS Internal Organization Rev. 11/15/14



EMS Organizational Structure

[Boxes with **bolded** double borders, indicate supervisors/managers]

Revised November, 2014

TABLE 3: S FFING/TRAINING

Reporting Year: 2013

NOTE: Table 3 is to be reported by agency.

	EMT	EMT - IIs	EMT - Ps	MICN
Total Certified				
Number newly certified this year	287			
Number recertified this year	403			
Total number of accredited personnel on July 1 of the reporting year	31		803	
Number of certification reviews resulting in:				
a) formal investigations	26		1	
b) probation	2			
c) suspensions	1		1	
d) revocations	0			
e) denials	2			
f) denials of renewal	0			
g) no action taken	1			

1. Early defibrillation:
   a) Number of EMT (defib) authorized to use AEDs 1512
   b) Number of public safety (defib) certified (non-EMT-I) N/A

2. Do you have an EMR training program ☐ yes ■ no

TABLE 4: COMMUNICATIONS

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

County: Alameda County EMS

Reporting Year: 2014

1.	Number of primary Public Service Answering Points (PSAP)	14
2.	Number of secondary PSAPs	2
3.	Number of dispatch centers directly dispatching ambulances	4
4.	Number of EMS dispatch agencies utilizing EMD guidelines	2
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Alameda County Regional Emergency Communications Center	
7.	Who is your primary dispatch agency for a disaster? Alameda County Regional Emergency Communications Center	
8.	Do you have an operational area disaster communication system?	☒ Yes ☐ No
	a. Radio primary frequency 800 MHz Trunked	
	b. Other methods	
	c. Can all medical response units communicate on the same disaster communications system?	☐ Yes ☒ No
	d. Do you participate in the Operational Area Satellite Information System	☒ Yes ☐ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services	
	1) Within the operational area?	☒ Yes ☐ No
	2) Between operation area and the region and/or state?	☒ Yes ☐ No
		☒ Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2014

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	8.5 mins.	8.5 mins.	8.5 mins.	8.5 mins.
Transport Ambulance **Albany, Berkeley, & Piedmont FDs**	12 mins.	N/A	N/A	12 mins.
Transport Ambulance **Alameda FD**	10 mins	N/A	N/A	10mins.
Transport Ambulance **Paramedics Plus- All Zones**	10.5 mins	15 mins.	25 mins.	10.5 mins.
BLS and CPR capable first responder	N/A	N/A	N/A	N/A

Paramedics Plus			
MPDS Category	**Metro/Urban**	**Suburban/Rural**	**Wilderness**
Echo	8:30 min.	14:00 min.	18:00 min.
Delta	10:30 min.	16:00 min.	22:00 min.
Charlie	15:00 min	25:00 min.	28:00 min.
Bravo	15:00 min.	25:00 min.	28:00 min.
Alpha	30:00 min.	40:00 min.	40:00 min.

Fire Department Advanced Life Support						
	Metro/Urban		**Suburban/Rural**		**Wilderness**	
MPDS CATEGORY:	**First Responders**	**Transport**	**First Responders**	**Transport**	**First Responders**	**Transport**
ECHO	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
DELTA	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
CHARLIE	08:30 min.	10:00 min.	08:30 min.	10:00 min.	08:30 min.	10:00 min.
BRAVO	12:45 min.	18:00 min.	12:45 min.	18:00 min.	12:45 min.	18:00 min.
ALPHA	12:45 min.	18:00 min.	12:45 min.	18:00 min.	12:45 min.	18:00 min.

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2013

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	4534
2. Number of major trauma victims transported directly to a trauma center by ambulance	3893 (ground) 190 (air)
3. Number of major trauma patients transferred to a trauma center	483
4. Number of patients meeting triage criteria who weren't treated at a trauma center	N/A

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

)porting Year: 2014

County: Alameda County EMS

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? _____
   b. How are they staffed? _____
   c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

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

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
   b. At what HazMat level are they trained? "Specialty Trained" and "First Responder Awareness Level." *
   c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 13 (cities)

3. Have you tested your MCI Plan this year in a:
   a. real event? ☒ Yes ☐ No
   b. exercise? ☒ Yes ☐ No

*)ividuals who respond to and function within the Exclusion Zone (Hot Zone) or Contamination Reduction Zone (Warm Zone) must be members of **specialty trained HazMat teams**, trained in the use of self- contained breathing apparatus, selection of appropriate chemical protective suits and how to function in them. Other rescuers should be trained in accordance with Federal OSHA standards in OSHA 29 CFR 190.120 and California OSHA as defined in the California Code of Regulations, Title 8, Section 5192." (Refer to Alameda county EMS 2015 Field Manual). Nearly all public safety providers have received haz-mat training in at least the **"First Responder Awareness Level."** Many firefighter personnel trained to the **first responder level.***

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   All counties within Mutual Aid Compact Region 2

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No

8. Are you a separate department or agency? ☐ Yes ☒ No

9. If not, to whom do you report? Alameda County Public Health Department

8. If your agency is not in the Health Department, do you have a planto coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

TABLE 8: ;sponse/Transportation/Providers

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

County: Alameda **Provider:** Alameda County Fire Department **Response Zone:** Alameda County

Address: 6363 Clark Ave
Dublin, CA 94568

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (510) 632-3473

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	☐ Transport x☐ ALS x☐ 9-1-1 ☐x Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐x Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain: _____	☐ City x☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

27623 Total number of responses	0 Total number of transports
27623 Number of emergency responses	0 Number of emergency transports
0 Number of non-emergency responses	0 Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Albany Fire Department **Response Zone:** Albany

Address: 1000 San Pablo Avenue
Albany, CA 94706

Phone Number: (510)528-5770

Number of Ambulance Vehicles in Fleet: 2

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	x☐ Transport x☐ Non-Transport x☐ ALS ☐ BLS x☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☐x Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain: _____	x☐ City ☐ County ☐ State x☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1039	Total number of responses
1011	Number of emergency responses
28	Number of non-emergency responses

732	Total number of transports
53	Number of emergency transports
679	Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Piedmont Fire Department **Response Zone:** Piedmont

Address: 120 Vista Ave.
Piedmont, CA 94611

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (510) 420-3030

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	x☐ Transport x☐ ALS x☐ 9-1-1 ☐x Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain:	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

517	Total number of responses
516	Number of emergency responses
1	Number of non-emergency responses

293	Total number of transports
16	Number of emergency transports
277	Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Fremont Fire Department **Response Zone:** Fremont

Address: 3300 Capitol Ave.
Fremont, CA 94538

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (510) 494-4200

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	☐ Transport x☐ ALS x☐ 9-1-1 ☐x Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain:	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

10024 Total number of responses	0 Total number of transports
10024 Number of emergency responses	0 Number of emergency transports
0 Number of non-emergency responses	0 Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Livermore Pleasanton Fire Department **Response Zone:** Livermore/Pleasanton

Address: 3560 Nevada St.
Pleasanton, CA 94566

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (925) 454-2361

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	☐ Transport x☐ ALS x☐ 9-1-1 ☐x Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain: _____	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8546 Total number of responses	0 Total number of transports
8546 Number of emergency responses	0 Number of emergency transports
0 Number of non-emergency responses	0 Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 Response/Transportation/Providers

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

County: Alameda **Provider:** Berkeley Fire Department **Response Zone:** Berkeley

Address: 2100 Martin Luther King, Jr. Way, Berkeley, CA 94704

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (510) 981-3473

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	x☐ Transport x☐ ALS x☐ 9-1-1 ☐x Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain:	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

10473	Total number of responses	5446	Total number of transports
10364	Number of emergency responses	408	Number of emergency transports
109	Number of non-emergency responses	5038	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Hayward Fire Department **Response Zone:** Hayward

Address: 777 B St.
Hayward, CA 94541

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (510) 583-4900

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	☐ Transport x☐ Non-Transport x☐ ALS ☐ BLS x☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☐x Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain:	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

13270	Total number of responses	0	Total number of transports
13270	Number of emergency responses	0	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Oakland Fire Department **Response Zone:** Oakland

Address: 150 Frank H Ogawa Plaza
Oakland, CA 94612

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (510) 238-3856

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
x☐ Yes ☐ No	☐ Yes x☐ No	x☐ Yes ☐ No	☐ Transport x☐ ALS x☐ 9-1-1 ☐ Ground x☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT x☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
x☐ Public ☐ Private	x☐ Fire ☐ Law ☐ Other Explain: _____	x☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

30,336 Total number of responses	0 Total number of transports
30,336 Number of emergency responses	0 Number of emergency transports
0 Number of non-emergency responses	0 Number of non-emergency transports

Air Ambulance Services

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

TABLE 8 esponse/Transportation/Providers

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

County: Alameda **Provider:** Paramedic Plus **Response Zone:** Alameda County

Address: 575 Marina Blvd
San Leandro, CA 94577

Phone Number: 510-746-5700

Number of Ambulance Vehicles in Fleet: 60

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 35

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
x☐ Yes ☐ No	x☐ Yes ☐ No	x☐ Yes ☐ No	x☐ Transport ☐ Non-Transport x☐ ALS x☐ BLS x☐ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☐x Ground ☐ Air ☐ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public x☐ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

143651	Total number of responses
108570	Number of emergency responses
35081	Number of non-emergency responses

97002	Total number of transports
6558	Number of emergency transports
90449	Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Alameda Hospital (Alameda Health System) Telephone Number: (510) 522-3700
Address: 2070 Clinton Ave
Alameda, Ca 94501

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Alta Bates Summit Medical Center
Alta Bates Campus
Address: 2450 Ashby Ave
Berkeley, Ca 94705

Telephone Number: (510) 204-4444

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Alta Bates Summit Medical Center- Summit Campus Telephone Number: (510) 655-4000

Address: 350 Hawthorne
Oakland, Ca 94609

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Highland Hospital (Alameda Health System) Telephone Number: (510) 437-4800
Address: 1411 E31st St
Oakland, Ca 94602

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☒ Yes ☐ No	☐ Level I ☒ Level II
EDAP[2]	☐ Yes ☒ No		☐ Level III ☐ Level IV
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9. FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Kaiser Permanente San Leandro Medical Center Telephone Number: (510) 784-4000
Address: 2500 Merced st
San Leandro Ca, 94577

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Kaiser Permanente Oakland Medical Center Telephone Number: (510) 752-1000
Address: 3801 Howe St.
Oakland Ca, 94611

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☒ Yes ☐ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Kaiser Permanente Fremont Medical Center Telephone Number: (510) 248-3000
Address: 39400 Paseo Padre Pkwy
Fremont, Ca 94538

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: San Leandro Hospital (Alameda Health System) Telephone Number: (510) 357-6500
Address: 13855 E 14th St.
San Leandro Ca 94578

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☒ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: St. Rose Hospital Telephone Number: (510) 264-4000
Address: 27200 Calaroga Ave
Hayward, Ca 94545

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Sutter Eden Medical Center Telephone Number: (510) 537-1234
Address: 20103 Lake Chabot Rd.
Castro Valley, Ca 94546

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☒ Yes ☐ No	☐ Level I ☒ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: UCSF Benioff Children's Hospital Telephone Number: (510) 428-3000
Address: 747 51st St
Oakland, Ca 94609

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☒ Yes ☐ No	☒ Yes ☐ No	☒ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☒ Yes ☐ No		
PICU[3]	☒ Yes ☐ No		

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Valley Care Medical Center Telephone Number: (925) 847-3000
Address: 5555 West Las Positas Blvd
Pleasanton, Ca 94588

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Alameda County

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Washington Hospital Healthcare System Telephone Number: (510) 797-1111
Address: 2000 Mowry Ave
Fremont Ca, 94538

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Oakland Fire Department Telephone Number: 510-238-6957
Address: 47 Clay Street
Oakland, Ca 94607

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:
Initial training:
Refresher:
Continuing Education:
Expiration Date: 3-31-2016

Number of courses:
Initial training: 0
Refresher: As needed
Continuing Education:

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

Training Institution: Livermore Pleasanton Fire Department Telephone Number: 915-454-2361
Address: 3560 Nevada St
Pleasanton, CA 94566

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic:
Refresher:

Number of students completing training per year:
Initial training: 0
Refresher:
Continuing Education:
Expiration Date: 1-31-2015

Number of courses:
Initial training: As needed
Refresher: 0
Continuing Education: As needed

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Las Positas College Telephone Number: 925-373-5800#1 x2046
Address: 3000 Campus Hill Dr
Livermore, Ca 94551

Student Eligibility*: Open to the Public
**Program Level: Paramedic
Cost of Program:
Basic: Contact School
Refresher: Contact School
Number of students completing training per year:
Initial training: TBD
Refresher: TBD
Continuing Education:
Expiration Date: 3-31-2016
Number of courses:
Initial training: 1 Per Year
Refresher:
Continuing Education:

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

Training Institution: Fast Response Telephone Number: 510-849-4009
Address: 2075 Allston Way
Berkeley, Ca 94704

Student Eligibility*: Open to the Public
**Program Level: Paramedic
Cost of Program:
Basic: Contact School
Refresher: Contact School
Number of students completing training per year:
Initial training:
Refresher:
Continuing Education:
Expiration Date: 3-3-2015
Number of courses: TBD
Initial training: TBD
Refresher: TBD
Continuing Education:

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: East Bay Regional Parks District Telephone Number: 510-690-6607
Address: 17930 Lake Chabot Road
Castro Valley, Ca 94546

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:
Initial training:
Refresher:
Continuing Education:
Expiration Date: 11-30-2017
Number of courses: 1
Initial training: 1
Refresher: As needed
Continuing Education:

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

Training Institution: Merrit College Telephone Number: 314-237-7232
Address: 12500 Campus Drive
Oakland, Ca 94619

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic: $300
Refresher:

Number of students completing training per year:
Initial training: 150
Refresher: 0
Continuing Education: 0
Expiration Date: 6-30-2017
Number of courses: 7
Initial training: 7
Refresher: 0
Continuing Education: 0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: SFPA Berkeley Adult School Telephone Number: 415-543-1161

Address: 1701 San Pablo Ave
Berkeley, CA 94702

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic: Contact school
Refresher: Contact school

Number of students completing training per year:

Initial training:	60	
Refresher:		
Continuing Education:		
Expiration Date:		4-27-2015

Number of courses:

Initial training:		2-3 Times per year
Refresher:		As needed
Continuing Education:		

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

Training Institution: Bear EMT Training Program Telephone Number: 831-332-9792

Address: 1 Sprout Hall, MC 199
Berkeley, Ca 94720

Student Eligibility*: Employees

**Program Level

Cost of Program:
Basic:
Refresher:

Number of students completing training per year:

Initial training:		
Refresher:		
Continuing Education:		
Expiration Date:		1-31-2018

Number of courses:

Initial training:		
Refresher:		
Continuing Education:		

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: NCTI- Livermore Telephone Number: 916-454-6184
Address: 7575 Southfront Rd.
Livermore, CA 94551

Student Eligibility*: Employees only **Program Level EMT-1

Cost of Program:
Basic: Contact School
Refresher: Contact School

Number of students completing training per year:

Initial training:	150
Refresher:	
Continuing Education:	
Expiration Date:	5-31-2015

Number of courses:

Initial training:	Every 10 weeks
Refresher:	0
Continuing Education:	

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

Training Institution: SFPA Fremont Adult School Telephone Number: Scott Snyder
Address: 5019 Stevenson Blvd
Fremont, CA 94538

Student Eligibility*: Employees only **Program Level EMT-1

Cost of Program:
Basic: Contact School
Refresher: Contact School

Number of students completing training per year:

Initial training:	60
Refresher:	
Continuing Education:	
Expiration Date:	4-27-2015

Number of courses:

Initial training:	2-3 Times per year
Refresher:	As needed
Continuing Education:	

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Bay EMT Telephone Number: 510-708-9707
Address: 1000 San Leandro Blvd
San Leandro, CA 94577

Student Eligibility*: Open to the public

**Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:

Initial training:	34	
Refresher:		
Continuing Education:		
Expiration Date:		4-30-2017
Number of courses:	2	
Initial training:	2	
Refresher:	0	
Continuing Education:		

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

Training Institution: Fremont Fire Department Telephone Number: 510-494-4233
Address: 3300 Capital AVE, Building B
Fremont, CA 94537

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic:
Refresher:

Number of students completing training per year:

Initial training:		
Refresher:		
Continuing Education:	80	
Expiration Date:		5-31-2015
Number of courses:		As needed
Initial training:		
Refresher:		As needed
Continuing Education:		

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Alameda Fire Department Telephone Number: 925-875-4902
Address: 1300 Park Street
Alameda, CA 94501

Student Eligibility*: Employees only **Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:
Initial training:
Refresher: 0
Continuing Education: 25-40
Expiration Date: 3-31-2018
Number of courses: As needed
Initial training:
Refresher: As needed
Continuing Education:

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

Training Institution: Berkeley Fire Department Telephone Number: 510-981-5502
Address: 2100 MLK Jr. Way, 2nd floor
Berkeley, Ca 94704

Student Eligibility*: Employee only **Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:
Initial training:
Refresher:
Continuing Education:
Expiration Date: 10-31-2016
Number of courses: As needed
Initial training:
Refresher: As needed
Continuing Education:

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Unitek College Telephone Number: 510-743-2710

Address: 4670 Auto Mall Parkway
Fremont, CA 94538

Student Eligibility*: Open to the Public

**Program Level EMT-1

Cost of Program:
Basic: $3295 -3995
Refresher:

Number of students completing training per year:

Initial training:	349
Refresher:	
Continuing Education:	
Expiration Date:	8-31-2016
Number of courses:	24
Initial training:	24
Refresher:	As necessary posted on website
Continuing Education:	

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

Training Institution: Alameda County Fire Dept. Telephone Number: 510-618-3485

Address: 1426 164th Avenue
San Leandro, CA 94578

Student Eligibility*: Employees only

**Program Level EMT-1

Cost of Program:
Basic: No cost
Refresher: No cost

Number of students completing training per year:

Initial training:	
Refresher:	0
Continuing Education:	160
Expiration Date:	6-30-2016
Number of courses:	As needed
Initial training:	As needed
Refresher:	
Continuing Education:	

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County EMS **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Fast Response Telephone Number: 510-849-4009

Address: 2075 Allston Way
Berkeley, Ca 94704

Student Eligibility*: Open to the Public

**Program Level EMT-1

Cost of Program:
Basic: $2500
Refresher: $300

Number of students completing training per year:

Initial training:	85	
Refresher:	40	
Continuing Education:		
Expiration Date:	N/A	12-31-2015
Number of courses:	6-8	
Initial training:	6-8	
Refresher:		As necessary; posted on website
Continuing Education:	N/A	

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

Training Institution: Las Positas College Telephone Number: 925-424-1000 x2046

Address: 3000 Campus Hill Dr.
Livermore, CA 94551

Student Eligibility*: Open to the Public

**Program Level EMT-1

Cost of Program:
Basic: $300
Refresher: N/A

Number of students completing training per year:

Initial training:	50	
Refresher:	20	
Continuing Education:		
Expiration Date:	N/A	3-31-2016
Number of courses:	2	
Initial training:	1	
Refresher:		
Continuing Education:	N/A	

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County EMS **Reporting Year:** 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: American Health Education Telephone Number: 800-483-3615
Address: 7300 Amador Plaza Road
Dublin, Ca 94568

Student Eligibility*: Open to the Public

**Program Level EMT-1

Cost of Program:
Basic: $1195
Refresher: $ 295

Number of students completing training per year:
Initial training: 85
Refresher: 80
Continuing Education:
Expiration Date: N/A 10-31-2015

Number of courses: 49
Initial training: 6
Refresher: 3
Continuing Education: 40

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

Training Institution: Chabot College Telephone Number: 510-723-6939
Address: 25555 Hesperian Blvd
Hayward, CA 94545

Student Eligibility*: Open to the Public

**Program Level EMT-1

Cost of Program:
Basic: $300
Refresher: N/A

Number of students completing training per year:
Initial training: 58
Refresher: 20
Continuing Education:
Expiration Date: N/A 4-30-2016

Number of courses: 4
Initial training: 2
Refresher: 2
Continuing Education: N/A

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

TABLE 11: DISPATCH AGENCY

County: Alameda County EMS **Reporting Year:** 2014

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

Name: Alameda County Regional Emergency Communications Center Primary Contact: Chuck Berdan
Address: 7000 East Ave., L-338
Livermore, CA 94551
Telephone Number: (925) 423-1803

Written Contract: [X] Yes [ ] No
Medical Director: [ ] Yes [X] No
[X] Day-to-Day [ ] Disaster

Number of Personnel Providing Services:
34 EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: [X] Public [ ] Private
If Public: [X] Fire [ ] Law [ ] Other
Explain: ____

If Public: [ ] City [ ] County [ ] State [X] Fire District [ ] Federal

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Name: Oakland Fire Department Primary Contact: Luis Diaz
Address: 250 Fallon St
Oakland, Ca 94607
Telephone Number: (510) 238-6725

Written Contract: [X] Yes [ ] No
Medical Director: [X] Yes [ ] No
[X] Day-to-Day [X] Disaster

Number of Personnel Providing Services:
21 EMD Training ____ EMT-D ____ ALS
____ BLS ____ LALS ____ Other

Ownership: [X] Public [ ] Private
If Public: [X] Fire [ ] Law [ ] Other
Explain: ____

If Public: [X] City [ ] County [ ] State [ ] Fire District [ ] Federal

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to e valuate the nature of each area or sub area, the following inform ation sho uld be com piled for each zon e individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Alameda County EMS Agency

Area or subarea (Zone) Name or Title:

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Paramedics Plus (since November 1, 2011)

Area or subarea (Zone) Geographic Description:
The entire geographic area (including rural and wilderness) within the borders of Alameda county excluding the municipalities of Albany, Berkeley, Piedmont and Alameda as well as Lawrence Livermore National Laboratory.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Exclusive
See attached ambulance provider agreement *'RECITALS OF AUTHORITY'*

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Method of competition: Competitive bid
Intervals: Five years, with 1 extension to 10/2016.
Selection process. Request for Proposal (RFP).

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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.
Alameda County 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

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.).
Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
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

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.).
Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
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

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):
Berkeley Fire Department
Include company name(s) and 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 (i.e., 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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:
Alameda County Emergency Medical Services

Area or Subarea (Zone) Name or Title:
City of Piedmont

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Piedmont Fire Department

Area or Subarea (Zone) Geographic Description:
City of Piedmont

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.
Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Emergency Ambulance, 9-1-1 Emergency Response

Method to achieve exclusivity, if applicable (HS 1797.224):
If 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