

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



January 2, 2020

Ms. Lauri McFadden, EMS Administrator
Alameda County EMS Agency
1000 San Leandro Boulevard, Suite 200
San Leandro, CA 94577

Dear Mr. McFadden:

This letter is in response to Alameda County's 2018 EMS Plan submission to the EMS Authority on November 18, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of Alameda County's 2018 EMS Plan and is approving the plan as submitted.

II. History and Background:

Alameda County received its last plan approval for its 2017 plan submission.

Historically, we have received EMS Plan submissions from Alameda County for the following years:

- 1995
- 1999
- 2004
- 2007
- 2009-2011
- 2014-2017

Health and Safety Code (HSC) § 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, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Alameda County's 2018 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Approved | Not Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

Ambulance Zones

Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of Alameda County's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Alameda County's 2018 EMS Plan is approved.

Pursuant to HSC § 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

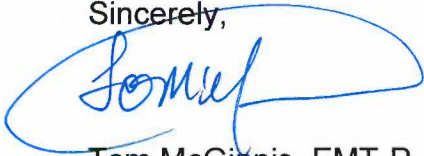
Ms. Lauri McFadden, EMS Administrator
January 2, 2020
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consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Alameda County's next EMS Plan will be due on or before December 31, 2020. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Colleen Chawla, HCSA Director

Emergency Medical Services District

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

Lauri McFadden, EMS Director
Karl Sporer, MD, Medical Director
Main: (510) 618-2050
Fax: (510) 618-2099

September 27, 2019

David Duncan, MD
Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670

Dear Dr. Duncan,

Attached please find the 2018 Alameda County EMS Plan Update (Update). This Update depicts those changes that have transpired within the Alameda County EMS system since our last submission. The California Emergency Medical Services Authority (EMSA) approved the Alameda County EMS Plan last year. This Update combined with prior submitted documents describes our EMS system at the present time.

Alameda County EMS Agency's principle objective continues to be ensuring the financially sustainable provision of high-quality emergency medical services that are efficient and effective both clinically and operationally. To this end, the County completed a Request for Proposal process at the end of 2018 with Falck Northern California succeeding Paramedics Plus as the new 9-1-1 ambulance transport provider for our exclusive operating area (EOA) as of July 1, 2019.

Thank you in advance for your review of this Update. As always, please do not hesitate to contact me if you have any questions or require additional information.

Respectfully,

A handwritten signature in cursive script that reads "Lauri McFadden".

Lauri McFadden
Director, Emergency Medical Services

Attachment

cc: Colleen Chawla, HCSA Director
Karl Sporer, EMS Medical Director
William McClurg, EMS Deputy Director

Galindo, Lisa@EMSA

From: McFadden, Lauri, EMS <Lauri.McFadden@acgov.org>
Sent: Friday, December 13, 2019 1:47 PM
To: Galindo, Lisa@EMSA
Cc: McClurg, William, EMS; Sporer M.D., Karl, EMS
Subject: System Plan Updates
Attachments: Patient Care Policies and Procedures Letter - December 2019.pdf

Hi Lisa,

Thanks for the phone call yesterday. Now for follow-up...

- I sent you email already regarding the training and CE programs and I got your response.
- Jim Morrissey is our MHOAC and he works here at the Alameda County EMS Agency as a Supervising Prehospital Care Coordinator. His office address is the same as mine (listed below). His cell phone number is 510-551-3232. He works closely with all of the allied agencies involved with the creation and implementation of the Alameda County Emergency Operations Plan.
- Attached you will find the letter from our Medical Director regarding patient care policies and procedures.

Please let me know if you need anything else from us.

Happy Holidays!



Lauri McFadden
Director
Alameda County EMS Agency
1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577
Phone: 510-618-2055
Fax: 510-618-2099
Website: <http://ems.acgov.org>

Save the Date! EMSAAC Conference 5/27-5/28/2020
Omni San Diego Hotel



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Colleen Chawla, HCSA Director

Emergency Medical Services District

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

Lauri McFadden, EMS Director
Karl Sporer, MD, Medical Director
Main: (510) 618-2050
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December 12, 2019

David Duncan, MD
Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Re: Patient Care Policies and Procedures

Dear Dr. Duncan,

Based on feedback we have received from your staff, I am writing to confirm that I am actively involved in creating and regularly updating our patient care policies, protocols, and procedures.

Additionally, I have reviewed and approved all patient care policies, protocols, and procedures that are currently in place.

Respectfully,

A handwritten signature in black ink, appearing to be "K. Sporer", written over a horizontal line.

Karl Sporer, MD
Medical Director, Emergency Medical Services



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2018-19

EXECUTIVE SUMMARY

SEPTEMBER 13, 2019

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. Include any changes which have occurred in your system, such as a change in providers, the designation of new centers, a change in key personnel, etc.

EXECUTIVE SUMMARY SECTIONS

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW *

- PLAN APPROVALS
- EMS SYSTEM VISION
- LEADERSHIP / ORGANIZATION
- PERSONNEL REORGANIZATIONS
- EMERGENCY PREPAREDNESS AND RESPONSE DEPLOYMENTS

SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE - CHANGES AND UPDATES - *

- EMERGENCY AMBULANCE SERVICES CONTRACTS
- SYSTEM OPERATIONS; 911 REQUEST FOR PROPOSAL
- 911 EMERGENCY AMBULANCE TRANSPORT PROVIDER **TRANSITION UPDATE**
 - EMS ZONES AND DEPLOYMENT AMBULANCE
 - EMS SYSTEM RESPONSES
 - DISPATCH PRIORITIZATION
- HEALTH CARE SYSTEM OPERATIONS – CONTRACTS
- EMS POLICY

SECTION 3 - CLINICAL SYSTEMS OF CARE

- SPECIALTY CENTERS – TRAUMA; STEMI; CARDIAC, PEDIATRIC RECEIVING CENTERS
- SPECIALTY PROGRAMS – EXAMPLES
- PUBLICATION – HIGHLIGHTS
- HEARTSAFE PROJECT
- CPR9

SECTION 4 – 2018-19 WORKPLAN *

- IDENTIFIED NEEDS, GOALS, AND SOLUTIONS
 - SYSTEM OPERATIONS AND REGULATORY REQUIREMENTS
 - CLINICAL SYSTEMS OF CARE
 - EMERGENCY PREPAREDNESS AND RESPONSE;
 - CAREER AND WORKFORCE DEVELOPMENT
 - EMS FOR CHILDREN AND INJURY PREVENTION

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW

EMS SYSTEM PLAN

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 compliance with the California EMS regulations and guidelines. The EMS standards are met and in most cases exceeded relative to the requirements to ensure a quality EMS system. The responsibility of Alameda County EMS (ALCO EMS) for planning, implementing and evaluating the local EMS system is documented in this annual update 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.

CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE

EMS SYSTEM PLAN

- Alameda County 2017 EMS System Plan Update (with 2017-2018 Executive Summary) completed approved by the California EMS Authority September 2018; 2018 Update submitted to EMSA September 2019

EMS TRAUMA PLAN

- Alameda County 2017 EMS Trauma Plan Update submitted and approved by CA EMSA September 2018; Trauma 2018 Update submitted to EMSA September 2019

EMS QUALITY IMPROVEMENT (QI) AND COMMUNICATIONS PLAN

- 2017 Update approved by CA EMSA September 2018; 2018 Updates submitted to EMSA September 2019

EMS SYSTEM VISION

ALAMEDA COUNTY EMS VISION

- **VISION** Helping people live healthy and fulfilling lives through training, preparedness, prevention, and medical response.
- **MISSION** Alameda County EMS ensures the provision of quality emergency medical response 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.
- Alameda County EMS has adopted and continues to strive towards the National Highway Traffic Safety Administration (NHTSA) vision described in the "EMS Agenda for the Future." Refer to the vision below:
 - *"Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net."*

- A decade ago, the Institute of Medicine (IOM) released a report titled “*EMS at the Crossroads*” which accurately identified that “EMS operates at the intersection of health care, public health and public safety.” Given the above vision and this reality, ALCO EMS leverages partnerships to attain effective outcomes.
- Alameda County EMS facilitates collaboration with stakeholders and partners propagating a flexible system that continuously adapts to the changing healthcare environment. Alameda County EMS strives to deliver services that are consistent with the Institute for Healthcare Improvement’s “*Triple Aim*” of:
 - Improving the patient experience of care (including quality and satisfaction)
 - Improving the health of populations; and
 - Reducing the per capita cost of healthcare

EMS LEADERSHIP – TEAM OF EXCELLENCE, VISION, INNOVATION, AND INCLUSIVENESS

- The Alameda County EMS system has an innovative, highly skilled, and competent professional staff that demonstrates leadership and innovation with leading edge models, projects and programs that have enhanced 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. Alameda County EMS staff collaborates closely with EMS providers system-wide and with national experts to continually improve the EMS system by ensuring policy and program changes based on the analysis of the data submitted to ALCO EMS by its system’s providers and on the evidence-based findings of current research studies. ALCO EMS continues to be a visionary leader and champion in local, regional and national EMS organizations. ALCO EMS provides oversight for all aspects of the EMS system in the County; to include monitoring dispatch centers, training center, first responder paramedic services, transporting ambulances, and receiving hospitals.

ORGANIZATION

- The Alameda County EMS system responds to approximately 160,000 patients annually for medical emergencies. The majority of 9-1-1 emergency medical calls in the County are responded to with the configuration of an Advanced Life Support (ALS) fire department first responder unit and a County contracted ALS ambulance. The fire departments of the cities of Alameda, Albany, Berkeley and Piedmont provide primary ALS ambulance transport services and first response within their respective incorporated areas. The Lawrence Livermore National Laboratory contracts with the Alameda County Fire Department for emergency medical services including ambulance transport.

CHANGES, UPDATES, & MODIFICATIONS

The Alameda County EMS agency has consistently adapted to ongoing changes influencing the health care delivery system throughout the United States over the years. Ambulance system economics remain under considerable strain, not only in Alameda County, but in many California counties and across America due to a marked decline in private and public reimbursements for services. With the evolving health care system, the Alameda County operational area EMS system remains effective and committed to excellence. The Health Care Services Agency and EMS, along with our hospital, clinic, Medi-Cal managed care plan and other system stakeholders and community partners continue to work together to remain informed at the national, state, regional and local levels regarding the implications of ongoing healthcare reform, collectively mitigating risks and acting upon opportunities to ensure the overall stability of the County’s healthcare system.

Alameda County hospitals and health systems continue to merge and reorganize. Alameda County EMS has the “pulse” on monitoring the changing landscape and continues to identify and act upon opportunities to strengthen the system in 2018-19. Alameda County EMS has and will continue to adapt with preemptive readiness and priority planning efforts to ensure continuity of overall system performance, including the effective management of potential and real prehospital / emergency department patient overload.

ALCO EMS also continues to plan for contingencies and respond to continuously evolving threats including those related to unrest associated with the current national political climate, domestic and international terrorism, as well as natural and human-caused disasters.

EMERGENCY PREPAREDNESS AND RESPONSE DEPLOYMENTS

- Norther California Firestorm including Butte Camp Fire Response in 2018 - RDMHS Region II responded to and monitored activities relating to the catastrophic North Bay Fires that affected 5 OAs within region II, as well as the Camp Fire that affected Butte County in Region III. RDMHS Region II monitored the environmental extended response to the incident in Sonoma County. Alameda County EMS was honored in June 2019 for the coordination and response to the Butte Camp Fire - providing RDMHS support and relief in the Public Health DOC.

EMS ORGANIZATIONS / STAFFING CHANGES – SYSTEM IMPACT AND BENEFITS

EMS ROLES

- ALCO EMS continues to utilize a functionally-based organization with the following organizational areas: System Operations and Regulatory Compliance; Emergency Preparedness and Response; Injury Prevention; Health Care Career/Workforce Development Programs; Finance/Administration.
- The EMS program scope includes community education, simple and complex training programs, incident planning and management, emergency dispatch standards, data collection, quality improvement, statute, policy and regulation enforcement, EMS personnel certification, investigations, management of specialty care programs including hospital-based specialty care components (i.e. Cardiac, Stroke, Trauma, and pediatrics), surge/disaster preparedness, development of innovative programs such as the Community Assessment, Treatment and Transport (CATT) Team to address the subset of patients coping with behavioral health and substance abuse issues, and hospital -EMS integration.
- The EMS Deputy Director, EMS Medical Director and EMS Coordinators (previously classified as Pre-Hospital Care Coordinators) team provide essential support to the EMS Director.

EMS ORGANIZATION

- Alameda County EMS is a division of the Alameda County Health Care Services Agency (HCSA), organizationally positioned within the Office of the Agency Director.

EMS DIRECTORS - Alameda County EMS promoted and hired directors and staff listed below

- ANNE KRONENBERG joined EMS as the Interim Director (replacing Interim Director Aiello in October 2018) serving until April 8, 2019 when a permanent Director was hired. She is continuing with EMS as a consultant assigned to special projects to include disaster preparedness, emergency planning, and the next 9-1-1 ambulance RFP.
- LAURI MCFADDEN, EMS Director, started April 8, 2019; she currently reports directly to Colleen Chawla, Agency Director, Health Care Services Agency.
- WILLIAM MCCLURG (previously EMS Coordinator) was promoted to the EMS Deputy Director position May 19, 2019.

EXECUTIVE SUMMARY – SECTION 1: EMS SYSTEM / PLAN OVERVIEW

RDMHS

- ARAM BRONSTON – started November 19, 2018 serving as the Regional Disaster Medical Health Specialist for Region II

EMS COORDINATORS (previously Prehospital Care Coordinators, PHCCs) - New EMS Coordinators are listed below:

- YOLANDA TAKAHASHI, started April 8, 2019 (Primary EOA Ambulance Transport Contracted Provider Liaison, CATT Team Implementation Project Lead)
- LESLIE SIMMONS, started July 29, 2019 (Non-Emergency Permitted Ambulance Provider Liaison, Receiving Facility Liaison)

INJURY PREVENTION

- No Changes in Staff

GENERAL ADMINISTRATION AND STAFFING

- ERICA CAMPOS (Promotion from Specialist Clerk II to Secretary II) provides supervision and coordination of support staff as well as administrative support to the EMS Director, Deputy Director and Medical Director
- MICHELLE BARRIENTOS (Promotion from Specialist Clerk I to Specialist Clerk II) provides support to EMS agency staff particularly in the area of procurement and financial processing
- WILLIAM TUTOL (Hired as Administrative Specialist II) provides administrative and process management of contracts to include communications with County Board of Supervisors

EMS ORGANIZATION CHANGES

- Refer to EMS System Plan Table 2 – Organization Chart for staff positions and reporting relationships.

EXECUTIVE SUMMARY – SECTION 2: SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

AMBULANCE TRANSPORT SERVICES – EXCLUSIVE OPERATING AREAS

- Alameda County is separated into five exclusive operating areas (EOAs) for the provision of 9-1-1 ambulance transport services. Within each EOA there is a contracted provider for 9-1-1 ambulance transport services. Four of the EOAs are contracted through a non-competitive grandfathering of existing services provided by municipal fire departments. These EOAs are the cities of Alameda, Berkeley, Albany, and Piedmont. The fifth EOA is served by a competitively bid provider and encompasses the remainder of the County with the exception of Lawrence Livermore National Labs which has a federal contract with Alameda County Fire District.
- The County's agreement for 9-1-1 ambulance service by Paramedics Plus to the County's exclusive operating area (EOA) ended June 30, 2019. ALCO EMS conducted a competitive bid process for the EOA, as approved by the California Emergency Medical Services Authority (EMSA), through which an independent review committee selected Falck Northern California as the successful bidder.
- In December of 2018, Falck Northern California was contracted as the new provider to begin service on July 1, 2019 continuing through June 30, 2024.
- On July 1, 2019 at midnight, Paramedics Plus ceased operations in Alameda County and Falck Northern California assumed the provision of 9-1-1 ambulance services within their contracted EOA.

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NEW CHANGES, UPDATES, & MODIFICATIONS

EMERGENCY AMBULANCE SERVICES - CONTRACTS

- Alameda County EMS continues to sustain and strengthen the 9-1-1 emergency ambulance services system through EOA contract management. *Alameda County EMS is responsible for the procurement and provision of emergency ambulance services that includes contracts with Falck, and the cities of Alameda, Albany, Berkeley, and Piedmont for Advanced Life Support (ALS) services in Alameda County. The cities referenced above provide ambulance as well as first response ALS service. These cities provide ambulance services through their respective city fire departments. The termination dates of these contracts are June 30, 2024, each with an option to extend for an additional five (5) year period.*
- Berkeley Fire Department has subcontracted with Falck Northern California to supplement their ALS ambulances services with two (2) BLS ambulances, 24 hours a day, 7 days a week, in order to respond to behavioral health calls within their city.

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)

ENSURES SYSTEM SUSTAINABILITY AND CONTINUITY

The Alameda County EMS Agency actively conducted an Request for Proposal (RFP) approved by EMSA for 911 emergency ambulance services for the Exclusive Operating Area currently served by Falck (previously served by Paramedics Plus), with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially solvent:

OVERARCHING GOALS

- Sustain and improve quality of clinical care the patient receives
- Stabilize or reduce the cost of EMS services (financial stability)
- Improve patient satisfaction

SIX FUNDAMENTAL TENANTS

1. Preserving a high level of emergency medical response throughout the County.
2. Producing a system that is cost-effective while preserving a high level of response and care.
3. Designing a system that is County-wide (i.e. Current Exclusive Operating Area (EOA) allowing for consistency of service throughout all areas and jurisdictions of the County).
4. Maintaining and supporting the current workforce.
5. Producing a system that is sustainable for the long term.
6. Maintaining appropriate regulatory and oversight functions between local EMS agency (LEMSA) and chosen provider(s).

911 REQUEST FOR PROPOSAL

- Finalized and released EMSA approved Request for Proposal EMS-901017 for 911 Emergency Ground Ambulance Service with service to the County's EOA to begin July 1, 2019. Conducted two Bidder's Conferences to clarify key components of the RFP and answered bidder questions. Compiled additional bidder questions and answers into a master document and released as an addendum. Three bidders submitted proposals. Falck was selected for 911 ambulance service.

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EXECUTIVE SUMMARY – SECTION 2: SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)

RFP # EMS 901017 – SCHEDULE OF ACTIVITIES AND TIMELINE

EVENT	DATE/LOCATION	
Request Issued	October 27, 2017	
Letter of Intent Due	November 29, 2017 by 2:00 p.m.	
Written Questions Due	December 15, 2017 by 5:00 p.m.	
Networking/Bidders Conference #1	December 6, 2017 @ 2:30 p.m.	Castro Valley Library, 3600 Norbridge Avenue, Chabot Room, Castro Valley, CA 94546
Networking/Bidders Conference #2	December 7, 2017 @ 2:30 p.m.	Behavioral Health Care Services, 2000 Embarcadero Cove, Suite 400, Gail Steele/Alameda Room, Oakland
Addendum #1 Issued	November 15, 2017	
Addendum #2 Issued	December 13, 2017	
Addendum #3 Issued	January 19, 2018	
Addendum #4 Issued	April 9, 2018	
Addendum #5 Issued	May 11, 2018	
Response Due	July 18, 2018 by 2:00 p.m.	
Responses Opened and Announced in Public	July 18, 2018 at 2:30 p.m. at 1000 San Leandro Blvd., 1 st Floor, San Leandro, CA 94577	
Evaluation Period	July 19 - August 9, 2018	
Bidder Interviews	August 8-9, 2018	
Board Letter Recommending Award Issued	September 11, 2018	
Board Consideration to Award Falck	September 25, 2018	
Board Award Date – Falck	December 4, 2018	
Contract Start Date	October 1, 2018: Contractor began mobilization efforts to insure that it can begin service on service start date.	
Falck Contract Signed Date	December 14, 2018	
Transition Planning & Timeframe	Six Months (Falck Position Interviews; identifying locations for deployment hubs); Purchase 77 ambulances	
Service Start Date	12:00 a.m. July 1, 2019 or immediately following the conclusion of the previous provider contract, if different from the service start date listed in the RFP.	
Contract End Date	June 30, 2024	

911 EMERGENCY AMBULANCE TRANSPORT PROVIDER TRANSITION

- On December 4, 2018, the Alameda County Board of Supervisors approved an Agreement with Falck Northern California for the provision of 911 Emergency Ambulance Services for 5 years commencing July 1, 2019.
- The normal timeframe for a 911 provider transition occurs over an 18 to 24-month period. Falck's transition into Alameda County is occurred over 6 months.

EMS TRANSITION PLANNING

- With the selection of the 911 ALS transport contract to Falck for July 1, 2019, there was significant planning, including
 - Designated EMS staff member as the point person for the transition planning;
 - Development of a Gant chart of deliverables;
 - Creation of appropriate committees with staff and membership; and
 - Falck leadership interviews with support of EMS.

2019 FALCK TRANSITION PLAN

* Negotiate Dispatch Agreement * Establish Operating Locations	* Finalize Dispatch Agreements * Finalize Hub Locations * Interviews of Supervisory and Clinical Staff	* Receive 1st Ambulances * Begin Receiving Equipment/Supplies * Ambulance Stocking	* Delivery of Supervisor Vehicles * Continue Ramp Up Operations * ESO Train the Trainer	* New Hire Orientation * ESO ePCR Go Live Berkeley Fire * Receive Last of the 77 Ambulances * Report and Data Sharing Verification	* Complete Inspections * Verify Systems and Resources * Service Ready 6/30/2019
January	February	March	April	May	June
Town Hall Meeting with Employees					
Falck Attending County Meetings					
CHP and EMS Inspections					

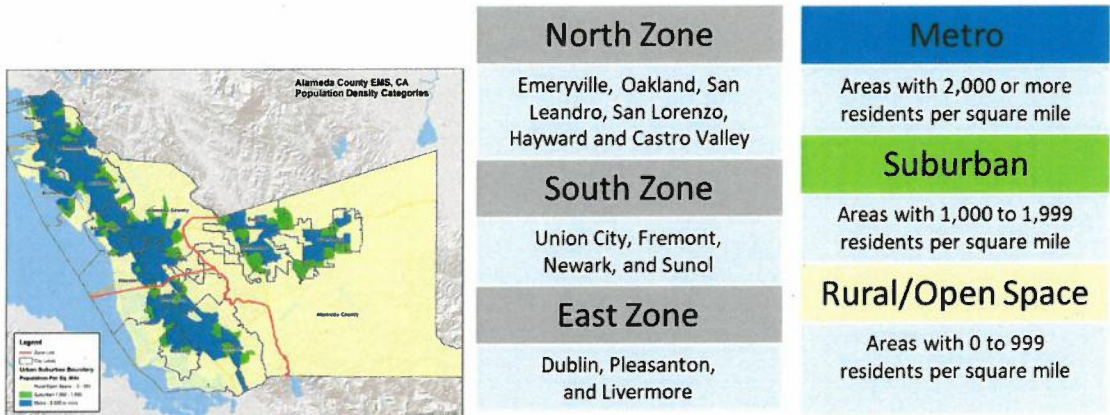
DEPLOYMENT ZONES – NEW CHANGE JULY 1, 2019

- Alameda County had previously been divided into 4 Deployment Zones for the Contracted County Private Provider EOA. Moving forward as of July 1, 2019, the zone configuration is changed to 3 Deployment Zones as pictured on the next page. This change aligns better with regional call volume and more importantly with geographical and infrastructure challenges that exist. The expectation is that the daily delivery of service of these zones meets the geographic, demand and community needs within each zone.
- The previous process of shifting resources from one zone to another in order to meet demand created gaps in coverage, especially in Southern and Eastern Alameda County, and delayed responses into Northern Alameda County to include Emeryville and the busiest parts of Oakland. In this new system, the inter-zone movement of ambulances should be the exception rather than the rule. The ambulance posting plan and deployment schedule are crafted based on historical call data, the strategic placement of ambulances to maximize coverage, and the integration of additional ambulances into the system.

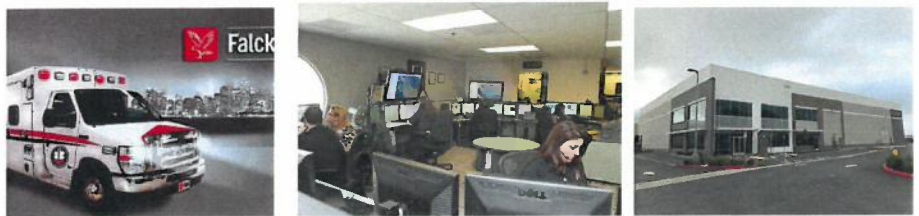
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911 EMERGENCY AMBULANCE TRANSPORT PROVIDER TRANSITION

- These zone allocations are also a part of the response time measurement process in order to ensure the Contracted County Private Provider is meeting their 90% minimum obligation. Response times in each zone are determined by priority and population. This will also serve as an important performance metric, identifying if there is a need to allocate additional resources within a zone to provide the level of service dictated by demand and the community.



FALCK AMBULANCE DEPLOYMENT – CHANGE



- As of July 1, 2019, there are three (3) Falck ambulance hub locations in Alameda County. The hubs are strategically placed in order to serve the geographic zones of the County.

NORTH ZONE

- Falck acquired a main operating location on Industrial Blvd. in Hayward. This location, pictured above, houses their administrative staff, fleet maintenance as well as serve as their main deployment hub to include the deployment of ambulances in the North Zone. In addition, in order to provide better coverage, Falck acquired a second North zone hub in the North Oakland area. The North Zone allocated two EMS Supervisors; one deploys from Hayward and the second deploys from the North Oakland hub.

SOUTH ZONE

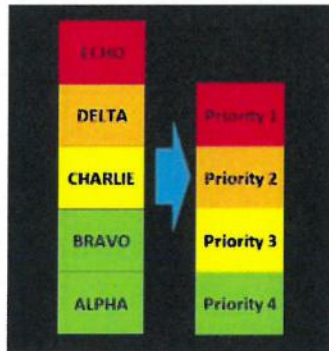
- Due to the central location of their main hub in Hayward, Falck is utilizing the location as their main deployment hub. Maximizing the utilization of this location enables the rotation of ambulances through maintenance and out to the North Oakland and East Zone hubs. This serves as the central distribution center for supplies and equipment. The ambulances and the EMS Supervisor for the South Zone deploy from this location.

EAST ZONE

- Falck has procured a hub in the City of Livermore in order to serve the East zone. This facility has a classroom to facilitate meeting and training, as well as office space. The ambulances and the EMS Supervisor for the East Zone deploy from this location

DISPATCH PRIORITIZATION – CHANGE

- Response Re-Prioritization = Sending the right resource, in the right amount of time based on current dispatch triage mechanisms and historical data.
- The prioritization of calls shifted from an ALPHA through ECHO based system to a **priority-based system**. Priority 1, 2 or 3 calls will receive a Code 3 or lights and sirens response, as they are the higher acuity calls while Priority 4 calls, which are low acuity calls, will receive a Code 2 or no lights or sirens response. Priority 3 calls originate from medical facilities, which makes the need for fire resources call dependent. For Priority 4 calls, each fire department can determine their response based upon the expectation of their communities.
- Within the Priority 4 category, there are six (6) determinants that require an ALS ambulance response while the remainder may receive either ALS or BLS ambulances. The six (6) determinants requiring ALS ambulance response are: 01C – Abdominal Pain, 17 B- Fall, 23C – Overdose/Poisoning, 26D – Sick Person, 30B – Traumatic Injury, and 32D- Unknown Problem (person down).



Priority 1: High Acuity Calls
Code 3 EMS Supervisor Code 3 Fire Department Code 3 ALS Ambulance
Priority 2: Mid Acuity Calls
Code 3 Fire Department Code 3 ALS Ambulance
Priority 3: 9-1-1 Interfacility
Code 3 ALS Ambulance Fire Response as Needed
Priority 4: Low Acuity Calls
Code 2 Ambulance (ALS or BLS) Fire Response: Dept Discretion

INCREASED UTILIZATION OF BLS

- Previously Paramedics Plus was authorized to utilize BLS ambulances to respond to 5150, Alpha-level, and Bravo-level calls, however Paramedics Plus opted to only utilize their limited BLS ambulances to respond to 5150, Alpha-level, and 4 specific Bravo-level calls. With the implementation of the priority-based system detailed above, a broader opportunity to utilize BLS ambulance for low acuity calls will be available to Falck.

DISPATCH SERVICES

- ACRECC, the Alameda County Regional Emergency Communications Center, managed by the Alameda County Fire District, is the dispatch center for Falck as well as multiple Fire agencies within the County.

AMBULANCE ACQUISITION

- Falck purchased 77 brand new ambulances which were delivered May 1, 2019.

EQUIPMENT PROCUREMENT

- Purchasing all new equipment while maintaining the same type of equipment used previously by providers in the field to mitigate the need for additional training or in-service. Efforts made to mirror Fire agency equipment configurations in order to promote greater interoperability and fluidity on scene of calls.

TRANSITION TO ESO Electronic Health Record (HER) PLATFORM

- Platform was ranked as the preferred platform by the Alameda County Fire Chief's EMS Section Committee
- Increased ability to interface with hospitals for the exchange of patient care information.

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

EXPANDED PERFORMANCE ANALYSIS

- FirstWatch will provide operational and clinical performance analysis of the EMS system identifying system successes and opportunities to improve services to Alameda County.

EMS COMMITTEES – CURRENT AND NEW:

LOCAL	<ul style="list-style-type: none"> • EOA PROVIDER AND TRANSITION MEETINGS
<ul style="list-style-type: none"> • COUNTYWIDE DISPATCH COMMITTEE (MDRC) – COORDINATION 	<ul style="list-style-type: none"> • QUALITY COUNCIL MEETING
<ul style="list-style-type: none"> • ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER OPERATIONS MEETING 	<ul style="list-style-type: none"> • ALAMEDA COUNTY FIRE CHIEF'S ASSOCIATION AND EMS SECTION
<ul style="list-style-type: none"> • NON-EMERGENCY PERMITTED AMBULANCE PROVIDER MEETINGS 	<ul style="list-style-type: none"> • RECEIVING HOSPITAL COMMITTEE
<ul style="list-style-type: none"> • TRAUMA AUDIT COMMITTEE 	<ul style="list-style-type: none"> • KAISER OAKLAND APOT WORKGROUP
<ul style="list-style-type: none"> • EMS COORDINATOR MEETINGS 	<ul style="list-style-type: none"> • ALAMEDA COUNTY COMMUNICATIONS SECTION GROUP
<ul style="list-style-type: none"> • PEDIATRIC READINESS, EMSC, AND SURGE COMMITTEE (EMSC ADVISORY COMMITTEE) 	<ul style="list-style-type: none"> • STROKE COLLABORATIVE STEERING COMMITTEE AND RECEIVING CENTER MEETINGS
<ul style="list-style-type: none"> • STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS 	REGIONAL / STATE
<ul style="list-style-type: none"> • DISASTER MEDICAL CO-LOCATION OF CARE PROVIDERS MEETINGS 	<ul style="list-style-type: none"> • UASI MEDICAL SHELTER COMMITTEE
<ul style="list-style-type: none"> • HPP COORDINATORS MEETING 	<ul style="list-style-type: none"> • NICU TASK FORCE–JOINT ALAMEDA/CONTRA COSTA Co.
<ul style="list-style-type: none"> • EMERGENCY MANAGERS ASSOCIATION (EMA) 	<ul style="list-style-type: none"> • MHOAC
<ul style="list-style-type: none"> • UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND – • EMERGENCY PREPAREDNESS MEETINGS 	<ul style="list-style-type: none"> • CDPH/EMSA PEDIATRIC SURGE COMMITTEE
<ul style="list-style-type: none"> • SENIOR INJURY PREVENTION CONFERENCE COMMITTEE 	<ul style="list-style-type: none"> • CDPH/EMSA PEDIATRIC SURGE EMS SUB-COMMITTEE
<ul style="list-style-type: none"> • EMS WEEK PLANNING MEETINGS 	<ul style="list-style-type: none"> • HPP CORRINATORS MEETING – REGIONAL
<ul style="list-style-type: none"> • HCSA EMERGENCY OPERATIONS LEADERSHIP & PLANNING WORKGROUPS 	<ul style="list-style-type: none"> • ABAHO SUB-COMMITTEE AND WORKGROUPS (REGIONAL MAC & MEDICAL SHELTER PROJECTS)
<ul style="list-style-type: none"> • HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING 	<ul style="list-style-type: none"> • EMSA - EMSC TECHNICAL ADVISORY COMMITTEE
<ul style="list-style-type: none"> • DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE 	<ul style="list-style-type: none"> • REGIONAL TRAUMA COORDINATING COMMITTEE (RTCC)

EMS GENERAL ADMINISTRATION – SYSTEM INFORMATION TECHNOLOGY UPGRADE

- Alameda County EMS upgraded to the Microsoft Office 365 and conducted two department-wide trainings

OPERATIONAL AREA EOC MEDICAL/ HEALTH BRANCH AND EMS BRANCH DOC

- TECHNOLOGY UPGRADES – OPTIMIZE FUNCTIONALITY

- ALCO EMS collaborated with the Sheriff's Department Office of Emergency Services and Homeland Security to upgrade the operational area EOC Medical/Health Branch with improved physical space functionality and technology assets. Planning to upgrade and relocate Medical/Health Branch to a larger room has been completed including furniture and equipment upgrades. The EMS communications system at the Branch has been upgraded with new radio communications technology.
- Similar to the EOC, the EMS Branch DOC has been enhanced with automated information technology control systems and hardware in a single room. The implementation of a turn-key audio-visual communications system has provided EMS staff with more effective and efficient means of accessing and tracking information including ReddiNet and incoming SitStat requests, and thereby managing local emergencies

MOBILE OFF-SITE OPERATIONAL CAPABILITY

- EMS Director, EMS Deputy Director and EMS Coordinators have mobile laptops with extended life batteries and enhanced connectivity to ensure operational self-sufficiency, reliable communications and information management capability. Satellite-based voice and data communications technology procured and implemented. Each EMS Duty Officer provided with multi-band capable portable emergency communications radio.

FIRE DEPARTMENT TRANSITIONS - ORGANIZATIONAL LEADERSHIP

- Numerous changes have occurred in the Fire Department leadership. Fire Chiefs in several jurisdictions have changed including Piedmont and Livermore/Pleasanton.

SYSTEM OPERATIONS AND CONTRACT COMPLIANCE

COMPLIANCE MANAGEMENT FOR CONTRACTS

- Ongoing compliance management for contracted EMS providers, including Falck, Paramedics Plus (previous provider), Fire Department providers, and Emergency Medical Dispatch providers (Alameda County Regional Emergency Communications Center and Oakland Fire Department).
- Expanding the use of FirstWatch Online Compliance Utility (OCU) to monitor compliance and overall performance by all contracted and permitted EMS providers.

CONTRACT EXTENSIONS – FRALS AND FIRE TRANSPORT- CHANGES, UPDATES, & MODIFICATIONS

- As previously noted, Paramedics Plus’s contract was extended through June 30, 2019 and ended on this date. ALCO EMS has implemented successor 911 ambulance agreements with Falck and the cities of Alameda, Albany, Berkeley and Piedmont.
- Extensions of the Alameda County Regional Emergency Communications Center (ACRECC) emergency medical dispatch, First Responder Advanced Life Support (FRALS) as well as 4 fire department-based 911 ambulance transport agreements were negotiated and executed. Refer to table below:

CONTRACTOR	TYPE	END DATE
Alameda County Fire Dept.	FRALS	6/30/2024
Alameda County Fire Dept. ACRECC	Medical Dispatch Services Agreement	6/30/2024
City of Alameda	Separate FRALS and Ambulance Transport Agreements	6/30/2024 (Both)
City of Albany	Separate FRALS and Ambulance Transport Agreements	6/30/2024 (Both)
City of Berkeley	Separate FRALS and Ambulance Transport Agreements	6/30/2024 (Both)
City of Dublin	FRALS	6/30/2024
City of Emeryville	FRALS	6/30/2024
City of Fremont	FRALS	6/30/2024
City of Hayward	FRALS	6/30/2024
City of Livermore	FRALS	6/30/2024
City of Newark	FRALS	6/30/2024
City of Oakland	FRALS	6/30/2024
City of Piedmont	Separate FRALS and Ambulance Transport Agreements	6/30/2024 (Both)
City of Pleasanton	FRALS	6/30/2024
City of San Leandro	FRALS	6/30/2024
City of Union City	FRALS	6/30/2024

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

CHANGES, UPDATES, & MODIFICATIONS

PROCUREMENT / CONTRACT SUMMARY

FY 2018-2019 – EMS PROCUREMENTS AND CONTRACTS - SUMMARY

EMS MASTER LIST OF MOUS	PROGRAM LEAD	TYPE
Alta Bates Summit Medical Center Campus	Mike Jacobs	Stroke and STEMI / Cardiac Arrest MOU
UCSF Benioff Children's Hospital, Oakland		Trauma Contract
Kaiser Permanente Oakland		Stroke and STEMI/Cardiac Arrest MOU
Alameda Health Systems, Highland		STEMI Cardiac Arrest MOU and Trauma Contract
Alameda Health Systems, Alameda City Hospital		Stroke MOU
Kaiser Permanente San Leandro		Stroke MOU
Kaiser Permanente Fremont		Stoke and STEMI/Cardiac Arrest MOU
St. Rose Hospital		STEMI Cardiac Arrest MOU
Washington Hospital, Fremont		Stroke and STEMI /Cardiac Arrest MOU
Stanford Valley Care, Pleasanton		STEMI MOU /Cardiac Arrest MOU
Eden Castro Valley		Stroke MOU and Trauma Contract
UCSF Benioff Children's Hospital, Oakland		Cynthia Frankel

PROGRAM	PARTNERS / PROVIDERS	PROGRAM	PARTNERS / PROVIDERS
Trauma	Alameda Health System, Adult Trauma	EMS	Definitive Networks, Incorporated
Trauma	Alameda Health System, Adult Trauma Dispro	EMS	Beyond Lucid Technologies
Trauma	Alameda Health System, Base Hospital	EMS	Office of Administrative Hearings (DGS)
Trauma	Sutter Health Eden Med Center, Trauma	EMS	UCSF Fellowship
Trauma	Sutter Health Eden Med Center, Trauma Dispro	EMS	Hospital Association of Southern CA (HASC) ReddiNet
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma	EMS	UCSF Benioff Children's Hospital, Pediatric Readiness and Hospital PedRC Agreements
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma Dispro	EMS	Physio-control/Pulse-point
FRALS	ACRECC Ambulance Dispatch Services	EMS	City of Alameda, Community Paramedicine
FRALS	Alameda County Fire Department, FRALS	EMS	AHS MOU Community Paramedicine
FRALS	City of Alameda, Separate FRALS and Ambulance Transport Agreements	EMS	Base Hospital Contract
FRALS	City of Albany, Separate FRALS and Ambulance Transport Agreements	EMS	Target Solutions
FRALS	City of Berkeley, Separate FRALS and Ambulance Transport Agreements	EMS	RDMHS State
FRALS	City of Dublin, FRALS	EMS	Zoll Data Systems
FRALS	City of Emeryville, FRALS	EMS	FirstWatch
FRALS	City of Fremont, FRALS	EMS	ESO Solutions, Inc.
FRALS	City of Hayward, FRALS	Pipeline	Youth Alive
FRALS	City of Livermore, FRALS	SIPP	City of Fremont, Afghan Health & Med Safety
FRALS	City of Newark, FRALS	SIPP	Daybreak Adult Care Centers
FRALS	City of Oakland, FRALS	SIPP	Senior Support Program of Tri Valley
FRALS	City of Piedmont, Separate FRALS and Ambulance Transport Agreements	SIPP	St. Mary's Center, Medication Safety Pilot
FRALS	City of Pleasanton, FRALS	SIPP	United Seniors of Oakland & Alameda County
FRALS	City of San Leandro, FRALS		
FRALS	City of Union City, FRALS		

CHANGES, UPDATES, & MODIFICATIONS

NON-EMERGENCY PERMITTED PROVIDERS – CONTRACTS

ENSURE SYSTEM OVERSIGHT, COORDINATION AND SURGE CAPACITY

ALCO EMS NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS

Ambulance providers permitted for non-emergency operations in Alameda County are listed in table below:

PROVIDER	TYPE OF CONTRACT	DATE CONTRACT SIGNED	START DATE	DATE EXPIRES
EAGLE	N/A – Permitted through County Ambulance Ordinance			
SUTTER – AMR	N/A – Permitted through County Ambulance Ordinance			
• AMR West	Critical Care Paramedic (CCP)	5/25/2018	6/1/2018	5/23/2023
ROYAL AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
NORCAL AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
UNITED AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
FALCK AMBULANCE BLS	N/A – Permitted through County Ambulance Ordinance			
FALCON CCT	N/A – Permitted through County Ambulance Ordinance			
PROTRANSPORT-1	N/A – Permitted through County Ambulance Ordinance			
ARCADIA AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
BAYSHORE AMBULANCE	CLOSED 4/28/2019			
BAYMEDIC AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
WESTMED AMBULANCE	N/A – Permitted through County Ambulance Ordinance			
SACRAMENTO VALLEY AMBULANCE	N/A – Permitted through County Ambulance Ordinance			

PERMITTED NON EMERGENCY AMBULANCE PROVIDER (BLS Providers) - CHANGES

- Eagle Ambulance and Sacramento Valley Ambulance added as Alameda County permitted provider under Alameda County Ambulance Ordinance.
- Bayshore Ambulance closed effective 4/28/2019.

NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS – DISASTER READINESS

- Continued integration of BLS Providers into the County disaster plan to assist in large-scale treatment and transport of patients. Supported the deployment of BLS Providers to the Butte Camp Fires 2018, and provided assistance to all participants in acquiring County and State reimbursement for services rendered.
- These providers trained their EMTs on the new expanded State scope of practice and the associated equipment required as part of their ambulance inventory effective January 1, 2019. (epinephrine, naloxone, pulse oximetry, and glucose sampling and measurement).
- Continued development and support of emergency communication radio infrastructure of BLS Providers, ensuring compatibility with 911 public safety and receiving hospital radio communications systems. Established new radio Code Plug for BLS Providers facilitating County/State EMS radio interoperability and continued to monitor radio use compliance.

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CHANGES, UPDATES, & MODIFICATIONS

CRITICAL CARE PARAMEDIC (CCP)

- EMSA allows Critical Care Paramedic (CCP) interfacility transport of patients and requires that Alameda County EMS monitor and regulate all paramedic prehospital care. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCP Interfacility Transport Agreement with American Medical Response West incorporates County EMS guidelines and standards, patient transfer protocols, data collection and reporting requirements that ensure patient safety. Alteplase (TPA) and Norepinephrine were added to the local optional scope of practice for CCP.

COMMUNICATION SYSTEM OPERATIONS

COMMUNICATIONS

ePCR/EHR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services

- Refer to 2017-18 Progress Update form for additional information. Definitive Networks Incorporated Data Hosting / Training Services contract extended to October 2019.

REDDINET – UPGRADES AND TRAINING

- ReddiNet new contract effective June 1, 2019 which provides access for EMS, ACRECC, Falck, ALS FRALS Transport providers, 9-1-1 ambulance receiving facilities, non-hospital healthcare facilities, and 5150 receiving sites. ReddiNet training and exercise conducted on-site for Public Health, hospitals, City of Oakland OES, and other ReddiNet users as needed. Cynthia Frankel, ReddiNet Coordinator will continue to support ReddiNet training needs.
- ReddiNet redesign rolled-out in September 2018. Focused training on ReddiNet medical surge and patient tracking with functional exercises.

CERTIFICATIONS AND INVESTIGATION

EMT CERTIFICATIONS

- Ongoing management of EMT certifications granted through Alameda County EMS, and investigation of all alleged misconduct relative to the standards of professional licensure.
- Ongoing support of several regulatory investigations associated with EMS Training Program operations within the County.

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CHANGES, UPDATES, & MODIFICATIONS

EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

2020 FIELD MANUAL PROTOCOL PENDING UPDATES

2020 FIELD MANUAL DEVELOPMENT - TO BE IMPLEMENTED BY JANUARY 1, 2020

(Planning started April 2019; Pending approvals)

ADMINISTRATIVE

- Added new staff to Staff Directory (p. VI)
- Updated Abbreviations (p. VIII)

GENERAL SECTION

- **ASSAULT/ABUSE/DV (p. 5)**
 - Added if a rescuer knows or reasonably suspects a person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct, notify Law Enforcement pursuant to AB 1973.
- **BURN PATIENT CARE (p. 7)**
 - Modified pre-hospital fluid formula to align with ATLS guidelines. $(Pt\ Weight\ in\ Kg \times TBSA\ \%)/8 = Rate\ (mL/hr)$
- **TXA (p. 28)**
 - Modified to “suspected” cervical cord injury and added “Other massive uncontrolled hemorrhage (e.g. GI bleeding, dialysis shunt bleeding, vaginal bleeding, post-partum hemorrhage, etc.)” to inclusion criteria.

ADULT / PEDIATRIC SECTIONS

- **ACUTE STROKE (Adult p. 30)**
 - Modified Time of Onset “must be within 24 hours, observed by a reliable witness or reported by a reliable patient (for thrombolysis)”.
- **PAIN MANAGEMENT (Adult p. 41, Pediatric p. 66)**
 - Added Ketorolac (Toradol) for Adults age 15 – 65 y.o.
 - Added Pain Management Algorithm to Adult and Pediatric Protocols
- **RESPIRATORY DEPRESSION (Adult p.44, Pediatric p. 72)**
 - Modified algorithm and format, no substantive changes
- **SEIZURE (Adult p. 49, Pediatric p. 76)**
 - Modified Adult IM/IN dose to 10 mg
 - Modified Adult preferred route to IM
 - Modified Pediatric IM dose to 0.2 mg/kg
 - Maintained Pediatric preferred route of IN (0.2 mg/kg)
- **PEDIATRIC – Airway Obstruction (p. 62), Neonatal Resuscitation (p. 67), Poisoning (p. 71), Respiratory Depression (p. 74), Respiratory Distress (p. 75-76), Routine Medical Care (p. 77)**
 - Added iGel utilization for pediatric patients < 40 kg if BVM ventilation is inadequate
- **MEDICATIONS (Adult p. 41)**
 - Added Ketorolac 15 mg IM/IV/IO
 - Modified Midazolam initial dose to 10 mg IM/IN in Adults

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CHANGES, UPDATES, & MODIFICATIONS

EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

2020 FIELD MANUAL DEVELOPMENT - TO BE IMPLEMENTED BY JANUARY 1, 2020

OPERATIONS SECTION

- **EQUIPMENT (p. 98 - 104)**
 - Modified various minimum equipment and supply inventory requirements on ALS and BLS response vehicles
 - Removed 14g IV Catheter
 - Added 22g x 1.5" IM Needle
 - Added i-gel
 - Added Ketorolac
- **OLANZAPINE (p. 134)**
 - Removed from CONTRAINDICATIONS - "Agitation requiring restraints"
 - Added to INDICATIONS - "IAW Restraint Policy (P.111), restraints may be utilized after patient self-administers Olanzapine."

PROCEDURES SECTION

- **ADVANCED AIRWAY (p. 116)**
 - Added i-gel Supraglottic Airway as a backup advanced airway adjunct for adult and pediatric patients
- **HEMORRHAGE CONTROL (p. 126)**
 - Modified Any standard gauze or County-approved hemostatic gauze may be utilized
- **PLEURAL DECOMPRESSION (p. 132)**
 - Removed mid-axillary line (MAL) site, 2nd ICS-MCL remains
- **SEDATION (Adult) (p. 137)**
 - Modified Midazolam to Total Maximum Dose of 10mg

MCI SECTION

- **MCI (p. 159)**
 - Added Defined MCI Resource Response Packages
 - Added "Note: Immediately cancel assigned resource(s) when no longer required"
 - Added Defined MCI Notifications

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CHANGES, UPDATES, & MODIFICATIONS

2019 FIELD MANUAL PROTOCOL UPDATES

ADMINISTRATIVE

- **AMBULANCE REROUTING CRITERIA** – Hospital Bypass Removed

GENERAL SECTION

- **HYPERKALEMIA**
 - MODIFY Albuterol Dose to 10-20 mg
 - MODIFY Signs/Symptoms (weakness, N/V, CP, palpitations, SOB, numbness etc.)
 - ADD
 - ECG Change Progression associated with Hyperkalemia progression
 - NaHCO₃ Contraindication/Caution
 - Albuterol Contraindication/Caution
- **LOCAL OPTIONAL SCOPE OF PRACTICE**
 - Pediatric Intubation removed per EMSA requirement
 - Olanzapine added
 - TXA added
 - EMT added procedures and medication (ASA, Epinephrine (Anaphylaxis), Glucometry, Pulse Oximetry, Naloxone)
- **TXA – p. 28** - California Prehospital Antifibrinolytic Therapy (Cal-PAT) Study –
 - "Improved mortality;" "The mortality difference was greatest in severely injured patients."
 - "Significant reduction in total blood transfusion"

ADULT / PEDIATRIC SECTIONS

- **ANAPHYLAXIS ADULT** - Clarifies BLS administration of Epinephrine in Anaphylaxis
- **ANAPHYLAXIS PEDIATRIC** Clarifies BLS administration of Epinephrine in Anaphylaxis
- **ASYSTOLE/PEA ADULT** Administer Epi, (after IV/IO), Q10 mins, up to 3 doses
- **ASYSTOLE/PEA PEDIATRIC** Pediatric Intubation (< 40 kg) removed per EMSA requirement, Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **VF/VT ADULT** Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **VF/VT PEDIATRIC** Pediatric Intubation (< 40 kg) removed per EMSA requirement, Administer Epinephrine, (after IV/IO), Q10 mins, up to 3 doses
- **AIRWAY OBSTRUCTION** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **NEONATAL RESUSCITATION** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **POISONING** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **RESPIRATORY DISTRESS** Pediatric Intubation (< 40 kg) removed per EMSA requirement
- **ROUTINE MEDICAL CARE** Pediatric Intubation (< 40 kg) removed per EMSA requirement

OPERATIONS SECTION

- **BLS/ALS FIRST RESPONDER p. 87**
 - Clarifies First Responder Personnel